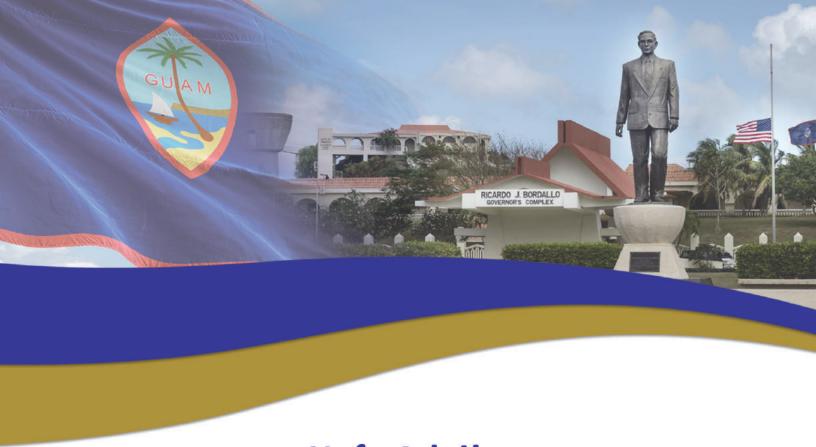


Open Enrollment Member Benefits Handbook









Hafa Adai!

NetCare Life and Health Insurance Company is pleased to serve as the third party administrator for the Government of Guam Self -Funded Dental Benefit Program for FY 2024. We are excited to partner with the Government of Guam to provide you with quality dental services. We look forward to the opportunity to provide you and your family with access to a comprehensive network of dental providers and our member services.

This Member Benefit booklet provides you a summary of your dental benefit coverage, payment responsibilities, exclusions, and other information pertinent to your Government of Guam Self Insured Dental Benefit Program. We encourage you to thoroughly read through this booklet and attend one of the informational sessions scheduled by the Government of Guam.

A significant improvement to your dental plan for FY 2024 is the increase in plan coverage from \$1000 to \$1500 per member . All other dental benefits remain the same as in previous years.

If you are currently enrolled in the Government of Guam Dental Program and do not need to make any changes, YOU DO NOT need to submit an enrollment form as your enrollment will automatically roll over to the NetCare system. Enrollment forms are only needed for employees who want to enroll, add dependents, or drop dependents. We will accept paper enrollment forms that can be submitted to a NetCare representative or your Payroll/Admin office, but we encourage you to take advantage of our digital enrollment feature that can be accessed on the GovGuam tab at www.netcarelifeandhealth.com.

We look forward to meeting with you during Open Enrollment and serving you during this upcoming Contract Period.

Si Yu'us Ma'ase





Your Benefits: What the plan covers	Participating Providers Plan Pays	Non-Participating Providers Plan Pays
DIAGNOSTIC & PREVENTIVE CARE		
 Carries Susceptibility Test Exams (including Treatment Plan, Once every 6 months) Flouride Treatment (Annually for children age 19 & under) Prophylaxis (Cleaning and polishing of teeth, Once every 6 months) Sealants (For permanent molars of children age 15 & under) Space maintainers (For children age 15 & under) includes adjustments within 6 months of installation Study Models X-rays (Bite Wing, Maximum of 4 per plan year) X-rays (Full Mouth, Once every 3 years) 	100% of Eligible Expenses	70% of Eligible Expense Covered Person pays excess above eligible expenses
BASIC & RESTORATIVE CARE		
 Emergency Services (during office hours) Pulp Treatment Routine Fillings (amalgam and composite resin) Simple Extractions Complicated Extractions Extraction of impacted teeth Periodontal Prophylaxis (cleaning and polishing once every 6 months) Periodontal Treatment Pulpotomy & Root Canals/Endodontic Surgery & Care Oral Surgery Conscious Sedation and Nitrous Oxide (for children under age 13) 	80% of Eligible Expenses	70% of Eligible Expense Covered Person pays excess above eligible expenses
MAJOR & REPLACEMENT CARE		
Fixed Prosthetics 1. Crowns & Bridges 2. Gold inlays & onlays 3. Replacement of Crown Restoration (limited to once every 5 years) Removable Prosthetics 1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. Anesthesia, only if medically or dentally necessary	50% of Eligible Expenses	35% of Eligible Expense Covered Person pays excess above eligible expenses
PRESCRIPTION DRUGS	Not Covered	
REGISTRATION FEE per visit to Dentist	None	
DEDUCTIBLE	None	
COVERAGE MAXIMUM per member per plan year	\$1,500	

- 1. Unused balances are not transferrable to the following year
- 2. Charges for Non-Participating Providers are limited to the lesser actual charges of the Company's determination of the usual, customary and reasonable charge of the geographical location service was rendered based on the NDAS fee schedule
- 3. 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 prosthetic or other appliance, or modification of one, where an impression was made before the patient was covered.
 - · A crown, bridge, or cast restoration for which the tooth was prepared before the patient was covered.
 - · Root canal therapy, if the pump chamber was opened before the patient was covered.
- 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 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 servicable.
- 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 coverage offered by the Company.
- 9. Spare or duplicate prosthetic devices.
- 10. Services included, related to, or required for:
 - Implants;
 - Cosmetic Purposes;
 - 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 misalignment of teeth;
 - · Temporomandibular joint (TMJ) or craniomandibular disorders, myofunctional therapy or the correction of harmful habits;
 - Experimental procedures; and
 - 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 and 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.
- 16. Services for which no charge would have been made had the Agreement not been in effect.
- 17. Surgical grafting procedures.
- 18. General anesthetic, conscious sedation, and other forms of relative analgesia, except as otherwise specifically provided herein, unless deemed medically necessary by patient's dentist or physician and P.R.-authorized by Company.
- 19. Services paid for by Workers' Compensation.
- 20. Charges incurred while confined as an inpatient in a Hospital unless such charges would have been covered had treatment been rendered in a dental
- 21. Treatment and/or removal of oral tumors.
- 22. All surgical procedures except for surgical extractions of teeth and periodontal surgeries performed by a Dentist.
- 23. Panoramic x-ray or full mouth x-ray if provided less than three (3) years from the Covered Person's last full mouth x-rays; and a full mouth x-rays if provided less than three (3) years from the Covered Person's last panoramic x-ray.
- 24. All treatments not stated as specifically covered.

COMPREHENSIVE DENTAL NETWORK

Participating Guam Dentists

Dededo Dental Center

144 Kayen Chando Rd. Sateena Mall Ste. 101 Dededo

Phone: (671) 637-4867 Fax: (671) 637-4868 Joon Ha, DDS

Family Dental Center

194 Chalan San Antonio Rd. Mikkel Tan Vy Bldg. Ste. 201 Tamuning Phone: (671) 646-6510 Fax: (671) 649-4993 Janice Mallay, DDS

Michael Fernandez, DDS

612 W. Marine Corps Dr. Ste. 7

Ste. /

Calvo's Commercial Center

Dededo

Phone: (671) 633-1995 Fax: (671) 633-1996

FHP Dental Center

548 S. Marine Corps Dr. Tamuning Phone: (671) 646-5825 Fax: (671) 647-3514 Paul Chun DMD

Jurga Martin, DDS

GentleCare Dental Associates

278 S. Marine Corps Dr. Hengi Plaza Ste 102 Tamuning Phone: (671) 646-8858 Fax: (671) 646-3578 David Bero, DDS Hugh Sule, DDS

Guam Dental Arts

140 Punzalan St. Tamuning Phone: (671) 646-8462 Jason Hartup, DDS Timothy Bradly, DDS

Hafa Adai Family Dental, PC

590 S. Marine Corps Dr ITC Bldg. Ste. 104 Tamuning Phone: (671) 649-7851/7852 Fax: (671) 649-7853 David Marutani,DMD Yasunori Takenaka, DDS Harmon Loop Dental

505 Harmon Loop Rd. Ste. 300 Dededo

Phone: (671) 637-9696
Fax: (671) 637-6464
Conrado Alegria, DDS
Jason Hartup, DDS
Neil Limbo, DDS
Kimberly Kaneshiro, DDS
Suzanne S. Kaneshiro, DDS
Christina Rapadas, DDS
Tracy Sunga, DDS
Ma. Corazon Webb, DDS

Isa Dental

250 Rte. 4 Nanbo Guahan Bldg. Ste. 101 Hagåtña Phone: (671) 646-7982/6 Fax: (671) 646-7989 Jeffrey Johnson, DDS Rayner Terlaje, DDS, MS (Pedodontist)

Island Dental

134 Marine Corps Dr. Unit B3 Dededo Phone: (671) 969-5999

Phone: (671) 969-599 Albert Huang, DDS

Thomas Lee, DDS

761 S. Marine Corps Dr. Ste. 102 Tamuning Phone: (671) 969-8533 Fax: (671) 969-8534

Ben Malabanan Jr., DDS

2211 Army Dr. Manhattan Bldg. Ste. 202 Harmon Phone; (671) 649-4446

Mangilao Dental Clinic

353 Rte. 10 Ste. 101 Mangilao Phone: (671) 969-4242 Fax: (671) 969-4248 Clegg, Sarah Martini, Jurga

Ordot Dental Clinic

159 Judge Sablan St. Ordot Phone: (671) 477-8215 Fax: (671) 472-9420 Andrew Eusebio, DDS Antonio Rapadas, DDS **Pacific Surgical Arts**

318 Dueñas Dr. Tamuning

Phone: (671) 647-0060 Fax: (671) 647-0062 Darius Richardson, DMD, MD (Surgeon, Oral & Maxillofacial)

Paradise Smiles Dental Clinic

384 Gov. Carlos Camacho Rd.

Tamuning

Phone: (671) 646-2010 Fax: (671) 646-2070 William Hightower II, DDS

Perio Health Institute Pacific

222 E. Chalan Santo Papa

Ste. 303 Hagåtña Phone; (671) 479-5392 Fax: (671) 479-5393

Chie Hayashi, DDS, PHD, MMSC

(Periodontist)

Premier Dentistry

692 N. Marine Corps Dr. Ste. 301 Upper Tumon Phone: (671) 300-3222 Fax: (671) 300-3223 Paul Chun, DMD Steven Debulgado, DDS Jongsung Kim, DDS Song Rhim, DMD

Reflection Dental

222 Chalan Santo Papa Reflection Ctr. Ste. 304 Hagåtña Phone: (671) 472-6824 Fax: (671) 472-1792 Backabwha Kim, DDS

Seventh Day Adventist (SDA) Dental Clinic

388 Ypao Rd. Tamuning

Phone: (671) 648-2533 Fax: (671) 648-2556 Wayne Ward, DDS Oh Ock Kwon, DDS Amber Shironishi, DDS

The Pediatric Dental Center

222 Chalan Santo Papa Reflection Ctr. Ste. 301 Hagåtña Phone: (671) 477-6253

Fax: (671) 477-6237

Francisco San Nicolas, DMD, PC

Tumon Dental Office 667 N. Marine Corps Dr. Pacifica Plaza Ste. 204 Tamuning Phone: (671) 646-3679

Fax: (671) 646-2824 Stanley Yasuhiro, DDS

Robert Yang, DMD 744 N. Marine Dr.

Ste. 119
East-West Business
Center, Tamuning
Phone: (671) 647-8702
Fax: (671) 647-8704

COMPREHENSIVE DENTAL NETWORK

Participating Off-Island Dentists

Philippines

Affinity Dental - Alabang

Unit 206, 2nd Floor, Westgate Hub Mall, Filinvest Corporate City, Alabang-Zapote Road, Muntinlupa City Alabang Phone: (632)8241-2478

6100 Negros Occidental,

Philippines

Building, BS Aguino Drive, Bacolod,

Affinity Dental - Bacolod

MXJ5+H9C, GF, RL Jocson

Phone: (63)9176284541

Affinity Dental - Makati

2nd Floor Plaza One Hundred, 100 V.A. Rufino St., Legaspi Village Makati City, Philippines Phone: (63)917-584-6852 Casipit Dental - BGC

UGF-E&F Grand Hamptons 1 2nd Ave. Corner 31st Street BGC, Taguig City, Philippines Phone: (63)922 871 2674

Affinity Dental - BGC

2F, Bonifacio Stopover Building, 32nd Street corner Rizal Drive,

Bonifacio Global City, Taguig Philippines

Phone: (632) 831-1789

Dr. Danilo Giron

St. Luke Quezon City South Tower #1101

Local 2101

Affinity Dental – Cebu

eBloc 2 Tower, G/F, Lahug IT Park,

W Geonzon St, Cebu City, Cebu, Philippines

Phone: (63)9176325718

General Dentistry Phone: 632-723-0101 Dr. Rolando Gonzales

General Dentistry St. Luke Quezon City South Tower #815

Phone: 632-723-0101 Local 2815

The Health Cube

Promemade Building, Basement 1 San Juan Metro Manila Philippines Phone (632)86501111

Dr. Zosima Reves

General Dentistry St. Luke Quezon City Medical Arts Building #116 Phone: 632-723-0101 Local 6116

Dr. Mary Ann Tuano

General Dentistry St. Luke Quezon City Medical Arts Building #230 Phone: 632-723-0101 Local 6230

Continental United States appointments must be coordinated through the NetCare offices







Government of Guam Self Insured Dental Program RatesFY2024

ACTIVES	Bi-Weekly	1)
	CURACCINI	

Class 1: Employee	\$ 8.77
Class 2: Employee & Spouse/Domestic Partner	\$ 28.38
Class 3: Employee & Child(ren)	\$ 22.78
Class 4: Employee & Family	\$ 37.29

RETIREES (Semi-Monthly)

Class 1: Employee	\$ 9	.05
Class 2: Employee & Spouse/Domestic Partner	\$ 30).14
Class 3: Employee & Child(ren)	\$ 24	.19
Class 4: Employee & Family	\$ 39	.59





Guam Office

424 W. O'Brien Drive Julale Ctr, Suite 200 Hagatna, GU 96910 Phone: 671-472-3610

Fax: 671-472-6375

Philippine Offices

St. Luke's Global City Medical Arts Building Room 1024/1025 Phone: 632-789-7700 Local 7024 or 7025

Direct: 632-659-7166

St. Luke Quezon City Cathedral Heights Building Room 1507 North Tower Phone: 632-723-0101

Local 5158 or 5159 Direct: 632-723-3942

www.netcarelifeandhealth.com