

Summary of Dental Benefits  
HDS Children's Dental Plan - Group No. 2999  
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.

**DEDUCTIBLE AMOUNT** 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.

CHILDREN (THROUGH AGE 25)	
Maximum Out of Pocket (MOOP)	Yes
Deductible	\$50/person
HDS PLAN PAYS	
CHILDREN (THROUGH AGE 25)	
DIAGNOSTIC	
Examinations	100% 2x/yr
Bitewing X-rays	30% 2x/yr
Other X-rays	30% Full mouth X-rays 1x/5 yrs
PREVENTIVE	
Cleanings	100% 2x/yr
Fluoride	100% 2x/yr Through age 18
Silver Diamine Fluoride	100%
Space Maintainers	100% Through age 18
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	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
Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 2x/yr

<b>Oral Cancer</b> <ul style="list-style-type: none"> <li>Cleanings/Gum Maintenance</li> <li>Fluoride Treatments</li> </ul>	Additional 2x/yr Additional 4x/yr
<b>Sjogren's Syndrome</b> <ul style="list-style-type: none"> <li>Cleanings/Gum Maintenance</li> <li>Fluoride Treatments</li> </ul>	Additional 2x/yr Additional 4x/yr
<b>Stroke</b> <ul style="list-style-type: none"> <li>Cleanings/Gum Maintenance</li> </ul>	Additional 2x/yr
<b>Heart Attack, Congestive Heart Failure</b> <ul style="list-style-type: none"> <li>Cleanings/Gum Maintenance</li> </ul>	Additional 2x/yr
<b>Kidney Failure</b> <ul style="list-style-type: none"> <li>Cleanings/Gum Maintenance</li> </ul>	Additional 2x/yr
<b>Organ Transplant</b> <ul style="list-style-type: none"> <li>Cleanings/Gum Maintenance</li> </ul>	Additional 2x/yr
<b>Pregnancy (Expectant Mothers)</b> <ul style="list-style-type: none"> <li>Cleanings/Gum Maintenance</li> </ul>	Additional 1x/yr
<b>Medical Risk for Cavities</b> <ul style="list-style-type: none"> <li>Fluoride Treatments</li> </ul>	Additional 3x/yr
<b>BASIC CARE</b>	
<b>Fillings</b> Once every two years per tooth per surface.	30% White-colored fillings limited to front teeth.
<b>Root Canals</b>	30%
<b>Gum/Bone Surgeries &amp; Maintenance (non-medical risk factors)</b> Once every three years per quad.	30%
<b>Oral Surgeries</b>	30%
<b>MAJOR CARE</b>	
<b>Crowns</b>	30% 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.
<b>Fixed Bridges &amp; Dentures</b>	30% 1x/7yrs per tooth
<b>OTHER SERVICES</b>	
<b>Adjunctive General Services</b>	30%
<b>Emergency Treatment of Dental Pain (Palliative Treatment)</b> Once per visit per dental office for relief of pain but not to cure	30% Nitrous Oxide, IV sedation and hospital care is covered.
<b>Athletic Mouth Guards</b>	30% 1x/24-months Through age 18
<b>ORTHODONTICS</b>	
<b>Medically Necessary Ortho</b> 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.	50% Through age 18

**Special Consideration:** Assessment of salivary flow is covered.

## Access to HDS Information 24/7

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

### ACCESS YOUR ACCOUNT

- Visit [HawaiiDentalService.com](http://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](mailto:CS@HawaiiDentalService.com)

#### **FAX:**

From Oahu: (808) 529-9366

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