



# HSTA VEBA Actives Dental Plan Benefits Brochure



Live Well, Smile More

## How to Use Your Dental Plan

This brochure includes a brief description of how to use your dental plan. All benefits are governed by the provisions of your schedule of benefits 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 key, which means brushing twice a day, flossing daily and regular visits to your dentist should be a top priority. Hawaii Dental Service (HDS) 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 tooth chart, view your Explanation of Benefits reports, print your membership card and more!

To register:

1. Visit **HawaiiDentalService.com**.
2. Click "Member Login."
3. Click "Create an Account."
4. Complete the "Account Registration" form.
5. For the survey questions, you must scroll to the bottom of each section in order to make your selection: "I agree" or "I do not agree."
6. Select "Yes" to be notified via email when a claim is processed and "Yes" to "Request electronic Explanation of Benefits."
7. Click "Register."

Please note 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 online 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.

Dependent children with disabilities who exceed 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 that 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 licensed 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 agree to accept an HDS schedule of 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 [HawaiiDentalService.com](http://HawaiiDentalService.com) and click on "Find a Dentist." Click on the "US Mainland & Puerto Rico" button to search for a dentist. Select the Specialty from the drop-down box, then select "Delta Dental Premier" as your plan type. Click "No" for current location, then enter the zip code of the location you are searching for. Click on the "Find dentists" button and a list of participating dentists will be displayed. 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 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 Remittance Advice.

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.

## What is Covered

### (for each person covered under the plan)

**Plan Maximum** is the most HDS will pay for each person for all covered dental services performed during the calendar year. (Included in some plans; see your specific plan's Summary of Benefits.)

**Maximum Out of Pocket** is the most you will pay before your dental plan begins to pay 100% of your benefit. This amount does not include out-of-pocket payments made for non-covered services, alternate benefits and non-medically necessary orthodontics. (Included in some plans; see your specific plan's Summary of Benefits.)

**Diagnostic & Preventive Plan Maximum Waiver** allows you to visit the dentist for exams, teeth cleanings or any other covered diagnostic or

preventive services, and the amount paid by HDS will not count toward your plan maximum. (Included in some plans; see your specific plan's Summary of Benefits.)

What follows is a list of the dental procedures covered under this policy.

Please refer to your Summary of Benefits for copayment percentages, waiting periods and time-limitations. If a procedure is not listed below, it is not covered.

### **Diagnostic, Preventive and Emergency Dental Procedures**

- Examination or evaluation
- Simple cleanings
- Bitewing X-rays
- Fluoride
- Full-mouth X-rays
- Sealants on the decay-free, biting surface of permanent molars
- Space maintainers when a primary tooth is prematurely lost
- Emergency treatment to relieve pain
- Emergency evaluation

### **All Other Dental Procedures**

A waiting period may apply to all of these procedures, unless otherwise covered immediately as noted on your specific plan's Summary of Benefits.

- Composite (tooth-colored) filling on front teeth. Amalgam (silver-colored) fillings on back teeth. Replacing an existing filling is covered once every two years.
- Stainless-steel crowns are covered on primary teeth. Replacing this type of crown is covered once every two years.
- Root canal treatment and therapy
- Pulpotomy and pulpal therapy
- Basic periodontal cleanings. Either a simple cleaning or a specialized/extensive cleaning, such as a basic periodontal cleaning.
- Surgical or non-surgical treatment on tooth roots
- Scaling and root planing (deep cleaning for gum disease) once per area (upper right, lower right, upper left, lower left) every two years.

- Removing and reforming diseased gum tissue once per area every three years.
- Tissue graft procedures and removal of excess tissue.
- Bone surgery once per area every three years
- Non-surgical extractions
- General anesthesia in conjunction with covered surgical procedures, once per treatment.
- Crowns are covered, but only when teeth are broken down by dental decay or accidental injury and can no longer be restored adequately with a filling material. Replacing a defective existing crown is covered when it is at least seven years old. Porcelain on crowns is only covered on the six front teeth and four bicuspids. Crowns, other than stainless-steel crowns, are only covered for persons ages 12 and up.
- Denture repairs; relining and rebasing dentures to improve their fit; recement fixed bridgework; repair fixed bridgework.
- Appliances to replace missing teeth are covered for persons ages 16 and older when chewing function is impaired due to those missing teeth. The appliance may be a partial denture, full denture, or a fixed bridge. Replacement of a defective appliance to replace missing teeth is covered if that appliance is at least seven years old.

### **Optional Procedures**

We pay for the least expensive dental procedure necessary to fix the problem, as outlined in the section "What Is Covered." You have to pay the rest of the dentist's fee if a more expensive dental procedure is selected.

### **What We Don't Cover**

The following are general exclusions not covered by the plan:

1. 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.

2. Congenital malformations, medically related problems, cosmetic surgery or dentistry for cosmetic reasons.
3. Procedures, appliances or restorations other than those for replacement of structure loss from cavities that are necessary to alter, restore or maintain occlusion.
4. Treatment of disturbances of the temporomandibular joint (TMJ).
5. Orthodontic services (included in some plans; see your specific plan's Summary of Benefits).
6. Implants (included in some plans; see your specific plan's Summary of Benefits)
7. All prescription medication
8. Hawaii general excise tax imposed or incurred in connection with any fees charged, whether or not passed on to a patient by a dentist.
9. All transportation costs such as airline, taxicab, rental car and public transportation are not covered.
10. Other exclusions are listed in the HDS Procedure Code Guidelines, which is included in your employer group's dental contract.

## Helping You Manage Your Costs

HDS participating dentists agree to accept an HDS schedule of fees for services that are covered 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.

## HDS Reports and Payments

### Explanation of Benefits (EOB) Statement

HDS provides its members with Explanation of Benefits (EOB) statements 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 statement 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

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.

Dentist's Allowed Amount  
X % plan covers

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HDS Payment

Dentist's Approved Amount  
<minus HDS Payment>

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Patient Share

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.)

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 **(808) 529-9310** on Oahu or toll-free at **1-866-702-3883**.

## Claims Appeal Process

If a service is not covered (in whole or in part), 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.

If you disagree with a benefit determination, you have the right to appeal the decision. To appeal, you or your authorized representative must submit an appeal request in writing to the address below. You have one year from the date of the EOB notifying you of the benefit determination to submit your appeal request:

### HDS

Attn: Appeals Manager  
900 Fort Street Mall, Suite 1900  
Honolulu, HI 96813-3705

Your request should include:

- HDS Subscriber ID
- Patient name
- Contact phone number and mailing address
- Claim number
- Treating dentist's name
- Date of Service/Service being appealed
- Description of the reason for the appeal
- Any documents that support the appeal

HDS will review your request and provide you with a written response within 30 days.

**For appeals related to disputes regarding issues other than benefit coverage or payment, HDS must receive the appeal within one year from the date of the action, omission, or decision being contested.**

## 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 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 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 are 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)
- Toll Free: **1-866-505-9227**
- Email:  
[HDSCompliance@hawaiidental.com](mailto:HDSCompliance@hawaiidental.com)

**Summary of Dental Benefits**  
**HSTA VEBA Actives**  
**Effective: 07/01/2022**

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 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
<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.	80% White-colored fillings limited to front teeth.
<b>Root Canals</b>	80%
<b>Gum/Bone Surgeries &amp; Maintenance (non-medical risk factors)</b> Once every three years per quad.	80%
<b>Oral Surgeries</b>	80%
<b>MAJOR CARE</b>	
<b>Crowns</b>	60% 1x/5yrs per tooth 12 mo wait period White crowns limited to front teeth and bicuspid.
<b>Fixed Bridges &amp; Dentures</b>	60% 1x/5yrs per tooth ages 16 and older 12 mo wait period
<b>Implants</b>	60% 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>	80%
<b>Emergency Treatment of Dental Pain (Palliative Treatment)</b> Once per visit per dental office for relief of pain but not to cure	100%
<b>Athletic Mouth Guards</b>	80% 1x/24mos through age 18
<b>ORTHODONTICS</b>	
	50% 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 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

#### Exclusive Phone Line for EUTF Members:

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

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

Monday – Friday: 7:30 AM – 6:00 PM HST

#### Walk-in Office Hours:

Monday – Friday

8:00 AM – 4:30 PM HST

Excluding State observed holidays  
and 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