

UHA - HDS \$1,500
HDS Group Number 2345
Summary of Dental Benefits
Effective January 1, 2018

ADULTS – AGE 19 & OLDER	CHILDREN – AGE 18 & UNDER	
<ul style="list-style-type: none"> PLAN MAXIMUM \$1,500 per person per calendar year. The most HDS will pay for each person for all covered dental services performed during the calendar year. 	<ul style="list-style-type: none"> MAXIMUM OUT OF POCKET (MOOP) \$350 per child or \$700 for 2 or more children, per calendar year. 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. 	
DIAGNOSTIC & PREVENTIVE CARE (Time limitations based on calendar year)	HDS PLAN PAYS	
	CHILD	ADULT (& CHILD ages 19-25)
<ul style="list-style-type: none"> Examinations – 2 per year 	100%	100%
<ul style="list-style-type: none"> Bitewing X-rays – 2 per year through age 18; 1 per year thereafter 	70%	100%
<ul style="list-style-type: none"> Other X-rays – full mouth X-rays limited to 1 every 5 years 	70%	70%
<ul style="list-style-type: none"> Cleanings – 2 per year 	100%	100%
Expectant mothers – 3 per year; combination of cleanings or gum treatments	100%	100%
Diabetic patients – 4 per year; combination of cleanings or gum treatments	70%	70%
<ul style="list-style-type: none"> Fluoride – 2 per year through age 18 	100%	N/A
<ul style="list-style-type: none"> Fluoride (high risk for cavities) – 1 per year 	100%	100%
<ul style="list-style-type: none"> Space Maintainers – through age 18 	100%	N/A
<ul style="list-style-type: none"> Sealants – through age 18 	100%	N/A
BASIC CARE		
<ul style="list-style-type: none"> Fillings – silver fillings; white-colored fillings limited to front teeth 		
<ul style="list-style-type: none"> Root Canals 		
<ul style="list-style-type: none"> Gum Surgeries & Treatments 	70%	70%
<ul style="list-style-type: none"> Oral Surgeries 		
MAJOR CARE		
<ul style="list-style-type: none"> Crowns & Gold Restorations – 1 every 7 years 	50%	
<ul style="list-style-type: none"> Fixed Bridges & Dentures – 1 every 7 years 	50%	50%
<ul style="list-style-type: none"> Implants 	N/A	
OTHER SERVICES		
<ul style="list-style-type: none"> Emergency Treatment of Dental Pain 	70%	70%
ORTHODONTICS		
<ul style="list-style-type: none"> \$1,500 lifetime maximum per child for dependent children through age 25. Services are not covered if started prior to the date the patient is eligible under this individual plan. 		50%
<ul style="list-style-type: none"> Medically necessary coverage for dependent children through age 18. Limited to 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. 	50%	Non-medically necessary coverage for dependent children through age 25 only

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of University Health Alliance’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 to be eligible for HDS claims payment.

For more information on your benefits, log on to your online account at www.HawaiiDentalService.com.

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HOW TO SIGN UP FOR AN ONLINE ACCOUNT:

- Log on to the HDS website at 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