

# Summary of Dental Benefits

## HDS Children's Dental Plan - Group No. 2999

Effective: 01/01/2026

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 (THROUGH AGE 25)	
Maximum Out of Pocket (MOOP) 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.	\$450 per child per calendar year \$900 for 2+ children per calendar year
Deductible Does not apply to benefits covered at 100% and orthodontics.	\$50 per person per calendar year
DIAGNOSTIC	HDS PLAN PAYS CHILDREN (THROUGH AGE 25)
Examinations	100 % 2 per calendar year
Bitewing X-rays	30 % 2 per calendar year
Other X-rays	30 % Full mouth x-rays 1x/5 yrs
PREVENTIVE	
Cleanings	100 % 2 per calendar year
Fluoride	100 % 2 per calendar year Allowed through age 18
Silver Diamine Fluoride	100 %
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	100 % Allowed through age 18
Space Maintainers	100 % Allowed 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 2 per calendar year
Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 2 per calendar year
Oral Cancer • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 4 per calendar year
Sjogren's Syndrome • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 4 per calendar year

Stroke • Cleanings/Gum Maintenance	Additional 2 per calendar year
Heart Attack, Congestive Heart Failure • Cleanings/Gum Maintenance	Additional 2 per calendar year
Kidney Failure • Cleanings/Gum Maintenance	Additional 2 per calendar year
Organ Transplant • Cleanings/Gum Maintenance	Additional 2 per calendar year
Pregnancy (Expectant Mothers) • Cleanings/Gum Maintenance	Additional 1 per calendar year
Medical Risk for Cavities • Fluoride	Additional 3 per calendar year
<b>BASIC CARE</b>	
Fillings Once every two years per tooth per surface.	30 % White-colored fillings limited to front teeth.
Root Canals	30 %
Gum/Bone Surgeries Once every three years per quad.	30 %
Gum Maintenance	30 %
Oral Surgeries	30 %
<b>MAJOR CARE</b>	
Crowns & Gold Restorations	30 % 1x/7yrs per tooth White crowns limited to front teeth and bicuspsids.
Fixed Bridges & Dentures	30 % 1x/7yrs per tooth
<b>OTHER SERVICES</b>	
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	30 %
Athletic Mouth Guards	30 % 1 per 24 months Allowed through age 18
Adjunctive General Services	30 % Nitrous oxide, IV sedation, and hospital care are covered.
Medically Necessary Orthodontics 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 % Allowed through age 18

Special Considerations: Assessment of salivary flow is covered.

05/30/2025