

Summary of Dental Benefits
AlohaCare Medicare - Group No. 9011
Effective: 01/01/2024

This summary is a 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 AlohaCare agreement with HDS, HDS's Procedure Code Guidelines and Delta Dental National Policies when applicable. Certain provisions may vary across 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.

You must receive services from an HDS Medicare Advantage network dentist for HDS to pay for the covered benefits listed below in the table. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment.

If you receive services from a dentist that doesn't participate in the HDS Medicare Advantage network, the services are not covered by the plan and you will be responsible for the full cost of the services.

For the list of network dentists, visit hawaiidentalsservice.com or call HDS customer service at (808) 529-9248 or toll free 1-844-379-4325 (Monday through Friday, 7:30 a.m. to 4:30 p.m.).

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	IN-NETWORK	OUT-OF-NETWORK
Examinations	100%	0%
D0120 - Periodic oral evaluation, established patient D0145 - Oral evaluation for a patient under three years of age and counseling with primary caregiver D0150 - Comprehensive oral evaluation, new or established patient D0180 - Comprehensive periodontal evaluation, new or established patient	2x/ cal. yr D0150 and D0180 - Counts toward the category frequency but the member must also not have had services from the same dentist in at least 3 years, otherwise 1x/10 yrs	
Focused Evaluations	100%	0%
D0140 - Limited oral evaluation, problem focused	1x/cal. yr/dental office	
X-ray - Single	100%	0%
(Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277 and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210) D0220 - Intraoral, periapical first radiographic image D0230 - Intraoral, periapical each additional radiographic image		
X-ray - Occlusal Radiographic Image	100%	0%
	4x/cal. yr	

(Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277 and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210) D0240 - Intraoral, occlusal radiographic image		
X-ray - Extraoral First and Additional Radiographic Image D0250 - Extra-oral, 2D projection radiographic image created using a stationary radiation source, and detector	100% 5x/date of service	0%
Bitewing - Single (Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277 and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210) D0270 - Bitewing, single radiographic image	100% 1x/date of service	0%
Bitewings (Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277 and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210) D0272 - Bitewings, two radiographic images D0273 - Bitewings, three radiographic images D0274 - Bitewings, four radiographic images D0277 - Vertical bitewings, 7 to 8 radiographic images	100% 2x/cal. yr	0%
Other X-rays (Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277 and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210) D0210 - Intraoral, complete series of radiographic images D0330 - Panoramic radiographic image	100% 1x/5 yrs/dental office	0%
Other Diagnostic D0460 - Pulp vitality tests	100% 1x/visit If eligible	0%
D0472 - Accession of tissue, gross exam, prep & report D0473 - Accession of tissue, gross and microscopic exam, prep & report D0474 - Accession of tissue, gross and microscopic exam, assess/surg. margins, prep & report	100% 1x/site on same date of service & same dental office (D0472, D0473, D0474)	0%
D0480 - Accession of exfoliative cytologic smears, microscopic exam, prep, report D0484 - Consultation on slides prepared elsewhere	100%	0%

PREVENTIVE

Cleanings D1110 – Prophylaxis, adult D1120 – Prophylaxis, child	100% 2x/cal. yr	0%
Fluoride D1206 – Topical application of fluoride varnish D1208 – Topical application of fluoride, excluding varnish	100% 2x/cal. yr	0%

SPECIAL CONSIDERATIONS

1. Hawaii general excise tax is not reimbursable by HDS and is not billable to the patient.
2. Missed appointment fee is not reimbursable by HDS and is not billable to the patient.
3. HDS Medicare Advantage network dentists must obtain written agreement from members when performing services that are not reimbursable by HDS. The written agreement must 1) Describe the services to be provided; 2) Explain the member is responsible for paying for the services; and 3) Reflect HDS will not pay for the services.
4. Benefit limitations are based on claims incurred and covered by this plan only.

01/01/2024