

Summary of Dental Benefits RCUH - Group No. 1989 Effective: 07/01/2023

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. Unless specified, dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment. Refer to Special Considerations when applicable.

	\$1000 PLAN WITH ORTHO FAMILY
Plan Maximum	\$1,000
The most HDS will pay for each person for all covered dental services performed.	per calendar year
Diagnostic & Preventive Waiver	Yes
HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum.	
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	HDS PLAN PAYS
DIAGNOSTIC	\$1000 PLAN WITH ORTHO FAMILY
Examinations	100 % 2 per calendar year
Bitewing X-rays	100 %
	2 per calendar year through age 14
	1 per calendar year equal or over age 15
Other X-rays	90 %
	Full mouth x-rays 1x/5 yrs
PREVENTIVE	
Cleanings	100 % 2 per calendar year
El contrib	
Fluoride	100 % 2 per calendar year
	Allowed through age 19
Silver Diamine Fluoride	100 %
Sealants	100 %
One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	Allowed through age 18
Space Maintainers	100 %
	Allowed through age 17
MEDICAL RISK FACTORS	
If the member has multiple conditions, they will only be eligible for maintenance treatments of a single condition. All benefits are covered to the condition of the condition o	
Diabetes	
Cleanings/Gum Maintenance	Additional 2 per calendar year
Pregnancy (Expectant Mothers)	
Cleanings/Gum Maintenance	Additional 1 per calendar year
Medical Risk for Cavities	
• Fluoride	Additional 1 per calendar year
BASIC CARE	
Fillings	70 %
Once every two years per tooth per surface.	White-colored fillings limited to front teeth.
Root Canals	70 %
Gum/Bone Surgeries	70 %
Once every three years per quad.	

Gum Maintenance	70 %
Oral Surgeries	70 %
MAJOR CARE	
Crowns & Gold Restorations	50 % 12-month waiting period 1x/7yrs per tooth White crowns limited to front teeth and bicuspids.
Fixed Bridges & Dentures	50 % 12-month waiting period 1x/7yrs per tooth
Implants	50 % 12-month waiting period
OTHER SERVICES	
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	70 %
Athletic Mouth Guards	70 % 1 per 24 months Allowed through age 18
Adjunctive General Services	70 %
ORTHODONTICS	
	50 % For adults and children. \$1,000 lifetime maximum amount paid (8 Payments Quarterly)

Special Considerations: 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. Self-administered or at-home applications (or any type of "do it yourself") orthodontics is not a covered benefit. Orthodontics must be performed by a licensed dentist or supervised staff. Assessment of salivary flow is covered.

Access to HDS Information 24/7

Visit HDS Online at HawaiiDentalService.com to:

ACCESS YOUR ACCOUNT

- Visit HawaiiDentalService.com
- Click "Member Login"
- Click "Create an account"
- Complete the "Account Registration" form
- Select "Yes" to be notified via email when a claim is processed and "Yes" to "Request electronic Explanation of Benefits"
- · Click "Register"

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

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

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

VIEW

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

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: (808) 529-9248
Toll-free: 1-844-379-4325

Customer Service Call Center Hours:

Monday - Friday: 7:30 AM - 4:30 PM HST Excluding HDS observed holidays, visit <u>HawaiiDentalSevice.com/about/holidays</u> for our HDS' observed holiday schedule.

Walk-in Office Hours:

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

Send Written Correspondence to:

Hawaii Dental Service Attn: Customer Service 900 Fort Street Mall, Suite 1900 Honolulu, HI 96813-3705

E-mail: CS@HawaiiDentalService.com

FAX:

From Oahu: (808) 529-9366 Toll-free fax: 1-866-590-7988