

*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.*

<b>DIAGNOSTIC &amp; PREVENTIVE PLAN MAXIMUM WAIVER</b>	<b>HDS COPAYMENT PERCENTAGE</b>	<b>WAIT PERIOD (months)</b>
<b>SUMMARY OF BENEFITS</b>		
<b>PLAN MAXIMUM</b> per person per calendar year	<b>\$1000</b>	
<b>DIAGNOSTIC (HDS's payment for Diagnostic services will not be deducted from the member's Plan Maximum)</b>		
• Examination – twice per calendar year	100%	
• Bitewing X-rays – twice per calendar year through age 14; once per calendar year thereafter	100%	
• Other X-rays (full mouth X-rays limited to once every five years)	90%	
<b>PREVENTIVE (HDS's payment for Preventive services will not be deducted from the member's Plan Maximum)</b>		
• Cleanings – twice per calendar year	100%	
• Expectant mothers – Cleanings or *Periodontal Maintenance three times per calendar year		
• Diabetic patients – Cleanings or *Periodontal Maintenance four times per calendar year *Periodontal Maintenance benefit level	*70%	
• Fluoride – twice per calendar year (through age 19)	100%	
• Fluoride-high risk – once per calendar year	100%	
• Space maintainers (through age 17)	100%	
• Sealants (through age 18) – One treatment application, once per lifetime only to permanent molar with no occlusal restorations, regardless of the number of surfaces sealed	100%	
<b>RESTORATIVE</b>		
• Amalgam (silver-colored) fillings	70%	
• Composite (white-colored) fillings – limited to anterior (front) teeth	70%	
• Crowns and gold restorations (once every seven years when teeth cannot be restored with amalgam or composite fillings)	<b>50%</b>	<b>12</b>
NOTE: Composite (white) and Porcelain (white) restorations 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		
<b>ENDODONTICS</b>		
• Pulpal therapy	70%	
• Root canal treatment, retreatment, apexification, apicoectomy		
<b>PERIODONTICS</b>		
• Periodontal scaling and root planing – once every two years	70%	
• Gingivectomy, flap curettage and osseous surgery – once every three years		
• Periodontal Maintenance – twice per calendar year after qualifying periodontal treatment		
<b>PROSTHODONTICS</b>		
• Fixed bridges (once every seven years; ages 16 and older)	<b>50%</b>	<b>12</b>
• Dentures – complete and partial (once every seven years; ages 16 and older)		
• Implant Services		
<b>ORAL SURGERY</b>		
	70%	
<b>ADJUNCTIVE GENERAL SERVICES</b>		
• Palliative treatment (for relief of pain but not to cure)	100%	
<b>ORTHODONTICS</b>		
	50%	
<p>\$1000 lifetime maximum amount paid in eight quarterly payments of \$125.00. Per eligible Employee, Spouse, Child</p> <p><i>Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred.</i></p>		

**For more information on your benefits, create an online account at**  
**[www.HawaiiDentalService.com](http://www.HawaiiDentalService.com)**

**HOW TO SIGN UP FOR AN ONLINE ACCOUNT:**

- Log on to the HDS website at [www.HawaiiDentalService.com](http://www.HawaiiDentalService.com)
- Click on “New User”
- Complete the “Member Registration” form
- Click on “Register User” button
- An email will be sent to you with a link. Click on the link to activate your account.

**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 in Hawaii, Guam or Saipan by specialty, location, handicap accessibility, weekend hours, and more
- For a Delta Dental participating dentist on the mainland or Puerto Rico by specialty, location, weekend hours and more

**VIEW**

- Your own tooth chart- see what services have been performed on each tooth
- Your Explanation of Benefits (EOB) statements
- Dentist ratings
- A list of frequently asked questions
- HDS contact information

**DOWNLOAD & PRINT**

- A summary of your benefits for tax purposes
- Blank claim forms
- An HDS identification card
- An EOB statement
- HDS Notice of Privacy Practices

**REQUEST**

- An HDS identification card to be mailed to you

**How to Contact HDS**

**Customer Service Representatives**

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

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

**Fax:** 808-529-9366

**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

**Email:**

CS@HawaiiDentalService.com

## HDS's Diagnostic & Preventive Plan Maximum Waiver

*The Diagnostic & Preventive Plan Maximum Waiver promotes the importance of Diagnostic & Preventive services in maintaining good oral health.*

*Early detection, early diagnosis and early treatment are important factors in maintaining one's overall wellness.*

HDS's Diagnostic & Preventive Plan Maximum Waiver (D & P Waiver) is a plan design where the plan, will pay the stated group plan benefits for Diagnostic & Preventive Services regardless of the member's current Plan Maximum balance. If a member uses all of their Annual Plan Maximum, the member can still receive Diagnostic & Preventive services and HDS will continue to pay the stated benefits for these services.

- *Simply put, the Diagnostic & Preventive Services will always be there for the member.*
- *No other local dental benefits carrier offers this unique plan design.*
- *No qualifications for the member to meet.*
- *No calculations needed.*
- *Every plan member can confidently schedule their Diagnostic & Preventive Services.*
- **The D & P waiver includes the following Diagnostic & Preventive Services:**
  - ✓ **Exams;**
  - ✓ **X-rays – Bitewings and other X-rays;**
  - ✓ **Teeth Cleanings – includes additional services for Expectant mothers and Diabetic patients;**
  - ✓ **Fluoride – dependent children;**
  - ✓ **Fluoride-high risk;**
  - ✓ **Space Maintainers – dependent children;**
  - ✓ **Sealants – dependent children;**

and the amounts paid by HDS for these services, will not be deducted from their Annual Plan Maximum.

- *Reserves the Annual Plan Maximum dollars for other covered dental treatments.*
- *The D & P Waiver helps members stretch their dental plan and their budget.*

How the D & P Waiver works:

Diagnostic & Preventive Services	Dentist Billed Amount	HDS Allowed Amount	HDS Plan Benefit	HDS Payment	Amount deducted from Plan Maximum	Available Plan Maximum \$1,000
Exam #1	\$ 77	\$ 43	100%	\$ 43	\$0	\$1,000
Exam #2	\$ 77	\$ 43	100%	\$ 43	\$0	\$1,000
Bitewing X-ray	\$ 80	\$ 49	100%	\$ 49	\$0	\$1,000
Cleaning #1	\$105	\$ 65	100%	\$ 65	\$0	\$1,000
Cleaning #2	\$105	\$ 65	100%	\$ 65	\$0	\$1,000
<b>Summary Total:</b>				<b>\$ 265</b>		<b>\$1,000</b>

Note: The table above is for illustration purposes only. It does not represent the actual cost of dental services.

# Notice of Non-Discrimination & Language Assistance

HDS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HDS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HDS provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

HDS provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact 1-844-379-4325, TTY: 711.

If you believe that HDS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator: Director of Compliance  
700 Bishop Street, Suite 700, Honolulu, HI 96813-4196  
Telephone Number: 1-866-505-9227 Fax: (808) 599-4808  
Email: [HDScompliance@hawaiidentalsservice.com](mailto:HDScompliance@hawaiidentalsservice.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-379-4325; TTY: 711**

**(Ilocano) PAKDAAR:** Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-844-379-4325 TTY: 711

**(Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-379-4325 TTY: 711 .

**(Japanese) 注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-379-4325 TTY: 711 . まで、お電話にてご連絡ください。

**(Chinese) 注意 :** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-844-379-4325 TTY: 711.

**(Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-379-4325 TTY: 711 번으로 전화해 주십시오.

**(Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-379-4325 TTY: 711

**(Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-379-4325 TTY: 711

**(Samoan) MO LOU SILAFIA:** Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-844-379-4325 TTY: 711

**(Marshallese) LALE:** Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjeļok wōñāñ. Kaalok 1-844-379-4325 TTY: 711

**(Trukese) MEI AUCHEA:** Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-844-379-4325 TTY: 711

**(Hawaiian) E NĀNĀ MAI:** Inā ho 'opuka 'oe i ka 'ōlelo [ho 'okomo 'ōlelo], loa 'a ke kōkua manuahi iā 'oe. E kelepona iā 1-844-379-4325 TTY: 711

**(Micronesian-Pohnpeian) Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-844-379-4325 TTY: 711**

**(Bisayan) ATENSYON:** Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-844-379-4325 TTY: 711

**(Tongan) FAKATOKANGA'I:** Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-844-379-4325 TTY: 711

**(Laotian) ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-379-4325 TTY: 711