

**HDS \$1,500**  
**HDS Group No. 2345**  
**Summary of Dental Benefits**  
**Effective: 01/01/2025**

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.

	MEMBERS THROUGH AGE 18	MEMBERS AGE 19 AND OVER
<b>Maximum Out of Pocket (MOOP)</b> The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services, alternate benefits and non-medically necessary orthodontics will not count toward the MOOP.	<b>\$425</b> per child per calendar year <b>\$850</b> for 2+ children per calendar year	<b>N/A</b>
<b>Plan Maximum</b> The most HDS will pay for each person for all covered dental services performed.	<b>N/A</b>	<b>\$1,500</b> per calendar year
<b>HDS PLAN PAYS</b>		
<b>DIAGNOSTIC</b>	<b>MEMBERS THROUGH AGE 18</b>	<b>MEMBERS AGE 19 AND OVER</b>
<b>Examinations</b>	<b>100 %</b> 2 per calendar year	<b>100 %</b> 2 per calendar year
<b>Bitewing X-rays</b>	<b>70 %</b> 2 per calendar year	<b>100 %</b> 1 per calendar year
<b>Other X-rays</b>	<b>70 %</b> Full mouth x-rays 1x/5 yrs	<b>70 %</b> Full mouth x-rays 1x/5 yrs
<b>PREVENTIVE</b>		
<b>Cleanings</b>	<b>100 %</b> 2 per calendar year	<b>100 %</b> 2 per calendar year
<b>Fluoride</b>	<b>100 %</b> 2 per calendar year Allowed through age 18	<b>Not Covered</b>
Silver Diamine Fluoride	<b>100 %</b>	<b>100 %</b>
<b>Sealants</b> One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	<b>100 %</b> Allowed through age 18	<b>Not Covered</b>
<b>Space Maintainers</b>	<b>100 %</b> Allowed through age 18	<b>Not Covered</b>
<b>TOTAL HEALTH PLUS BENEFITS</b>		
If the member has multiple conditions, they will only be eligible for the benefit with the most cleaning(s) and/or gum maintenance treatments of a single condition. All benefits are covered at 100% unless otherwise noted.		
<b>Diabetes</b> • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
<b>Cancer (other than Oral)</b> • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 2 per calendar year	Additional 2 per calendar year Additional 2 per calendar year
<b>Oral Cancer</b> • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 4 per calendar year	Additional 2 per calendar year Additional 4 per calendar year

<b>Sjogren's Syndrome</b> • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 4 per calendar year	Additional 2 per calendar year Additional 4 per calendar year
<b>Stroke</b> • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
<b>Heart Attack, Congestive Heart Failure</b> • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
<b>Kidney Failure</b> • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
<b>Organ Transplant</b> • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
<b>Pregnancy (Expectant Mothers)</b> • Cleanings/Gum Maintenance	Additional 1 per calendar year	Additional 1 per calendar year
<b>Medical Risk for Cavities</b> • Fluoride	Additional 3 per calendar year	Additional 3 per calendar year
<b>BASIC CARE</b>		
<b>Fillings</b> Once every two years per tooth per surface.	<b>70 %</b> White-colored fillings limited to front teeth.	<b>70 %</b> White-colored fillings limited to front teeth.
<b>Root Canals</b>	<b>70 %</b>	<b>70 %</b>
<b>Gum/Bone Surgeries</b> Once every three years per quad.	<b>70 %</b>	<b>70 %</b>
<b>Gum Maintenance</b>	<b>70 %</b>	<b>70 %</b>
<b>Oral Surgeries</b>	<b>70 %</b>	<b>70 %</b>
<b>MAJOR CARE</b>		
<b>Crowns &amp; Gold Restorations</b>	<b>50 %</b> 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.	<b>50 %</b> 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.
<b>Fixed Bridges &amp; Dentures</b>	<b>50 %</b> 1x/7yrs per tooth	<b>50 %</b> 1x/7yrs per tooth
<b>Implants</b>	<b>Not Covered</b>	<b>50 %</b>
<b>OTHER SERVICES</b>		
<b>Emergency Treatment of Dental Pain (Palliative Treatment)</b> Once per visit per dental office for relief of pain but not to cure	<b>70 %</b>	<b>70 %</b>
<b>Athletic Mouth Guards</b>	<b>70 %</b> 1 per 24 months Allowed through age 18	<b>Not Covered</b>
<b>Adjunctive General Services</b>	<b>70 %</b> Nitrous oxide, IV sedation, and hospital care are covered.	<b>70 %</b>
<b>Medically Necessary Orthodontics</b> Limited to dependent children for those cases involving repair of the cleft lip and/or cleft palate, severe facial birth defects, or an incurred injury that affects the function of speech, swallowing, and/or chewing.	<b>50 %</b> Allowed through age 18	<b>Not Covered</b>
<b>ORTHODONTICS</b>		
	<b>50 %</b> For children. \$1,500 lifetime maximum amount paid (8 Payments Quarterly)	<b>50 %</b> For children. \$1,500 lifetime maximum amount paid (8 Payments Quarterly)

**Special Considerations:** Assessment of salivary flow is covered. 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.

## Access to HDS Information 24/7

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

### ACCESS YOUR ACCOUNT

- Visit [HawaiiDentalService.com](http://HawaiiDentalService.com)
- Click "Member Login"
- Click "Create an account"
- Complete the "Account Registration" form
- Select "Yes" to be notified via e-mail 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 [HawaiiDentalService.com/about/holidays](http://HawaiiDentalService.com/about/holidays)

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](mailto:CS@HawaiiDentalService.com)

#### **FAX:**

From Oahu: (808) 529-9366

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