

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.

DEDUCTIBLE AMOUNT Does not apply to benefits covered at 100% and orthodontics.
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.

CHILDREN (THROUGH AGE 18)	
Maximum Out of Pocket (MOOP)	Yes
Deductible	\$50/person
HDS PLAN PAYS	
CHILDREN (THROUGH AGE 18)	
DIAGNOSTIC	
Examinations	100% 2x/yr
Bitewing X-rays	30% 2x/yr
Other X-rays	30% Full mouth X-rays 1x/5 yrs
PREVENTIVE	
Cleanings	100% 2x/yr
Fluoride	100% 2x/yr Through age 18
Silver Diamine Fluoride	100%
Space Maintainers	100% Through age 18
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	100% Through age 18
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
Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 2x/yr

Oral Cancer <ul style="list-style-type: none"> Cleanings/Gum Maintenance Fluoride Treatments 	Additional 2x/yr Additional 4x/yr
Sjogren's Syndrome <ul style="list-style-type: none"> Cleanings/Gum Maintenance Fluoride Treatments 	Additional 2x/yr Additional 4x/yr
Stroke <ul style="list-style-type: none"> Cleanings/Gum Maintenance 	Additional 2x/yr
Heart Attack, Congestive Heart Failure <ul style="list-style-type: none"> Cleanings/Gum Maintenance 	Additional 2x/yr
Kidney Failure <ul style="list-style-type: none"> Cleanings/Gum Maintenance 	Additional 2x/yr
Organ Transplant <ul style="list-style-type: none"> Cleanings/Gum Maintenance 	Additional 2x/yr
Pregnancy (Expectant Mothers) <ul style="list-style-type: none"> Cleanings/Gum Maintenance 	Additional 1x/yr
Medical Risk for Cavities <ul style="list-style-type: none"> Fluoride Treatments 	Additional 3x/yr
BASIC CARE	
Fillings Once every two years per tooth per surface.	30% White-colored fillings limited to front teeth.
Root Canals	30%
Gum/Bone Surgeries & Maintenance (non-medical risk factors) Once every three years per quad.	30%
Oral Surgeries	30%
MAJOR CARE	
Crowns	30% 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.
Fixed Bridges & Dentures	30% 1x/7yrs per tooth
OTHER SERVICES	
Adjunctive General Services	30%
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	30% Nitrous Oxide, IV sedation and hospital care is covered.
Athletic Mouth Guards	30% 1x/24-months Through the age of 18
ORTHODONTICS	
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

Special Consideration: Assessment of salivary flow is covered