

Hawaii Dental Service (HDS) Benefits Summary

PARTICIPATING PROVIDERS	
PLAN PROVISIONS	HDS \$1,000 Maximum
Annual Deductible	None
Maximum per calendar year	\$1,000
Student Coverage	Through age 24
DENTAL BENEFITS	PLAN COVERS
DIAGNOSTIC	
Oral Exams	100% of EC (2x/cal yr)
Bitewing x-rays	100% of EC (2x/cal yr)
Other x-rays (full mouth x-rays once every three years)	70% of EC (every 3 yrs)
PREVENTIVE	
Prophylaxes (cleanings) - twice per calendar year	100% of EC
Stannous fluoride (once per cal. year)	70% of EC (through age 17)
Space maintainers	70% of EC (through age 17)
Sealants (through age 16) - one treatment application, once per lifetime only	70% of EC
RESTORATIVE	
Amalgam fillings	70% of EC
Composite fillings (limited to the anterior teeth)	70% of EC
Crowns and gold restorations (once every 5 years when teeth cannot be restored with amalgam or composite fillings)	50% of EC
ENDODONTICS	
Pulpal therapy	70% of EC
Root canal filling	70% of EC
PERIODONTICS	
Surgical and non-surgical treatment of diseases of the gums and bones	70% of EC
PROSTHODONTICS	
Fixed Bridges (once every 5 years; age 16 and older)	50% of EC
Dentures (complete and partial)	50% of EC (once every 5 yrs)
ORAL SURGERY	
Extractions	70% of EC
Provider Directory	http://www.deltadentalhi.org

All plan payments relate to a percentage of your dentist's eligible fees.

Shaded areas indicate a 12-month waiting period for groups without current dental coverage.

Continuing HDS members will have plan maximum and plan limitations carried forward from their current program to this new program.

The information above is intended to provide a condensed summary of benefits. Please refer to the plan brochure and certificate for complete information on benefits and provisions. In case of a discrepancy between this comparison and the language contained in the certificate, the certificate will take precedence.