TakeCare

FY2027 Judiciary of Guam Dental $1,000

Your Benefits (subject to the specific limitations which are contained in the Group Health Certificate):	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 4. Prophylaxis - Cleaning & polishing teeth; once every 6 months 5. Sealants - For permanent molars & pre-molars for children up to age 16 6. Space Maintainers - For children up to age 16 years; include adjustments within 6 months of installation 7. Study Models 8. X-rays (bite wing); maximum of 4 per plan year 9. X-rays (full mouth); once 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 Implications **PERIODONTAL CARE** 1. Periodontal Prophylaxis; Cleaning and polishing once every six 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. Crown and bridges 2. Gold Inlays & On lays 3. Replacement of Crown Restoration; limited once every 5 years **REMOVABLE PROSTHETICS** 1. Full Dentures; once every 5 years 2. Partial Dentures; 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)**
COVERAGE IN THE PHILIPPINES	**100% of Eligible Expenses**	**70% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)**
DEDUCTIBLE	**None**	**None**
REGISTRATION FEE PER VISIT TO DENTISTS	**None**	**None**
COVERAGE MAXIMUM Per Member per Plan Year	**$1,000**	

Terms:

1. Unused balances 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

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