

Summary of Dental Benefits
AlohaCare Medicare - Group No. 9011
Effective: 01/01/2023

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	\$3000
HDS PLAN PAYS	
RESTORATIVE	
Amalgam Restorations (silver fillings) D2140 - Amalgam, one surface, primary or permanent D2150 - Amalgam, two surfaces, primary or permanent D2160 - Amalgam, three surfaces, primary or permanent D2161 - Amalgam, four or more surfaces, primary or permanent Resin-Based Composite Restorations - Direct (white fillings) D2330 - Resin-based composite, one surface, anterior D2331 - Resin-based composite, two surfaces, anterior D2332 - Resin-based composite, three surfaces, anterior D2335 - Resin-based composite, four or more surfaces or involving incisal angle (anterior) D2390 - Resin-based composite crown, anterior D2391 - Resin-based composite, one surface, posterior	100% 1x/surface/tooth/2yrs
Inlay/Onlay Restorations D2510 - Inlay, metallic, one surface D2520 - Inlay, metallic, two surfaces D2530 - Inlay, metallic, three or more surfaces D2542 - Onlay, metallic, two surfaces D2543 - Onlay, metallic, three surfaces D2544 - Onlay, metallic, four or more surfaces Crowns-Single Restorations Only D2710 - Crown, resin-based composite (indirect)	100% 1x/tooth/7yrs if eligible

D2712 - Crown, ¾ resin-based composite (indirect) D2720 - Crown, resin with high noble metal D2721 - Crown, resin with predominantly base metal D2722 - Crown, resin with noble metal D2740 - Crown, porcelain/ceramic D2750 - Crown, porcelain fused to high noble metal D2751 - Crown, porcelain fused to predominantly base metal D2752 - Crown, porcelain fused to noble metal D2780 - Crown, ¾ cast high noble metal D2781 - Crown, ¾ cast predominantly base metal D2782 - Crown, ¾ cast noble metal D2783 - Crown, ¾ porcelain/ceramic D2790 - Crown, full cast high noble metal D2791 - Crown, full cast predominantly base metal D2792 - Crown, full cast noble metal D2799 - Provisional crown	
Other Restorative Services D2910 - Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration D2915 - Re-cement or re-bond indirectly fabricated/prefabricated post and core D2920 - Re-cement or re-bond crown	100% after 6 mos then 1x/yr
D2921 - Reattachment of tooth fragment, incisal edge or cusp	100% 1x/2yrs
D2930 - Prefabricated stainless steel crown, primary tooth D2931 - Prefabricated stainless steel crown, permanent tooth D2932 - Prefabricated resin crown D2933 - Prefabricated stainless steel crown with resin window D2934 - Prefabricated esthetic coated stainless steel crown, primary tooth	100% 1x/2yrs
D2950 - Core buildup, including any pins	100% 1x/2yrs if eligible
D2951 - Pin retention, per tooth, in addition to restoration	100% 1x/2yrs
D2952 - Post and core in addition to crown, indirectly fabricated	100% 1x/7yrs
D2954 - Prefabricated post and core in addition to crown	100% 1x/2yrs if eligible
D2955 - Post removal	100% if eligible
D2960 - Labial veneer (resin laminate), chairside	100%

	1x/2yrs if eligible
D2961 - Labial veneer (resin laminate), laboratory D2962 - Labial veneer (porcelain laminate), laboratory	100% 1x/7yrs if eligible
D2971 - Additional procedures to customize a crown to fit under an existing partial denture framework	100% if eligible
D2980 - Crown repair necessitated by restorative material failure D2981 - Inlay repair necessitated by restorative material failure D2982 - Onlay repair necessitated by restorative material failure D2983 - Veneer repair necessitated by restorative material failure	100% 6 mos after initial placement, then 1x/yr if eligible
D2999 - Unspecified restorative procedure, by report	100%
ENDODONTICS (ROOT CANALS)	
D3110 - Pulp cap, direct (excluding final restoration) D3120 - Pulp cap, indirect (excluding final restoration)	100% if eligible
D3220 - Therapeutic pulpotomy (excluding final restoration), removal of pulp coronal to the dentinocemental junction and application of medicament	100% 1x/tooth/lifetime
D3221 - Pulpal debridement, primary and permanent teeth	100% 1x/tooth/lifetime if eligible
D3222 - Partial pulpotomy for apexogenesis, permanent tooth with incomplete root development	100% if eligible
D3230 - Pulpal therapy (resorbable filling), anterior, primary tooth (excluding final restoration)	100% 1x/tooth/lifetime if eligible
D3240 - Pulpal therapy (resorbable filling), posterior, primary tooth (excluding final restoration)	100% if eligible
D3310 - Endodontic therapy, anterior tooth (excluding final restoration) D3320 - Endodontic therapy, premolar tooth (excluding final restoration) D3330 - Endodontic therapy, molar tooth (excluding final restoration)	100% 1x/tooth/lifetime if eligible
D3331 - Treatment of root canal obstruction; non-surgical access	100% if eligible
D3332 - Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth D3333 - Internal root repair of perforation defects	100% 1x/tooth/lifetime if eligible
D3346 - Retreatment of previous root canal therapy, anterior	100% 1x/tooth/2yrs if eligible

D3347 - Retreatment of previous root canal therapy, premolar D3348 - Retreatment of previous root canal therapy, molar	
D3351 - Apexification/recalcification/pulpal regeneration initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	100% 1x/tooth/lifetime if eligible
D3352 - Apexification/recalcification/pulpal regeneration interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) D3353 - Apexification/recalcification, final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	100% In conjunction with D3351 if eligible
D3355 - Pulpal regeneration, initial visit	100% 1x/tooth/lifetime if eligible
D3356 - Pulpal regeneration, interim medication replacement	100% if eligible
D3357 - Pulpal regeneration, completion of treatment	100% 1x/tooth/lifetime if eligible
D3410 - Apicoectomy/periradicular surgery, anterior D3421 - Apicoectomy/periradicular surgery, premolar (first root) D3425 - Apicoectomy/periradicular surgery, molar (first root) D3426 - Apicoectomy/periradicular surgery, (each additional root) D3471 - Surgical repair of root resorption - anterior D3472 - Surgical repair of root resorption - premolar D3473 - Surgical repair of root resorption - molar	100% 1x/2yrs if eligible
D3430 - Retrograde filling, per root	100% 1x/2yrs, if eligible
D3450 - Root amputation, per root	100% 1x/tooth/lifetime if eligible
D3501 - Surgical exposure of root surface without apicoectomy or repair of root resorption anterior D3502 - Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar D3503 - Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	100% if eligible
D3920 - Hemisection (including any root removal), not including root canal therapy	100% 1x/tooth/lifetime if eligible
D3999 - Unspecified endodontic procedure, by report	100%
PERIODONTIC TREATMENTS AND MAINTENANCE (GUM/BONE SURGERIES AND MAINTENANCE)	
D4210 - Gingivectomy or gingivoplasty, four or more contiguous teeth or tooth bounded spaces per quadrant	100% 1x/quad/3yrs if eligible

D4211 - Gingivectomy or gingivoplasty, one to three contiguous teeth or tooth bounded per quadrant	
D4212 - Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	100% 1x/quad or tooth/3yrs if eligible
D4240 - Gingival flap procedure, including root planning, four or more contiguous teeth or tooth bounded spaces per quadrant D4241 - Gingival flap procedure, including root planning, one to three contiguous teeth or tooth bounded spaces per quadrant	100% 1x/quad/3yrs if eligible
D4249 - Clinical crown lengthening, hard tissue	100% 1x/tooth/3yrs, if eligible
D4260 - Osseous surgery (including elevation of a full thickness flap and closure) four or more contiguous teeth or tooth bounded spaces per quadrant D4261 - Osseous surgery (including elevation of a full thickness flap and closure), one to three contiguous teeth or tooth bounded spaces per quadrant	100% 1x/quad/3yrs if eligible
D4263 - Bone replacement graft, retained natural tooth - first site in quadrant D4264 - Bone replacement graft, retained natural tooth - each additional site in quadrant D4265 - Biologic materials to aid in soft and osseous tissue regeneration, per site D4266 - Guided tissue regeneration, natural teeth - resorbable barrier, per site	100% 1x/site/3yrs if eligible
D4273 - Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft D4275 - Non-autogenous connective tissue graft (including recipient site and donor material), first tooth, implant, or edentulous tooth position in graft D4277 - Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft D4278 - Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	100% if eligible
D4341 - Periodontal scaling and root planing, four or more teeth per quadrant D4342 - Periodontal scaling and root planing, one to three teeth per quadrant	100% 1x/site/quad/2yrs if eligible
D4910 - Periodontal maintenance	100% 2x/cal. yr, if eligible

D4920 - Unscheduled dressing change (by someone other than treating dentist or their staff)	100% 1x/dentist/dental office
D4999 - Unspecified periodontal procedure, by report	100%
PROSTHODONTICS (FIXED BRIDGES AND DENTURES)	
D5110 - Complete denture, maxillary D5120 - Complete denture, mandibular D5130 - Immediate denture, maxillary D5140 - Immediate denture, mandibular D5211 - Maxillary partial denture, resin base (including retentive/clasping materials, rests and teeth) D5212 - Mandibular partial denture, resin base (including retentive/clasping materials, rests and teeth) D5213 - Maxillary partial denture, cast metal frame, resin base (including retentive/clasping materials, rests and teeth) D5214 - Mandibular partial denture, cast metal frame, resin base (including retentive/clasping materials, rests and teeth) D5225 - Maxillary partial denture, flexible base (including any clasps, rests and teeth) D5226 - Mandibular partial denture, flexible base (including any clasps, rests and teeth)	100% 1x/denture/7yrs (counts towards denture frequency limitation)
D5410 - Adjust complete denture, maxillary D5411 - Adjust complete denture, mandibular D5421 - Adjust partial denture, maxillary D5422 - Adjust partial denture, mandibular D5520 - Replace missing or broken teeth, complete denture (each tooth)	100% 1x/proc/6mos
D5630 - Repair or replace broken retentive clasping materials, per tooth D5640 - Replace broken teeth, per tooth D5650 - Add tooth to existing partial denture D5660 - Add clasp to existing partial denture, per tooth	100% 1x/tooth/6mos
D5670 - Replace all teeth and acrylic on cast metal frame, maxillary D5671 - Replace all teeth and acrylic on cast metal frame, mandibular	100% 1x/partial denture/2yrs
D5710 - Rebase complete maxillary denture D5711 - Rebase complete mandibular denture D5720 - Rebase maxillary partial denture D5721 - Rebase mandibular partial denture D5730 - Reline complete maxillary denture (chairside) D5731 - Reline complete mandibular denture (chairside) D5740 - Reline maxillary partial denture (chairside) D5741 - Reline mandibular partial denture (chairside) D5750 - Reline complete maxillary denture (laboratory)	100% 1x/arch/2yrs after insertion

D5751 - Reline complete mandibular denture (laboratory) D5760 - Reline maxillary partial denture (laboratory) D5761 - Reline mandibular partial denture (laboratory)	
D5820 - Interim partial denture, maxillary D5821 - Interim partial denture, mandibular	100% 1x/arch/yr, limited to 1x/tooth/lifetime if eligible
D5850 - Tissue conditioning, maxillary D5851 - Tissue conditioning, mandibular	100% 2x/denture prior to insertion
D5863 - Overdenture, complete maxillary D5864 - Overdenture, partial maxillary D5865 - Overdenture, complete mandibular D5866 - Overdenture, partial mandibular	100% 1x/denture/7yrs (counts towards denture frequency limitation)
D5899 - Unspecified removable prosthodontic procedure, by report D5999 - Unspecified maxillofacial prosthesis, by report	100%
D6210 - Pontic, cast high noble metal D6211 - Pontic, cast predominantly base metal D6212 - Pontic, cast noble metal D6214 - Pontic, titanium and titanium alloys D6240 - Pontic, porcelain fused to high noble metal D6241 - Pontic, porcelain fused to predominantly base metal D6242 - Pontic, porcelain fused to noble metal D6250 - Pontic, resin with high noble metal D6251 - Pontic, resin with predominantly base metal D6252 - Pontic, resin with noble metal D6253 - Interim pontic, further treatment or completion of diagnosis necessary prior to final impression D6545 - Retainer, cast metal for resin bonded fixed prosthesis D6602 - Retainer Inlay, cast high noble metal, two surfaces D6603 - Retainer Inlay, cast high noble metal, three or more surfaces D6604 - Retainer Inlay, cast predominantly base metal, two surfaces D6605 - Retainer Inlay, cast predominantly base metal, three or more surfaces D6606 - Retainer Inlay, cast noble metal, two surfaces D6607 - Retainer Inlay, cast noble metal, three or more surfaces D6610 - Retainer onlay, cast high noble metal, two surfaces D6611 - Retainer onlay, cast high noble metal, three or more surfaces D6612 - Retainer onlay, cast predominantly base metal, two surfaces D6613 - Retainer onlay, cast predominantly base metal, three or more surfaces	100% 1x/tooth/7yrs if eligible

<p>D6614 - Retainer onlay, cast noble metal, two surfaces</p> <p>D6615 - Retainer onlay, cast noble metal, three or more surfaces</p> <p>D6720 - Retainer Crown, resin with high noble metal</p> <p>D6721 - Retainer Crown, resin with predominantly base metal</p> <p>D6722 - Retainer Crown, resin with noble metal</p> <p>D6750 - Crown, porcelain fused to high noble metal</p> <p>D6751 - Retainer Crown, porcelain fused to predominantly base metal</p> <p>D6752 - Retainer Crown, porcelain fused to noble metal</p> <p>D6780 - Retainer Crown, 3/4 cast high noble metal</p> <p>D6781 - Retainer Crown, 3/4 cast predominantly base metal</p> <p>D6782 - Retainer Crown, 3/4 cast noble metal</p> <p>D6790 - Retainer Crown, full cast high noble metal</p> <p>D6791 - Retainer Crown, full cast predominantly base metal</p> <p>D6792 - Retainer Crown, full cast noble metal</p> <p>D6793 - Provisional retainer crown</p>	
D6930 - Re-cement or re-bond fixed partial denture	100% after 6 mos then 1x/yr
D6940 - Stress breaker	100% 1x/7yrs
D6980 - Fixed partial denture repair necessitated by restorative material failure	100% after 6 mos then 1x/yr, if eligible
D6999 - Unspecified fixed prosthodontic procedure, by report	100%
ORAL SURGERY	
<p>D7111 - Extraction, coronal remnants, deciduous tooth</p> <p>D7140 - Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</p>	100% 1x/tooth/lifetime
<p>D7210 - Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated</p> <p>D7220 - Removal of impacted tooth, soft tissue</p> <p>D7230 - Removal of impacted tooth, partially bony</p> <p>D7240 - Removal of impacted tooth, completely bony</p> <p>D7241 - Removal of impacted tooth, completely bony, with unusual surgical complications</p> <p>D7250 - Removal of residual tooth roots (cutting procedure)</p>	100% 1x/tooth/lifetime if eligible
D7251 - Coronectomy, intentional partial tooth removal, impacted teeth only	100% 1x/tooth(17, 32)/lifetime if eligible

<p>D7260 - Oroantral fistula closure D7261 - Primary closure of a sinus perforation D7270 - Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth D7280 - Exposure of an unerupted tooth D7282 - Mobilization of erupted or malpositioned tooth to aid eruption D7285 - Incisional biopsy of oral tissue, hard (bone, tooth) D7286 - Incisional biopsy of oral tissue, soft D7310 - Alveoloplasty in conjunction w/ extractions, four or more teeth or tooth spaces per quadrant</p>	<p>100% if eligible</p>
<p>D7311 - Alveoloplasty in conjunction w/ extractions, one to three teeth or tooth spaces per quadrant</p>	<p>100% in conjunction with simple extraction</p>
<p>D7320 - Alveoloplasty not in conjunction with extractions, four or more teeth or tooth spaces per quadrant D7321 - Alveoloplasty not in conjunction with extractions, one to three teeth, or tooth spaces per quadrant</p>	<p>100%</p>
<p>D7410 - Excision of benign lesion up to 1.25 cm D7411 - Excision of benign lesion greater than 1.25 cm D7413 - Excision of malignant lesion up to 1.25 cm D7414 - Excision of malignant lesion greater than 1.25 cm D7440 - Excision of malignant tumor, lesion diameter up to 1.25 cm D7441 - Excision of malignant tumor, lesion diameter greater than 1.25 cm D7450 - Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm D7451 - Removal of benign odontogenic cyst or tumor, lesion diameter greater than 1.25 cm D7460 - Removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm D7461 - Removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm D7465 - Destruction of lesion(s) by physical or chemical method, by report D7471 - Removal of lateral exostosis (maxilla or mandible) D7472 - Removal of torus palatinus D7473 - Removal of torus mandibularis D7485 - Reduction of osseous tuberosity D7490 - Radical resection of maxilla or mandible D7510 - Incision and drainage of abscess, intraoral soft tissue D7511 - Incision and drainage of abscess, intraoral soft tissue, complicated (includes drainage of multiple fascial spaces)</p>	<p>100% if eligible</p>

D7520 - Incision and drainage of abscess, extraoral soft tissue	
D7521 - Incision and drainage of abscess, extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	
D7530 - Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	
D7540 - Removal of reaction producing foreign bodies, musculoskeletal system	
D7550 - Partial ostectomy/sequestrectomy for removal of non-vital bone	
D7560 - Maxillary sinusotomy for removal of tooth fragment or foreign body	
D7610 - Maxilla, open reduction	
D7620 - Maxilla, closed reduction	
D7630 - Mandible, open reduction	
D7640 - Mandible, closed reduction	
D7650 - Malar and/or zygomatic arch, open reduction	
D7660 - Malar and/or zygomatic arch, closed reduction	
D7670 - Alveolus, closed reduction, may include stabilization of teeth	
D7671 - Alveolus, open reduction, may include stabilization of teeth	
D7710 - Maxilla, open reduction	
D7720 - Maxilla, closed reduction	
D7730 - Mandible, open reduction	
D7740 - Mandible, closed J reduction	
D7750 - Malar and/or zygomatic arch, open reduction	
D7760 - Malar and/or zygomatic arch, closed reduction	
D7770 - Alveolus, open reduction stabilization of teeth	
D7771 - Alveolus, closed reduction stabilization of teeth	
D7899 - Unspecified TMD therapy, by report	
D7910 - Suture of recent small wounds up to 5 cm	
D7961 - Buccal/labial frenectomy (frenulectomy)	
D7962 - Lingual frenectomy (frenulectomy)	
D7963 - Frenuloplasty	
D7970 - Excision of hyperplastic tissue, per arch	
D7971 - Excision of pericoronal gingiva	
D7972 - Surgical reduction of fibrous tuberosity	
D7980 - Sialolithotomy	
D7983 - Closure of salivary fistula	
D7999 - Unspecified oral surgery procedure, by report	100%
ADJUNCTIVE GENERAL SERVICES	
D9110 - Palliative treatment of dental pain - per visit	100% 1x/visit, if eligible
D9120 - Fixed partial denture sectioning	100% 1x/fixed partial denture

D9310 - Consultation, diagnostic service provided by dentist or other than requesting dentist	100% 1x/dentist/yr, if eligible
D9430 - Office visit for observation (during regularly scheduled hours), no other services performed D9440 - Office visit, after regularly scheduled hours	100% if eligible
D9930 - Treatment of complications (post-surgical) - usual circumstances, by report	100% 1x/dentist (dental office), if other than treating dentist
D9974 - Internal bleaching, per tooth	100% 1x/tooth/yr, if eligible
D9999 - Unspecified adjunctive procedure, by report	100%

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.

01/01/2023