

- **PLAN MAXIMUM \$1,000** per person, per calendar year. The most HDS will pay for each person for all covered dental services performed during the calendar year.
- **DIAGNOSTIC & PREVENTIVE WAIVER**  
HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum.

DIAGNOSTIC & PREVENTIVE CARE (Time limitations based on calendar year)	HDS PLAN PAYS
• <b>Examinations</b> - 2 per year	100%
• <b>Bitewing X-rays</b> - 2 per year through age 14; 1 per year thereafter	100%
• <b>Other X-rays</b> - full mouth X-rays limited to 1 every 5 years	90%
• <b>Cleanings</b> - 2 per year	100%
Expectant mothers - additional 1 per year; cleanings or Gum maintenance	100%
Diabetic patients - additional 2 per year; cleaning or Gum maintenance	70%
• <b>Fluoride</b> - 2 per year through age 19	100%
Medical risk for cavities - additional 1 per year	100%
• <b>Space Maintainers</b> - through age 17	100%
• <b>Sealants</b> - through age 18	100%
<b>BASIC CARE</b>	
• <b>Fillings</b> - silver fillings; white fillings limited to front teeth	70%
• <b>Root Canals</b>	
• <b>Gum/Bone Surgeries &amp; Maintenance</b> (non-medical risk factors)	
• <b>Oral Surgeries</b>	
<b>MAJOR CARE</b>	
• <b>Crowns</b> - 1 every 7 years; white crowns limited to front teeth and bicuspid	50% (12 mo. wait period)
• <b>Gold Restorations</b> - 1 every 7 years	
• <b>Fixed Bridges &amp; Dentures</b> - 1 every 7 years	
• <b>Implants</b>	
<b>OTHER SERVICES</b>	
• <b>Adjunctive General Services</b>	70%
• <b>Emergency Treatment of Dental Pain</b>	100%
<b>ORTHODONTICS</b>	
• <b>\$1,000 lifetime maximum</b> amount paid in eight quarterly payments of \$125.00; per eligible Employee, Spouse, Child. 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.	50%

Note: 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.

## Access to HDS Information 24/7

Visit HDS Online at [HawaiiDentalService.com](http://HawaiiDentalService.com) to:

### Access your online account today!

- Visit the HDS website at [HawaiiDentalService.com](http://HawaiiDentalService.com)
- Click “Member Login” and then click “Register”
- Complete the “Account Registration” form
- Select “Yes” to e-mail notification of claims and electronic Explanation of Benefits
- Click on “Register”

### 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

### 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

### VIEW

- Your Explanation of Benefits (EOB) statements
- A list of frequently asked questions
- HDS contact information

### 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

### 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: 529-9248**

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

#### Customer Service Call Center Hours:

Monday – Friday: 7:30 AM – 4:30 PM HST  
Excluding State observed holidays and the day after Thanksgiving

#### Walk-in Office Hours:

Monday – Friday: 8:00 AM – 4:30 PM HST

### Send Written Correspondence to:

Hawaii Dental Service  
Attn: Customer Service  
700 Bishop Street, Suite 700  
Honolulu, HI 96813-4196

E-mail: [CS@HawaiiDentalService.com](mailto:CS@HawaiiDentalService.com)

#### **FAX:**

From Oahu: 529-9366  
Toll-free fax: 1-866-590-7988

# 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