

**Summary of Dental Benefits**  
**Hawaii Teamsters HWT - Group No. 869**  
**Effective: 09/01/2020**

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.

**PLAN MAXIMUM** The most HDS will pay for each person for all covered dental services performed during the plan year.

<b>Plan Maximum</b>	<b>\$1700</b>
<b>HDS PLAN PAYS</b>	
<b>DIAGNOSTIC</b>	
Examinations	100% 1x/yr
Bitewing X-rays	100% 2x/yr through age 14 1x/yr equal or over age 15
Other X-rays	100% Full mouth X-rays 1x/5 yrs
<b>PREVENTIVE</b>	
Cleanings	100% 2x/yr
Fluoride	100% 2x/yr Through age 17
Space Maintainers	80% Through age 17
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	80% Through age 18
<b>MEDICAL RISK FACTORS</b>	
Gum Maintenance will be covered at the Gum/Bone Surgeries and Maintenance benefit level. 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.	
Diabetes • Cleanings/Gum Maintenance	Additional 2x/yr
Pregnancy (Expectant Mothers) • Cleanings/Gum Maintenance	Additional 1x/yr
Medical Risk for Cavities • Fluoride Treatments	Additional 1x/yr
<b>BASIC CARE</b>	
Fillings Once every two years per tooth per surface.	80% White-colored fillings limited to front teeth.
Root Canals	80%

Gum/Bone Surgeries & Maintenance (non-medical risk factors) Once every three years per quad.	80%
Oral Surgeries	80%
<b>MAJOR CARE</b>	
Crowns	80% 1x/5yrs per tooth White crowns limited to front teeth and bicuspid.
Fixed Bridges & Dentures	80% 1x/5yrs per tooth
Implants	80% Implant coverage is paid as an alternate benefit in lieu of a 3-unit bridge.
<b>OTHER SERVICES</b>	
Adjunctive General Services	80%
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	80%

## 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”

### 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  
900 Fort Street Mall, Suite 1900  
Honolulu, HI 96813-3705

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

#### **FAX:**

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