

 DELTA DENTAL®

HDS
Hawaii Dental Service

UHA - \$1500 Plan Maximum Group #2345

Dental Plan Benefits



HDS. A plan that puts a smile on your face.

This brochure includes a brief description of your HDS dental benefits.
All benefits are governed by the provisions of your employer's dental agreement
with Hawaii Dental Service and HDS's Procedure Code Guidelines.

Your Dental Benefits

The health of your teeth and gums directly affects your overall health. Prevention is the key and regular visits to your dentist should be a top priority. Hawaii Dental Service makes it easy and affordable for you. So take charge of your health, and take advantage of your dental benefits.

Getting Started

Register for Online Member Information

The HDS website provides valuable information on your dental plan. You will be able to review your dental plan benefits, view your own tooth chart, search for a participating dentist, view your Explanation of Benefits reports, and more!

To register:

1. Log on at www.deltadentalhi.org
2. Click on "New User"
3. Complete the "Member Registration" form
4. Click on "Register User" button

HDS will then send you an e-mail to activate your account. Please be sure to click on the link.

Effective Date of Eligibility

If you are a new HDS member enrolling in this plan, your employer will let you know the start date (effective date) of your dental coverage. An HDS membership card will be mailed directly to you after HDS is notified of your start date.

- At your first appointment, let your dental office know that you are covered by HDS and present your HDS membership card.
- If you need dental services immediately after your effective date of dental coverage but have not received your HDS membership card, you may print or request a card through the HDS website at www.deltadentalhi.org or you may ask your dentist to confirm your eligibility with HDS prior to receiving services.

Eligible Persons

Check with your employer to determine who is eligible to be covered as your dependent(s) under your plan.

Disabled dependent children, over your plan's age limit, may be eligible for coverage. They must live with you and meet all of the following criteria:

- Unmarried, and
- Incapable of supporting themselves because of physical or mental incapacity that began before your plan's cutoff age for dependent coverage.

Updating Information

To ensure that you and your family receive the full benefits of your plan and to ensure HDS processes your dental claims accurately, please notify your **employer immediately** of any of the following:

- Name change
- Address change
- Add/remove dependent(s)

Selecting a Dentist

In Hawaii, Guam and Saipan - Choose an HDS Participating Dentist

You may select any dentist, however you save on your out-of-pocket costs when you visit an HDS participating dentist for services received in Hawaii, Guam and Saipan. HDS participating dentists partner with HDS by limiting their fees for services that are covered.

About 95% of all licensed, practicing dentists in Hawaii participate with HDS, so it is more than likely your dentist is an HDS participating dentist. For a current listing of HDS participating dentists, visit the HDS website at www.deltadentalhi.org or call the HDS Customer Service department.

On the Mainland - Choose A Delta Dental Participating Dentist

HDS is a member of the Delta Dental Plans Association (DDPA), the nation's largest and most experienced dental benefits carrier with a network of more than 220,000 dentist locations.

If your job takes you out of state or your child attends school on the Mainland, we recommend that you and/or your dependents visit a Delta Dental participating dentist to receive the maximum benefit from your plan.

For a list of Delta Dental participating dentists, visit the HDS website at www.deltadentalhi.org and click on "Members/Find a Participating Dentist." Click on the link at the bottom of the page to search for a Mainland dentist. Select "Delta Dental Premier" as your plan type. Or you may call the HDS Customer Service department.

Visiting a Delta Dental Participating Dentist

- When visiting a dentist on the Mainland, let the dentist know that you have an HDS plan and present your HDS membership card.

- If the dentist is a Delta Dental participating dentist, the claim will be submitted directly to HDS for you.
- Provide the dentist with the HDS mailing address and toll-free number located on the back of your membership card.
- HDS's payment will be based upon HDS's participating dentist's Allowed Amount.
- Your Patient Share will be the difference between the Delta Dental dentist's Approved Amount and HDS's payment amount.

Visiting a Non-Participating Dentist

If you choose to have services performed by a dentist who is not an HDS or Delta Dental participating dentist, you are responsible for the difference between the amount that the non-participating dentist actually charges and the amount paid by HDS in accordance with your plan.

Because non-participating dentists have no agreement with HDS limiting the amount they can charge for services, your Patient Share is likely to be higher. Further, the amount reimbursed by HDS is generally lower if a non-participating dentist renders the services.

- On your first visit, advise the non-participating dentist that you have an HDS dental plan and present your HDS membership card.
- In most cases you will need to pay in full at the time of service.
- The non-participating dentist will render services and may send you the completed claim form (universal ADA claim form) to submit to HDS. Mail the completed claim form for processing to:

HDS – Dental Claims
700 Bishop Street, Suite 700
Honolulu, HI 96813-4196

- HDS payment will be based on the HDS non-participating dentist fee schedule and a reimbursement check will be sent to you along with your Explanation of Benefit (EOB) report.

Whether you visit a participating or non-participating dentist, please be sure to let your dentist know that you have an HDS plan and discuss your financial obligations with your dentist before you receive treatment. All dental claims must be filed within 12 months of the date of service for HDS claims payment.

Helping You Manage Your Costs

HDS participating dentists agree to limit their fees and charge you at the agreed upon fee even after you reach your annual plan maximum.

Your participating dentist may submit a preauthorization request to HDS **before** providing services. With HDS's response, your dentist should explain to you the treatment plan, the dollar amount your plan will cover and the amount you will pay.

This preauthorization will reserve funds for the specified services against your Plan Maximum. It will also help you to plan your dental services accordingly should you reach your Plan Maximum.

HDS Reports and Payments

Explanation of Benefits (EOB) Report

HDS provides its members with Explanation of Benefits (EOB) statements which summarize the services you received from your dentist and lists payment information.

You can receive EOBs through the mail or electronically. If you receive EOBs through the mail, you will not receive an EOB for services with no patient share or when only tax is due.

To receive EOBs electronically, register as a user on our website at www.deltadentalhi.org. Select "New User" and complete the "Member Registration" form. If you are already a registered user, login and select "Edit My Profile," then select "yes" under "Request Electronic EOB."

It is important to note that the EOB statement is not a bill. Depending on your dentist's practice, your dentist may bill you directly or collect any portion not covered by your plan at the time of service.

Calculating Your Benefit Payments

Determining the amount you should pay your HDS participating dentist is based on a simple formula (see box below). HDS will pay the "% plan covers" amount.

You are responsible for the balance owed to your dentist which includes the Approved Amount (the maximum amount that the member is responsible for), any applicable deductible amounts, and taxes, less the HDS payment. Participating dentists are paid based upon their Allowed Amount. (The amount to which the benefit percentage is applied to calculate the HDS payment.)

Dentist's Allowed Amount
X % plan covers

HDS Payment

Dentist's Approved Amount
<minus HDS Payment>

Patient Share

It is important to note that when determining payment, HDS may consider your prior dental work performed under another plan and your current plan's limitations.

Questions on Your Claims

If you have any questions or concerns about your dental claims, please call our Customer Service department at 529-9248 on Oahu or toll-free at 1-800-232-2533 extension 248.

If you are not satisfied with the plan benefit determination, a request for reconsideration may be sent to the Director of Dental Claims within one year of the date of service. A copy of HDS's claims appeal process may be obtained from Customer Service.

Dual Coverage/ Coordination of Benefits

- Employees are allowed to enroll as a subscriber only once in Group No. 2345; therefore, dual coverage is not allowed within Group No. 2345.
- Please be sure to let your dentist know if you are covered by any other dental benefits plan(s).
- When you are covered by more than one dental benefits plan, the amount paid will be coordinated with the other insurance carrier(s) in accordance with guidelines and rules of the National Association of Insurance Commissioners. Total payments or reimbursements will not exceed the participating dentist's Allowed Amount when HDS serves as the second plan.
- There is a limit on the number of times certain covered procedures will be paid and payment will not be made beyond these plan limits.
- Coverage of identical procedures will not be combined in cases where there are multiple plans. For example, if you have two plans and each includes two cleanings during each calendar year, your benefits will cover two cleanings (not four) in each calendar year.

Fraud and Abuse Program

Quality assurance is taken seriously at HDS. HDS periodically conducts reviews at HDS participating dentists' offices to ensure that you are being charged in accordance with HDS's contract agreements.

Confidential Fraud Hotline

From Oahu: (808) 529-9277
Toll-free: 1-800-505-9227
E-mail: HDSCompliance@hdsonline.org

Benefit Exclusions

The following are general exclusions not covered by the plan:

- Services for injuries and conditions that are covered under Workers' Compensation or Employer's Liability Laws; services provided by any federal or state government agency or those provided without cost to the eligible person by the government or any agency or instrumentality of the government.
- Congenital malformations, medically related problems, cosmetic surgery or dentistry for cosmetic reasons.
- Procedures, appliances or restorations other than those for replacement of structure loss from cavities that are necessary to alter, restore or maintain occlusion.
- Treatment of disturbances of the temporomandibular joint (TMJ).
- Orthodontic services (included in some plans; see Summary of Dental Benefits).
- Hawaii general excise tax imposed or incurred in connection with any fees charged, whether or not passed on to a patient by a dentist.
- All transportation costs such as airline, taxi cab, rental car and public transportation are not covered.
- Other exclusions are listed in the Schedule of Benefits, which is included in your employer's dental contract.

UHA - \$1500 Plan Maximum
HDS Dental Benefits – Group No. 2345
Effective 1/1/2011



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

SUMMARY OF BENEFITS	PLAN COVERS
PLAN MAXIMUM per person per calendar year	\$1500
DIAGNOSTIC	
• Examination – once per calendar year	100%
• Bitewing X-rays – twice per calendar year through age 14; once per calendar year thereafter	100%
• Other X-rays (full mouth X-rays limited to once every five years)	70%
PREVENTIVE	
• Cleanings – twice per calendar year	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%
• Fluoride - once per calendar year (through age 17)	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%
• Space maintainers (through age 17)	70%
• Sealants (through age 18) – One treatment application, once per lifetime only to permanent molar and bicuspid teeth with no cavities and no occlusal restorations, regardless of the number of surfaces sealed	70%
RESTORATIVE	
• Amalgam (silver-colored) fillings	70%
• Composite (white – colored) fillings - limited to anterior (front) teeth	70%
• Crowns and gold restorations (once every five years when teeth cannot be restored with amalgam or composite fillings)	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%
• Pulpal therapy	
• Root canal treatment, retreatment, apexification, apicoectomy	
PERIODONTICS	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%
• Fixed bridges (once every five years; age 16 and older)	
• Dentures - complete and partial (once every five years; ages 16 and older)	
• Implants (covered as alternate benefit) when one tooth is missing between two natural teeth	50%
ORAL SURGERY	70%
ADJUNCTIVE GENERAL SERVICES	70%
• Palliative treatment (for relief of pain but not to cure)	70%
ORTHODONTICS	50%
<p>\$1500 lifetime maximum amount paid in eight quarterly payments of \$187.50. 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:

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 membership card to be mailed to you

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 membership card
- HDS Notice of Privacy Practices

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 a summary of their plan benefits faxed or mailed to them; simply by following prompts on the phone

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