TakeCare

Judiciary of Guam Dental $2,000

Your Benefits (subject to the specific limitations which are contained in the Group Health Cerificate):	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Diagnostic & Preventive Care 1. Caries Susceptibility Test 2. Exams • Includes Treatment plan • Once every 6 months 3. Fluoride Treatment • Annually for children up to age 19 years 4. Prophylaxis • Cleaning and polishing of teeth • Once every 6 months 5. Sealants • For permanent molars & pre-molars for children up to age 16 years 6. Space maintainers • For children up to age 16 years • Includes adjustments within 6 months of installation 7. Study Models 8. X-rays • Bite wing; maximum of 4 per plan year • Full mouth x-ray is limited to one every 3 years	100% of Eligible Expenses	70% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)
Basic & Restorative Care **General Services** 1. Emergency Care (During office hours) 2. Pulp Treatment 3. Routine Fillings • Amalgam & Composite Resin • Synthetic & Plastic (Other than Gold & Porcelain) **Oral Surgery** 1. Simple Extractions 2. Complicated Extractions 3. Tooth Impactions **Periodontal Care** 1. Periodontal prophylaxis • Cleaning and polishing once every 6 months 2. Periodontal Treatment **General Anesthesia** • Includes Conscious Sedation and Nitrous Oxide • Covered when recommended by attending physician **Pulpotomy & Root Canals/Endodontic Surgery & Care**	80% of Eligible Expenses	70% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)
Major & Replacement Care **Fixed Prosthetics** 1. Crowns & Bridges 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration • Limited once every 5 years **Removable Prosthetics** 1. Full Dentures • Limited once every 5 years 2. Partial Dentures • Limited once every 5 years 3. Each Additional Tooth 4. Relines 5. Denture Repair	50% of Eligible Expenses	35% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)

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ORTHODONTIA	50% of Eligible Expenses	35% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)
Deductible	None	None
Registration Fee Per Visit To Dentists	None	None
Coverage Maximums Per Member per Plan Year	$2,000	

Terms:

1. Unused balance are not transferrable to the following year
2. Charges for Non-participating Providers are limited to the lesser of actual charges or the usual, customary and reasonable charges in the geographic location where the service was rendered, unless otherwise provided in the agreement
3. The covered member pays any excess above Eligible Charges
4. Plan has no deductible
5. There are no registration fees for visits to participating providers

DENTAL EXCLUSIONS

The following services are not covered by TakeCare:

1. Work in progress on the effective date of coverage. Work in progress is defines as:
    a. A prosthetic or other appliance, or modification of one, where an impression was made before the patient was covered, or
    b. A crown, bridge, or cast restoration for which the tooth was prepared before the patient was covered, or
    c. Root canal therapy, if the pulp chamber was opened before the patient was covered

2. Services not specifically listed in the agreement, services not prescribed, performed or supervised by a dentist; services which are not medically or dentally necessary or customarily performed; services that are not indicated because they have a limited of poor prognosis; or services for which there is a less expensive, professionally acceptable alternative.
3. Any services unless required and rendered in accordance with accepted standards or dental practice.
4. A crown, cast restoration, denture or fixed bridge or addition of teeth to one, if work involves a replacement of modification of a crown, a cast restoration, denture or bridge installed less than 5 years ago, or one that replaces a tooth that was missing before the date the enrollee became eligible for services under the plan (including previously extracted or missing teeth).
5. Replacement of existing dentures, crowns or fixed bridgework if the existing dentures, crowns or fixed bridgework can be made serviceable.
6. Precision attachments, interlocking device, one component of which is fixed to an abutment or abutments the other is integrated into a fixed or removable prosthesis in order to stabilize and/or retain it; or stress breakers, part of a tooth-borne and/or tissue borne prosthesis designed to relieve the abutment teeth and their supporting tissues from harmful stresses.
7. Replacement of lost or stolen appliance, or replacement of any appliance damaged while not in the mouth.
8. Any service for which the enrollee received benefits under any other coverage offered by the company.
9. Spare or duplicate prosthetic device.
10. Services included, related to or required for:
    a. Implants;
    b. Cosmetic Purposes
    c. Services or appliances to change the vertical dimension or to restore or maintain the occlusion, including but not limited to equilibrium, full mouth rehabilitation and restoration for malalignment of teeth;
    d. Temporomandibular joint (TMJ) or craniomandibular disorders, myofunctional therapy or the correction or harmful habits;
    e. Experimental procedures; and

11. Any over the counted drugs or medicine.

12. Fluoride varnish.

13. Charges for finance charge, broken appointments, completion of insurance forms, or reports, providing records, oral hygiene instruction, pit and fissure sealants and dietary instruction, or lack of cooperation on the part of the patient.

14. Charges in excess of the amount allowed by the plan for a covered service.

15. Any treatment, material, or supplies which are for orthodontic treatment, including extractions for orthodontics, unless otherwise specified as covered in your benefit summary.

16. Services for which no charge would have been made had the agreement not been in effect.

17. All treatments not specifically stated as being covered.

18. Surgical grafting procedures.

19. Conscious sedation, and other forms of relative analgesia, except as otherwise specifically provided herein.

20. Services paid for by Worker's Compensation.

21. Charges incurred while confined as an inpatient in hospital unless such charges would have been covered unless such charges would have been covered had treatment been rendered in dental office.

22. Treatment and/or removal of oral tumors. All surgical procedures except for surgical extractions of teeth and periodontal surgeries Performed by a Dentist. Surgical procedure is defined as the surgical and adjunctive treatment of diseases, injuries, and deformities of the oral and maxillofacial region

23. Panoramic x-ray if provided less than three (3) years from the Covered Person's last full mouth x-rays; and full mouth x-rays if provided less than three (3) years from the Covered Person's last panoramic x-ray.