



ORTHODONTIC PLAN

ORTHODONTIC BENEFITS & TERMS

The dental services listed on this page is your benefits for the Orthodontic Plan. For a detailed description of your benefits, co-payments, and procedures, please refer to your Group Service Agreement or Member Handbook. For a listing of participating providers within our network, please refer to NetCare's Participating Provider Directory or log on to www.netcarelifeandhealth.com

BENEFIT DESCRIPTION	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
ORTHODONTIC SERVICE & TREATMENT Includes diagnostic fees and records, appliances, maintenance fees, and retainers	\$1,000 Lifetime Max Per Member	Not Applicable
LIFETIME PLAN MAXIMUM	\$1,000 Per Member	Not Applicable

- ### *Limitations:*
- Dental coverage must be in force within the same group policy upon Orthodontic election.
 - Benefits is limited to \$1,000 per member per lifetime maximum.
 - For dependent children, orthodontic treatment may be continued to completion up to the attainment age of 26 years or upon coverage termination whichever comes first.
 - Orthodontic benefits are available for all covered members regardless of age. Benefits will terminate on the last day of the member's eligibility.

- ### *Definitions:*
- APPEAL & GRIEVANCE PROCEDURES** - NetCare is required by Guam law to offer certain appeal and grievance procedures. These procedures are listed in your Member Handbook or Group Service Agreement. NetCare does have the option to impose time limitations on filing the appeals or or grievance. You have up to 180-days to file your appeal from date of denial.
- COVERED CHARGES** - A dollar amount the Plan will pay based on contractual obligations with participating providers within the network.
- CO-PAYMENT / CO-INSURANCE** - A fixed dollar amount or percentage that is payable by the member before the Plan pays benefits.
- COORDINATION OF BENEFITS** - Coordination of benefits will apply if a member has additional dental coverage. NetCare reserve the right to recover any excess benefits from either the member, the Plan with primary responsibility, or any person or entity that received these benefits for overpayment.
- EXPLANATION OF BENEFITS (EOB)** - An EOB explains how NetCare processed a claim which include services performed, amount charged, amount the Plan paid. If a claim was denied in whole or in part, the EOB will provide an explanation of the reason for denial.
- ELIGIBLE CHARGES** - The charge determined by NetCare to be the maximum amount that it will pay for a covered service to a health care provider. Any applicable co-payment will apply to the Eligible Charge. The Eligible Charge will be the lesser of the actual charge of the negotiated charge for
- ENROLLMENT** - Enrollment for orthodontic coverage shall follow the same requirement as dental coverage. Dental coverage must be in force within the same group policy in order to elect orthodontic coverage. Coverage is limited to strict group participation requirement.
- HIPAA** - NetCare enforces provisions mandated by the Health Insurance Portability and Accountability Act (HIPAA).
- IDENTIFICATION CARDS** - NetCare issues member ID cards for employees and dependents electing coverage. A fee is charged for replacement cards.
- NON-PARTICIPATING PROVIDER** - An orthodontist who is not contracted with NetCare to provide service to members. There is no coverage for orthodontic services rendered by a Non-Participating Provider.
- PARTICIPATING PROVIDERS** - An orthodontist who is contracted with NetCare to provide service to members based on Covered Charges.
- PRESCRIPTION DRUG** - Prescription drugs are covered only if medical coverage is in force within the same policy.
- PRIVACY POLICY** - NetCare's Privacy Policy is adopted to ensure that the Plan complies fully with the Health Insurance Portability and Accountability Act (HIPAA). It describes how NetCare may use or disclose members protected information. You have the right to request a copy of NetCare's Privacy Policy by calling NetCare's office.
- RESIDENCY REQUIREMENT** - Membership in the Plan is limited to only those enrollees who reside within the designated service area.
- REIMBURSEMENT** - Claims must be submitted to our NetCare office within 90-days of the date of service. Claims filed beyond 90-days of the date of service will be denied and become the sole financial responsibility of the member. Incomplete claims will be returned to the member.
- UCR** - Usual Customary & Reasonable charges of the geographical location where service was rendered based on the NDAS fee schedule