

## 2016 HDS Small Business Dental Plans (1 – 50 Employees)

This chart provides a brief description of the HDS dental plans. All benefits are governed by the provisions of the employer’s agreement with HDS and HDS’s procedure code guidelines.

Plan Name <small>Click on each plan name to view detailed benefits.</small>	HDS Preventive Dental Plan		HDS Standard Dental Plan		HDS Premium Dental Plan		HDS Premium Plus Dental Plan		HDS Dental Plan for Children Only
	CHILDREN	ADULTS	CHILDREN	ADULTS	CHILDREN	ADULTS	CHILDREN	ADULTS	CHILDREN ONLY
<b>Plan Covers</b>									
<b>Maximum Out-of-Pocket</b> per calendar year for children OR <b>Plan Maximum</b> per calendar year for adults	\$350 / child \$700 / 2 or more children	\$1,000	\$350 / child \$700 / 2 or more children	\$600	\$350 / child \$700 / 2 or more children	\$1,000	\$350 / child \$700 / 2 or more children	\$1,500	\$350 / child \$700 / 2 or more children
<b>Diagnostic &amp; Preventive Waiver</b> HDS’s payment for Diagnostic & Preventive services will not be deducted from the member’s Plan Maximum	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A
<b>Deductible</b> per calendar year, per person	\$50 / person	\$50 / person	\$30 / person	\$30 / person	\$30 / person	\$30 / person	\$30 / person	\$30 / person	\$50 / person
<b>DIAGNOSTIC &amp; PREVENTIVE CARE</b> Examinations – 2 per calendar year Cleanings – 2 per calendar year* Fluoride (high risk) – 1 per calendar year Fluoride – 2 per calendar year for children Space Maintainers for children Sealants for children	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Bitewing X-rays</b> – 2 per calendar year for children; 1 per calendar for adults	30%	50%	100%	100%	100%	100%	100%	100%	30%
<b>Other X-rays</b>	30%	50%	70%	70%	70%	70%	70%	70%	30%
<b>BASIC CARE</b> Fillings Root Canals Gum Treatment Oral Surgery	30%	50%	70%	70%	70%	70%	70%	70%	30%
<b>MAJOR CARE</b> Crowns and Gold Restorations Fixed Bridges & Dentures Implants – for adults	30%	50% –	50%	50% –	50%	50% –	50%	50% –	30%
<b>Orthodontics</b>	50% (Medically necessary)	N/A	50% (Medically necessary)	N/A	50%	N/A	50%	N/A	50% (Medically necessary)
<b>RATES</b>	\$24.30	Starting at \$20.60	\$29.80	Starting at \$22.00	\$32.90	Starting at \$24.50	\$33.20	Starting at \$25.80	\$24.30

(–) Hyphen indicates wait period of 12 months

(\*) Additional cleanings included for expectant mothers and diabetic patients

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer'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 to be eligible for HDS claims payment.

SUMMARY OF BENEFITS	HDS PLAN PAYS	
	CHILDREN (Benefit ends at age 19)	ADULTS & CHILDREN ages 19 through 25
<b>DIAGNOSTIC &amp; PREVENTIVE WAIVER – age 19 and over</b> HDS's payment for Diagnostic & Preventive services will not be deducted from the member's Plan Maximum	N/A	YES
<b>PLAN MAXIMUM per person per calendar year – age 19 and over</b> The most HDS will pay for each person for all covered dental services performed during the calendar year	N/A	\$1,000
<b>MAXIMUM OUT OF POCKET per calendar year – age 18 and under</b> 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.	\$350/child \$700 for 2 or more children	N/A
<b>DEDUCTIBLE AMOUNT per calendar year – does not apply to benefits covered at 100%</b>	\$50/person	\$50/person
<b>DIAGNOSTIC</b>		
• Examination – twice per calendar year	100%	100%
• Bitewing X-rays – twice per calendar year through age 18; once per calendar year thereafter	30%	50%
• Other X-rays – full mouth X-rays limited to once every five years	30%	50%
<b>PREVENTIVE</b>		
• Cleanings – twice per calendar year	100%	100%
• Expectant mothers – three times per calendar year, combination of Cleanings or Gum treatment	100%	100%
• Diabetic patients – four times per calendar year, combination of Cleanings or Gum treatment	30%	50%
• Fluoride – twice per calendar year; through age 18	100%	100%
• Fluoride (high risk) – once per calendar year	30%	50%
• Space maintainers – through age 18	100%	N/A
• Sealants – through age 18	100%	N/A
<b>FILLINGS</b>	30%	50%
• Silver fillings		
• White-colored fillings – limited to front teeth		
<b>CROWNS AND GOLD RESTORATIONS – once every seven years</b>	30%	50%**
<b>ROOT CANAL THERAPY (Endodontics)</b>	30%	50%
<b>GUM TREATMENT (Periodontics)</b>	30%	50%
<b>FIXED BRIDGES AND DENTURES (Prosthodontics) – once every seven years</b>	30%	50%**
<b>IMPLANTS</b>	N/A	50%**
<b>ORAL SURGERY (Oral and Maxillofacial Surgery)</b>	30%	50%
<b>ADJUNCTIVE GENERAL SERVICES</b>	30%	50%
• Treatment for relief of pain but not to cure (Palliative Treatment)		
<b>ORTHODONTICS – when medically necessary</b> 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, and/or chewing.	50%	N/A

(\*\*) Double asterisks indicate wait period of 12 months

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer'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 to be eligible for HDS claims payment.

SUMMARY OF BENEFITS	HDS PLAN PAYS	
	CHILDREN (Benefit ends at age 19)	ADULTS & CHILDREN ages 19 through 25
<b>DIAGNOSTIC &amp; PREVENTIVE WAIVER – age 19 and over</b> HDS's payment for Diagnostic & Preventive services will not be deducted from the member's Plan Maximum	N/A	YES
<b>PLAN MAXIMUM per person per calendar year – age 19 and over</b> The most HDS will pay for each person for all covered dental services performed during the calendar year	N/A	\$600
<b>MAXIMUM OUT OF POCKET per calendar year – age 18 and under</b> 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.	\$350/child \$700 for 2 or more children	N/A
<b>DEDUCTIBLE AMOUNT per calendar year – does not apply to benefits covered at 100%</b>	\$30/person	\$30/person
<b>DIAGNOSTIC</b>		
• Examination – twice per calendar year	100%	100%
• Bitewing X-rays – twice per calendar year through age 18; once per calendar year thereafter	100%	100%
• Other X-rays – full mouth X-rays limited to once every five years	70%	70%
<b>PREVENTIVE</b>		
• Cleanings – twice per calendar year	100%	100%
• Expectant mothers – three times per calendar year, combination of Cleanings or Gum treatment	100%	100%
• Diabetic patients – four times per calendar year, combination of Cleanings or Gum treatment	70%	70%
• Fluoride – twice per calendar year; through age 18	100%	100%
• Fluoride (high risk) – once per calendar year	100%	N/A
• Space maintainers – through age 18	100%	100%
• Sealants – through age 18	100%	N/A
<b>FILLINGS</b>	70%	70%
• Silver fillings		
• White-colored fillings – limited to front teeth		
<b>CROWNS AND GOLD RESTORATIONS – once every seven years</b>	50%	50%**
<b>ROOT CANAL THERAPY (Endodontics)</b>	70%	70%
<b>GUM TREATMENT (Periodontics)</b>	70%	70%
<b>FIXED BRIDGES AND DENTURES (Prosthodontics) – once every seven years</b>	50%	50%**
<b>IMPLANTS</b>	N/A	50%**
<b>ORAL SURGERY (Oral and Maxillofacial Surgery)</b>	70%	70%
<b>ADJUNCTIVE GENERAL SERVICES</b>	70%	70%
• Treatment for relief of pain but not to cure (Palliative Treatment)		
<b>ORTHODONTICS – when medically necessary</b> 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, and/or chewing.	50%	N/A

(\*\*) Double asterisks indicate wait period of 12 months

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer'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 to be eligible for HDS claims payment.

SUMMARY OF BENEFITS	HDS PLAN PAYS	
	CHILDREN (Benefit ends at age 19)	ADULTS & CHILDREN ages 19 through 25
<b>DIAGNOSTIC &amp; PREVENTIVE WAIVER – age 19 and over</b> HDS's payment for Diagnostic & Preventive services will not be deducted from the member's Plan Maximum	N/A	YES
<b>PLAN MAXIMUM per person per calendar year – age 19 and over</b> The most HDS will pay for each person for all covered dental services performed during the calendar year	N/A	\$1,000
<b>MAXIMUM OUT OF POCKET per calendar year – age 18 and under</b> 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.	\$350/child \$700 for 2 or more children	N/A
<b>DEDUCTIBLE AMOUNT per calendar year – does not apply to benefits covered at 100%</b>	\$30/person	\$30/person
<b>DIAGNOSTIC</b>		
• Examination – twice per calendar year	100%	100%
• Bitewing X-rays – twice per calendar year through age 18; once per calendar year thereafter	100%	100%
• Other X-rays – full mouth X-rays limited to once every five years	70%	70%
<b>PREVENTIVE</b>		
• Cleanings – twice per calendar year	100%	100%
• Expectant mothers – three times per calendar year, combination of Cleanings or Gum treatment	100%	100%
• Diabetic patients – four times per calendar year, combination of Cleanings or Gum treatment	70%	70%
• Fluoride – twice per calendar year; through age 18	100%	100%
• Fluoride (high risk) – once per calendar year	100%	N/A
• Space maintainers – through age 18	100%	100%
• Sealants – through age 18	100%	N/A
<b>FILLINGS</b>	70%	70%
• Silver fillings		
• White-colored fillings – limited to front teeth		
<b>CROWNS AND GOLD RESTORATIONS – once every seven years</b>	50%	50%**
<b>ROOT CANAL THERAPY (Endodontics)</b>	70%	70%
<b>GUM TREATMENT (Periodontics)</b>	70%	70%
<b>FIXED BRIDGES AND DENTURES (Prosthodontics) – once every seven years</b>	50%	50%**
<b>IMPLANTS</b>	N/A	50%**
<b>ORAL SURGERY (Oral and Maxillofacial Surgery)</b>	70%	70%
<b>ADJUNCTIVE GENERAL SERVICES</b>	70%	70%
• Treatment for relief of pain but not to cure (Palliative Treatment)		
<b>ORTHODONTICS – when medically necessary</b> 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, and/or chewing.	50%	N/A
<b>ORTHODONTICS – \$1000 lifetime maximum per child</b> FOR DEPENDENT CHILDREN OF AN ENROLLED SUBSCRIBER THROUGH AGE 25 ONLY Orthodontic services are not covered if services were started prior to the date the patient eligible under this employer's plan.	50%	50%

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Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer'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 to be eligible for HDS claims payment.

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<b>PLAN MAXIMUM per person per calendar year – age 19 and over</b> The most HDS will pay for each person for all covered dental services performed during the calendar year	N/A	\$1,500
<b>MAXIMUM OUT OF POCKET per calendar year – age 18 and under</b> 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.	\$350/child \$700 for 2 or more children	N/A
<b>DEDUCTIBLE AMOUNT per calendar year – does not apply to benefits covered at 100%</b>	\$30/person	\$30/person
<b>DIAGNOSTIC</b>		
• Examination – twice per calendar year	100%	100%
• Bitewing X-rays – twice per calendar year through age 18; once per calendar year thereafter	100%	100%
• Other X-rays – full mouth X-rays limited to once every five years	70%	70%
<b>PREVENTIVE</b>		
• Cleanings – twice per calendar year	100%	100%
• Expectant mothers – three times per calendar year, combination of Cleanings or Gum treatment	100%	100%
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<b>FIXED BRIDGES AND DENTURES (Prosthodontics) – once every seven years</b>	50%	50%**
<b>IMPLANTS</b>	N/A	50%**
<b>ORAL SURGERY (Oral and Maxillofacial Surgery)</b>	70%	70%
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<b>ORTHODONTICS – when medically necessary</b> 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, and/or chewing.	50%	N/A
<b>ORTHODONTICS – \$1000 lifetime maximum per child</b> FOR DEPENDENT CHILDREN OF AN ENROLLED SUBSCRIBER THROUGH AGE 25 ONLY Orthodontic services are not covered if services were started prior to the date the patient eligible under this employer's plan.	50%	50%

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<b>MAXIMUM OUT OF POCKET per calendar year</b> 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.	\$350/child \$700 for 2 or more children
<b>DEDUCTIBLE AMOUNT per calendar year – does not apply to benefits covered at 100%</b>	\$50/person
<b>DIAGNOSTIC</b>	
• Examination – twice per calendar year	100%
• Bitewing X-rays – twice per calendar year	30%
• Other X-rays – full mouth X-rays limited to once every five years	30%
<b>PREVENTIVE</b>	
• Cleanings – twice per calendar year	100%
• Expectant mothers – three times per calendar year, combination of Cleanings or Gum treatment	100% 30%
• Diabetic patients – four times per calendar year, combination of Cleanings or Gum treatment	100% 30%
• Fluoride – twice per calendar year	100%
• Fluoride (high risk) – once per calendar year	100%
• Space maintainers	100%
• Sealants	100%
<b>FILLINGS</b>	30%
• Silver fillings	
• White-colored fillings – limited to front teeth	
<b>CROWNS AND GOLD RESTORATIONS – once every seven years</b>	30%
<b>ROOT CANAL THERAPY (Endodontics)</b>	30%
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