

UHA – HDS Group No. 2345 Small Group Plan with Pediatric Dental

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

SUMMARY OF BENEFITS	CURRENT PLAN WITH PEDIATRIC DENTAL		
PLAN MAXIMUM per person per calendar year	\$750	\$1000	\$1500
DEDUCTIBLE per person per calendar year (does not apply to benefits covered at 100%)	\$25/person	N/A	N/A
Maximum Out-of-Pocket (Pediatric Dental Only)	\$700 per person / \$1,400 for 2 or more children		
DIAGNOSTIC			
• Examination – twice per calendar year through age 18; once per calendar year thereafter	100%	100%	100%
• Bitewing X-rays – twice per calendar year through age 18; once per calendar year thereafter	100%	100%	100%
• Other X-rays (full mouth X-rays limited to once every five years)	60%	70%	70%
PREVENTIVE			
• Cleanings – twice per calendar year	100%	100%	100%
• Expectant mothers – Cleanings or *Periodontal Maintenance three times per calendar year			
• Diabetic patients – Cleanings or *Periodontal Maintenance four times per calendar year	*60%	*70%	*70%
*Periodontal Maintenance benefit level			
• Fluoride - twice per calendar year (through age 18)	100%	100%	100%
• Fluoride - high risk – once per calendar year	100%	100%	100%
• Space maintainers (through age 18)	100%	100%	100%
• Sealants (through age 18) – One treatment application, once per lifetime only to permanent molar and bicuspid teeth with no cavities and no occlusal restorations, regardless of the number of surfaces sealed	100%	100%	100%
RESTORATIVE			
• Amalgam (silver-colored) fillings	60%	70%	70%
• Composite (white – colored) fillings - limited to anterior (front) teeth	60%	70%	70%
• Crowns and gold restorations (once every seven years when teeth cannot be restored with amalgam or composite fillings)	40%	50%	50%
NOTE: Composite (white) and Porcelain (white) restorations 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			
ENDODONTICS	60%	70%	70%
• Pulpal therapy			
• Root canal treatment, retreatment, apexification, apicoectomy			
PERIODONTICS	60%	70%	70%
• Periodontal scaling and root planing – once every two years			
• Gingivectomy, flap curettage and osseous surgery – once every three years			
• Periodontal Maintenance – twice per calendar year after qualifying periodontal treatment			
PROSTHODONTICS	40%	50%	50%
• Fixed bridges (once every seven years; age 16 and older)			
• Dentures - complete and partial (once every seven years; ages 16 and older)			
• Implants (covered as alternate benefit) when one tooth is missing between two natural teeth	40%	50%	50%
ORAL SURGERY	60%	70%	70%
ADJUNCTIVE GENERAL SERVICES	60%	70%	70%
• Palliative treatment (for relief of pain but not to cure)	60%	70%	70%
ORTHODONTICS for dependent children only			
• Cosmetic only			
- Paid in eight quarterly payments			
- \$1,500 lifetime maximum (\$187.50 per quarterly) per patient through age 25			
• Medically necessary – Limited to those cases involving of cleft lip and/or cleft palate, severe facial birth defects, or an incurred injury that affects the function or speech, swallowing and chewing	50%; when medically necessary	50%; when medically necessary	50%; when medically necessary or cosmetic*

Enrollment Guidelines:

1. Employer group to enroll in one plan option (no dual plans offered).
2. Employer group may change dental plan offering only during open enrollment.
3. Employer contribution required.