

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) \$350 per child or \$700 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 \$1500 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

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
BASIC CARE		
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%
MAJOR CARE		
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%
OTHER SERVICES		
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 Through the age of 18	Not Covered
ORTHODONTICS		
	50% For children. \$1500 lifetime maximum amount paid (eight quarterly payments)	50% For children. \$1500 lifetime maximum amount paid (eight quarterly payments)

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
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Special Consideration: Assessment of salivary flow is covered

CHILDREN (AGE 18 & Under) - Special Consideration: Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred. Self-administered or at-home applications (or any type of "do it yourself") orthodontics is not a covered benefit. Orthodontics must be performed by a licensed dentist or supervised staff.

ADULTS (& CHILD ages 19 – 25) - Special Consideration: Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred. Self-administered or at-home applications (or any type of "do it yourself") orthodontics is not a covered benefit. Orthodontics must be performed by a licensed dentist or supervised staff.