

Summary of Dental Benefits
Brown & Brown, Inc. - Group No. 6215
Effective: 01/01/2022

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.

Plan Maximum	\$1500
HDS PLAN PAYS	
DIAGNOSTIC	
Examinations	100% 2x/yr
Bitewing X-rays	100% 2x/yr
Other X-rays	100% Full mouth X-rays 1x/3 yrs
PREVENTIVE	
Cleanings	100% 2x/yr
Fluoride	100% 2x/yr Through age 19
Silver Diamine Fluoride	100%
Space Maintainers	70% Through age 17
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	70% Through age 18
TOTAL HEALTH PLUS BENEFITS	
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.	
Diabetes • Cleanings/Gum Maintenance	Additional 2x/yr
Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 2x/yr
Oral Cancer • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr

Sjogren's Syndrome • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr
Stroke • Cleanings/Gum Maintenance	Additional 2x/yr
Heart Attack, Congestive Heart Failure • Cleanings/Gum Maintenance	Additional 2x/yr
Kidney Failure • Cleanings/Gum Maintenance	Additional 2x/yr
Organ Transplant • Cleanings/Gum Maintenance	Additional 2x/yr
Pregnancy (Expectant Mothers) • Cleanings/Gum Maintenance	Additional 1x/yr
Medical Risk for Cavities • Fluoride Treatments	Additional 3x/yr
BASIC CARE	
Fillings Once every two years per tooth per surface.	70% White-colored fillings limited to front teeth.
Root Canals	70%
Gum/Bone Surgeries & Maintenance (non-medical risk factors) Once every three years per quad.	70%
Oral Surgeries	70%
MAJOR CARE	
Crowns	70% 1x/5yrs per tooth White crowns limited to front teeth and bicuspid.
Fixed Bridges & Dentures	50% 1x/5yrs per tooth
Implants	50%
OTHER SERVICES	
Adjunctive General Services	70%
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	100%
Athletic Mouth Guards	70% 1x/24-months Through age 18
ORTHODONTICS	
	50% For adults and children. \$1000 lifetime maximum amount paid (half at banding)

Special Consideration: Assessment of salivary flow is covered. For members who have started orthodontic services under a group plan, HDS will continue orthodontic coverage for members moving to this group plan and will continue appropriate payments to participating dentists. 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 to:

ACCESS YOUR ACCOUNT

- Visit 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: (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

FAX:

From Oahu: (808) 529-9366

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