DELTA DENTAL

HDS
Hawaii Dental Service

# Summary of Dental Benefits
## HDS Children's Dental Plan - Group No. 2999
## Effective: 01/01/2027

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.

| | CHILDREN (THROUGH AGE 25) |
|---|---|
| Maximum Out of Pocket (MOOP)<br>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. | $450<br>per child per calendar year<br>$900<br>for 2+ children per calendar year |
| Deductible<br>Does not apply to benefits covered at 100% and orthodontics. | $50<br>per person per calendar year |
| **DIAGNOSTIC** | **HDS PLAN PAYS**<br>**CHILDREN (THROUGH AGE 25)** |
| Examinations | 100 %<br>2 per calendar year |
| Bitewing X-rays | 30 %<br>2 per calendar year |
| Other X-rays | 30 %<br>Full mouth x-rays 1x/5 yrs |
| **PREVENTIVE** | |
| Cleanings | 100 %<br>2 per calendar year |
| Fluoride | 100 %<br>2 per calendar year<br>Allowed through age 18 |
| Silver Diamine Fluoride | 100 % |
| Sealants<br>One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces. | 100 %<br>Allowed through age 18 |
| Space Maintainers | 100 %<br>Allowed 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. | |
| Diabetes<br>• Cleanings/Gum Maintenance | Additional 2 per calendar year |
| Cancer (other than Oral)<br>• Cleanings/Gum Maintenance<br>• Fluoride | <br>Additional 2 per calendar year<br>Additional 2 per calendar year |
| Oral Cancer<br>• Cleanings/Gum Maintenance<br>• Fluoride | <br>Additional 2 per calendar year<br>Additional 4 per calendar year |
| Sjogren's Syndrome<br>• Cleanings/Gum Maintenance<br>• Fluoride | <br>Additional 2 per calendar year<br>Additional 4 per calendar year |

| | |
|---|---|
| Stroke<br>• Cleanings/Gum Maintenance | Additional 2 per calendar year |
| Heart Attack, Congestive Heart Failure<br>• Cleanings/Gum Maintenance | Additional 2 per calendar year |
| Kidney Failure<br>• Cleanings/Gum Maintenance | Additional 2 per calendar year |
| Organ Transplant<br>• Cleanings/Gum Maintenance | Additional 2 per calendar year |
| Pregnancy (Expectant Mothers)<br>• Cleanings/Gum Maintenance | Additional 1 per calendar year |
| Medical Risk for Cavities<br>• Fluoride | Additional 3 per calendar year |
| BASIC CARE | |
| Fillings<br>Once every two years per tooth per surface. | 30 %<br>White-colored fillings limited to front teeth. |
| Root Canals | 30 % |
| Gum/Bone Surgeries<br>Once every three years per quad. | 30 % |
| Gum Maintenance | 30 % |
| Oral Surgeries | 30 % |
| MAJOR CARE | |
| Crowns & Gold Restorations | 30 %<br>1x/7yrs per tooth<br>White crowns limited to front teeth and bicuspids. |
| Fixed Bridges & Dentures | 30 %<br>1x/7yrs per tooth |
| OTHER SERVICES | |
| Emergency Treatment of Dental Pain (Palliative Treatment)<br>Once per visit per dental office for relief of pain but not to cure | 30 % |
| Athletic Mouth Guards | 30 %<br>1 per 24 months Allowed<br>through age 18 |
| Adjunctive General Services | 30 %<br>Nitrous oxide, IV sedation, and hospital care are covered. |
| Medically Necessary Orthodontics<br>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. | 50 %<br>Allowed through age 18 |

# Access to HDS Information 24/7

*Visit HDS Online at HawaiiDentalService.com to:*

### ACCESS YOUR ACCOUNT

- *Visit 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"*

### 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: (808) 529-9248**

**Toll-free: 1-844-379-4325**

***Customer Service Call Center Hours:***

*Monday – Friday: 7:30 AM – 4:30 PM HST*

*Excluding HDS observed holidays,*

*visit HawaiiDentalSevice.com/about/holidays*

*for our HDS' observed holiday schedule.*

**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*

**FAX:**

*From Oahu: (808) 529-9366*

*Toll-free fax: 1-866-590-7988*