



HDS \$1,000  
HDS Group No. 2345  
Summary of Dental Benefits  
Effective: 01/01/2022

This summary is a brief description of a Hawaii Dental Service (HDS) member's dental benefits. Some limitations, restrictions, and exclusions may apply. Plan benefits are governed by the provisions detailed in the group's and/or subscriber's agreement with HDS, HDS's Procedure Code Guidelines and Delta Dental National Policies when applicable. Certain provisions may vary across group agreements such as waiting periods, frequency and age limitations, etc. and may not be included in this summary. For additional information, please contact HDS Customer Service. As an HDS member, you may visit any licensed dentist, but your out-of-pocket costs may be lower when visiting an HDS participating dentist. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment.

CHILDREN (AGE 18 & UNDER)	ADULTS (& CHILD ages 19 - 25)
MAXIMUM OUT OF POCKET (MOOP) \$375 per child or \$750 for 2 or more children, per calendar year. The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services, alternate benefits and non-medically necessary orthodontics will not count toward the MOOP.	PLAN MAXIMUM \$1000 per person per calendar year. The most HDS will pay for each person for all covered dental services performed during the calendar year.

**HDS PLAN PAYS**

DIAGNOSTIC	CHILDREN (AGE 18 & UNDER)	ADULTS (& CHILD ages 19 - 25)
Examinations	100% 2x/yr	100% 2x/yr
Bitewing X-rays	70% 2x/yr	100% 1x/yr
Other X-rays	70% Full mouth X-rays 1x/5 yrs	70% Full mouth X-rays 1x/5 yrs

**PREVENTIVE**

Cleanings	100% 2x/yr	100% 2x/yr
Fluoride	100% 2x/yr Through age 18	Not Covered  N/A
Silver Diamine Fluoride	100%	100%
Space Maintainers	100% Through age 18	Not Covered
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	100% Through age 18	Not Covered

**TOTAL HEALTH PLUS BENEFITS**

If the member has multiple conditions, they will only be eligible for the benefit with the most cleaning(s) and/or gum maintenance treatments of a single condition. All benefits are covered at 100% unless otherwise noted.

Diabetes • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
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Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 2x/yr	Additional 2x/yr Additional 2x/yr
Oral Cancer • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
Sjogren's Syndrome • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
Stroke • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Heart Attack, Congestive Heart Failure • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Kidney Failure • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Organ Transplant • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Pregnancy (Expectant Mothers) • Cleanings/Gum Maintenance	Additional 1x/yr	Additional 1x/yr
Medical Risk for Cavities • Fluoride Treatments	Additional 3x/yr	Additional 3x/yr
<b>BASIC CARE</b>		
Fillings Once every two years per tooth per surface.	70% White-colored fillings limited to front teeth.	70% White-colored fillings limited to front teeth.
Root Canals	70%	70%
Gum/Bone Surgeries & Maintenance (non-medical risk factors) Once every three years per quad.	70%	70%
Oral Surgeries	70%	70%
<b>MAJOR CARE</b>		
Crowns	50% 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.	50% 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.
Fixed Bridges & Dentures	50% 1x/7yrs per tooth	50% 1x/7yrs per tooth
Implants	Not Covered	50%
<b>OTHER SERVICES</b>		
Adjunctive General Services	70%	70%
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	70% Nitrous Oxide, IV sedation and hospital care is covered.	70%
Athletic Mouth Guards	70% 1x/24-months	Not Covered

	Through the age of 18	
<b>ORTHODONTICS</b>		
Medically Necessary Ortho Limited to dependent children for those cases involving repair of the cleft lip and/or cleft palate, severe facial birth defects, or an incurred injury that affects the function of speech, swallowing, and/or chewing.	50% Through age 18	Not Covered

**Special Consideration:** Assessment of salivary flow is covered