



Summary of Dental Benefits
HSTA VB Active Supplemental - Group No. 2602
Effective: 07/01/2026

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. Unless specified, dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment. Refer to Special Considerations when applicable.

HSTA VB - SUPPLEMENTAL	
Plan Maximum The most HDS will pay for each person for all covered dental services performed.	\$750 per plan year
	HDS PLAN PAYS
DIAGNOSTIC	HSTA VB - SUPPLEMENTAL
Examinations	50 % 2 per calendar year
Bitewing X-rays	50 % 2 per calendar year through age 14 1 per calendar year equal or over age 15
Other X-rays	50 % Full mouth x-rays 1x/5 yrs
PREVENTIVE	
Cleanings	50 % 2 per calendar year
Fluoride	50 % 2 per calendar year Allowed through age 19
Silver Diamine Fluoride	50 %
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	50 % Allowed through age 18
Space Maintainers	50 % Allowed through age 17
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	Additional 2 per calendar year
• Fluoride	Additional 2 per calendar year
Oral Cancer	
• Cleanings/Gum Maintenance	Additional 2 per calendar year
• Fluoride	Additional 4 per calendar year
Sjogren's Syndrome	
• Cleanings/Gum Maintenance	Additional 2 per calendar year
• Fluoride	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.	45 % Effective 1/1/2026: Silver and white fillings covered on all teeth
Root Canals	45 %
Gum/Bone Surgeries Once every three years per quad.	45 %
Gum Maintenance	45 %
Oral Surgeries	50 %
MAJOR CARE	
Crowns & Gold Restorations	45 % 1x/5yrs per tooth White crowns limited to front teeth and bicuspids.
Fixed Bridges & Dentures	45 % 1x/5yrs per tooth
Implants	50% 1x/ 5yrs per tooth
OTHER SERVICES	
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	50 %
Athletic Mouth Guards	45 % 1 per 24 months Allowed through age 18
Adjunctive General Services	45 %
ORTHODONTICS	
	100 % For adults and children. \$750 lifetime maximum amount paid (8 Payments Quarterly)

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 is not a covered benefit. Orthodontics must be performed by a licensed dentist or supervised staff.