

 DELTA DENTAL®

HDS
Hawaii Dental Service

A Dental Benefits Program For EUTF – Retiree / Group #2601



HDS. A plan that puts a smile on your face.

Your Dental Benefits

The health of your teeth and gums directly affects your overall health. Prevention is the key and regular visits to your dentist should be a top priority. Hawaii Dental Service makes it easy and affordable for you. So take charge of your health, and start taking advantage of your dental benefits.

Getting Started

Effective Date of Eligibility

If you are a current EUTF HDS member and elect to continue dental coverage with HDS, the dental benefits plan listed in this brochure is effective July 1, 2007, and you should continue to use your existing HDS member identification card.

If you are a new HDS member enrolling in this plan, your employer will let you know the start date (effective date) of your dental coverage. An HDS member identification card will be mailed directly to you after HDS is notified of your start date.

- At your first appointment, let your dental office know that you are covered by HDS and present your HDS member identification card.
- If you need dental services immediately after your effective date of dental coverage but have not received your HDS member identification card, you may print or request a card through the HDS website at www.deltadentalhi.org or you may ask your dentist to confirm your eligibility with HDS prior to receiving services.

Eligible Persons

Check with your employer to determine who is eligible to be covered as your dependent(s) under your plan.

Dependent children who are full-time students enrolled in an accredited school, college or university may receive dental benefits coverage through the age limit stated in your plan. (Please refer to the "Summary of Dental Benefits" at the end of this brochure for dependent age limits.)

Disabled dependent children who are not full-time students may be eligible for coverage. They must live with you and meet all of the following criteria:

- Unmarried,
- Over your plan's dependent age limit, and
- Incapable of supporting themselves because of physical or mental incapacity that began before your plan's cutoff age for dependent coverage.

Updating Information

To ensure that you and your family receive the full benefits of your plan and to ensure HDS processes your dental claims accurately, please notify your **employer immediately** of any of the following:

- Name change
- Address change
- Add/remove dependent(s)

Completion of Procedures When Eligibility Ends

If a dental procedure is in progress when your eligibility ends, coverage for services in progress may continue for a maximum of 30 days after the date your eligibility ends.

HDS will determine the applicable Plan Benefit for dental work within 30 days of the termination of eligibility or Contract Agreement cancellation, as long as the specific dental procedure has been started before the date of ineligibility or Contract Agreement cancellation.

Selecting A Dentist

In Hawaii, Guam and Saipan - Choose an HDS Participating Dentist

You may select any 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 have agreed to partner with HDS to make oral health care more affordable by limiting their fees to the Allowed Amount 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 www.deltadentalhi.org or call the HDS Customer Service Department.

On the Mainland - Choose A Delta Dental Participating Dentist

HDS is a member of the Delta Dental Plans Association (DDPA), the nation's largest and most experienced dental benefits carrier with a network of more than 186,000 dentist locations.

If your job takes you out of state or your child attends school on the Mainland, we recommend that you or your child 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 www.deltadentalhi.org and click on "Members: Search for a Dentist," then "Delta Dental National Provider Database." Select "DeltaPremier" as your plan type and complete the remaining questions. Or you may 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 multi-state plan and present your HDS member identification 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 and toll-free number located on the back of your member identification card.
- HDS's payment will be based upon the Delta Dental dentist's Allowed Amount for his/her state.

Visiting a Delta Dental Participating Dentist (continued)

- Your Patient Share will be the difference between the Delta Dental dentist's Allowed Amount 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.

Because non-participating dentists have no agreement with HDS limiting the amount they can charge for services, your Patient Share is likely to be higher. Further, the amount reimbursed by HDS is generally lower if a non-participating dentist renders the services.

- On your first visit, advise the non-participating dentist that you have an HDS dental plan and present your HDS member identification card.
- In most cases you will need to pay in full at the time of service.
- The non-participating dentist will render services and may send you the completed claim form (universal ADA claim form) to submit to HDS. Mail the completed claim form for processing to:

HDS – Dental Claims
700 Bishop Street, Suite 700
Honolulu, HI 96813-4196

- 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 Explanation of Benefit (EOB) report.

Whether you visit a participating or non-participating dentist, please be sure to discuss the total charges and your financial obligations with your dentist before you receive treatment.

Helping You Manage Your Costs

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 pre-authorization 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.

Questions on Your Claims

If you have any questions about your dental claims, please call our Customer Service department at 529-9310 on Oahu or toll-free at 1-866-702-3883.

HDS Reports and Payments

Explanation of Benefits (EOB) Report

You will receive an HDS Explanation of Benefits (EOB) Report that provides payment information about the services you received from your dentist. It is important to note that the EOB report 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.

Calculating Your Benefit Payments

Determining 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. You are responsible for the balance owed to your participating dentist and any applicable deductible amount and taxes. Participating dentists are paid based upon their Allowed Amount.

Dentist's Allowed Amount
X % plan covers

HDS Payment

Dentist's Allowed Amount
<minus HDS Payment>

Patient Share

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.

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 benefits plan, the amount paid will be coordinated with the other insurance carrier(s) in accordance with guidelines and rules of the National Association of Insurance Commissioners. Total payments or reimbursements will not exceed the participating 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.

Quality Assurance

Quality assurance is taken seriously at HDS. In-office reviews are periodically conducted to ensure that you are being charged in accordance with HDS's contract agreements.

Glossary

Allowed Amount: The amount the participating dentist agrees to accept for services that are covered benefits.

Amount Charged: The amount submitted by the dentist on the claim for each service performed.

Deductible*: A deductible is an amount applied once each plan year to certain covered benefits. Each member is responsible for the deductible payment portion until it is satisfied. Once the deductible is satisfied all subsequent claims in that plan year will be processed to the full Plan Benefit for covered services.

Plan Maximum: The maximum amount HDS will pay within a plan year for services per member. When visiting a participating dentist, any covered benefits rendered after your Plan Maximum has been depleted will be processed with the Patient Share equal to the Allowed Amount.

Patient Share: Out-of-pocket amount for which the patient is responsible.

Wait Period*: The period of time that must pass before a member qualifies for coverage for the specified % plan benefit. No HDS payments are made prior to the Wait Period being met.

* Some plans do not have a Deductible or Wait Period; see Summary of Dental Benefits.

Benefit Exclusions

The following are general exclusions not covered by the plan:

- 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.
- Congenital malformations, medically related problems, cosmetic surgery or dentistry for cosmetic reasons.
- Procedures, appliances or restorations other than those for replacement of structure loss from cavities that are necessary to alter, restore or maintain occlusion.
- Treatment of disturbances of the temporomandibular joint (TMJ).
- Orthodontic services (included in some plans; see Summary of Dental Benefits).
- Hawaii general excise tax imposed or incurred in connection with any fees charged, whether or not passed on to a patient by a dentist.
- Other exclusions are listed in the Schedule of Benefits, which is included in EUTF's dental contract.

SUMMARY OF DENTAL BENEFITS

Note: This brochure includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of EUTF's dental agreement with Hawaii Dental Service and HDS's procedure code guidelines.

**Dependent age limit through age 18
Dependent full-time student age limit through age 23**

BENEFIT	PLAN COVERS
PLAN MAXIMUM per plan year per member (July 1 – June 30)	\$1,000
DIAGNOSTIC	
• Examinations - twice per calendar year	100%
• Bitewing X-rays	100%
• Twice per calendar year through age 14;	
• Once per calendar year thereafter	
• Other X-rays (full mouth X-rays limited to once every 5 years)	100%
PREVENTIVE	
Cleanings – twice per calendar year	100%
• Diabetic Patients – four cleanings or periodontal maintenance*	*60%
• Expectant Mothers – three cleanings or periodontal maintenance*	
*Periodontal maintenance benefit level	
• Topical fluoride (once per calendar year through age 19)	100%
• Fluoride Varnish – once per calendar year; limited to patients who are at high risk of caries due to root exposure, dry mouth syndrome, history of radiation therapy or other conditions as documented by the dentist.	
• Space maintainers (through age 17)	100%
• Sealants (through age 18) – one treatment application, once per lifetime only to permanent molar and bicuspid teeth with no cavities and no occlusal restorations, regardless of the number of surfaces sealed.	100%
RESTORATIVE	
• Amalgam (silver-colored) fillings	60%
• Composite (white-colored) fillings – limited to the anterior (front) teeth	60%
• Crowns and gold restorations (once every 5 years when teeth cannot be restored with amalgam or composite fillings)	60%

Note: Composite restorations or porcelain (white) crowns on posterior (back) teeth will be processed as the alternate benefit of the metallic equivalent – the patient is responsible for the cost difference up to the Amount Charged by the dentist.

BENEFIT	PLAN COVERS
ENDODONTICS <ul style="list-style-type: none"> • Pulpal therapy • Root canal treatment, retreatment, apexification, apicoectomy 	60%
PERIODONTICS <ul style="list-style-type: none"> • Periodontal scaling and root planing (once every two years) • Gingivectomy, flap curettage and osseous surgery (once every three years) • Periodontal Maintenance – twice per calendar year 	60%
PROSTHODONTICS <ul style="list-style-type: none"> • Fixed bridges (once every 5 years; ages 16 and older) • Removable Dentures (complete and partial – once every 5 years; ages 16 and older) • Repairs and adjustments • Relines and rebase • Implants (covered as alternate benefit) when one tooth is missing between two natural teeth 	60%
ORAL SURGERY <ul style="list-style-type: none"> • Extractions • Other oral surgery procedures to supplement medical care plan 	60%
ADJUNCTIVE GENERAL SERVICES <ul style="list-style-type: none"> • Consultations (by Specialist not performing services) • Office Visits (injury related) • Sedation: General & IV • Palliative (emergency) treatment (for relief of pain but not to cure) 	60%
	100%

How To Contact HDS

HDS Website: www.deltadentalhi.org

Visit the HDS website to search for a participating dentist, check your eligibility and plan benefits, access Explanation of Benefits (EOB) reports to view information about dental services you have received, or even print your membership identification card.

HDS DenTel

From Oahu: 545-7711

Toll-free: 1-800-272-7204

HDS DenTel is an automated phone service that allows HDS members to find out when they are eligible for coverage for their next dental visit, to obtain claims information, or even to have a summary of their plan benefits faxed or mailed to them, simply by following the prompts on the phone. Available everyday, 24 hours a day.

Customer Service Representatives:

Exclusive EUTF Member Phone Line

From Oahu: 529-9310

Toll-free 1-866-702-3883

Fax: 529-9366

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

Our local customer service representatives are available Monday through Friday from 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

