



Government of Guam

Self Insured Dental Program
FY2026 Benefit Handbook

administered by

NetCare
Life & Health Insurance



Hafa Adai!

NetCare Life and Health Insurance Company is proud to continue serving as the third-party administrator for the Government of Guam Self-Funded Dental Benefit Program for Fiscal Year 2025. It remains our privilege to partner with the Government of Guam in supporting access to quality dental care for you and your family through a trusted network of providers and responsive member support.

This booklet provides a summary of your dental benefits, including coverage details, payment responsibilities, exclusions, and other key information about the Self-Funded Dental Program. We encourage you to review it carefully and attend any informational sessions offered by the Government of Guam.

Please note that your dental rates, plan benefits, provider network, and payment responsibilities remain unchanged for this fiscal year. If you are already enrolled and do not wish to make any changes, no further action is needed, your current enrollment will automatically roll over for the new plan year.

Online Enrollment or paper Enrollment Form is only required for:

- New enrollments
- Adding dependents
- Removing dependent
- Change of Address
- Adding "other insurance" information, i.e. Medicare, Medicaid, etc.
- Name Change
- Cancellation

The Government of Guam is working toward a fully online enrollment model. While paper forms will still be accepted this year, availability will be limited. If you prefer to enroll using a hard copy form, please visit the Guam Museum during the Open Enrollment period, where paper enrollment support will be available. For faster and more convenient processing, we encourage all employees to use our digital enrollment platform, accessible through the GovGuam tab at www.netcarelifeandhealth.com.

Si Yu'us Ma'ase

Your Rights and Responsibilities

As a NetCare member, you have the following rights:

Access to Information

- To know the names and qualifications of the health care professionals involved in your care
- To receive up-to-date information about the services covered by your plan, including any limitations or exclusions
- To understand how NetCare determines what services are covered
- To obtain clear information about any copayments, fees, or out-of-pocket costs
- To receive an updated directory of providers participating in the NetCare network
- To understand how to file a complaint, appeal, or grievance with NetCare
- To know how NetCare pays for services provided by in-network and out-of-network providers
- To receive information from professionals about your medications, how to take them, and any potential side effects
- To receive detailed information from your provider about any proposed treatments or procedures, including risks, benefits, and alternative options, so you can make an informed decision about your care
- To be informed of any follow-up care or treatment needed after receiving services
- To be informed if a provider recommends an experimental treatment or procedure, and to choose whether or not to participate in research
- To receive an explanation for any services that are not covered by your plan
- To receive a timely and respectful response when you contact NetCare for information
- To request and receive a copy of the plan's Member Rights and Responsibilities Statement

Access to Care

- To receive primary and preventive care from the provider you select within the NetCare network
- To change your primary care provider to another in-network provider at any time
- To access necessary care from participating network specialists, and dental facilities
- To be referred to specialists who have experience treating specific conditions, when appropriate
- To receive guidance on how to access care during regular hours and after hours
- To know how to reach your provider or an on-call provider 24 hours a day, 7 days a week
- To seek emergency care immediately when experiencing severe or life-threatening symptoms, based on what a reasonable person would consider an emergency
- To receive urgently needed care when required

Freedom to Make Decisions

- To exercise your rights without discrimination based on race, gender, age, religion, disability, ethnicity, sexual orientation, economic status, English proficiency, education level, genetic information, or source of payment for care
- To have a legally authorized representative make decisions on your behalf if needed
- To refuse treatment or leave a facility, understanding and accepting the consequences of that decision
- To complete legal documents such as an Advance Directive or Living Will, and to share them with your providers
- To file a complaint or appeal without fear of retaliation from NetCare or any provider

As a NetCare member, you also have the following responsibilities:

Member Responsibilities

- To provide accurate and complete information about your health, medications (including over-the-counter items and supplements), and any allergies or health conditions
- To follow the care plan recommended by your provider and participate actively in your treatment
- To inform your provider of any legal documents, such as a living will or medical power of attorney, that may affect your care
- To accept responsibility for any charges not covered by your insurance plan
- To treat all providers, office staff, and others involved in your care with respect
- To become familiar with your dental coverage, including benefits, limitations, exclusions, and procedures

Becoming a Member

Eligibility Information

To enroll in a NetCare Life and Health Insurance dental plan, you and your dependents must meet the eligibility requirements outlined in the agreement between NetCare and the Government of Guam.

Dual Coverage is prohibited. Covered Persons shall not enroll for the purposes of receiving dual coverage. Covered Persons shall only be covered once and shall not submit additional claims to increase coverage.

Exceptions to this prohibition may be waived because of a court order or settlement agreement.

To enroll, you must complete an Enrollment Application and submit it, along with any required documentation, during the Open Enrollment period or within 31 days from the date you first become eligible for coverage under the plan.

Enrollment Lock-in Notice

Once enrolled in a health insurance plan under GovGuam, subscribers and their enrolled dependents are subject to a lock-in provision. This means:

- Coverage cannot be canceled or changed outside of the annual Open Enrollment (OE) period.
- Exceptions apply only if the subscriber experiences a Qualifying Event (QE) or becomes eligible for a Special Enrollment Period (SEP).

Please note that enrollment in another health insurance policy does not qualify as a life event and will not allow cancellation of your current coverage outside of OE.

All requests for changes due to QE or SEP must be submitted with supporting documents within 31 days from the effective date for review.

Subscriber Eligibility Requirements

- Enrollment in the Plan shall be limited to Covered Persons domiciled in the Service Area, and who do not reside outside the service area for more than one hundred eighty-two (182) days per plan year. NetCare shall be entitled to require substantiation from a Covered Person to determine the Covered Person's Domicile and may deny benefits. Further, time spent by a parent or Spouse of such covered person shall not count toward the one hundred eighty-two (182) day maximum, provided the parent or Spouse is providing necessary assistance to the Covered Person and further provided that under no circumstance can there be more than one such caregiver hereunder for any incident of care out of the Service Area.
- NetCare shall notify GovGuam when there is a change in the mailing or residential address of a Covered Person that is located outside of the Service Area. NetCare shall request verification (such as a utility bill, real property tax, or individual tax return) from the Covered Person confirming continued domicile in the Service Area. NetCare may terminate coverage if Covered Person fails to provide verification within thirty (30) days of the request and shall notify GovGuam of any pending or current terminations.

Dependent Eligibility Requirements

In addition to meeting eligibility requirements established by your employer, your dependents may qualify for coverage if they meet one of the following criteria:

- Legal Spouse
- Domestic Partner
 - A domestic partner must be at least 18 years of age and must have lived with you for two consecutive years. A notarized affidavit is required.
- A domestic partner may only be added during your employer's Open Enrollment Period.
 - Children of a domestic partner, who are not your biological children, are not eligible for coverage.

- Dependent Children, under 26 years of age, regardless of marital status.
- Dependent children who live outside the Service Area (off-island) may be covered between the ages of 19 and 25. Coverage terminates upon turning 26.
- For natural children with a different last name, provide either:
 - A birth certificate showing you as a parent, or
 - A notarized government-issued paternity form verifying parentage.
- For stepchildren, adopted children, or children under legal guardianship:
 - Birth certificate
 - Marriage certificate (if applicable)
- Court documentation signed by a judge indicating adoption or full legal guardianship
 - Legal guardianship must be full and not limited or shared.
 - A copy of your most recent tax filing including the dependent or a notarized affidavit stating the dependent will be claimed in the next filing.
 - Legal guardianship coverage ends at age 26.
 - Unborn children under guardianship are not eligible for enrollment.

Disabled Dependents

A dependent child over the age limit may remain eligible for coverage if they are incapable of self-support due to a physical or mental disability. The following requirements apply:

- A statement of total disability from a licensed physician is required at the time of enrollment and is subject to review and approval by NetCare.
- Proof of financial dependence, such as a copy of the subscriber's most recent tax filing, may be required.
- A Qualified Medical Child Support Order (Q.M.C.S.O.) or a certified copy of the court order must be submitted, if applicable.
- Children who permanently reside outside the Service Area are only eligible to enroll in the plan if coverage is mandated by a valid Q.M.C.S.O.

Enrollment Period

You may elect to enroll in the NetCare Government of Guam Self-Funded Dental Benefit Program during the following periods:

- Initial Employment. You may enroll within 31 days from the date you first become eligible for coverage.
- Annual Open Enrollment Period. Employees and eligible dependents may enroll, make changes, or terminate coverage during the designated Open Enrollment period each fiscal year.
- Special Enrollment Periods. Full-time employees and their eligible dependents may also enroll outside of the Open Enrollment period as a result of a Qualifying Event under the Health Insurance Portability and Accountability Act (HIPAA). A Qualifying Event includes loss of other coverage due to:
 - Termination of a spouse's coverage or death of a spouse
 - Divorce, annulment, or legal separation
 - Loss of eligibility for Medicare or Medicaid

You may also enroll during a Special Enrollment Period if you acquire a new dependent through:

- Birth or adoption
- Marriage
- Legal guardianship

Enrollment Applications or Change of Status (COS) Forms, along with any required documentation, must be submitted within 31 days of the Qualifying Event. If coverage is lost under another plan, a HIPAA Certificate of Creditable Coverage must also be submitted. Your previous carrier is required to provide this certificate in a timely manner.

Coverage begins on the first day of the first premium period following NetCare's receipt of your completed enrollment form and all required documentation.

Adding Dependents and Changes to Your Coverage

You may enroll newly eligible dependents if you marry, gain legal guardianship, adopt a child, or have a newborn, as long as eligibility requirements are met. Coverage generally begins on the first day of the next premium period, with the following exceptions:

- Coverage for newborns begins on the date of birth
- Coverage for adopted children begins on the actual date custody is assumed

If you do not enroll your dependents within 31 days of their initial eligibility, you will need to wait until the next Open Enrollment period to do so.

To add dependents, the subscriber must:

- Complete a Change of Status (COS) Form

- Submit all supporting documentation as described above
- Submit all forms and documents within 31 days of the dependent's eligibility date

Updating Your Information

Your Enrollment Application contains important information that confirms your eligibility and that of your covered dependents. It is essential that this information remains accurate and up to date.

Please notify NetCare's Customer Service Department right away if there are any changes to your name, contact details, or mailing address, or if you notice any errors on your Member ID Card.

If you receive a Member ID Card but did not enroll in the plan, please report it immediately to NetCare Customer Service, the Department of Administration (DOA), or your Human Resources office.

Appeal and Grievance Procedures

Under the Affordable Care Act, you have the right to request an internal appeal if NetCare denies payment for a service or treatment. This allows NetCare to reconsider its decision. If the internal appeal is denied, you may also request an external review by an independent review organization, which will determine whether to uphold or overturn NetCare's decision.

NetCare follows the guidelines outlined in the Uniform Health Carrier External Review Act to ensure your right to an impartial and independent review of any adverse or final adverse determination.

If a claim is denied, either fully or partially, NetCare will send you a written notice explaining the reason for the denial, outlining any additional information needed to complete the claim, and informing you of your rights to file an internal or external appeal.

To initiate an appeal, you must submit a written request to NetCare within 180 days of receiving the denial notice. NetCare will then re-evaluate the claim and provide a written decision within:

- 60 days for services already received
- 30 days for non-urgent services not yet received
- 72 hours for urgent care cases

For more information about your appeal rights and other member protections, please visit the Member Portal at www.netcarelifeandhealth.com and refer to the Member Rights and Responsibilities section.

Privacy and Confidentiality

As a NetCare member, you have the right to have your personal information and records safeguarded, kept private, and treated with the highest level of confidentiality. We take this responsibility seriously and are fully committed to protecting your privacy.

Your right to confidentiality applies to all information that is personally identifiable. This includes your name, address, Social Security number, birth date, details about the services you receive, and the premiums you pay.

NetCare is committed to complying with the Health Insurance Portability and Accountability Act (HIPAA), which gives you specific rights regarding your Protected Health Information (PHI). As a NetCare member, you have the right to:

- Request limitations on how we use or share your PHI for payment or health care operations
- Ask us to communicate with you in a different way or at a different location if you feel that regular communication could put your safety at risk
- Review and request a copy of your PHI contained in our designated record set, including your medical records
- Request corrections if you believe your PHI is inaccurate or incomplete
- Request a record of certain disclosures of your PHI, excluding those made for treatment, payment, or health care operations
- Provide written authorization before we share your PHI with individuals or organizations not listed in our Notice of Privacy Practices

If you have any questions about how your personal information is protected, please contact our Privacy Officer at (671) 472-3610, extension 222.

HIPAA Portability

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects individuals from losing health insurance coverage when they leave a job or experience a change in employment. If your coverage with NetCare ends, you will receive a Certificate of Creditable Coverage that confirms how long you were enrolled in the plan.

This certificate can be used to reduce or eliminate any waiting periods for pre-existing conditions when enrolling in a new health plan, provided there has not been a break in coverage lasting more than 63 days.

GOVGUAM DENTAL \$1500

Self Insured Dental Plan
Schedule of Benefits

administered by:



Your Benefits: What the plan covers	Participating Providers Plan Pays	Non-Participating Providers Plan Pays
DIAGNOSTIC & PREVENTIVE CARE		
<ol style="list-style-type: none"> 1. Carries Susceptibility Test 2. Exams (including Treatment Plan, Once every 6 months) 3. Flouride Treatment (Annually for children age 19 & under) 4. Prophylaxis (Cleaning and polishing 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. X-rays (Bite Wing, Maximum of 4 per plan year) 9. 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		
<ol style="list-style-type: none"> 1. Emergency Services (during office hours) 2. Pulp Treatment 3. Routine Fillings (amalgam and composite resin) 4. Simple Extractions 5. Complicated Extractions 6. Extraction of impacted teeth 7. Periodontal Prophylaxis (cleaning and polishing once every 6 months) 8. Periodontal Treatment 9. Pulpotomy & Root Canals/Endodontic Surgery & Care 10. Oral Surgery 11. Conscious Sedation and Nitrous Oxide (for children under age 13) 	80% of Eligible Expenses	70% of Eligible Expenses Covered Person pays excess above eligible expenses
MAJOR & REPLACEMENT CARE		
Fixed Prosthetics <ol style="list-style-type: none"> 1. Crowns & Bridges 2. Gold inlays & onlays 3. Replacement of Crown Restoration (limited to once every 5 years) Removable Prosthetics <ol style="list-style-type: none"> 1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. Denture Repair 4. Relines 5. Anesthesia, only if medically or dentally necessary 	50% of Eligible Expenses	35% of Eligible Expenses Covered Person pays excess above eligible expenses
PRESCRIPTION DRUGS	Not Covered	
REGISTRATION FEE per visit to Dentist	None	
DEDUCTIBLE	None	
COVERAGE MAXIMUM per member per plan year	\$1,500	

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 of the geographical location service was rendered based on the NDAS fee schedule, unless otherwise provided in the agreement.
3. Oral Surgery is typically covered under this dental benefit. However, in the case of accidental injury to the mouth or teeth, biopsy of oral tissue, incision/drainage of abscess, and cyst or hematoma of floor of mouth, these items are covered under the medical plan.
4. The covered member pays any excess above the Eligible Charges

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 prosthetic or other appliance, or modification of one, where an impression was made before the patient was covered.
 - A crown, bridge, or cast restoration for which the tooth was prepared before the patient was covered.
 - 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 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 servicable.
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 issue-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 coverage offered by the Company.
9. Spare or duplicate prosthetic devices.
10. Services included, related to, or required for:
 - Implants;
 - Cosmetic Purposes;
 - 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 misalignment of teeth;
 - Temporomandibular joint (TMJ) or craniomandibular disorders, myofunctional therapy or the correction of harmful habits;
 - Experimental procedures; and
 - 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 and medicine.
12. Fluoride varnish.
13. Charges for finance charge, 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. Surgical grafting procedures.
18. General anesthetic, conscious sedation, and other forms of relative analgesia, except as otherwise specifically provided herein, unless deemed medically necessary by patient's dentist or physician and P.R.-authorized by Company.
19. Services paid for by Workers' Compensation.
20. 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.
21. Treatment and/or removal of oral tumors.
22. All surgical procedures except for surgical extractions of teeth and periodontal surgeries performed by a Dentist.
23. Panoramic x-ray or full mouth x-ray if provided less than three (3) years from the Covered Person's last full mouth x-rays; and a full mouth x-rays if provided less than three (3) years from the Covered Person's last panoramic x-ray.
24. All treatments not stated as specifically covered.

COMPREHENSIVE DENTAL NETWORK

Participating Guam Dentists

Dededo Dental Center

144 Kayen Chando Rd.
Sateena Mall Ste.
101 Dededo
Phone: (671) 637-4867
Fax: (671) 637-4868
Joon Ha, DDS

Family Dental Center

194 Chalan San Antonio
Rd. Mikkell Tan Vy Bldg.
Ste. 201 Tamuning
Phone: (671) 646-6510
Fax: (671) 649-4993
Janice Mahlay, DDS

Michael Fernandez, DDS

612 W. Marine Corps Dr.
Ste. 7
Calvo's Commercial Center
Dededo
Phone: (671) 633-1995
Fax: (671) 633-1996

FHP Dental Center

548 S. Marine Corps Dr.
Tamuning
Phone: (671) 646-5825
Fax: (671) 647-3514
Paul Chun DMD
Jay Kim, DMD
Daria Hyeri Lee, DDS
Colette Supit, DDS

GentleCare Dental Associates

278 S. Marine Corps
Dr. Hengi Plaza Ste 102
Tamuning
Phone: (671) 646-8858
Fax: (671) 646-3578
David Bero, DDS
Hugh Sule, DDS

Guam Dental Arts

140 Punzalan St. Tamuning
Phone: (671) 646-8462
Krystal Mae Aldaca, DDS
Neil Limbo, DDS

Hafa Adai Family Dental, PC

590 S. Marine Corps Dr
ITC Bldg. Ste. 104 Tamuning
Phone: (671) 649-7851/7852
Fax: (671) 649-7853
David Marutani, DMD
Kimberly Kaneshiro, DDS

Harmon Loop Dental

505 Harmon Loop Rd. Ste.
300 Dededo
Phone: (671) 637-9696
Fax: (671) 637-6464
Conrado Alegria, DDS
Jason Hartup, DDS
Kimberly Kaneshiro, DDS
Suzanne S. Kaneshiro, DDS
Christina Rapadas, DDS
Ma. Corazon Webb, DDS

Isa Dental

250 Rte. 4 Nanbo Guahan Bldg.
Ste. 101 Hagåtña
Phone: (671) 646-7982/6
Fax: (671) 646-7989
Jeffrey Johnson, DDS
Rayner Terlaje, DDS, MS
(Pedodontist)

Island Dental

134 Marine Corps Dr. Unit B3
Dededo
Phone: (671) 969-5999
Albert Huang, DDS

Thomas Lee, DDS

761 S. Marine Corps Dr. Ste.
102 Tamuning
Phone: (671) 969-8533
Fax: (671) 969-8534

Ben Malabanan Jr., DDS

2211 Army Dr.
Manhattan Bldg.
Ste. 202 Harmon
Phone: (671) 649-4446

Mangilao Dental Clinic

353 Rte. 10 Ste. 101
Mangilao
Phone: (671) 969-4242
Fax: (671) 969-4248
Sarah Clegg, DDS
Jurga Martini, DMD

Ordot Dental Clinic

159 Judge Sablan St.
Ordot
Phone: (671) 477-8215
Fax: (671) 472-9420
Andrew Eusebio, DDS
Antonio Rapadas, DDS

Pacific Surgical Arts

318 Dueñas Dr.
Tamuning
Phone: (671) 647-0060
Fax: (671) 647-0062
Darius Richardson, DMD, MD
(Surgeon, Oral & Maxillofacial)

Paradise Smiles Dental Clinic

384 Gov. Carlos Camacho Rd.
Tamuning
Phone: (671) 646-2010
Fax: (671) 646-2070
William Hightower II, DDS

Perio Health Institute Pacific

222 E. Chalan Santo Papa
Ste. 303
Hagåtña
Phone: (671) 479-5392
Fax: (671) 479-5393
Chie Hayashi, DDS, PHD, MMSC
(Periodontist)

Premier Dentistry

692 N. Marine Corps Dr.
Ste. 301 Upper Tumon
Phone: (671) 300-3222
Fax: (671) 300-3223
Steven Debulgado, DDS
Jongsung Kim, DDS
Song Rhim, DMD

Reflection Dental

222 Chalan Santo Papa
Reflection Ctr.
Ste. 304 Hagåtña
Phone: (671) 472-6824
Fax: (671) 472-1792
Backabwha Kim, DDS
Kunsun Lee, DDS

Seventh Day Adventist (SDA)

Dental Clinic
388 Ypao Rd.
Tamuning
Phone: (671) 648-2533
Fax: (671) 648-2556
Wayne Ward, DDS
Oh Ock Kwon, DDS
Amber Shironishi, DDS
Mel-Anizi Bersaba, DDS

The Pediatric Dental Center

222 Chalan Santo Papa
Reflection Ctr. Ste. 301 Hagåtña
Phone: (671) 477-6253
Fax: (671) 477-6237
Francisco San Nicolas, DMD, PC

Dr. Tracy Repancol Sunga, DDS, LLC

674 Harmon Loop Rd
Ste. 208
Dededo
Phone: (671) 633-8243
Tracy R. Sunga, DDS

Tumon Dental Office

667 N. Marine Corps Dr.
Pacifica Plaza Ste. 204
Tamuning
Phone: (671) 646-3679
Fax: (671) 646-2824
Stanley Yasuhiro, DDS

Robert Yang, DMD

744 N. Marine Dr.
Ste. 119
East-West Business
Center, Tamuning
Phone: (671) 647-8702
Fax: (671) 647-8704
Angie Yang, DMD

This list of participating providers may change without prior notice, we encourage you to check with our customer service department

COMPREHENSIVE DENTAL NETWORK

Participating Off-Island Dentists

Philippines *all off island services require coordination and approval through NetCare*

Affinity Dental - Alabang
Unit 206, 2nd Floor,
Westgate Hub Mall,
Filinvest Corporate City,
Alabang-Zapote Road,
Muntinlupa City Alabang
Phone: (632)8241-2478

Affinity Dental - Bacolod
MXJ5+H9C, GF, RL Jocson
Building,
BS Aquino Drive, Bacolod,
6100 Negros Occidental,
Philippines
Phone: (63)9176284541

Affinity Dental - BGC
2F, Bonifacio Stopover
Building,
32nd Street corner Rizal
Drive,
Bonifacio Global City,
Taguig Philippines
Phone: (632) 831-1789

Affinity Dental – Cebu
eBloc 2 Tower, G/F,
Lahug IT Park,
W Geonzon St, Cebu City,
Cebu, Philippines
Phone: (63)9176325718

Affinity Dental – Makati
2nd Floor Plaza One
Hundred,
100 V.A.
Rufino St., Legaspi Village
Makati City, Philippines
Phone: (63)917-584-6852

Dr. Danilo Giron
General Dentistry
St. Luke Quezon City
South Tower #1101
Phone: 632-723-0101
Local 2101

Dr. Rolando Gonzales
General Dentistry
St. Luke Quezon City
South Tower #815
Phone: 632-723-0101
Local 2815

Dr. Mary Ann Tuano
General Dentistry
St. Luke Quezon City
Medical Arts Building #230
Phone: 632-723-0101
Local 6230

The Health Cube
Promenade Building,
Basement 1
San Juan Metro Manila
Philippines
Phone (632)86501111

Dr. Zosima Reyes
General Dentistry
St. Luke Quezon City
Medical Arts Building #116
Phone: 632-723-0101
Local 6116

Dr. Olivia Atienza-Coronel
General Dentistry & Oral
Surgery
St. Luke Quezon City
South Tower #1118
Phone: 632-723-0101
Local 2118

Dr. Ariel D. Coronel
General Dentistry & Oral
Surgery
St. Luke Quezon City
South Tower #1118
Phone: 632-723-0101
Local 2118

Urban Smiles – BGC
Ayala Market Market
Taguig
Phone: (63) 9770613753

United States *all off island services require coordination and approval through NetCare*

**CARE
PPO**
Careington
over **100**
thousand
dental providers
nationwide



This list of participating providers may change without prior notice, we encourage you to check with our customer service department



Government of Guam Self Insured Dental Program

FY2026 Rates

ACTIVES (Bi-Weekly)

Class 1: Employee	\$ 8.77
Class 2: Employee & Spouse/Domestic Partner	\$ 28.38
Class 3: Employee & Child(ren)	\$ 22.78
Class 4: Employee & Family	\$ 37.29

RETIREES (Semi-Monthly)

Class 1: Employee	\$ 9.05
Class 2: Employee & Spouse/Domestic Partner	\$ 30.14
Class 3: Employee & Child(ren)	\$ 24.19
Class 4: Employee & Family	\$ 39.59

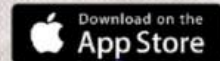
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GOVGUAM DENTAL
Subscribers



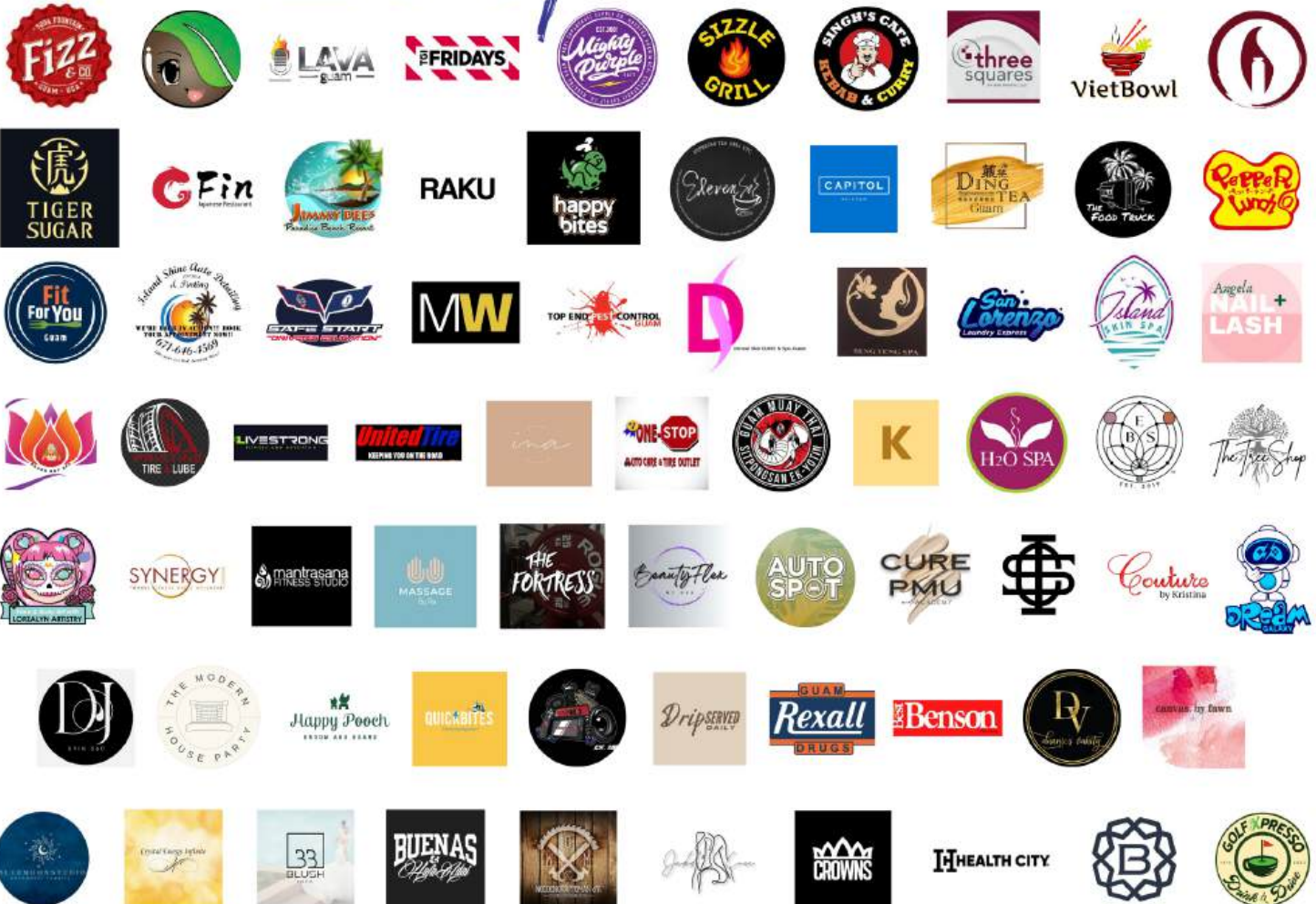
PRIMO REWARDS

EXCLUSIVE PERKS BEGINS HERE

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Si Yu'us Ma'ase

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424 W. O'Brien Drive
Julale Ctr, Suite 200
Hagatna, GU 96910
Phone: 671-472-3610
Fax: 671-472-6375

Philippines

St. Luke's Global City
Medical Arts Building
Room 1024/1025
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