

Summary of Dental Benefits HDS Children's Dental Plan - Group No. 2999 Effective: 01/01/2023

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.

Maximum Out of Pocket (MOOP) 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 orthodortics will not count toward the MOOP. Deductible Does not apply to benefits covered at 100% and orthodontics. DIAGNOSTIC Examinations DIO % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride DIO % Sealants DIO % Cone treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. DIAGNOSTIC Examinations 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 2 per calendar year **Cleanings/Gum Maintenance **Cleanings/Gum Maintenance **Cleanings/Gum Maintenance **Cleanings/Gum Maintenance **Cleanings/Gum Maintenance		CHILDREN (THROUGH AGE 25)
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 Does not apply to benefits covered at 100% and orthodontics. DIAGNOSTIC Examinations DIAGNOSTIC Examinations 100% 2 per calendar year 30% 2 per calendar year Other X-rays 30% Full mouth x-rays 1x/5 yrs PREVENTIVE Cleanings Fluoride 100% 2 per calendar year 100% 2 per calendar year Silver Diamine Fluoride Silver Diamine Fluoride 100% Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 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 - Fluoride Additional 2 per calendar year Additional 4 per calendar year Additional 4 per calendar year Sigoren's Syndrome	Maximum Out of Pocket (MOOP)	\$375
covered services, alternate benefits and non-medically necessary orthodontics will not count toward the MOOP. Deductible Does not apply to benefits covered at 100% and orthodontics. PIDE PLAN PAYS DIAGNOSTIC Examinations Diagnostric Examinations Diagnostric Examinations Diagnostric CHILDREN (THROUGH AGE 25) Examinations Diagnostric Examinations Other X-rays Bitewing X-rays Cherry and a company of the part o		
necessary orthodontics will not count toward the MOOP. Deductible Does not apply to benefits covered at 100% and orthodontics. PIDS PLAN PAYS DIAGNOSTIC Examinations 100 % 2 per calendar year Bitewing X-rays 30 % 2 per calendar year Other X-rays Total mount x-rays 1x/5 yrs PREVENTIVE Cleanings 100 % 2 per calendar year 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride Silver Diamine Fluoride 100 % Cone treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 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. Dlabetes • Cleanings/Gum Maintenance Additional 2 per calendar year Fluoride Additional 4 per calendar year		,
Does not apply to benefits covered at 100% and orthodontics. Per person per calendar year		Tor 2+ Children per Calendar year
DIAGNOSTIC Examinations DIAGNOSTIC Examinations DIO % 2 per calendar year Bitewing X-rays Dither X-rays Dither X-rays Dither X-rays Dither X-rays PREVENTIVE Cleanings DIO % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride DIO % Sealants DIO % Sealants DIO % Allowed through age 18 Silver Diamine Fluoride DIAGNOSTIC DIAGNOSTIC DIAGNOSTIC DIAGNOSTIC Allowed through age 18 DIO % Allowed through age 18 DIAGNOSTIC DIAGNOSTIC DIAGNOSTIC Cleanings/Gum Maintenance Additional 2 per calendar year Additional 3 per calendar year Additional 4 per calendar year Fluoride Diagens's Syndrome		· ·
DIAGNOSTIC Examinations 100 % 2 per calendar year Bitewing X-rays 30 % 2 per calendar year Other X-rays 70 % 5 per calendar year Other X-rays 80 % 5 per calendar year Other X-rays PREVENTIVE Cleanings 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Cancer (other than Oral) • Cleanings/Gum Maintenance Additional 2 per calendar year Fluoride Additional 2 per calendar year Additional 2 per calendar year Additional 2 per calendar year Fluoride Additional 4 per calendar year	Does not apply to benefits covered at 100% and orthodontics.	per person per calendar year
Examinations 100 % 2 per calendar year 30 % 2 per calendar year Other X-rays 30 % Full mouth x-rays lx/5 yrs PREVENTIVE Cleanings 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Cancer (other than Oral) • Cleanings/Gum Maintenance Additional 2 per calendar year Oral Cancer • Fluoride Additional 2 per calendar year Fluoride Additional 2 per calendar year Additional 2 per calendar year Additional 2 per calendar year Fluoride Additional 2 per calendar year Additional 2 per calendar year Fluoride Additional 2 per calendar year		HDS PLAN PAYS
Bitewing X-rays 30 % 2 per calendar year Other X-rays 30 % Full mouth x-rays 1x/5 yrs PREVENTIVE Cleanings 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Additional 2 per calendar year - Fluoride Additional 2 per calendar year Fluoride Additional 4 per calendar year Fluoride Additional 5 per calendar year Additional 6 per calendar year Additional 9 per calendar year Additional 9 per calendar year	DIAGNOSTIC	CHILDREN (THROUGH AGE 25)
Bitewing X-rays Other X-rays 30 % 2 per calendar year Other X-rays PREVENTIVE Cleanings 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Fluoride Additional 2 per calendar year Fluoride Additional 2 per calendar year Fluoride Additional 2 per calendar year Fluoride Additional 2 per calendar year Fluoride Additional 2 per calendar year Fluoride Additional 4 per calendar year Fluoride Additional 4 per calendar year Fluoride Additional 4 per calendar year	Examinations	
Other X-rays 30 % Full mouth x-rays 1x/5 yrs PREVENTIVE Cleanings 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year - Cancer (other than Oral) - Cleanings/Gum Maintenance - Additional 2 per calendar year - Fluoride - Additional 4 per calendar year		2 per calendar year
Other X-rays PREVENTIVE Cleanings 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year - Fluoride Oral Cancer - Cleanings/Gum Maintenance - Additional 2 per calendar year - Fluoride - Additional 2 per calendar year - Fluoride - Additional 2 per calendar year - Additional 4 per calendar year - Fluoride - Additional 4 per calendar year	Bitewing X-rays	
PREVENTIVE Cleanings 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants 100 % One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Cancer (other than Oral) • Cleanings/Gum Maintenance • Additional 2 per calendar year Oral Cancer • Cleanings/Gum Maintenance • Additional 2 per calendar year Fluoride Oral Cancer • Cleanings/Gum Maintenance • Additional 2 per calendar year		<u> </u>
PREVENTIVE Cleanings 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants 100 % Sealants 100 % Allowed through age 18 Silver Diamine Fluoride 100 % Sealants 100 % Allowed 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 2 per calendar year Fluoride Additional 2 per calendar year	Other X-rays	
Cleanings 100 % 2 per calendar year Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year - Fluoride Oral Cancer - Cleanings/Gum Maintenance Additional 2 per calendar year - Fluoride Additional 4 per calendar year - Fluoride Sjogren's Syndrome	DDEV/ENTIVE	Tull mouth x rays ix/ 5 yrs
Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Fluoride Additional 2 per calendar year Additional 2 per calendar year Additional 2 per calendar year Fluoride Additional 2 per calendar year Additional 4 per calendar year Fluoride Sjogren's Syndrome		100 %
Fluoride 100 % 2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Cancer (other than Oral) • Cleanings/Gum Maintenance Additional 2 per calendar year Fluoride Additional 2 per calendar year Oral Cancer • Cleanings/Gum Maintenance Additional 2 per calendar year Additional 4 per calendar year	Cleanings	
2 per calendar year Allowed through age 18 Silver Diamine Fluoride 100 % Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Cancer (other than Oral) • Cleanings/Gum Maintenance Fluoride Additional 2 per calendar year Additional 4 per calendar year Additional 4 per calendar year Sjogren's Syndrome	Fluoride	
Silver Diamine Fluoride Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Cancer (other than Oral) Cleanings/Gum Maintenance Additional 2 per calendar year Additional 2 per calendar year Oral Cancer Coleanings/Gum Maintenance Additional 2 per calendar year Additional 4 per calendar year Additional 4 per calendar year	Tidofide	
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Oral Cancer • Cleanings/Gum Maintenance Additional 2 per calendar year Additional 4 per calendar year Fluoride Sjogren's Syndrome		Allowed through age 18
One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Cancer (other than Oral) Cleanings/Gum Maintenance Additional 2 per calendar year Additional 2 per calendar year Oral Cancer Cleanings/Gum Maintenance Additional 2 per calendar year Additional 4 per calendar year Fluoride Sjogren's Syndrome	Silver Diamine Fluoride	100 %
when there are no prior fillings on biting surfaces. Space Maintainers 100 % Allowed 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 2 per calendar year Cancer (other than Oral) • Cleanings/Gum Maintenance Additional 2 per calendar year • Fluoride Oral Cancer • Cleanings/Gum Maintenance Additional 2 per calendar year Additional 2 per calendar year Sigogren's Syndrome		
Space Maintainers 100 % Allowed 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 Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Oral Cancer • Cleanings/Gum Maintenance Additional 2 per calendar year Oral Cancer • Cleanings/Gum Maintenance Additional 2 per calendar year Additional 2 per calendar year Additional 2 per calendar year Sjogren's Syndrome		Allowed through age 18
Allowed 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 Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Oral Cancer • Cleanings/Gum Maintenance • Sjogren's Syndrome	Space Maintainers	100 %
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 Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Oral Cancer • Cleanings/Gum Maintenance • Additional 2 per calendar year • Cleanings/Gum Maintenance • Fluoride Sjogren's Syndrome		Allowed through age 18
maintenance treatments of a single condition. All benefits are covered at 100% unless otherwise noted. Diabetes • Cleanings/Gum Maintenance Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Oral Cancer • Cleanings/Gum Maintenance • Fluoride Sjogren's Syndrome	TOTAL HEALTH PLUS BENEFITS	
Diabetes • Cleanings/Gum Maintenance Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Oral Cancer • Cleanings/Gum Maintenance • Fluoride Sjogren's Syndrome Additional 2 per calendar year Additional 4 per calendar year	If the member has multiple conditions, they will only be eligible f	or the benefit with the most cleaning(s) and/or gum
 Cleanings/Gum Maintenance Cancer (other than Oral) Cleanings/Gum Maintenance Fluoride Oral Cancer Cleanings/Gum Maintenance Additional 2 per calendar year Additional 2 per calendar year Cleanings/Gum Maintenance Fluoride Additional 2 per calendar year Fluoride Additional 4 per calendar year Sjogren's Syndrome 	maintenance treatments of a single condition. All benefits are co	vered at 100% unless otherwise noted.
Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Oral Cancer • Cleanings/Gum Maintenance • Cleanings/Gum Maintenance • Fluoride Additional 2 per calendar year Additional 2 per calendar year Additional 2 per calendar year Additional 4 per calendar year Sjogren's Syndrome	Diabetes	
Cleanings/Gum Maintenance Fluoride Oral Cancer Cleanings/Gum Maintenance Cleanings/Gum Maintenance Additional 2 per calendar year Additional 2 per calendar year Additional 2 per calendar year Additional 4 per calendar year Sjogren's Syndrome	Cleanings/Gum Maintenance	Additional 2 per calendar year
Fluoride Additional 2 per calendar year Oral Cancer Cleanings/Gum Maintenance Additional 2 per calendar year Fluoride Additional 4 per calendar year Sjogren's Syndrome	Cancer (other than Oral)	
Oral Cancer • Cleanings/Gum Maintenance • Fluoride Sjogren's Syndrome Additional 2 per calendar year Additional 4 per calendar year	Cleanings/Gum Maintenance	Additional 2 per calendar year
Cleanings/Gum Maintenance Fluoride Sjogren's Syndrome Additional 2 per calendar year Additional 4 per calendar year	• Fluoride	Additional 2 per calendar year
• Fluoride Additional 4 per calendar year Sjogren's Syndrome	Oral Cancer	
Sjogren's Syndrome	Cleanings/Gum Maintenance	Additional 2 per calendar year
	• Fluoride	Additional 4 per calendar year
• Cleanings/Gum Maintenance Additional 2 per calendar year	Sjogren's Syndrome	
Additional 2 per calculate	Cleanings/Gum Maintenance	Additional 2 per calendar year
• Fluoride Additional 4 per calendar year	• Fluoride	Additional 4 per calendar year

Stroke	
Cleanings/Gum Maintenance	Additional 2 per calendar year
Heart Attack, Congestive Heart Failure	
Cleanings/Gum Maintenance	Additional 2 per calendar year
Kidney Failure	
Cleanings/Gum Maintenance	Additional 2 per calendar year
Organ Transplant	
Cleanings/Gum Maintenance	Additional 2 per calendar year
Pregnancy (Expectant Mothers)	
Cleanings/Gum Maintenance	Additional 1 per calendar year
Medical Risk for Cavities	
• Fluoride	Additional 3 per calendar year
BASIC CARE	
Fillings Once every two years per tooth per surface.	30 % White-colored fillings limited to front teeth.
Root Canals	30 %
Gum/Bone Surgeries Once every three years per quad.	30 %
Gum Maintenance	30 %
Oral Surgeries	30 %
MAJOR CARE	
Crowns & Gold Restorations	30 % 1x/7yrs per tooth White crowns limited to front teeth and bicuspids.
Fixed Bridges & Dentures	30 % 1x/7yrs per tooth
OTHER SERVICES	
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	30 %
Athletic Mouth Guards	30 % 1 per 24 months Allowed through age 18
Adjunctive General Services	30 % Nitrous oxide, IV sedation, and hospital care are covered.
Medically Necessary Orthodontics 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 % Allowed through age 18

Special Considerations: Assessment of salivary flow is covered.

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 email when a claim is processed and "Yes" to "Request electronic Explanation of Benefits"
- Click "Register"

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

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

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

VIEW

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

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