

**HSTA VEBA TRUST
HDS PRIMARY DENTAL PLAN
FOR ACTIVES**

(Please refer to the plan document for a complete description of the benefits)

PLAN BENEFITS	PARTICIPATING DENTIST (Based on HDS Allowed Amount) MEMBER COPAYMENT
Exams – twice per Calendar Year	None
Bitewing x-rays – two per Calendar Year through age 14; one per Calendar Year thereafter	None
Cleaning – two per Calendar Year	None
Deductible – Applies to Benefits with Copayments	\$50.00/Person/Contract Year
Periodontal Maintenance – two per Calendar Year	20% Copayment
Fillings	20% Copayment
Oral Surgery	20% Copayment
Crown, Bridges & Dentures	40% Copayment
Benefit Maximum per Contract Year	\$2,000 per Person
Orthodontic Plans Pays a Lifetime Benefit Maximum (Eight quarterly payments at \$125.00)	50% Copayment \$1,000 per Case

For services performed by a Non-Participating Dentist:

- In most cases you will need to pay in full at the time of service.
- Their fees may be higher than the HDS allowed amount, therefore, your member copayment may be higher.
- You are responsible for the difference between the amount charged and the HDS payment amount.

HDS is a member of the Delta Dental Plan Association. A list of HDS/Delta Dental participating dentist can be obtained by visiting the HDS website at: www.deltadentalhi.org