



Fiscal Year 2024

Open Enrollment

Member Benefits Handbook



 **Government of Guam**
Self Insured Dental Program

administered by

NetCare
Life & Health Insurance

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www.netcarelifeandhealth.com





Hafa Adai!

NetCare Life and Health Insurance Company is pleased to serve as the third party administrator for the Government of Guam Self -Funded Dental Benefit Program for FY 2024. We are excited to partner with the Government of Guam to provide you with quality dental services. We look forward to the opportunity to provide you and your family with access to a comprehensive network of dental providers and our member services.

This Member Benefit booklet provides you a summary of your dental benefit coverage, payment responsibilities, exclusions, and other information pertinent to your Government of Guam Self Insured Dental Benefit Program. We encourage you to thoroughly read through this booklet and attend one of the informational sessions scheduled by the Government of Guam.

A significant improvement to your dental plan for FY 2024 is the increase in plan coverage from \$1000 to \$1500 per member . All other dental benefits remain the same as in previous years.

If you are currently enrolled in the Government of Guam Dental Program and do not need to make any changes, YOU DO NOT need to submit an enrollment form as your enrollment will automatically roll over to the NetCare system. Enrollment forms are only needed for employees who want to enroll, add dependents, or drop dependents. We will accept paper enrollment forms that can be submitted to a NetCare representative or your Payroll/Admin office, but we encourage you to take advantage of our digital enrollment feature that can be accessed on the GovGuam tab at www.netcarelifeandhealth.com.

We look forward to meeting with you during Open Enrollment and serving you during this upcoming Contract Period.

Si Yu'us Ma'ase

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		
<p>Fixed Prosthetics</p> <ol style="list-style-type: none"> 1. Crowns & Bridges 2. Gold inlays & onlays 3. Replacement of Crown Restoration (limited to once every 5 years) <p>Removable Prosthetics</p> <ol style="list-style-type: none"> 1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. 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
3. 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 pulp 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 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 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. Mikkel Tan Vy Bldg. Ste.
201 Tamuning
Phone: (671) 646-6510
Fax: (671) 649-4993
Janice Mallay, 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
Jurga Martin, 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
Jason Hartup, DDS
Timothy Bradly, 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
Yasunori Takenaka, 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
Neil Limbo, DDS
Kimberly Kaneshiro, DDS
Suzanne S. Kaneshiro, DDS
Christina Rapadas, DDS
Tracy Sunga, 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
Clegg, Sarah
Martini, Jurga

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
Paul Chun, DMD
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

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

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

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

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

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

Casipit Dental - BGC
UGF-E&F Grand Hamptons
1 2nd Ave. Corner
31st Street BGC,
Taguig City, Philippines
Phone: (63)922 871 2674

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

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

Continental United States appointments must be coordinated through the NetCare offices



over **100**
thousand
dental providers
nationwide



 **Government of Guam**
Self Insured Dental Program
Rates FY2024

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



Guam Office

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

Philippine Offices

**St. Luke's Global City
Medical Arts Building
Room 1024/1025
Phone: 632-789-7700
Local 7024 or 7025
Direct: 632-659-7166**

**St. Luke Quezon City
Cathedral Heights Building
Room 1507 North Tower
Phone: 632-723-0101
Local 5158 or 5159
Direct: 632-723-3942**

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