



Summary of Dental Benefits  
HDS Basic Dental Plan - Group No. 1059  
Effective: 01/01/2026

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)	
Plan Maximum The most HDS will pay for each person for all covered dental services performed.	\$1,000 per calendar year
Deductible Does not apply to benefits covered at 100% and orthodontics.	\$50 per person per calendar year
HDS PLAN PAYS	
DIAGNOSTIC	ADULTS (& CHILD AGES 19 - 25)
Examinations	100 % 2 per calendar year
Bitewing X-rays	50 % 1 per calendar year
Other X-rays	50 % Full mouth x-rays 1x/5 yrs
PREVENTIVE	
Cleanings	100 % 2 per calendar year
Silver Diamine Fluoride	100 %
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
• Fluoride	Additional 4 per calendar year
Sjogren's Syndrome	
• Cleanings/Gum Maintenance	Additional 2 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
<b>BASIC CARE</b>	
Fillings Once every two years per tooth per surface.	30 % 3-month waiting period White-colored fillings limited to front teeth.
Root Canals	30 % 12-month waiting period
Oral Surgeries	30 % 12-month waiting period
<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	30 %
Adjunctive General Services	30 %

Special Considerations: Assessment of salivary flow is covered

# Access to HDS Information 24/7

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

<b>ACCESS YOUR ACCOUNT</b> <ul style="list-style-type: none"><li>• Visit <a href="http://HawaiiDentalService.com">HawaiiDentalService.com</a></li><li>• Click "Member Login"</li><li>• Click "Create an account"</li><li>• Complete the "Account Registration" form</li><li>• Select "Yes" to be notified via e-mail when a claim is processed and "Yes" to "Request electronic Explanation of Benefits"</li><li>• Click "Register"</li></ul>	<b>SEARCH</b> <ul style="list-style-type: none"><li>• For an HDS participating dentist in Hawaii, Guam or Saipan by specialty, location, handicap accessibility, weekend hours, and more</li><li>• For a Delta Dental Premier participating dentist on the Mainland or Puerto Rico by specialty, location, weekend hours and more</li></ul>	<b>DOWNLOAD &amp; PRINT</b> <ul style="list-style-type: none"><li>• A summary of your benefits for tax purposes</li><li>• Blank claim forms</li><li>• Your HDS membership card</li><li>• Your EOB statements</li><li>• HDS Notice of Privacy Practices</li></ul>
<b>CHECK</b> <ul style="list-style-type: none"><li>• Whether you and/or your dependents are eligible for HDS benefits</li><li>• What dental services are covered by your plan</li><li>• What the limits are of each type of covered service and how much you have used</li></ul>	<b>VIEW</b> <ul style="list-style-type: none"><li>• Your Explanation of Benefits (EOB) statements</li><li>• A list of frequently asked questions</li><li>• HDS contact information</li></ul>	<b>REQUEST</b> <ul style="list-style-type: none"><li>• To receive emails when your claims are processed</li><li>• To receive EOB statements via email</li><li>• An HDS membership card to be mailed to you</li></ul>

## How to Contact HDS

<b>Customer Service Representatives</b> <p><b>From Oahu:</b> (808) 529-9248 <b>Toll-free:</b> 1-844-379-4325</p> <p><b><u>Customer Service Call Center Hours:</u></b> Monday - Friday: 7:30 AM - 4:30 PM HST Excluding HDS observed holidays, visit <a href="http://HawaiiDentalService.com/about/holidays">HawaiiDentalService.com/about/holidays</a> for our HDS' observed holiday schedule.</p> <p><b><u>Walk-in Office Hours:</u></b> Monday - Friday: 8:00 AM - 4:30 PM HST</p>	<b>Send Written Correspondence to:</b> <p>Hawaii Dental Service Attn: Customer Service 900 Fort Street Mall, Suite 1900 Honolulu, HI 96813-3705</p> <p>E-mail: <a href="mailto:CS@HawaiiDentalService.com">CS@HawaiiDentalService.com</a></p> <p><b>FAX:</b> From Oahu: (808) 529-9366 Toll-free fax: 1-866-590-7988</p>
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