

 DELTA DENTAL

HDS
Hawaii Dental Service

Individual Plan / Group #2525



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 take advantage of your dental benefits.

Getting Started

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 HDS immediately in writing** of any of the following:

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

Enrollment changes must be received in writing by the 15th of the month in order to be effective the 1st of the following month. No retroactive changes will be allowed.

Renewal Terms

Enrollment in the plan is subject to annual renewal. Before December 1 of each year, HDS will notify you of any changes in premiums, benefits and/or other plan terms for the next calendar year. Unless you elect to terminate your plan, your enrollment will be renewed automatically for the next calendar year (beginning January 1) with the new premiums, benefits and/or other plan terms specified in the notice.

Terminating Your Plan

All requests for terminations must be received in writing by the 15th of the month in order to be effective the 1st of the following month. No retroactive terminations will be permitted.

If membership in the plan is terminated for any reason, re-enrollment into the plan will not be allowed for 24 months.

Any re-enrollment will be considered a new enrollment; therefore, any waiting periods and deductibles will apply as new.

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.

Visiting a Delta Dental Participating Dentist

- When visiting a dentist on the Mainland, let the dentist know that you have an HDS Delta Dental plan and present your HDS membership card.
- HDS's payment will be based upon the Delta Dental dentist's Allowed Amount for his/her state.
- 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.

The amount reimbursed by HDS is generally lower if a non-participating dentist renders the services. Your patient share is likely to be higher.

- In most cases you will need to pay in full at the time of service.
- Request that the non-participating dentist provide you with a completed claim form to submit to HDS.
- 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, let your dentist know that you have an HDS plan and discuss your financial obligations with your dentist before you receive treatment. All dental claims must be filed within 12 months of the date of service for HDS claims payment.

Dual Coverage/Coordination of Benefits

- Please be sure to let your dentist know if you are covered by any other dental benefits plan(s).
- 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.

Questions on Your Claims

If you have any questions or concerns about your dental claims, please call our Customer Service department at 529-9248 on Oahu or toll-free at 1-800-232-2533, extension 248. A copy of HDS's claims appeal process may be obtained from Customer Service.

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.
- Hawaii general excise tax imposed or incurred in connection with any fees charged, whether or not passed on to a patient by a dentist.
- All transportation costs such as airline, taxi cab, rental car and public transportation are not covered.
- Other exclusions are listed in the Schedule of Benefits, available to you by contacting the HDS Marketing and Sales Department.

Note: This brochure includes a brief description of your HDS dental benefits. All benefits are governed by Hawaii Dental Service procedure code guidelines.

Individual Dental Plan Summary of Dental Benefits

*Note: This brochure includes a brief description of your HDS dental benefits.
All benefits are governed by Hawaii Dental Service procedure code guidelines.*

**Dependent age limit through age 18
Dependent full-time student age limit through age 24**

PLAN MAXIMUM per calendar year per person

\$1,000

DEDUCTIBLE per calendar year

\$50/person

(does not apply to benefits covered at 100%)

\$150/family

PLAN COVERS

BENEFIT	1 st year	2 nd year	3 rd year
DIAGNOSTIC <ul style="list-style-type: none"> • Examinations – twice per calendar year • Bitewing X-rays – 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%	100%	100%
PREVENTIVE <ul style="list-style-type: none"> • Cleanings – twice per calendar year • Topical fluoride – once per calendar year through age 19 • Space maintainers – through age 17 • Sealants – through age 18 – one treatment application only to permanent molar and bicuspid teeth. 	100%	100%	100%
RESTORATIVE <ul style="list-style-type: none"> • Amalgam (silver-colored) fillings • Composite (white-colored) fillings – limited to the anterior (front) teeth • Crowns and gold restorations – once every seven years when teeth cannot be restored with amalgam or composite fillings <p>Note: Composite restorations or porcelain (white) crowns on posterior (back) teeth will be processed as the alternate benefit of the metallic equivalent – the member is responsible for the cost difference up to the amount charged by the dentist.</p>	-	30%	30%
ENDODONTICS <ul style="list-style-type: none"> • Pulpal therapy • Root canal treatment, retreatment, apexification, apicoectomy 	-	30%	30%

BENEFIT	PLAN COVERS		
	1 st year	2 nd year	3 rd year
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 	-	-	30%
PROSTHODONTICS <ul style="list-style-type: none"> • Fixed bridges – once every seven years; ages 16 and older • Removable dentures (complete and partial) – once every seven years; ages 16 and older • Repairs and adjustments • Relines and rebase 	-	-	30%
ORAL SURGERY <ul style="list-style-type: none"> • Extractions • Other oral surgery procedures to supplement medical care plan 	-	30%	30%
ADJUNCTIVE GENERAL SERVICES <ul style="list-style-type: none"> • Consultations • Office visits – injury related • Sedation: General & IV • Palliative – treatment of dental pain 	-	30%	30%

Hyphen (-) indicates wait period of 12 or 24 months of continuous enrollment in an HDS plan before the plan will provide benefit coverage for these services.

How to Contact HDS

HDS Web Site:

www.deltadentalhi.org

Visit the HDS Web site 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 card.

HDS DenTel

From Oahu: 545-7711

Toll-free: 1-800-272-7204

HDS DenTel is an automated phone service that provides information on your dental plan. You can obtain claims information, check on your plan benefits and eligibility, or even have a summary of your plan benefits faxed or mailed to you, simply by following the prompts on the phone. Available everyday, 24 hours a day.

Customer Service Representatives:

From Oahu: 529-9248

Toll-free 1-800-232-2533 extension 248

Fax: 529-9366

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

E-mail: HDSCustomerService@hdsonline.org

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

Confidential Fraud Hotline:

From Oahu: (808) 529-9227

Toll-free 1-800-505-9227

E-mail: HDSCompliance@hdsonline.org