

DENTAL 1000 PLAN

DENTAL SCHEDULE OF BENEFITS

JUDICIARY OF GUAM DENTAL 1000		
YOUR BENEFITS (Subject to the specific limitations which are contained in the Group Health Certificate)	What NetCare Covers at PARTICIPATING PROVIDERS	What NetCare Covers at NON-PARTICIPATING PROVIDERS BASED ON UCR
<p>DIAGNOSTIC & PREVENTIVE CARE</p> <ol style="list-style-type: none"> 1. Caries Susceptibility Test 2. Exams <ul style="list-style-type: none"> • Includes Treatment Plan • Once every 6 months 3. Fluoride Treatment <ul style="list-style-type: none"> • Annually for children age 16 years 4. Prophylaxis <ul style="list-style-type: none"> • Cleaning and polishing of teeth • Once every 6 months 5. Sealants <ul style="list-style-type: none"> • For permanent molars of children age 16 years & under 6. Space Maintainers <ul style="list-style-type: none"> • For children age 16 years • Includes adjustments within 6 months of installation 7. Study Models 8. Treatment Plan 9. X-rays (Full Mouth) <ul style="list-style-type: none"> • Once every 3 years 	100% of Eligible Expenses	70% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)
<p>BASIC & RESTORATIVE CARE</p> <p>General Services</p> <ol style="list-style-type: none"> 1. Emergency Services (during office hours) 2. Pulp Treatment 3. Routine Fillings <ul style="list-style-type: none"> • Amalgam and Composite Resin • Synthetic & Plastic (other than gold & porcelain) <p>Oral Surgery</p> <ol style="list-style-type: none"> 1. Simple Extractions 2. Complicated Extractions 3. Tooth Impaction <p>Periodontal Care</p> <ol style="list-style-type: none"> 1. Periodontal Prophylaxis <ul style="list-style-type: none"> • Cleaning and polishing once every two months 2. Periodontal Treatment <p>General Anesthesia</p> <ul style="list-style-type: none"> • Includes Conscious Sedation and Nitrous Oxide • Covered when recommended by attending physician <p>Pulpotomy & Root Canals/Endodontic Surgery & Care</p>	80% of Eligible Expenses	70% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)
<p>MAJOR & REPLACEMENT CARE</p> <p>Fixed Prosthetics</p> <ol style="list-style-type: none"> 1. Crowns and Bridges 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration <ul style="list-style-type: none"> • Limited once every 5 years 	50% of Eligible Expenses	35% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)
<p>REMOVABLE PROSTHETICS</p> <ol style="list-style-type: none"> 1. Full Dentures <ul style="list-style-type: none"> • Once every 5 years 2. Partial Dentures <ul style="list-style-type: none"> • Once every 5 years 3. Each Additional Teeth 4. Relines 5. Denture Repair 	50% of Eligible Expenses	35% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)
DEDUCTIBLE	None	None
REGISTRATION FEE per Visit to Dentist	None	None
COVERAGE MAXIMUMS per Member per Plan Year	\$1,000	

TERMS:

1. Unused balances are not transferable to the following year.
2. Charges for Non-participating Providers are limited to the lesser of actual charges or NetCare's determination of the Usual, Customary and reasonable charge 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.