

 DELTA DENTAL[®]

HDS
Hawaii Dental Service

*A lifetime of
healthy smiles
for Hawaii
families*



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 Summary of Dental 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 the key and regular visits to your dentist should be a top priority. Hawaii Dental Service 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 own 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. Under "Create an Account", click "Register."
4. Complete the "Account Registration" form.
5. Select "Yes" to be notified via email when a claim is processed and "Yes" to "Request electronic Explanation of Benefits".
6. Click "Register."

Please note that HDS members 18 years and older must register for their own account.

Updating Information

To ensure that you and your family receive the full benefits of your plan and to assist HDS in processing your dental claims accurately, please notify HDS immediately in writing of any of the following changes:

- Name change
- Add/remove dependent(s)
- Address change

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 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 the HDS website at 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 claim form to:

HDS - Dental Claims
700 Bishop Street, Suite 700
Honolulu, HI 96813-4196

- 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.

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.

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
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, taxi cab, rental car and public transportation are not covered.
10. Other exclusions are listed in HDS’s Procedure Code Guidelines.

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.

An EOB will be provided if a service is not covered (in whole or in part). 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

Determining 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

HDS Payment
Dentist’s Approved Amount <minus HDS Payment>

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 529-9248 on Oahu or toll-free at 1-844-379-4325.

Claims Appeal Process

If a service is not covered (in whole or in part), an Explanation of Benefits (EOB) will be provided. 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 the 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
700 Bishop St., Suite 700
Honolulu, HI 96813

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 benefits 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 is 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.

Confidential Fraud Hotline

From Oahu: (808) 529-9227
Toll-free: 1-866-505-9227
E-mail: HDSCompliance@HawaiiDentalService.com

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@hawaiidental-service.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>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-379-4325; TTY: 711
(Ilocano) PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Awagan ti 1-844-379-4325 TTY: 711
(Tagalog) 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 .
(Japanese) 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。
(Chinese) 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.
(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-379-4325 TTY: 711 번으로 전화해 주십시오.
(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-379-4325 TTY: 711
(Vietnamese) 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
(Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-844-379-4325 TTY: 711
(Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjeļok wōñāñ. Kaalok 1-844-379-4325 TTY: 711
(Trukese) 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
(Hawaiian) 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
(Micronesian-Pohnpeian) 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
(Bisayan) 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
(Tongan) 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
(Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-379-4325 TTY: 711