# RCUH DENTAL PLAN SUMMARY

**PLAN YEAR** JULY 1, 2008 – JUNE 30, 2009

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

For more details call: (808) 529-9248

### DIAGNOSTIC
- Examination - Twice per calendar year
- Bitewing X-rays
  - 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)

### PREVENTIVE
- Prophylaxes (cleanings) - Twice per calendar year
  - Diabetic Patients – Four cleanings or periodontal maintenance*
  - Expectant Mothers – Three cleanings or periodontal maintenance*
  - * Periodontal maintenance benefit level
- Topical Fluoride - Once per calendar year through age 19
  - Fluoride Varnish – Once per calendar year; limited to high-risk patients
- Space Maintainers (for dependent children through age 17)
- 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

### RESTORATIVE
- Amalgam (silver-colored) fillings
- Composite (white colored) fillings - limited to the anterior teeth
- Crowns and Gold Restorations* *(Subject to 12-month waiting period)* - Once every 5 years when teeth cannot be restored with amalgam or composite fillings

### ENDODONTICS
- Pulpal therapy
- Root canal treatment, retreatment, apexification, apicoectomy

### PERIODONTICS
- Surgical and non-surgical treatment of diseases of the gums and bones supporting the teeth

### PROSTHODONTICS* *(Subject to 12-month waiting period)*
- Fixed Bridges (once every 5 years; dependent children ages 16 years and older)
- Complete and Partial Dentures (once every 5 years; dependent children ages 16 years and older)
- Implants (covered as alternative benefit) when one tooth is missing between two natural teeth

### ORAL SURGERY
- Extractions
- Other oral surgery procedures to supplement medical care plan

### ADJUNCTIVE GENERAL SERVICES
- Palliative Treatment (for relief of pain but not to cure)

### ORTHODONTICS
- $1,000 lifetime maximum paid in eight (8) quarterly payments of $125.00. Orthodontic services are NOT covered if services were started prior to the date the patient became eligible under this plan.

### CALENDAR YEAR MAXIMUM
- (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 96% of all licensed dentists in Hawaii are HDS Participating Dentists.

### Premium Cost (Per Month)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Employee + (Employer) = Total</th>
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<tbody>
<tr>
<td>Single Plan</td>
<td>$10.98 + ($16.46) = $27.44</td>
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<tr>
<td>2-Party Plan</td>
<td>$21.70 + ($32.56) = $54.26</td>
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<tr>
<td>3+ Family Plan</td>
<td>$36.38 + ($54.56) = $90.94</td>
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