

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.

| University Health Alliance Pediatric Dental Plan -Small Group HDS Group Number 2345 | |
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| SUMMARY OF BENEFITS | 18 YEARS AND YOUNGER |
| MAXIMUM OUT OF POCKET per calendar year (age 18 and under) <i>The most you will pay before your dental plan begins to pay 100% of your benefit. This amount does not include out-of-pocket payments made for non-covered services and alternate benefits.</i> | \$700 per child \$1400 for 2 or more children |
| DEDUCTIBLE AMOUNT per calendar year (does not apply to benefits covered at 100%) | \$50/person |
| DIAGNOSTIC | |
| <ul style="list-style-type: none"> Examination – twice per calendar year Bitewing X-rays – twice per calendar year Other X-rays (full mouth X-rays limited to once every five years) | 100% 50% 50% |
| PREVENTIVE | |
| <ul style="list-style-type: none"> Cleanings – twice per calendar year Expectant mothers – Cleanings or *gum treatment three times per calendar year Diabetic patients – Cleanings or *gum treatment four times per calendar year *gum treatment benefit level Fluoride - twice per calendar year Fluoride – high risk – once per calendar year Space maintainers Sealants | 100% *50% 100% 100% 100% 100% |
| FILLINGS | |
| <ul style="list-style-type: none"> Silver fillings White – colored fillings (limited to front teeth) | 50% |
| CROWNS AND GOLD RESTORATIONS (once every seven years) | 50% |
| ROOT CANAL THERAPY | 50% |
| GUM TREATMENT | 50% |
| FIXED BRIDGES AND DENTURES (once every seven years) | 50% |
| ORAL SURGERY (Tooth extractions when medically necessary) | 50% |
| ADJUNCTIVE GENERAL SERVICES | 50% |
| <ul style="list-style-type: none"> Treatment for relief of pain but not to cure | |
| ORTHODONTICS | |
| Limited to those cases involving repair of cleft lip and/or cleft palate, severe facial birth defects, or an incurred injury that affects the function of speech, swallowing, chewing. | |

Access to HDS Information 24/7

Visit HDS Online at www.HawaiiDentalService.com to:

Access your online account today!

- Log on to the HDS website at www.HawaiiDentalService.com
- Click on "New User"
- Complete the "Member Registration" form
- Select "yes" to "Request electronic Explanation of Benefits"
- Click on "Register User" button
- An e-mail will be sent to you with a link. Click on the link to activate your account.

SEARCH

- For an HDS participating dentist by specialty, location, handicap accessibility, weekend hours, and more
- For a Delta Dental participating dentist in the Mainland, Guam or Saipan

DOWNLOAD & PRINT

- A summary of your benefits for tax purposes
- Blank claim forms
- An HDS identification card
- HDS Notice of Privacy Practices

CHECK

- Whether you and/or your dependents are eligible for HDS benefits
- What services are covered by your plan
- What the limits are of each type of covered service and how much you have used

VIEW

- Your own tooth chart- see what services have been performed on each tooth
- Your EOB statements (and print them out)
- A list of frequently asked questions
- HDS contact information

REQUEST

- To receive an e-mail when your claim is processed
- To receive EOB statements through e-mail
- An HDS identification card to be mailed to you

How to Contact HDS

Customer Service Representatives

From Oahu: 529-9248

Toll-free: 1-800-232-2533, ext. 248

Fax: 529-9366

Toll-free fax: 1-866-590-7988

Monday through Friday

7:30 a.m. - 4:30 p.m.

Hawaii Standard Time

Send Written Correspondence to:

Hawaii Dental Service

Attn: Customer Service

700 Bishop Street, Suite 700

Honolulu, HI 96813-4196

E-mail: HDSCustomerService@hawaiidentalservice.com