



# GOVGUAM Dental \$1,000

## SCHEDULE OF BENEFITS

Your Benefits: What TakeCare covers	PARTICIPATING PROVIDERS Plan Pays	NON-PARTICIPATING PROVIDERS Plan Pays
<b>Diagnostic &amp; Preventive Care</b>		
1. Caries Susceptibility Test 2. Exams (Once every 6 months) 3. Fluoride Treatment (Annually for children age 19 & under) 4. Prophylaxis (Cleaning of teeth once every 6 months) 5. Sealants (For permanent molars of children age 15 & under) 6. Space maintainers (For children age 15 & under) includes adjustments within 6 months of installation 7. Study Models 8. Treatment Plan 9. X-rays (Bite Wing Maximum of 4 per Plan Year) 10. X-rays (Full mouth, once every 3 years)	<b>100% of Eligible Expenses</b>	<b>70% of Eligible Expenses</b> (Covered Person pays excess above Eligible Expenses)
<b>Basic &amp; Restorative Care</b>		
<b>General Services</b>		
1. Emergency Care (During office hours) 2. Pulp Treatment 3. Routine Fillings (amalgam & composite resin)		
<b>Oral Surgery</b>		
1. Simple Extractions 2. Complicated Extractions 3. Extraction of impacted teeth	<b>80% of Eligible Expenses</b>	<b>70% of Eligible Expenses</b> (Covered Person pays excess above Eligible Expenses)
<b>Periodontal Care</b>		
1. Periodontal Prophylaxis (Cleaning and polishing once every 6 months) 2. Periodontal Treatment  Conscious Sedation and Nitrous Oxide for children under the age of 13.		
<b>Pulpotomy &amp; Root Canals/Endodontic Surgery Care</b>	<b>80% of Eligible Expenses</b>	<b>70% of Eligible Expenses</b> (Covered Person pays excess above Eligible Expenses)
<b>Major &amp; Replacement Care</b>		
<b>Fixed Prosthetics</b>		
1. Crowns & Bridges 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration (Once every 5 years)		
<b>Removable Prosthetics</b>		
1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. Each anesthesia, but only if medically or dentally necessary 4. Relines 5. Denture Repair	<b>50% of Eligible Expenses</b>	<b>35% of Eligible Expenses</b> (Covered Person pays excess above Eligible Expenses)
<b>Periodontics</b>		
Treatment of soft tissue and bones supporting the teeth		
<b>Deductible</b>	<b>None</b>	<b>None</b>
<b>Registration Fee Per Visit To Dentists</b>	<b>None</b>	<b>None</b>
<b>Coverage Maximums</b>	<b>\$1,000</b>	
Per Member per Plan Year		

**TERMS:**

- Unused balances are not transferrable to the following year.
- Charges for Non-participating Providers are limited to the lesser actual charges of the Company's determination of the usual, customary and reasonable charge in geographic location where the service was rendered, unless otherwise provided in the agreement.
- The Covered member pays any excess above the Eligible Charges.



## DENTAL EXCLUSIONS

No benefits will be paid for:

1. Work in progress on the effective date of coverage. Work in progress is defined as:
  - a) A prosthetic or other appliance, or modification of one, where an impression was made before the patient was covered.
  - b) A crown, bridge, or cast restoration for which the tooth was prepared before the patient was covered.
  - 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 or poor prognosis, or Services for which there is a less expensive, professionally acceptable alternative.
3. Any Service unless required and rendered in accordance with accepted standards of dental practice.
4. A crown, cast restoration, denture or fixed bridge or addition of teeth to one, if work involves a replacement or modification of a crown, cast restoration, denture or bridge installed less than five years ago or one that replaces a tooth that was missing before the date of the Covered Person became eligible for Services under the plan (including previously extracted 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 any lost or stolen appliance, or replacement of any appliance damaged while not in the mouth.
8. Any Service for which the Covered Person received benefits under any other coverage offered by the Company.
9. Spare or duplicate prosthetic devices.
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 of harmful habits;
  - e) Experimental procedures; and

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- f) Intentionally self inflicted injury unless resulting from a medical condition (including physical or mental conditions) or from domestic violence.
- 11. Any over the counter drugs or medicine.
- 12. Fluoride varnish.
- 13. Charges for finance charges, 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.
- 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. General anesthetic, conscious sedation, and other forms of relative analgesia, except as otherwise specifically provided herein.
- 20. Services paid for by Workers' Compensation.
- 21. Charges incurred while confined as an inpatient in a Hospital unless such charges would have been covered had treatment been rendered in a dental office.
- 22. Treatment and/or removal of oral tumors.
- 23. 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.
- 24. 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.

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