

DENTAL 2000 PLAN

DENTAL SCHEDULE OF BENEFITS w/ ORTHODONTIA

JUDICIARY OF GUAM DENTAL 2000 w/ ORTHODONTIA

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"> Caries Susceptibility Test Exams <ul style="list-style-type: none"> Includes Treatment Plan • Once every 6 months Fluoride Treatment <ul style="list-style-type: none"> Annually for children age 19 years & under Prophylaxis <ul style="list-style-type: none"> Cleaning and polishing of teeth • Once every 6 months Sealants <ul style="list-style-type: none"> For permanent molars & pre-molars for children up to age 16 years. Space Maintainers <ul style="list-style-type: none"> For children up to age 16 years Includes adjustments within 6 months of installation Study Models Treatment Plan X-rays <ul style="list-style-type: none"> Full mouth x-ray is limited to one every 3 years 	<p>100% of Eligible Expenses</p>	<p>70% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)</p>
<p>BASIC & RESTORATIVE CARE</p> <p>General Services</p> <ol style="list-style-type: none"> Emergency Services (during office hours) Pulp Treatment 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"> Simple Extractions Complicated Extractions Tooth Impaction <p>Periodontal Care</p> <ol style="list-style-type: none"> Periodontal Prophylaxis <ul style="list-style-type: none"> Cleaning and polishing once every two months Periodontal Treatment <p>General Anesthesia <ul style="list-style-type: none"> Includes Conscious Sedation and Nitrous Oxide Covered when recommended by attending physician </p> <p>Pulpotomy & Root Canals/Endodontic Surgery & Care</p>	<p>80% of Eligible Expenses</p>	<p>70% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)</p>
<p>MAJOR & REPLACEMENT CARE</p> <p>Fixed Prosthetics</p> <ol style="list-style-type: none"> Crowns and Bridges Gold Inlays & Onlays Replacement of Crown Restoration <ul style="list-style-type: none"> Limited once every 5 years <p>Removable Prosthetics</p> <ol style="list-style-type: none"> Full Dentures <ul style="list-style-type: none"> Once every 5 years Partial Dentures <ul style="list-style-type: none"> Once every 5 years Each Additional Teeth Relines Denture Repair 	<p>50% of Eligible Expenses</p>	<p>35% of Eligible Expenses (Covered Member pays excess above Eligible Expenses)</p>
<p>ORTHODONTIA</p>	<p>50% of Eligible Expenses</p>	<p>Not Covered</p>
<p>DEDUCTIBLE</p>	<p>None</p>	<p>None</p>
<p>REGISTRATION FEE per Visit to Dentist</p>	<p>None</p>	<p>None</p>
<p>COVERAGE MAXIMUMS per Member per Plan Year</p>	<p>\$2,000 (includes Orthodontia)</p>	

TERMS:

- Unused balances are not transferable to the following year.
- 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.
- The covered member pays any excess above Eligible Charges.