

**Summary of Dental Benefits**  
**Hawaii Teamsters HWT - Group No. 869**  
**Effective: 09/01/2021**

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.

**PLAN MAXIMUM** The most HDS will pay for each person for all covered dental services performed during the plan year.

\$2000 Plan Max

Plan Maximum

\$2000

**HDS PLAN PAYS**

**DIAGNOSTIC**

Examinations

100%

2x/yr

Bitewing X-rays

100%

1x/yr

Other X-rays

100%

Full mouth X-rays 1x/5 yrs

**PREVENTIVE**

Cleanings

100%

2x/yr

Fluoride

100%

2x/yr

Through age 17

Space Maintainers

100%

Through age 17

Sealants

One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.

100%

Through age 18

**MEDICAL RISK FACTORS**

Gum Maintenance will be covered at the Gum/Bone Surgeries and Maintenance benefit level. 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.

**Diabetes**

- Cleanings/Gum Maintenance

Additional 2x/yr

**Pregnancy (Expectant Mothers)**

- Cleanings/Gum Maintenance

Additional 1x/yr

**Medical Risk for Cavities**

- Fluoride Treatments

Additional 1x/yr

**BASIC CARE**

Fillings

Once every two years per tooth per surface.

80%

White-colored fillings limited to front teeth.

Root Canals

80%

Gum/Bone Surgeries & Maintenance (non-medical risk factors) Once every three years per quad.	80%
Oral Surgeries	80%
<b>MAJOR CARE</b>	
Crowns	80% 1x/5yrs per tooth White crowns limited to front teeth and bicuspid.
Fixed Bridges & Dentures	80% 1x/5yrs per tooth
Implants	80% Implant coverage is paid as an alternate benefit in lieu of a 3-unit bridge.
<b>OTHER SERVICES</b>	
Adjunctive General Services	80%
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	80%

05/18/2022