

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer's agreement with Hawaii Dental Service and HDS's procedure code guidelines. All dental claims must be filed within 12 months of the date of service for HDS claims payment.

SUMMARY OF BENEFITS	HDS PLAN PAYS	
	CHILDREN (Benefit ends at age 19)	ADULTS & CHILDREN ages 19 through 25
PLAN MAXIMUM per person per calendar year (age 19 and over) The most HDS will pay for each person for all covered dental services performed during the calendar year.	N/A	\$1,000
MAXIMUM OUT OF POCKET per calendar year (age 18 and under) 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 and alternate benefits.	\$350/child \$700 for 2 or more children	N/A
DIAGNOSTIC		
• Examination – twice per calendar year	100%	100%
• Bitewing X-rays – twice per calendar year through age 18; once per calendar year thereafter	100%	100%
• Other X-rays (full mouth X-rays limited to once every five years)	100%	100%
PREVENTIVE		
• Cleanings – twice per calendar year	100%	100%
• Expectant mothers: three times per calendar year, combination of Cleanings or Gum treatment	100% 70%	100% 70%
• Diabetic patients: four times per calendar year, combination of Cleanings or Gum treatment	100% 70%	100% 70%
• Fluoride – twice per calendar year (through age 19)	100%	100%
• Fluoride – high risk – once per calendar year	100%	100%
• Space maintainers (through age 18)	100%	0%
• Sealants (through age 18)	100%	0%
FILLINGS	70%	70%
• Silver fillings		
• White-colored fillings (limited to front teeth)		
CROWNS AND GOLD RESTORATIONS (once every seven years)	50%	50%-
ROOT CANAL THERAPY	70%	70%
GUM TREATMENT	70%	70%
FIXED BRIDGES AND DENTURES (once every seven years)	50%	50%-
IMPLANTS	50%	50%-
ORAL SURGERY	70%	70%
ADJUNCTIVE GENERAL SERVICES	70%	70%
• Treatment for relief of pain but not to cure		
ORTHODONTICS (when medically necessary) Limited to those cases involving repair of cleft lip and/or cleft palate, severe facial birth defects, or an incurred injury that affects the function of speech, swallowing, and chewing.	50%	0%

(-) Hyphen indicates wait period of 12 months

Visit HDS Online at www.HawaiiDentalService.com to:

CHECK

- on a claim and rate your dentist
- whether you and/or your dependents are eligible for HDS benefits
- what 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 by specialty, location, handicap accessibility, weekend hours, and more
- for a Delta Dental participating dentist in the Mainland, Guam or Saipan

VIEW

- your own tooth chart—see what services have been performed on each tooth
- your EOB statements (and print them out)
- dentist ratings
- a list of frequently asked questions
- HDS contact information

REQUEST

- to receive an e-mail when your claim is processed
- to receive EOB statements through e-mail
- an HDS membership card to be mailed to you

DOWNLOAD & PRINT

- a summary of your benefits for tax purposes
- blank claim forms
- an HDS membership card
- HDS Notice of Privacy Practices

How to Contact HDS

Customer Service Representatives

From Oahu: 529-9248
Toll-free: 1-800-232-2533 ext. 248
Fax: 529-9366
Toll-free fax: 1-866-590-7988
Monday through Friday
7:30 a.m. - 4:30 p.m.
Hawaii Standard Time

Send Written Correspondence to:

Hawaii Dental Service
Attn: Customer Service
700 Bishop Street, Suite 700
Honolulu, HI 96813-4196
E-mail:
HDSCustomerService@HawaiiDentalService.com