

HSTA VB Actives Group Number 2600 Dental Plan Benefits



*A lifetime of healthy smiles
for Hawai'i families*



This brochure includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of the EUTF's dental agreement with Hawaii Dental Service and HDS's Procedure Code Guidelines.

Your Dental Benefits

The health of your teeth and gums directly affects your overall health. Prevention is the key and regular visits to your dentist should be a top priority. Hawaii Dental Service makes it easy and affordable for you. So take charge of your health, and take advantage of your dental benefits.

Getting Started

Register for Online Member Information

The HDS website provides valuable information on your dental plan. You will be able to review your dental plan benefits, view your own tooth chart, search for a participating dentist, view your Explanation of Benefits reports, and more!

To register:

1. Log on at HawaiiDentalService.com
2. Click on "New User"
3. Complete the "Member Registration" form
4. Click on "Register User" button

HDS will then send you an e-mail to activate your account. Please be sure to click on the link.

Please note that HDS members 18 years and older must register for their own account.

Effective Date of Eligibility

If you are a new HDS member enrolling in this plan, your employer will let you know the start date (effective date) of your dental coverage. An HDS membership card will be mailed directly to you after HDS is notified of your start date.

- At your first appointment, let your dental office know that you are covered by HDS and present your HDS membership card.
- If you need dental services immediately after your effective date of dental coverage but have not received your HDS membership card, you may print or request a card through the HDS website at HawaiiDentalService.com or you may ask your dentist to confirm your eligibility with HDS prior to receiving services.

Eligible Persons

Check with your employer to determine who is eligible to be covered as your dependent(s) under your plan.

Disabled dependent children, over your plan's age limit, may be eligible for coverage. They must live with you and meet all of the following criteria:

- Unmarried, and
- Incapable of supporting themselves because of physical or mental incapacity that began before your plan's cutoff age for dependent coverage.

Updating Information

To ensure that you and your family receive the full benefits of your plan and to ensure HDS processes your dental claims accurately, please notify your **employer immediately** of any of the following:

- Name change
- Address change
- Add/remove dependent(s)

Selecting a Dentist

In Hawaii, Guam and Saipan - Choose an HDS Participating Dentist

You may select any dentist, however you save on your out-of-pocket costs when you visit an HDS participating dentist for services received in Hawaii, Guam and Saipan. HDS participating dentists partner with HDS by limiting their fees for services that are covered.

About 95% of all licensed, practicing dentists in Hawaii participate with HDS, so it is more than likely your dentist is an HDS participating dentist. For a current listing of HDS participating dentists, visit the HDS website at HawaiiDentalService.com or call the HDS Customer Service department.

On the Mainland - Choose A Delta Dental Participating Dentist

HDS is a member of the Delta Dental Plans Association (DDPA), the nation's largest and most experienced dental benefits carrier with a network of more than 348,000 dentist locations.

If your job takes you out of state or your child attends school on the Mainland, we recommend that you and/or your dependents visit a Delta Dental participating dentist to receive the maximum benefit from your plan.

For a list of Delta Dental participating dentists, visit the HDS website at HawaiiDentalService.com and click on "Members/Find a Participating Dentist." Click on the "Mainland & Puerto Rico" button to search for a dentist. Select "Delta Dental Premier" as your plan type. Or you may call the HDS Customer Service department.

Visiting a Delta Dental Participating Dentist

- When visiting a dentist on the Mainland, let the dentist know that you have an HDS plan and present your HDS membership card.
- If the dentist is a Delta Dental participating dentist, the claim will be submitted directly to HDS for you.
- Provide the dentist with the HDS mailing address and toll-free number located on the back of your membership card.
- HDS's payment will be based upon the Delta Dental dentist's agreed upon fee for his/her state.
- Your Patient Share will be the difference between the Delta Dental dentist's agreed upon fee and HDS's payment amount.

Visiting a Non-Participating Dentist

If you choose to have services performed by a dentist who is not an HDS or Delta Dental participating dentist, you are responsible for the difference between the amount that the non-participating dentist actually charges and the amount paid by HDS in accordance with your plan.

- In most cases you will need to pay in full at the time of service.

- The non-participating dentist will render services and may provide you with the completed claim form to submit to HDS. Mail the completed claim form for processing to:

HDS – Dental Claims
700 Bishop Street, Suite 700
Honolulu, HI 96813-4196

- HDS payment will be based on the HDS non-participating dentist fee schedule and a reimbursement check will be sent to you along with your Explanation of Benefit (EOB) report.

Whether you visit a participating or non-participating dentist, please be sure to discuss your financial obligations with your dentist before you receive treatment. All dental claims must be filed within 12 months of the date of service for HDS claims payment.

Helping You Manage Your Costs

HDS participating dentists agree to limit their fees and charge you at the agreed upon fee even after you reach your annual plan maximum.

Your participating dentist may submit a preauthorization request to HDS **before** providing services. With HDS's response, your dentist should explain to you the treatment plan, the dollar amount your plan will cover and the amount you will pay.

This preauthorization will reserve funds for the specified services against your Plan Maximum. It will also help you to plan your dental services accordingly should you reach your Plan Maximum.

Explanation of Benefits (EOB) Report

HDS provides its members with Explanation of Benefits (EOB) report which summarize the services you received from your dentist and lists payment information.

EOBs are available electronically and are accessible through your HDS website account. If you choose to receive EOBs through the mail, you will not receive an EOB for services with no patient share or when only tax is due.

It is important to note that the EOB report is not a bill. Depending on your dentist's practice, your dentist may bill you directly or collect any portion not covered by your plan at the time of service.

Calculating Your Benefit Payments

Determining the amount you should pay your HDS participating dentist is based on a simple formula (see box below). HDS will pay the "% plan covers" amount.

You are responsible for the balance owed to your dentist which includes the Approved Amount (the maximum amount that the member is responsible for), any applicable deductible amounts, and taxes, less the HDS payment. Participating dentists are paid based upon their Allowed Amount. (The amount to which the benefit percentage is applied to calculate the HDS payment.)

Dentist's Allowed Amount X % plan covers

HDS Payment
Dentist's Approved Amount <minus HDS Payment>

Patient Share

It is important to note that when determining payment, HDS may consider your prior dental work performed under another plan and your current plan's limitations.

Questions on Your Claims

If you have any questions or concerns about your dental claims, please call our Customer Service department at 529-9310 on Oahu or toll-free at 1-866-702-3883.

Claims Appeal Process

If a service is not covered, a copy of the specific rule, guideline or protocol relied upon in making the benefit determination will be provided free of charge upon request by you or your authorized representative. A copy of HDS's claims appeal process may also be obtained from Customer Service.

If you are not satisfied with the explanation of why a service was not covered, you have the right to appeal the decision and request a reconsideration.

You or your authorized representative should submit a request in writing within one year of the date of service to:

HDS
Attn: Appeals Manager
700 Bishop St., Suite 700
Honolulu, HI 96813

Your request should include:

- HDS Subscriber ID
- Patient name
- Contact phone number and mailing address
- Treating dentist's name
- Claim number
- Service being appealed
- Reason for appeal

HDS will review your request and provide you with a written response within 30 days. If you do not agree with the response, you have the right to bring a civil action under Section 502(a) of ERISA.

Dual Coverage/ Coordination of Benefits

- Please be sure to let your dentist know if you are covered by any other dental benefits plan(s).
- When you are covered by more than one dental benefits plan, the amount paid will be coordinated with the insurance carrier(s) in accordance with guidelines and rules of the National Association of Insurance Commissioners. Total payments or reimbursements will not exceed the participating dentist's Allowed Amount when HDS serves as the second plan.
- There is a limit on the number of times certain covered procedures will be paid and payment will not be made beyond these plan limits.
- Coverage of identical procedures will not be combined in cases where there are multiple plans. For example, if you have two plans and each includes two cleanings during each calendar year, your benefits will cover two cleanings (not four) in each calendar year.

Fraud and Abuse Program

Fraud and Abuse is taken seriously at HDS. HDS periodically conducts reviews at HDS participating dentists' offices to ensure that you are being charged in accordance with HDS's contract agreements.

Confidential Fraud Reporting

From Oahu: (808) 529-9227
Toll-free: 1-866-505-9227
E-mail: HDSCompliance@HawaiiDentalService.com

Benefit Exclusions

The following are general exclusions not covered by the plan:

- Services for injuries and conditions that are covered under Workers' Compensation or Employer's Liability Laws; services provided by any federal or state government agency or those provided without cost to the eligible person by the government or any agency or instrumentality of the government.
- Congenital malformations, medically related problems, cosmetic surgery or dentistry for cosmetic reasons.
- Procedures, appliances or restorations other than those for replacement of structure loss from cavities that are necessary to alter, restore or maintain occlusion.
- Treatment of disturbances of the temporomandibular joint (TMJ).
- Hawaii general excise tax imposed or incurred in connection with any fees charged, whether or not passed on to a patient by a dentist.
- All transportation costs such as airline, taxi cab, rental car and public transportation are not covered.
- Other exclusions are listed in the HDS Procedure Code Guidelines, which is included in EUTF's dental contract.

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	HDS COPAYMENT PERCENTAGE	WAIT PERIOD (months)
PLAN MAXIMUM per person per plan year (July 1 – June 30)	\$2000	
DEDUCTIBLE AMOUNT per plan year (July 1 – June 30) (does not apply to benefits covered at 100%)	\$50/person	
DIAGNOSTIC <ul style="list-style-type: none"> • 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) 	100%	N/A
PREVENTIVE <ul style="list-style-type: none"> • Cleanings – twice per calendar year <ul style="list-style-type: none"> • 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 • Fluoride - once per calendar year (through age 19) • Fluoride – high risk – once per calendar year • Space maintainers (through age 17) • Sealants (through age 18) – One treatment application, once per lifetime only to permanent molar with no cavities and occlusal restorations, regardless of the number of surfaces sealed 	100%	N/A
RESTORATIVE <ul style="list-style-type: none"> • Amalgam (silver-colored) fillings • Composite (white – colored) fillings - limited to anterior (front) teeth • Crowns and gold restorations (once every five years when teeth cannot be restored with amalgam or composite fillings) <p>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</p>	80%	N/A
ENDODONTICS <ul style="list-style-type: none"> • Pulpal therapy • Root canal treatment, retreatment, apexification, apicoectomy 	80%	N/A
PERIODONTICS <ul style="list-style-type: none"> • 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 	80%	N/A
PROSTHODONTICS <ul style="list-style-type: none"> • Fixed bridges (once every five years; ages 16 and older) • Dentures - complete and partial (once every five years; ages 16 and older) • Implant Services (covered as an alternate benefit) when one tooth is missing between two natural teeth (once per tooth every five years; ages 16 and older) 	60%	12
ORAL SURGERY	80%	N/A
ADJUNCTIVE GENERAL SERVICES <ul style="list-style-type: none"> • Palliative treatment (for relief of pain but not to cure) 	100%	N/A
ORTHODONTICS <p>\$1000 lifetime maximum amount paid in eight quarterly payments of \$125.00. <i>Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred.</i></p>	50%	

Access to HDS Information 24/7

Visit HDS Online at www.HawaiiDentalService.com to:

Access your online account today!

- Log on to the HDS website at www.HawaiiDentalService.com
- Click on “New User”
- Complete the “Member Registration” form
- Select “yes” to “Request electronic Explanation of Benefits”
- Click on “Register User” button
- An e-mail will be sent to you with a link. Click on the link to activate your account.

CHECK

- Whether you and/or your dependents are eligible for HDS benefits
- What services are covered by your plan
- What the limits are of each type of covered service and how much you have used

SEARCH

- For an HDS participating dentist by specialty, location, handicap accessibility, weekend hours, and more
- For a Delta Dental participating dentist in the Mainland, Guam or Saipan

VIEW

- Your own tooth chart- see what services have been performed on each tooth
- Your EOB statements (and print them out)
- A list of frequently asked questions
- HDS contact information

DOWNLOAD & PRINT

- A summary of your benefits for tax purposes
- Blank claim forms
- An HDS identification card
- HDS Notice of Privacy Practices

REQUEST

- To receive an e-mail when your claim is processed
- To receive EOB statements through e-mail
- An HDS identification card to be mailed to you

How to Contact HDS

Customer Service

Exclusive Phone Line for EUTF Members:

From Oahu: 529-9310

Toll-free: 1-866-702-3883

Monday through Friday, 7:00 a.m. – 7:00 p.m.

Saturday, 9:00 a.m. – 1:00 p.m.

Hawaii Standard Time

Walk-in Office Hours:

Monday through Friday

8:00 a.m. – 4:30 p.m.

Send Written Correspondence to:

Hawaii Dental Service

Attn: Customer Service

700 Bishop Street, Suite 700

Honolulu, HI 96813-4196

E-Mail:

HDSCustomerService@HawaiiDentalService.com

FAX:

From Oahu: 529-9366

Toll-free fax: 1-866-590-7988

2/2017

Notice of Non-Discrimination & Language Assistance

HDS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

HDS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HDS provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

HDS provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact 1-844-379-4325, TTY: 711.

If you believe that HDS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator: Director of Compliance

Telephone Number: 1-866-505-9227 Fax: (808) 599-4808

Email: HDScompliance@hawaiidentalsservice.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-379-4325; TTY: 711

(Ilocano) PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-844-379-4325 TTY: 711

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-379-4325 TTY: 711 .

(Japanese) 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-379-4325 TTY: 711 . まで、お電話にてご連絡ください。

(Chinese) 注意 : 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-844-379-4325 TTY: 711.

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-379-4325 TTY: 711 번으로 전화해 주십시오.

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-379-4325 TTY: 711

(Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-379-4325 TTY: 711

(Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-844-379-4325 TTY: 711

(Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjeļok wōñāñ. Kaalok 1-844-379-4325 TTY: 711

(Chuukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-844-379-4325 TTY: 711

(Hawaiian) E NĀNĀ MAI: Inā ho 'opuka 'oe i ka 'ōlelo [ho 'okomo 'ōlelo], loa 'a ke kōkua manuahi iā 'oe. E kelepona iā 1-844-379-4325 TTY: 711

(Micronesian-Pohnpeian) Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-844-379-4325 TTY: 711

(Visayan) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-844-379-4325 TTY: 711

(Tongan) FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-844-379-4325 TTY: 711

(Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-379-4325 TTY: 711