DELTA DENTAL

HDS
Hawaii Dental Service

Summary of Dental Benefits
HDS Preferred Dental Plan - Group No. 2851
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.

	ADULTS (& CHILD AGES 19 - 25)	CHILDREN (AGE 18 & UNDER)
Maximum Out of Pocket (MOOP) 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	$450 per child per calendar year $900 for 2+ children per calendar year
Plan Maximum The most HDS will pay for each person for all covered dental services performed.	$1,200 per calendar year	N/A
Diagnostic & Preventive Waiver HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum.	Yes	No
Deductible Does not apply to benefits covered at 100% and orthodontics.	$50 per person per calendar year	$50 per person per calendar year
DIAGNOSTIC	HDS PLAN PAYS ADULTS (& CHILD AGES 19 - 25)	CHILDREN (AGE 18 & UNDER)
Examinations	100 % 2 per calendar year	100 % 2 per calendar year
Bitewing X-rays	50 % 1 per calendar year	30 % 2 per calendar year
Other X-rays	50 % Full mouth x-rays 1x/5 yrs	30 % Full mouth x-rays 1x/5 yrs
PREVENTIVE		
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
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	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
BASIC CARE		
Fillings Once every two years per tooth per surface.	50 % 3-month waiting period White-colored fillings limited to front teeth.	30 % White-colored fillings limited to front teeth.
Root Canals	50 % 12-month waiting period	30 %
Gum/Bone Surgeries Once every three years per quad.	50 % 12-month waiting period	30 %
Gum Maintenance	50 % 12-month waiting period	30 %
Oral Surgeries	50 % 12-month waiting period	30 %
MAJOR CARE		
Crowns & Gold Restorations	50 % 12-month waiting period 1x/7yrs per tooth White crowns limited to front teeth and bicuspids.	30 % 1x/7yrs per tooth White crowns limited to front teeth and bicuspids.
Fixed Bridges & Dentures	50 % 12-month waiting period 1x/7yrs per tooth	30 % 1x/7yrs per tooth
OTHER SERVICES		
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	50 %	30 %
Athletic Mouth Guards	Not Covered	30 % 1 per 24 months Allowed through age 18
Adjunctive General Services	50 %	30 % 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
ORTHODONTICS		
	50 % For children. $1,000 lifetime maximum amount paid (8 Payments Quarterly)	50 % For children. $1,000 lifetime maximum amount paid (8 Payments Quarterly)

Special Considerations: Orthodontic services are not covered if services were started prior to the date the patient became eligible under this plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. 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.

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