

Summary of Dental Benefits
EUTF Actives and HSTA VEBA - Group No. 2600
Effective: 07/01/2025

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.

EUTF - ACTIVE and HSTA VEBA - ACTIVE	
Plan Maximum The most HDS will pay for each person for all covered dental services performed.	\$2,000 per plan year
Deductible Does not apply to benefits covered at 100% and orthodontics.	You pay \$50/person per plan year
HDS PLAN PAYS	
DIAGNOSTIC	
Examinations	100% 2 per calendar year
Bitewing X-rays	100% 2 per calendar year through age 14 1 per calendar year ages 15 and older
Other X-rays	100% Full mouth X-rays 1x/5 yrs
PREVENTIVE	
Cleanings	100% 2 per calendar year
Fluoride	100% 2 per calendar year through age 19
Silver Diamine Fluoride Up to 6 teeth per service date and fillings covered after 30 days of SDF treatment	100%
Sealants One treatment per tooth per lifetime to permanent molars with no prior fillings on biting surfaces	100% Allowed through age 18
Space Maintainers	100% Allowed through age 17
TOTAL HEALTH PLUS BENEFITS	
If the member has multiple conditions, the member will be eligible for only 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
BASIC CARE	
Fillings Once every two years per tooth per surface	80% Effective 1/1/2026: Silver and white fillings covered on all teeth.
Root Canals	80%
Gum/Bone Surgeries and Maintenance Cleaning (maintenance) for gum disease limited to 2 per calendar year after qualifying gum treatment, where qualifying gum treatment is one or more of the following: • Root Planing and Scaling - 1 every 2 years per quadrant • Gum/Bone Surgeries - 1 every 3 years per quadrant	80%
Oral Surgeries	80%
MAJOR CARE	
Crowns	60% 12-month waiting period 1x/5yrs per tooth when teeth cannot be restored with silver or white fillings. White restorations (composite and porcelain) on posterior (back) teeth will be processed as the alternate benefit of the metallic equivalent; the patient is responsible for the cost difference up to the amount charged by the dentist.
Fixed Bridges and Dentures	60% 12-month waiting period 1x/5yrs per tooth ages 16 and older
Implants	60% 12-month waiting period EUTF: 1x/5yrs per tooth ages 19 and older HSTA VB: 1x/5yrs per tooth ages 16 and older Implants are covered as an alternate benefit when one tooth is missing between two natural teeth.
OTHER SERVICES	
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain	100%
Athletic Mouth Guards	80% 1x/24 mos through age 18
Adjunctive General Services	80%
ORTHODONTICS	
	50% For adults and children. \$1,000 lifetime maximum amount paid (8 Quarterly Payments)

Special Considerations: Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred. Self-administered or at-home applications (or any type of "do-it-yourself" orthodontics) are not covered. Orthodontics must be performed by a licensed dentist or supervised staff.