

**Summary of Dental Benefits**  
**Kaiser Small Group Plan - Group No. 2995**  
**Effective: 01/01/2023**

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.

	ADULTS - AGE 19 & OLDER	CHILDREN - AGE 18 & UNDER
<b>PLAN MAXIMUM</b> The most HDS will pay for each person for all covered dental services performed during the calendar year.	<b>\$1,200</b> per yr	N/A
<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.	N/A	<b>\$375</b> per child per yr  <b>\$750</b> for 2+ children per yr
HDS PLAN PAYS		
<b>DIAGNOSTIC</b>		
Examinations	100% 2x/yr	100% 2x/yr
Bitewing X-rays	100% 1x/yr	100% 2x/yr
Other X-rays	70% Full mouth X-rays 1x/5 yrs	70% Full mouth X-rays 1x/5 yrs
<b>PREVENTIVE</b>		
Cleanings	100% 2x/yr	100% 2x/yr
Fluoride	Not Covered N/A	100% 2x/yr Through age 18
Silver Diamine Fluoride	100%	100%
Space Maintainers	Not Covered N/A	100% Through age 18

<b>Sealants</b> One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	<b>Not Covered</b>	<b>100%</b> Through age 18
<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 2x/yr	Additional 2x/yr
<b>Cancer (other than Oral)</b> • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 2x/yr	Additional 2x/yr Additional 2x/yr
<b>Oral Cancer</b> • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
<b>Sjogren's Syndrome</b> • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
<b>Stroke</b> • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
<b>Heart Attack, Congestive Heart Failure</b> • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
<b>Kidney Failure</b> • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
<b>Organ Transplant</b> • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
<b>Pregnancy (Expectant Mothers)</b> • Cleanings/Gum Maintenance	Additional 1x/yr	Additional 1x/yr
<b>Medical Risk for Cavities</b> • Fluoride Treatments	Additional 3x/yr	Additional 3x/yr
<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 &amp; Maintenance (non-medical risk factors)</b> Once every three years per quad.	<b>70%</b>	<b>70%</b>
<b>Oral Surgeries</b>	<b>70%</b>	<b>70%</b>
<b>MAJOR CARE</b>		
<b>Crowns</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.

Fixed Bridges & Dentures	50% 1x/7yrs per tooth	50% 1x/7yrs per tooth
Implants	50%	Not Covered
<b>OTHER SERVICES</b>		
Adjunctive General Services	70%	70% Nitrous Oxide, IV sedation and hospital care is covered.
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	70%	70%
Athletic Mouth Guards	Not Covered	70% 1x/24-months
<b>ORTHODONTICS</b>		
	50% For dependent children through age 25. \$1000 lifetime maximum amount paid (eight quarterly payments)	50% For dependent children through age 25. \$1000 lifetime maximum amount paid (eight quarterly payments)
Medically Necessary Ortho 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.	Not Covered	50% Through age 18

**CHILDREN – AGE 18 & UNDER: Special Consideration:** 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.

**ADULTS – AGE 19 & OLDER: Special Consideration:** 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 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: (808) 529-9366

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