

Dental services listed are your benefits for Smile 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, please refer to NetCare's Participating Provider Directory or log on to our website [www.netcarelifeandhealth.com](http://www.netcarelifeandhealth.com).

# SMILE PLAN

## DENTAL

Schedule of Benefits  
\$1,000 Benefit Plan

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS	WHAT YOU PAY AT NON-PARTICIPATING PROVIDERS
<b>DIAGNOSTIC AND PREVENTIVE CARE</b>		
1. Prophylaxis / Cleaning (Limited to 1 cleaning in any 6-month period)	No charge	40% of UCR
2. Examinations (Limited to 1 exam in any 6-month period)	No charge	40% of UCR
3. X-Rays (Full mouth x-ray limited to 1 every 3 years)	No charge	40% of UCR
4. Fluoride Treatment (Limited to 1 treatment every 12 months up to age 19)	No charge	40% of UCR
5. Space Maintainers (Include all adjustments made within 6-mths of installation. Limited to children under age 16.	No charge	40% of UCR
6. Sealants (Covered on non-carious permanent molars & pre-molars. Limited to children up to age 16)	No charge	40% of UCR
<b>RESTORATIVE CARE</b>		
1. Amalgams	20% of covered charges	40% of UCR
2. Composite	20% of covered charges	40% of UCR
3. Synthetic and Plastic fillings (other than gold & porcelain)	20% of covered charges	40% of UCR
<b>ORAL SURGERY</b>		
1. Simple Extractions	20% of covered charges	40% of UCR
2. Surgery (Include Impacted Wisdom Teeth)	20% of covered charges	40% of UCR
<b>GENERAL ANESTHESIA</b>		
Covered when specifically recommended by the attending dentist	20% of covered charges	40% of UCR
<b>ENDODONTICS</b>		
Includes services for root canal therapy and other related endodontic treatment	20% of covered charges	40% of UCR
<b>PERIODONTICS</b>		
1. Periodontic Prophylaxis (Limited to once in any 2-month period)	20% of covered charges	40% of UCR
2. Periodontal Treatment (Treatment of gums and tissues of the mouth)	20% of covered charges	40% of UCR
<b>PROSTHODONTICS</b>		
1. Inlays, Fixed Bridgework, Crowns Includes replacement and recementing of crowns, inlays and bridgework	50% of covered charges	75% of UCR
2. Dentures Includes full or partial removable and replacement of dentures	50% of covered charges	75% of UCR
<b>PRESCRIPTIONS</b>		
Coverage is based on your current medical plan benefits	Not Covered	
<b>CONTRACT PERIOD MAXIMUM</b>	\$1,000 Per Member Per Contract Period	

### LIMITATIONS

- Adjustment for the initial placement of full or partial removable dentures, temporary dentures or bridgework must be done during the 6-month period immediately following replacement.
- Extractions for Orthodontic procedures are covered benefits under this dental plan.
- Replacement of full or partial dentures will only be covered in the following cases:
  1. The repositioning of the jaws;
  2. Structural changes within the mouth such as the removal of a tumor, cyst, torus or redundant tissue;
  3. When more than 5 years have passed since the prior replacement.
- Replacement of full or partial dentures must be done within 12-months from the day of the oral surgery.
- Fluoride treatment - limited to once every 12-months up to age 19.
- Periodontal prophylaxis - limited to one cleaning in any 2-month period.
- Replacement of crowns is limited to only when the original crown was installed more than 5-years prior to replacement.
- Full mouth x-rays are limited to once every 3-years.
- Space maintainers are payable only for children age 16 years and under.
- Limitations as described on this sheet.

### EXCLUSIONS

- Any treatment, service or supply not shown under the Schedule of Benefits.
- Any expense paid in whole or in part by any other provision of a Group Health Coverage Plan.
- Expense incurred after coverage ends. However, coverage for prosthetics (an artificial replacement of one or more teeth), including bridges and crowns, which were fitted or ordered prior to date coverage terminated.
- Orthodontic procedures that include but not limited to evaluation, diagnostic fees, molds, x-rays, installation of appliances, retainers, etc.
- Any charge for oral care and supplies which are used to change vertical dimension, referred to as Temporomandibular Joint Syndrome (TMJ).
- Treatment for Temporomandibular Joint Syndrome (TMJ).
- Rebasings or relining of a denture less than six (6) months after the first replacement and not more than one rebasing or relining in any two-year period.
- Replacement of lost or stolen prosthetics.
- Replacement of a prosthetic device less than five years after the previous prosthetic device was installed.
- Restorative care using gold and porcelain fillings.
- Treatment for teeth and gums for cosmetic purposes, including realignment of the teeth
- Prescription Drugs. Coverage is based on the prescription drug coverage of the medical plan.

## DEFINITIONS

**APPEAL & GRIEVANCE PROCEDURES** - NetCare is required by Guam law to offer certain appeal and grievance procedures. These procedures are listed in your Group Service Agreement. NetCare does have the option to impose time limitations on filing the appeals 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 other dental coverage. NetCare reserve the right to recover 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 it will pay for a covered service to a provider. Any applicable co-payment will apply to the Eligible Charge. The Eligible Charge will be the lesser of the actual charge or the negotiated charge.

**ENROLLMENT** - Enrollment for dental coverage shall follow the same requirement as medical coverage. Dental only coverage is limited to group participation requirements. Election and termination of dental coverage is permitted only during the group's enrollment period or HIPAA qualifying events.

**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** - A dentist who is not contracted with NetCare to provide service to members. Dental benefits are payable based on UCR for services rendered at non-participating dental providers.

**PARTICIPATING PROVIDERS** - A dentist 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(HIPPA). It describes how NetCare may use or disclose member protected information. You have the right to request a copy of NetCare's Privacy Policy by contacting NetCare's office at 671-472-3610.

**REIMBURSEMENT** - Claims must be submitted to our NetCare office within 90-days of 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.

**SERVICE AREA REQUIREMENT** - Membership in the Plan is limited to only those enrollees who reside within the designated service area.

**UCR** - Usual Customary & Reasonable charges of the geographical location where service was rendered based on the NDAS fee schedule