

Summary of Dental Benefits
HDS Preferred Dental Plan - Group No. 2851
Effective: 01/01/2022

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 and/or subscriber'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.

ADULTS (& CHILD ages 19 - 25)	CHILDREN (AGE 18 & UNDER)
PLAN MAXIMUM \$1000 per person per calendar year. The most HDS will pay for each person for all covered dental services performed during the calendar year. DIAGNOSTIC & PREVENTIVE WAIVER HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum. DEDUCTIBLE \$50 per person, per calendar year. Does not apply to benefits covered at 100% and orthodontics.	MAXIMUM OUT OF POCKET (MOOP) \$375 per child or \$750 for 2 or more children, per calendar year. The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services, alternate benefits and non-medically necessary orthodontics will not count toward the MOOP. DEDUCTIBLE \$50 per person, per calendar year. Does not apply to benefits covered at 100% and orthodontics.

	HDS PLAN PAYS	
	ADULTS (& CHILD ages 19 - 25)	CHILDREN (AGE 18 & UNDER)
DIAGNOSTIC		
Examinations	100% 2x/yr	100% 2x/yr
Bitewing X-rays	50% 1x/yr	30% 2x/yr
Other X-rays	50% Full mouth X-rays 1x/5 yrs	30% Full mouth X-rays 1x/5 yrs
PREVENTIVE		
Cleanings	100% 2x/yr	100% 2x/yr
Fluoride	Not Covered N/A	100% 2x/yr Through age 18
Silver Diamine Fluoride	100%	100%
Space Maintainers	Not Covered	100% Through age 18
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	Not Covered	100% Through age 18

TOTAL HEALTH PLUS BENEFITS
 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.

Diabetes • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 2x/yr	Additional 2x/yr Additional 2x/yr
Oral Cancer • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
Sjogren's Syndrome • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
Stroke • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Heart Attack, Congestive Heart Failure • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Kidney Failure • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Organ Transplant • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Pregnancy (Expectant Mothers) • Cleanings/Gum Maintenance	Additional 1x/yr	Additional 1x/yr
Medical Risk for Cavities • Fluoride Treatments	Additional 3x/yr	Additional 3x/yr
BASIC CARE		
Fillings Once every two years per tooth per surface.	50% 3 mo wait period White-colored fillings limited to front teeth.	30% White-colored fillings limited to front teeth.
Root Canals	50% 12 mo wait period	30%
Gum/Bone Surgeries & Maintenance (non-medical risk factors) Once every three years per quad.	50% 12 mo wait period	30%
Oral Surgeries	50% 12 mo wait period	30%
MAJOR CARE		
Crowns	50% 1x/7yrs per tooth 12 mo wait period White crowns limited to front teeth and bicuspid.	30% 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.
Fixed Bridges & Dentures	50% 1x/7yrs per tooth 12 mo wait period	30% 1x/7yrs per tooth
OTHER SERVICES		
Adjunctive General Services	50%	30%

Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	50%	30% Nitrous Oxide, IV sedation and hospital care is covered
Athletic Mouth Guards	Not Covered	30% 1x/24-months Through age 18
ORTHODONTICS		
	50% For children. \$1000 lifetime maximum amount paid (eight quarterly payments)	50% For children. \$1000 lifetime maximum amount paid (eight quarterly payments)
Medically Necessary Ortho Limited to dependent children for those cases involving repair of the cleft lip and/or cleft palate, severe facial birth defects, or an incurred injury that affects the function of speech, swallowing, and/or chewing.	Not Covered	50% Through age 18

ADULTS (& CHILD ages 19 - 25) - Special Consideration: Assessment of salivary flow is covered. Orthodontic services are not covered if services were started prior to the date the patient became eligible under this plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. 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.

CHILDREN (AGE 18 & UNDER) - Special Consideration: Assessment of salivary flow is covered. Orthodontic services are not covered if services were started prior to the date the patient became eligible under this plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. 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 to:

ACCESS YOUR ACCOUNT

- Visit HawaiiDentalService.com
- Click “Member Login”
- Click “Create an account”
- Complete the “Account Registration” form
- Select “Yes” to be notified via e-mail when a claim is processed and “Yes” to “Request electronic Explanation of Benefits”
- Click “Register”

CHECK

- Whether you and/or your dependents are eligible for HDS benefits
- What dental 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 in Hawaii, Guam or Saipan by specialty, location, handicap accessibility, weekend hours, and more
- For a Delta Dental Premier participating dentist on the Mainland or Puerto Rico by specialty, location, weekend hours and more

VIEW

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

DOWNLOAD & PRINT

- A summary of your benefits for tax purposes
- Blank claim forms
- Your HDS membership card
- Your EOB statements
- HDS Notice of Privacy Practices

REQUEST

- To receive emails when your claims are processed
- To receive EOB statements via email
- An HDS membership card to be mailed to you

How to Contact HDS

Customer Service Representatives

From Oahu: (808) 529-9248

Toll-free: 1-844-379-4325

Customer Service Call Center Hours:

Monday – Friday: 7:30 AM – 4:30 PM HST

Excluding State observed holidays and the day after Thanksgiving

Walk-in Office Hours:

Monday – Friday: 8:00 AM – 4:30 PM HST

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

FAX:

From Oahu: (808) 529-9366

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