



5 - RCUH DENTAL PLAN SUMMARY PLAN YEAR JULY 1, 2011 – JUNE 30, 2012

Hawaii Dental Service (HDS)

(<http://www.deltadentalhi.org>)

Customer Service: (808) 529-9248

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer'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	PLAN COVERS	WAIT PERIOD (months)
PLAN MAXIMUM per person per calendar year	\$1000	
DIAGNOSTIC		
• Examination – twice per calendar year	100%	N/A
• Bitewing X-rays – twice per calendar year through age 14; once per calendar year thereafter	90%	N/A
• Other X-rays (full mouth X-rays limited to once every five years)	90%	N/A
PREVENTIVE		
• Cleanings – twice per calendar year	90%	N/A
• Expectant mothers – Cleanings or *Periodontal Maintenance three times per calendar year		
• Diabetic patients – Cleanings or *Periodontal Maintenance four times per calendar year		
*Periodontal Maintenance benefit level	*70%	
• Fluoride - once per calendar year (through age 19)	70%	N/A
• Fluoride Varnish – once per calendar year; limited to patients who are at high risk of caries due to root exposure, dry mouth syndrome, history of radiation therapy or other conditions documented by the dentist	70%	N/A
• Space maintainers (through age 17)	70%	N/A
• 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	70%	N/A
RESTORATIVE		
• Amalgam (silver-colored) fillings	60%	N/A
• Composite (white – colored) fillings - limited to anterior (front) teeth	60%	N/A
• Crowns and gold restorations (once every seven years when teeth cannot be restored with amalgam or composite fillings)	50%	12
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	70%	N/A
• Pulpal therapy		
• Root canal treatment, retreatment, apexification, apicoectomy		
PERIODONTICS	70%	N/A
• 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	50%	12
• Fixed bridges (once every seven years; age 16 and older)		12
• Dentures - complete and partial (once every seven years; ages 16 and older)		12
• Implants (covered as alternate benefit) when one tooth is missing between two natural teeth		12
ORAL SURGERY	70%	N/A
ADJUNCTIVE GENERAL SERVICES	70%	N/A
• Palliative treatment (for relief of pain but not to cure)	100%	N/A
ORTHODONTICS	50%	
\$1000 Lifetime Maximum amount paid in eight quarterly payments of \$125.00.		
Per eligible Employee, Spouse, Child		
<i>Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan.</i>		
<i>If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue.</i>		
<i>If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred.</i>		

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 Dentist.

2011 Premium Cost (Per Month)	Employee	(Employer)	Total
Single Plan	\$ 12.07	(\$ 18.11)	\$ 30.18
2-Party Plan	\$ 24.14	(\$ 36.21)	\$ 60.35
3+ Family Plan	\$ 39.67	(\$ 59.50)	\$ 99.17