

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your Medical Plan'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.

	HDS Group No. 2969	HDS Group No. 2970
	HIselect	HIpreferred
PLAN MAXIMUM per person per calendar year	\$1000	\$1500
DEDUCTIBLE per calendar year (does not apply to benefits covered at 100%)	\$50/person	\$50/person
DIAGNOSTIC		
• Examination – twice per calendar year	100%	100%
• Bitewing X-rays – twice per calendar year through age 14; once per calendar year thereafter	100%	100%
• Other X-rays (full mouth X-rays limited to once every five years)	70%	70%
PREVENTIVE		
• Cleanings – twice per calendar year	100%	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%	*70%
• Fluoride - twice per calendar year (through age 19)	70%	70%
• 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 documented by the dentist	70%	70%
• Space maintainers (through age 17)	70%	70%
• Sealants (through age 18) – One treatment application, once per lifetime only to permanent molar and bicuspid teeth with no prior occlusal restorations, regardless of the number of surfaces sealed	70%	70%
RESTORATIVE		
• Amalgam (silver-colored) fillings	70%	70%
• Composite (white – colored) fillings - limited to anterior (front) teeth	70%	70%
• Crowns and gold restorations (once every seven years when teeth cannot be restored with amalgam or composite fillings)	50%	50%
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		
ENDODONTICS	70%	70%
• Pulpal therapy		
• Root canal treatment, retreatment, apexification, apicoectomy		
PERIODONTICS	70%	70%
• 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 after qualifying periodontal treatment		
PROSTHODONTICS	50%	50%
• Fixed bridges (once every seven years; age 16 and older)		
• Dentures - complete and partial (once every seven years; ages 16 and older)		
• Implants (covered as alternate benefit)	50%	50%
ORAL SURGERY	70%	70%
ADJUNCTIVE GENERAL SERVICES	70%	70%
• Palliative treatment (for relief of pain but not to cure)	70%	70%
ORTHODONTICS	N/A	50%
<p>\$1000 lifetime maximum amount paid in eight quarterly payments of \$125.00 Per eligible Child <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>		

Access to HDS Information 24/7

Visit HDS Online at www.deltadentalhi.org to:

Access your online account today!

- Log on to the HDS website at www.deltadentalhi.org
- Click on "New User"
- Complete the "Member Registration" form
- Select "yes" to "Request electronic Explanation of Benefits"
- Click on "Register User" button
- An e-mail will be sent to you with a link. Click on the link to activate your account.

SEARCH

- For an HDS participating dentist by specialty, location, handicap accessibility, weekend hours, and more
- For a Delta Dental participating dentist in the Mainland, Guam or Saipan

DOWNLOAD & PRINT

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

CHECK

- 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

VIEW

- Your own tooth chart- see what services have been performed on each tooth
- Your EOB statements (and print them out)
- A list of frequently asked questions
- HDS contact information

REQUEST

- To receive an e-mail when your claim is processed
- To receive EOB statements through e-mail
- An HDS identification card to be mailed to you

How to Contact HDS

Customer Service Representatives

From Oahu: **529-9248**

Toll-free: **1-800-232-2533, ext. 248**

Fax: 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

E-mail: HDSCustomerService@hdsonline.org

Visit 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
- Obtain claims information
- Have their plan benefits faxed or mailed to them; simply by following prompts on the phone