

## HSTA VEBA Actives Dental Plan Benefits Brochure



*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, search for a participating dentist, view your Explanation of Benefits reports, print your membership card and more!

To register:

1. Go to [HawaiiDentalService.com](http://HawaiiDentalService.com).
2. Follow the directions on-screen to create a new account.
3. Complete the "Member Registration" form
4. Select "Yes" to "Request electronic Explanation of Benefits".

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](http://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](http://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](http://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.

- The non-participating dentist will render services and may submit a completed claims form to HDS on your behalf, or provide you with a completed claims form to submit to HDS. If the non-participating dentist provides you with a completed claims form, mail the completed claim form to:  
  
HDS - Dental Claims  
900 Fort Street Mall, Suite 1900  
Honolulu, HI 96813-3705
- 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
<hr/>
<b>HDS Payment</b>
Dentist's Approved Amount <minus HDS Payment>
<hr/>
<b>Patient Share</b>

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  
900 Fort Street Mall, Suite 1900  
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.

If you see services listed on your EOB that were not performed, or are aware of any false information submitted to HDS, you may file a confidential report online, over the phone, or by email:

- Online: [hawaiidentalservice.ethicspoint.com](http://hawaiidentalservice.ethicspoint.com)
- Over the phone: 1-866-505-9227
- Email: [HDScompliance@hawaiidentalservice.com](mailto: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.

This summary is a brief description of a Hawaii Dental Service (HDS) member's dental benefits. Some limitations, restrictions, and exclusions may apply. Plan benefits are governed by the provisions detailed in the group's agreement with HDS, HDS's Procedure Code Guidelines and Delta Dental National Policies when applicable. Certain provisions may vary across group agreements such as waiting periods, frequency and age limitations, etc. and may not be included in this summary. For additional information, please contact HDS Customer Service. As an HDS member, you may visit any licensed dentist, but your out-of-pocket costs may be lower when visiting an HDS participating dentist. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment.

<b>PLAN MAXIMUM</b>	<b>\$2000</b>
The most HDS will pay for each person for all covered dental services performed during the plan year.	
<b>DEDUCTIBLE</b>	<b>\$50/person</b>
Does not apply to benefits covered at 100% and orthodontics.	
	<b>HDS PLAN PAYS</b>
<b>DIAGNOSTIC</b>	
<b>Examinations</b>	<b>100%</b> 2x/yr
<b>Bitewing X-rays</b>	<b>100%</b> 2x/yr through age 14 1x/yr ages 15 and older
<b>Other X-rays</b>	<b>100%</b> Full mouth X-rays 1x/5 yrs
<b>PREVENTIVE</b>	
<b>Cleanings</b>	<b>100%</b> 2x/yr
<b>Fluoride</b>	<b>100%</b> 1x/yr Through age 19
<b>Silver Diamine Fluoride</b>	<b>100%</b>
<b>Space Maintainers</b>	<b>100%</b> Through age 17
<b>Sealants</b>	<b>100%</b> Through age 18
One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	
<b>TOTAL HEALTH PLUS BENEFITS</b>	
If the member has multiple conditions, they will only be eligible for the benefit with the most cleaning(s) and/or gum maintenance treatments of a single condition. All benefits are covered at 100% unless otherwise noted.	
<b>Diabetes</b>	
• Cleanings/Gum Maintenance	Additional 2x/yr
<b>Cancer (other than Oral)</b>	
• Cleanings/Gum Maintenance	Additional 2x/yr
• Fluoride Treatments	Additional 2x/yr
<b>Oral Cancer</b>	
• Cleanings/Gum Maintenance	Additional 2x/yr
• Fluoride Treatments	Additional 4x/yr

<b>Sjogren's Syndrome</b> • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr
<b>Stroke</b> • Cleanings/Gum Maintenance	Additional 2x/yr
<b>Heart Attack, Congestive Heart Failure</b> • Cleanings/Gum Maintenance	Additional 2x/yr
<b>Kidney Failure</b> • Cleanings/Gum Maintenance	Additional 2x/yr
<b>Organ Transplant</b> • Cleanings/Gum Maintenance	Additional 2x/yr
<b>Pregnancy (Expectant Mothers)</b> • Cleanings/Gum Maintenance	Additional 1x/yr
<b>Medical Risk for Cavities</b> • Fluoride Treatments	Additional 3x/yr
<b>BASIC CARE</b>	
<b>Fillings</b> Once every two years per tooth per surface.	<b>80%</b> White-colored fillings limited to front teeth.
<b>Root Canals</b>	<b>80%</b>
<b>Gum/Bone Surgeries &amp; Maintenance (non-medical risk factors)</b> Once every three years per quad.	<b>80%</b>
<b>Oral Surgeries</b>	<b>80%</b>
<b>MAJOR CARE</b>	
<b>Crowns</b>	<b>60%</b> 1x/5yrs per tooth 12 mo wait period White crowns limited to front teeth and bicuspid.
<b>Fixed Bridges &amp; Dentures</b>	<b>60%</b> 1x/5yrs per tooth ages 16 and older 12 mo wait period
<b>Implants</b>	<b>60%</b> 1x/5yrs per tooth ages 16 and older 12 mo wait period Implants are covered as an alternate benefit when one tooth is missing between two natural teeth.
<b>OTHER SERVICES</b>	
<b>Adjunctive General Services</b>	<b>80%</b>
<b>Emergency Treatment of Dental Pain (Palliative Treatment)</b> Once per visit per dental office for relief of pain but not to cure	<b>100%</b>
<b>Athletic Mouth Guards</b>	<b>80%</b> 1x/24mos through age 18
<b>ORTHODONTICS</b>	
	<b>50%</b> For adults and children. \$1000 lifetime maximum amount paid (eight quarterly payments)

**Special Consideration:** 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. Self-administered or at-home applications (or any type of "do it yourself") orthodontics is not a covered benefit. Orthodontics must be performed by a licensed dentist or supervised staff.

## Access to HDS Information 24/7

Visit HDS Online at [HawaiiDentalService.com](http://HawaiiDentalService.com) to:

### Access your online account today!

- Log on to the HDS website at [HawaiiDentalService.com](http://HawaiiDentalService.com)
- Follow the directions on-screen to create a new account
- Complete the “Member Registration” form
- Select “yes” to “Request electronic Explanation of Benefits”

### SEARCH

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

### DOWNLOAD & PRINT

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

### CHECK ON

- 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

### VIEW

- Your Explanation of Benefits (EOB) statements
- A list of frequently asked questions
- HDS contact information

### REQUEST

- An HDS identification card to be mailed to you

## How to Contact HDS

### Customer Service Representatives

#### Exclusive Phone Line for EUTF Members:

**From Oahu: (808) 529-9310**

**Toll-free: 1-866-702-3883**

Monday through Friday, 7:30 a.m. – 6:00 p.m. HST

#### Walk-in Office Hours:

Monday through Friday

8:00 a.m. – 4:30 p.m.

Excluding State observed holidays & the day after Thanksgiving.

### Send Written Correspondence to:

Hawaii Dental Service

Attn: Customer Service

900 Fort Street Mall, Suite 1900

Honolulu, HI 96813-3705

E-mail: [CS@HawaiiDentalService.com](mailto:CS@HawaiiDentalService.com)

#### FAX:

From Oahu: (808) 529-9366

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