



HDS
Hawaii Dental Service

Dental Plan Benefits Brochure

How to Use Your Dental Plan

This HDS 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.

Live Well,
Smile More



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.

Get Started

Register for an Online Member Account

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 statements, print your member ID 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 that HDS members 18 years and older must register for their own account.

Update 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

Select 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 insurance benefits provider 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 can 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 located on the front of your membership card 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
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.

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 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 are responsible to pay for 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 HDS’s Procedure Code Guidelines.

Manage Your Costs, Request a Preauthorization

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 online 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.

Calculate 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
<hr/>
HDS Payment
Dentist’s Approved Amount <minus HDS Payment>
<hr/>
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) 529-9248 on Oahu or toll-free at 1-844-379-4325.

Claims Appeal Process

If a service is not covered (in whole or in part), 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 statement 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
- Toll Free: 1-866-505-9227
- Email: HDScompliance@HawaiiDentalService.com