

*Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of UHA's agreement with Hawaii Dental Service and HDS's procedure code guidelines. All dental claims must be filed within 12 months of the date of service for HDS claims payment.*

| SUMMARY OF BENEFITS  | PLAN COVERS |        |                 |
|--|-------------|--------|-----------------|
| <b>PLAN MAXIMUM</b> per person per calendar year   | \$1000      | \$1500 | \$750           |
| <b>DEDUCTIBLE</b> per person per calendar year   | N/A         | N/A    | (1) \$25/person |
| <b>DIAGNOSTIC</b>  |             |        |                 |
| • Examination – once per calendar year   | 100%        | 100%   | 100%            |
| • Bitewing X-rays – twice per calendar year through age 14; once per calendar year thereafter  | 100%        | 100%   | 100%            |
| • Other X-rays (full mouth X-rays limited to once every five years)  | 70%         | 70%    | 60%             |
| <b>PREVENTIVE</b>  |             |        |                 |
| • Cleanings – twice per calendar year  | 100%        | 100%   | 100%            |
| • Expectant mothers – Cleanings or *Periodontal Maintenance three times per calendar year  |             |        |                 |
| • Diabetic patients – Cleanings or *Periodontal Maintenance four times per calendar year   |             |        |                 |
| *Periodontal Maintenance benefit level   | *70%        | *70%   | *60%            |
| • Fluoride - once per calendar year (through age 17)   | 70%         | 70%    | 60%             |
| • Fluoride Varnish – once per calendar year; limited to patients who are at high risk of caries due to root exposure, dry mouth syndrome, history of radiation therapy or other conditions documented by the dentist   | 70%         | 70%    | 60%             |
| • Space maintainers (through age 17)   | 70%         | 70%    | 60%             |
| • Sealants (through age 18) – One treatment application, once per lifetime only to permanent molar and bicuspid teeth with no cavities and no occlusal restorations, regardless of the number of surfaces sealed   | 70%         | 70%    | 60%             |
| <b>RESTORATIVE</b>   |             |        |                 |
| • Amalgam (silver-colored) fillings  | 70%         | 70%    | 60%             |
| • Composite (white – colored) fillings - limited to anterior (front) teeth   | 70%         | 70%    | 60%             |
| • Crowns and gold restorations (once every seven years when teeth cannot be restored with amalgam or composite fillings)   | 50%         | 50%    | 40%             |
| NOTE: Composite (white) and Porcelain (white) restorations on posterior (back) teeth will be processed as the alternate benefit of the metallic equivalent – the patient is responsible for the cost difference up to the amount charged by the dentist  |             |        |                 |
| <b>ENDODONTICS</b>   | 70%         | 70%    | 60%             |
| • Pulpal therapy   |             |        |                 |
| • Root canal treatment, retreatment, apexification, apicoectomy  |             |        |                 |
| <b>PERIODONTICS</b>  | 70%         | 70%    | 60%             |
| • Periodontal scaling and root planing – once every two years  |             |        |                 |
| • Gingivectomy, flap curettage and osseous surgery – once every three years  |             |        |                 |
| • Periodontal Maintenance – twice per calendar year after qualifying periodontal treatment   |             |        |                 |
| <b>PROSTHODONTICS</b>  | 50%         | 50%    | 40%             |
| • Fixed bridges (once every seven years; age 16 and older)   |             |        |                 |
| • Dentures - complete and partial (once every seven years; ages 16 and older)  |             |        |                 |
| • Implants (covered as alternate benefit) when one tooth is missing between two natural teeth  | 50%         | 50%    | 40%             |
| <b>ORAL SURGERY</b>  | 70%         | 70%    | 60%             |
| <b>ADJUNCTIVE GENERAL SERVICES</b>   | 70%         | 70%    | 60%             |
| • Palliative treatment (for relief of pain but not to cure)  | 70%         | 70%    | 60%             |
| <b>ORTHODONTICS</b>  | N/A         | 50%    | N/A             |
| \$1500 lifetime maximum amount paid in eight quarterly payments of \$187.50.<br>Per eligible Child<br><i>Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan.<br/>                     If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue.<br/>                     If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred.</i> |             |        |                 |

**Note:** (1) Deductible does not apply to benefits covered at 100%

**Enrollment Guidelines:**

1. Employer group to enroll in one plan option (no dual plans offered).
2. Employer group may change dental plan offering only during open enrollment.
3. Employer contribution required.