

Comparison of HDS Individual Dental Plans

Summary of Dental Benefits	Individual Plan			Individual Plan Plus	
Plan Maximum per person per calendar year	\$1,000			\$1,000	
Deductible per calendar year (does not apply to benefits covered at 100%)	\$50 per person \$150 per family			\$50 per person \$150 per family	
Plan Covers	1 st year	2 nd year	3 rd year	1 st year	2 nd year
DIAGNOSTIC					
Examinations (twice per calendar year)	100%	100%	100%	100%	100%
Bitewing X-rays	100%	100%	100%	100%	100%
Other X-rays	70%	70%	70%	100%	100%
PREVENTIVE	100%	100%	100%	100%	100%
Cleanings (twice per calendar year)					
Topical fluoride (children only)					
Space maintainers					
Sealants (children only)					
RESTORATIVE					
Fillings	–	30%	30%	◆50%	50%
Crowns and gold restorations	–	–	30%	–	50%
ENDODONTICS	–	30%	30%	–	50%
PERIODONTICS – Periodontal scaling and root planing	–	–	30%	–	50%
PROSTHODONTICS – Dentures & bridges	–	–	30%	–	50%
ORAL SURGERY – Extractions	–	30%	30%	–	50%
ADJUNCTIVE GENERAL SERVICES	–	30%	30%	50%	50%

Hyphen (–) indicates wait period of 12 or 24 months of continuous enrollment in an HDS plan before the plan will provide benefit coverage for these services.

Diamond (◆) indicates wait period of 3 months.

	2010 Monthly Rates	
	Individual Plan	Individual Plan Plus
One Party	\$28.83	\$39.49
Two Party	\$57.67	\$78.98
Three Party+	\$92.55	\$126.78