



**Summary of Dental Benefits**  
**HDS PREMIUM PLUS DENTAL PLAN**  
 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.

	ADULTS (& CHILD AGES 19 - 25)	CHILDREN (AGE 18 & UNDER)
<b>Maximum Out of Pocket (MOOP)</b> 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.	N/A	\$375 per child per calendar year \$750 for 2+ children per calendar year
<b>Plan Maximum</b> The most HDS will pay for each person for all covered dental services performed.	\$1,500 per calendar year	N/A
<b>Diagnostic &amp; Preventive Waiver</b> HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum.	Yes	No
<b>Deductible</b> Does not apply to benefits covered at 100% and orthodontics.	\$30 per person per calendar year	\$30 per person per calendar year
	<b>HDS PLAN PAYS</b>	
<b>DIAGNOSTIC</b>	<b>ADULTS (&amp; CHILD AGES 19 - 25)</b>	<b>CHILDREN (AGE 18 &amp; UNDER)</b>
Examinations	100 % 2 per calendar year	100 % 2 per calendar year
Bitewing X-rays	100 % 1 per calendar year	100 % 2 per calendar year
Other X-rays	70 % Full mouth x-rays 1x/5 yrs	70 % Full mouth x-rays 1x/5 yrs
<b>PREVENTIVE</b>		
Cleanings	100 % 2 per calendar year	100 % 2 per calendar year
Fluoride	Not Covered	100 % 2 per calendar year Allowed through age 18
Silver Diamine Fluoride	100 %	100 %
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	Not Covered	100 % Allowed through age 18
Space Maintainers	Not Covered	100 % Allowed 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 2 per calendar year	Additional 2 per calendar year

Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 2 per calendar year	Additional 2 per calendar year Additional 2 per calendar year
Oral Cancer • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 4 per calendar year	Additional 2 per calendar year Additional 4 per calendar year
Sjogren's Syndrome • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 4 per calendar year	Additional 2 per calendar year Additional 4 per calendar year
Stroke • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
Heart Attack, Congestive Heart Failure • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
Kidney Failure • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
Organ Transplant • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
Pregnancy (Expectant Mothers) • Cleanings/Gum Maintenance	Additional 1 per calendar year	Additional 1 per calendar year
Medical Risk for Cavities • Fluoride	Additional 3 per calendar year	Additional 3 per calendar year
<b>BASIC CARE</b>		
Fillings Once every two years per tooth per surface.	70 % White-colored fillings limited to front teeth.	70 % White-colored fillings limited to front teeth.
Root Canals	70 %	70 %
Gum/Bone Surgeries Once every three years per quad.	70 %	70 %
Gum Maintenance	70 %	70 %
Oral Surgeries	70 %	70 %
<b>MAJOR CARE</b>		
Crowns & Gold Restorations	50 % 12-month waiting period 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.	50 % 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.
Fixed Bridges & Dentures	50 % 12-month waiting period 1x/7yrs per tooth	50 % 1x/7yrs per tooth
Implants	50 % 12-month waiting period	Not Covered
<b>OTHER SERVICES</b>		
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	70 %	70 %
Athletic Mouth Guards	Not Covered	70 % 1 per 24 months Allowed through age 18
Adjunctive General Services	70 %	70 % 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.	Not Covered	50 % Allowed through age 18
<b>ORTHODONTICS</b>		
	50 % For children. \$1,000 lifetime maximum amount paid (1/2 at Banding)	50 % For children. \$1,000 lifetime maximum amount paid (1/2 at Banding)

Special Considerations: Assessment of salivary flow is covered. For members who have started orthodontic services under a group plan, HDS will continue orthodontic coverage for members moving to this group plan and will continue appropriate payments to participating dentists. 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.

06/06/2022

## 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