

Summary of Dental Benefits  
HDS Preferred Dental Plan - Group No. 2851  
Effective: 01/01/2020

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)
<b>PLAN MAXIMUM</b> \$1000 per person per calendar year. The most HDS will pay for each person for all covered dental services performed during the calendar year. <b>DIAGNOSTIC &amp; PREVENTIVE WAIVER</b> HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum. <b>DEDUCTIBLE</b> \$50 per person, per calendar year. Does not apply to benefits covered at 100% and orthodontics.	<b>MAXIMUM OUT OF POCKET (MOOP)</b> \$350 per child or \$700 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. <b>DEDUCTIBLE</b> \$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)
<b>DIAGNOSTIC</b>		
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
<b>PREVENTIVE</b>		
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.

<b>Diabetes</b> • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
<b>Cancer (other than Oral)</b> • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 2x/yr	Additional 2x/yr Additional 2x/yr
<b>Oral Cancer</b> • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
<b>Sjogren's Syndrome</b> • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
<b>Stroke</b> • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
<b>Heart Attack, Congestive Heart Failure</b> • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
<b>Kidney Failure</b> • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
<b>Organ Transplant</b> • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
<b>Pregnancy (Expectant Mothers)</b> • Cleanings/Gum Maintenance	Additional 1x/yr	Additional 1x/yr
<b>Medical Risk for Cavities</b> • Fluoride Treatments	Additional 3x/yr	Additional 3x/yr

## BASIC CARE

<b>Fillings</b> Once every two years per tooth per surface.	<b>50%</b> 3 mo wait period White-colored fillings limited to front teeth.	<b>30%</b> White-colored fillings limited to front teeth.
<b>Root Canals</b>	<b>50%</b> 12 mo wait period	<b>30%</b>
<b>Gum/Bone Surgeries &amp; Maintenance (non-medical risk factors)</b> Once every three years per quad.	<b>50%</b> 12 mo wait period	<b>30%</b>
<b>Oral Surgeries</b>	<b>50%</b> 12 mo wait period	<b>30%</b>

## MAJOR CARE

<b>Crowns</b>	<b>50%</b> 1x/7yrs per tooth 12 mo wait period White crowns limited to front teeth and bicuspid.	<b>30%</b> 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.
<b>Fixed Bridges &amp; Dentures</b>	<b>50%</b> 1x/7yrs per tooth 12 mo wait period	<b>30%</b> 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%
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 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.

**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 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.

10/30/2019

We're  
giving  
you more  
to smile  
about.



# Total Health Plus

*supplemental benefits designed for members in need of extra care*

We just upgraded  
your dental plan to  
help you live well  
and **smile** more.

We understand some people need more oral health services to maintain total body health. That's why we've upgraded your dental plan to include Total Health Plus, a supplemental set of benefits tailored to certain medical conditions or diagnoses.

## What can Total Health Plus do for me and my family?

HDS Total Health Plus Benefits provides additional coverage for members with:

Diabetes

Cancer

Oral  
Cancer

Stroke  
& Heart  
Problems

Kidney  
Failure

Medical  
Risk for  
Cavities

Organ  
Transplants

Sjögren's  
Syndrome  
a disorder of the  
immune system  
causing dry mouth

Pregnancy

## Designed for Prevention

HDS Total Health Plus gives you access to more services and shares the importance of maintaining good oral health care. This supplemental set of benefits is essential to improving your overall health and is designed to prevent oral disease and tooth decay that accompanies certain medical conditions or diseases. Contact your dentist to see if you qualify for Total Health Plus benefits.

## Contact Us

### Phone

(808) 529-9248 or call toll-free at 1-844-379-4325

### Email

CS@HawaiiDentalService.com

To create and view your account online, visit:  
HawaiiDentalService.com

### Follow us



## HDS Total Health Plus Benefits

Medical Condition or Diagnosis	Benefit	Frequency
Diabetes <i>(or history of diabetes)</i>	Cleanings	two additional per year
Cancer <i>(or history of cancer or undergoing treatment such as chemotherapy or radiation; not including oral cancer)</i>	Cleanings Fluoride Treatments	two additional per year two additional per year
Oral Cancer <i>(or history of oral cancer or undergoing treatment for oral cancer)</i>	Cleanings Fluoride Treatments	two additional per year four additional per year
Sjögren's Syndrome <i>(or history of Sjögren's Syndrome)</i>	Cleanings Fluoride Treatments	two additional per year four additional per year
Stroke <i>(or history of stroke; TIA - Transient Ischemic Attack)</i>	Cleanings	two additional per year
Heart Attack, Congestive Heart Failure <i>(or history of heart attack; MI - Myocardial Infarction)</i>	Cleanings	two additional per year
Kidney Failure <i>(or history of renal failure or dialysis)</i>	Cleanings	two additional per year
Organ Transplants <i>(or history of organ transplants)</i>	Cleanings	two additional per year
Pregnancy <i>(expectant mothers)</i>	Cleanings	one additional per year
Medical Risk for Cavities	Fluoride Treatments	three additional per year

*All benefits listed above are covered at 100%.*



## Access to HDS Information 24/7

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

### Access your online account today!

- Visit 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"
- A confirmation email will be sent to you with a link. Click the link to activate your account.

### 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: 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  
700 Bishop Street, Suite 700  
Honolulu, HI 96813-4196

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

#### **FAX:**

From Oahu: 529-9366  
Toll-free fax: 1-866-590-7988

# Notice of Non-Discrimination & Language Assistance

HDS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HDS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HDS provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

HDS provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact 1-844-379-4325, TTY: 711.

If you believe that HDS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator: Director of Compliance  
700 Bishop Street, Suite 700, Honolulu, HI 96813-4196  
Telephone Number: 1-866-505-9227 Fax: (808) 599-4808  
Email: [HDScompliance@hawaiidentalsservice.com](mailto:HDScompliance@hawaiidentalsservice.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<b>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-379-4325; TTY: 711</b>
<b>(Ilocano)</b> PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-844-379-4325 TTY: 711
<b>(Tagalog)</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-379-4325 TTY: 711 .
<b>(Japanese)</b> 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-379-4325 TTY: 711 . まで、お電話にてご連絡ください。
<b>(Chinese)</b> 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-379-4325 TTY: 711.
<b>(Korean)</b> 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-379-4325 TTY: 711 번으로 전화해 주십시오.
<b>(Spanish)</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-379-4325 TTY: 711
<b>(Vietnamese)</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-379-4325 TTY: 711
<b>(Samoan)</b> MO LOU SILAFIA: Afai e te tautala Gagana fa’a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-844-379-4325 TTY: 711
<b>(Marshallese)</b> LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ñe am ejjeļok wōñāñ. Kaalok 1-844-379-4325 TTY: 711
<b>(Trukese)</b> MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-844-379-4325 TTY: 711
<b>(Hawaiian)</b> E NĀNĀ MAI: Inā ho ‘opuka ‘oe i ka ‘ōlelo [ho ‘okomo ‘ōlelo], loa ‘a ke kōkua manuahi iā ‘oe. E kelepona iā 1-844-379-4325 TTY: 711
<b>(Micronesian-Pohnpeian)</b> Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-844-379-4325 TTY: 711
<b>(Bisayan)</b> ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-844-379-4325 TTY: 711
<b>(Tongan)</b> FAKATOKANGA’I: Kapau ‘oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pea teke lava ‘o ma’u ia. Telefoni mai 1-844-379-4325 TTY: 711
<b>(Laotian)</b> ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-379-4325 TTY: 711