



5 - RCUH DENTAL PLAN SUMMARY

PLAN YEAR JULY 1, 2010 – JUNE 30, 2011

Hawaii Dental Service (HDS) (<http://www.deltadentalhi.org/>)

For more details call: (808) 529-9248

	<u>Benefit</u>
<u>DIAGNOSTIC</u>	
Examination - Twice per calendar year	100%
Bitewing X-rays	90%
<ul style="list-style-type: none"> ▪ Twice per calendar year through age 14 ▪ Once per calendar year thereafter 	
Other X-rays (full mouth x-rays limited to once every five years)	90%
<u>PREVENTIVE</u>	
Prophylaxes (cleanings) - Twice per calendar year	90%
<ul style="list-style-type: none"> ▪ Diabetic Patients – Four cleanings or *Periodontal maintenance ▪ Expectant Mothers – Three cleanings or *Periodontal maintenance 	
* Periodontal maintenance benefit level	70%
Topical Fluoride - Once per calendar year through age 19	70%
<ul style="list-style-type: none"> ▪ Fluoride Varnish – Once per calendar year; no age limit; limited to high-risk patients 	
Space Maintainers (through age 17)	70%
Sealants (through age 18) – One treatment application, once per lifetime only to permanent molar/bicuspid teeth with no cavities and no occlusal restorations, regardless of the number of surfaces sealed	70%
<u>RESTORATIVE</u>	
Amalgam (silver-colored) fillings	60%
Composite (white colored) fillings - Limited to the anterior teeth	60%
Crowns and Gold Restorations** (<i>Subject to 12-month waiting period</i>) - Once every 5 years when teeth cannot be restored with amalgam or composite fillings	50%
<u>ENDODONTICS</u>	
Pulpal therapy	70%
Root canal treatment, retreatment, apexification, apicoectomy	70%
<u>PERIODONTICS</u>	
Surgical and non-surgical treatment of diseases of the gums and bones supporting the teeth	70%
Periodontal Maintenance – Twice per calendar year	70%
<u>PROSTHODONTICS**</u> (<i>Subject to 12-month waiting period</i>)	
Fixed Bridges (once every 7 years; ages 16 years and older)	50%
Complete and Partial Dentures (once every 7 years; ages 16 years and older)	50%
Implants (covered as alternative benefit) when one tooth is missing between two natural teeth	50%
<u>ORAL SURGERY</u>	
Extractions	70%
Other oral surgery procedures to supplement medical care plan	70%
<u>ADJUNCTIVE GENERAL SERVICES</u>	70%
Palliative Treatment (for relief of pain but not to cure)	100%
<u>ORTHODONTICS</u>	
\$1,000 lifetime maximum paid in eight (8) quarterly payments of \$125.00. Orthodontic services are NOT covered if services were started <u>prior</u> to the date the patient became eligible under this plan.	50%
<u>CALENDAR YEAR MAXIMUM</u> (per plan year, per member)	\$1,000

****IMPORTANT – THERE IS A TWELVE (12) MONTH WAITING PERIOD FOR MAJOR SERVICES (CROWNS, GOLD RESTORATION, & PROSTHODONTICS) FOR NEW ENROLLES INTO THE PLAN.**

Note: Plan pays based on the Allowed Amount, which is the amount that a participating dentist agrees to accept for services that are covered benefits. Over 95% of all licensed dentists in Hawaii are HDS Participating Dentists.

Premium Cost (Per Month)

	Employee + (Employer) = Total
Single Plan	\$11.68 + (\$17.52) = \$29.20
2-Party Plan	\$23.36 + (\$35.04) = \$58.40
3+ Family Plan	\$38.38 + (\$57.58) = \$95.96

