



DENTAL BENEFIT PROGRAM

Dental 1000

Fiscal Year 2023

Updated 09.07.2022

GOVGUAM Open Enrollment Booklet



Our Island, Your Health PlanSM

Member Benefits Handbook
GOVERNMENT OF GUAM

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Hafa Adai GovGuam Employees and/or Retirees!

For FY2023, the Government of Guam has contracted with TakeCare Insurance Company to administer the government's Dental Benefit Program.

We encourage you to thoroughly read through this informational benefits booklet to better understand the GovGuam Dental Benefit Plan coverages. This booklet provides a summary of your benefit coverage, your payment responsibilities (co-payment, co-insurance, deductible, and/or charges for non-covered services), plan exclusions and benefit limitation specific to the GovGuam Dental Benefit Program. You will also find a list of in-network/participating dental providers available to you.

An electronic version of this booklet is available on TakeCare's FY2023 GovGuam page at: www.takecareasia.com/govguam2023 or scan the QR code below.

If you are enrolling in one of the medical options offered by SelectCare, you must complete TakeCare's enrollment forms, selecting "Dental" as your benefit choice. Otherwise, you will not have dental coverage effective October 1, 2022.

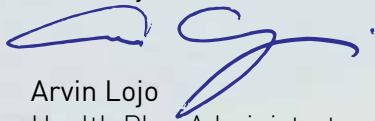
For your convenience and our dedication to provide you with the timely and quality services, we have the following dedicated GovGuam specific phone lines for any of your healthcare needs:

- For prescription benefit coverage, eligibility & enrollment and/or provider network inquiries: **(671) 649-0468** (0GOV) (TakeCare Insurance)

We hope you find the information provided in this booklet useful. If you need additional assistance, please contact our Customer Service Department at **1(671) 647-3526** or **1(877) 484-2411** (toll free), Monday through Friday 8am to 5pm ChST, or by email at: CustomerService@takecareasia.com.

Si Yu'us Ma'ase and Thank You!

Sincerely,



Arvin Lojo
Health Plan Administrator
TakeCare Insurance Company, Inc.

GOVGUAM



SCAN ME

GovGuam

Open Enrollment

Fiscal Year 2023



GOVGUAM

Self Insured Dental Program Rates

ACTIVE RATE SHARE (Bi-Weekly)

CLASS	Dental 1000
I: EMPLOYEE	\$ 7.69
II: EMPLOYEE+SPOUSE/DOMESTIC PARTNER	\$ 25.18
III: EMPLOYEE & CHILD(REN)	\$ 20.03
IV: EMPLOYEE + FAMILY	\$ 33.14

RETIREE RATE SHARE (Semi-Monthly)

CLASS	Dental 1000
I: EMPLOYEE	\$ 8.33
II: EMPLOYEE+SPOUSE/DOMESTIC PARTNER	\$ 27.28
III: EMPLOYEE & CHILD(REN)	\$ 21.70
IV: EMPLOYEE + FAMILY	\$ 35.90

Deduction Classes

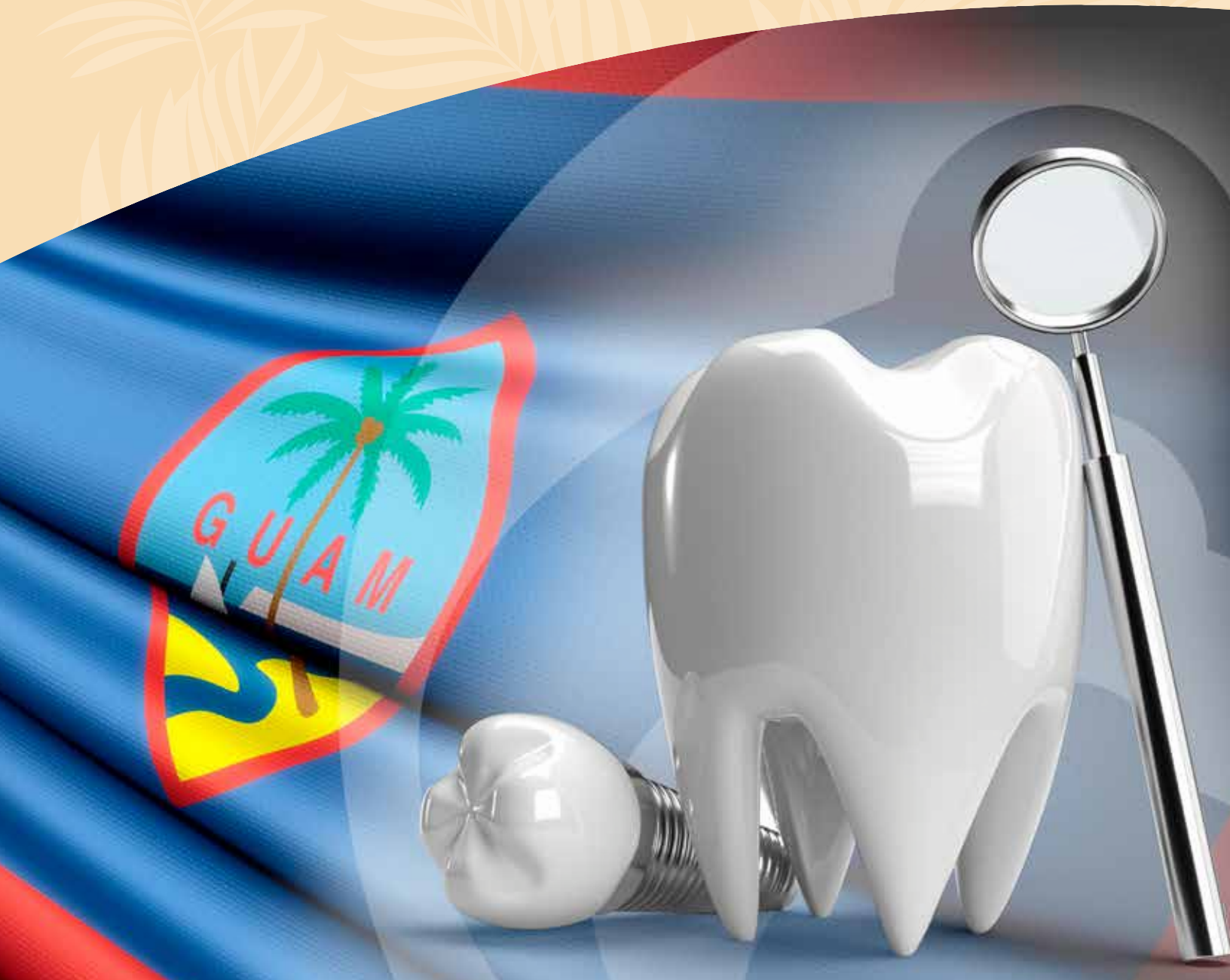
Class I - Subscriber Only (No Dependent/s)

Class II - Subscriber + Legal Spouse (Domestic Partner)

Class III - Subscriber + Child(ren) Only - No Spouse (Domestic Partner)

Class IV - Subscriber + Family (Legal Spouse/Domestic Partner & Child/ren)

SCHEDULE OF BENEFITS
GovGuam Fiscal Year 2023





GOVGUAM Dental \$1,000

SCHEDULE OF BENEFITS

Your Benefits: What TakeCare covers	PARTICIPATING PROVIDERS Plan Pays	NON-PARTICIPATING PROVIDERS Plan Pays
Diagnostic & Preventive Care 1. Caries Susceptibility Test 2. Exams (Once every 6 months) 3. Fluoride Treatment (Annually for children age 19 & under) 4. Prophylaxis (Cleaning of teeth once every 6 months) 5. Sealants (For permanent molars of children age 15 & under) 6. Space maintainers (For children age 15 & under) includes adjustments within 6 months of installation 7. Study Models 8. Treatment Plan 9. X-rays (Bite Wing Maximum of 4 per Plan Year) 10. X-rays (Full mouth, once every 3 years)	100% of Eligible Expenses	70% of Eligible Expenses (Covered Person pays excess above Eligible Expenses)
Basic & Restorative Care General Services 1. Emergency Care (During office hours) 2. Pulp Treatment 3. Routine Fillings (amalgam & composite resin) Oral Surgery 1. Simple Extractions 2. Complicated Extractions 3. Extraction of impacted teeth Periodontal Care 1. Periodontal Prophylaxis (Cleaning and polishing once every 6 months) 2. Periodontal Treatment Conscious Sedation and Nitrous Oxide for children under the age of 13.		
Pulpotomy & Root Canals/Endodontic Surgery Care	80% of Eligible Expenses	70% of Eligible Expenses (Covered Person pays excess above Eligible Expenses)
Major & Replacement Care Fixed Prosthetics 1. Crowns & Bridges 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration (Once every 5 years) Removable Prosthetics 1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. Each anesthesia, but only if medically or dentally necessary 4. Relines 5. Denture Repair Periodontics Treatment of soft tissue and bones supporting the teeth		
Deductible	None	None
Registration Fee Per Visit To Dentists	None	None
Coverage Maximums Per Member per Plan Year	\$1,000	

TERMS:

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 in geographic location where the service was rendered, unless otherwise provided in the agreement.
3. The Covered member pays any excess above the Eligible Charges.

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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) A prosthetic or other appliance, or modification of one, where an impression was made before the patient was covered.
 - b) A crown, bridge, or cast restoration for which the tooth was prepared before the patient was covered.
 - c) Root canal therapy, if the pump chamber was opened before the patient was covered.
2. 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 of 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 serviceable
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 other coverage offered by the Company.
9. Spare or duplicate prosthetic devices.
10. Services included, related to, or required for:
 - a) Implants;
 - b) Cosmetic purposes;
 - c) 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 malalignment of teeth;
 - d) Temporomandibular joint (TMJ) or craniomandibular disorders, myofunctional therapy or the correction of harmful habits;
 - e) Experimental procedures; and

TERMS:

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3. The Covered member pays any excess above the Eligible Charges.



- f) 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 or medicine.
12. Fluoride varnish.
13. Charges for finance charges, 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. All treatments not specifically stated as being covered.
18. Surgical grafting procedures.
19. General anesthetic, conscious sedation, and other forms of relative analgesia, except as otherwise specifically provided herein.
20. Services paid for by Workers' Compensation.
21. Charges incurred while confined as an inpatient in a Hospital unless such charges would have been covered had treatment been rendered in a dental office.
22. Treatment and/or removal of oral tumors.
23. All surgical procedures except for surgical extractions of teeth and periodontal surgeries Performed by a Dentist. Surgical procedure is defined as the surgical and adjunctive treatment of diseases, injuries, and deformities of the oral and maxillofacial region.
24. Panoramic x-ray if provided less than three (3) years from the Covered Person's last full mouth x-rays; and full mouth x-rays if provided less than three (3) years from the Covered Person's last panoramic x-ray.

TERMS:

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 in geographic location where the service was rendered, unless otherwise provided in the agreement.
3. The Covered member pays any excess above the Eligible Charges.

100121-DGNPGGO



First impressions....start with the smile of a lifetime!

Quality Dental Care for you and your family at FHP Dental Center.

- Comprehensive Exams with digital images
- Regular and Deep Cleanings
- Silver and White fillings
- Root Canals
- Crowns, Bridges, and Dentures
- Extractions
- Teeth Whitening (Bleaching)
- Dental Emergency
- 6 month checkup/cleaning appointments
- Courtesy Reminder calls

Call **646-5825 ext. 8562** for appointments.
Mon-Sat 8:00am - 6:00pm | Sun & Holidays Closed

We accept most insurances including StayWell, NetCare, VA Approved, Medicaid, MIP and self-pay patients are welcomed. Payments accepted: Cash, most major Credit Cards and Debit Cards. Now accepting new patients. Call for an appointment.



Our Island, Your ClinicSM



GOVGUAM

Customer-Focused
Services

Customer Service Department

Office Hours
8:00am - 5:00pm
Monday - Friday

P.O. Box 6578
Tamuning, Guam 96931

671.647.3526
877.484.2411 (Toll Free)
671.647.3542 (Fax)
customerservice@takecareasia.com
www.takecareasia.com

- Information Hotline:
(671) 649-0468 (OGOV)
- Onsite Licensed Service Representative at DOA
- Concierge Assistance at FHP Health Center
- Online Enrollment Portal
- Dedicated Webpage
- Medical Referral Service ("MRS")



Chat with Us!

Scan QR Code or visit link to get started.
<https://takecareasia.com/tiva>

Are you looking for a specific dental provider?



Visit <http://tiny.cc/TakeCareProviders> or scan the QR Code below for the latest TakeCare network provider listings. You can also download our mobile app so you can access on the go!

Note: Provider listing subject to changes. Scan QR Code for the most updated listings.

Network Dental Providers

GENERAL DENTISTRY

Dededo Dental Center

144 Kayen Chando Ste. 101
Dededo, (671) 637-4867
Joon Suk Ha, D.D.S.

FHP Dental Center*

548 S Marine Corps Dr.
Annex Building
Tamuning, (671) 646-5825
Chun, Paul, D.M.D.
Supit, Collette, D.D.S.
Martini, Jurga, D.M.D.

Family Dental Center

194 Chalan San Antonio Mikkel Tan Vy
Bldg. Tamuning, (671) 646-6510/1
Malilay, Janice, D.D.S.

Fernandez Dental Office

612 W. Marine Corps Dr., Ste. 7
Dededo, (671) 633-1995
Fernandez, Michael, D.D.S.

Gentle Care Dental

278 S. Marine Corps Dr.,
Hengi Plaza, Ste.102
Tamuning, (671) 646-8858/7758
Sule, Hugh L., D.D.S.

Guam Dental Arts

140 Punzalan St. Tamuning,
(671) 646-8462
Brady, Timothy P., D.D.S.
Hartup, Jason, D.M.D.

Guam Seventh-day Adventist Clinic

388 Ypao Rd.
Tamuning, (671) 648-2506
Bersaba Vong, Elaine, D.D.S.
Ward, Wayne, D.D.S.

Hafa Adai Family Dental 590 S. Marine

Corps Dr., ITC Bldg., Ste.104
Tamuning, (671) 649-7851
Marutani, David, D.M.D.
Takenaka, Yasunori, D.D.S.

Harmon Loop Dental Office

505 Harmon Loop Rd., Ste. 300
Dededo, (671) 637-9696
Alegria, Conrado V.,D.D.S.
Hartup, Jason, D.M.D.
Kaneshiro, Suzanne, D.D.S.
Rapadas, Cristina, D.D.S.
Sunga, Tracy R.,D.D.S.
Webb, Corazon A.,D.D.S.

Island Dental

134 East Marine Corps Dr., Unit B3
Dededo, (671) 989-5999
Huang, Albert, D.D.S.

Isa Dental

250 Rte. 4 Nanbo Insurance Bldg. 1st Flr.
Hagatna, (671) 646-7982/6
Johnson, Jeffrey, D.D.S.

Malabanan, Ben, Jr., D.D.S.

2211 Army Dr., Ste. 202
Tamuning, (671) 649-4446

Ordot Dental Clinic

159 Judge Sablan St.
Ordot, (671) 477-8215
Eusebio, Andrew, D.D.S.
Rapadas, Antonio, D.D.S.

Paradise Smiles

384 Gov Carlos Camacho Rd
Tamuning, (671) 646-2010
Hightower II, William C., D.D.S.

Premier Dentistry

692 N. Marine Corps Dr.,
Ste. 301 Upper Tumon, (671) 300-3221
Steven Debulgado, D.D.S.

Reflection Dental

222 E. Chalan Santo Papa,
Reflection Center, Ste. 204
Hagatna, (671) 472-6824
Lee, Kunsun, D.D.S.

Yang, Robert J., D.M.D., P.C.

744 N. Marine Dr., Ste.107
Tamuning,
(671) 647-8702/3

Tumon Dental Office

667 N. Marine Dr., Pacifica Plaza, Ste.204
Tamuning, (671) 646-3679/3680
Yasuhiro, Stanley Y., D.D.S.

ENDODONTICS

Premier Dentistry

692 N. Marine Corps Drive Ste. 301
Upper Tumon, (671) 300-3221
Kim, Jongsung, D.D.S.

ORAL AND MAXILLOFACIAL SURGERY

Pacific Surgical Arts

318 Father Duenas Dr.
Tamuning, (671) 647-0060
Richardson, Darius, D.M.D.,M.D.

PEDIATRIC DENTISTRY

Hafa Adai Family Dental

ITC Bldg., Ste. 104
Tamuning, (671) 649-7851
Cheng, Victoria D.M.D.

Isa Dental

250 Rte. 4 Nanbo Insurance Bldg. 1st Flr.
Hagatna, (671) 646-7982/6
Terlaje, Rayner, D.D.S.

The Pediatric Dental Center

222 E. Chalan Santo Papa,
Reflection Center, Ste. 301
Hagatna, (671) 477-6235
San Nicolas, Francisco, "Koko", D.M.D.

Reflection Dental

222 E. Chalan Santo Papa,
Reflection Center, Ste. 204
Hagatna, (671) 472-6824
Kim, Backhabwha, "Lily", D.D.S.

PERIODONTICS

Perio Health Institute Pacific- Rim

222 E. Chalan Santo Papa,
Reflection Center, Ste. 303
Hagatna, (671) 479-5292
Hayashi, Chie, D.D.S., Ph.D, M.M.Sc

Premier Dentistry

692 N. Marine Corps Dr., Ste. 301
Upper Tumon, (671) 300-3221
Rhim, Song B., D.M.D, M.S.



A TanHoldings Company

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Updated on 09/07/2022

Our Island, Your Health Plan™

Medicare Healthcare Provider^M | Preferred Provider^{*} | TelemedicineTM

This booklet is designed to provide general information about the GovGuam Dental Benefit Plan offered to Government of Guam employees, retirees and survivors. In the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.



Health Plan Accredited by



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

Our Island, Your Health Plan™

