



Welcome to Calvo's SelectCare DENTAL Plan..... Affordable dental coverage available as an option exclusively to members of SelectCare's medical plans.

To participate in Calvo's SelectCare DENTAL Plan, you must be a member of a Calvo's SelectCare medical plan, and you must carry both medical and dental coverage throughout your policy year.

This schedule is provided as a handy summary of your dental care coverage. Please consult your policy for a full and detailed description of terms and limitations that may apply.

Calvo's SelectCare provides coverage for all of the dental services listed here. These are your dental benefits. Calvo's SelectCare pays the portion noted on the right, and you pay the remaining amount. If a dental service is not listed here, it is an exclusion, and you are responsible for all related charges.

You may select our dentist from among those in our network of participating providers. A list of participating dentists can be found in your provider directory or by calling Calvo's Insurance.

If you choose to see a dentist who is not a participating provider, you maybe responsible for a larger share of your expenses than you are when you choose a participating provider.

In general, your dentist will ask you to pay only your share of the charges at the time you receive dental care. He/she will then forward a bill to SelectCare for the remaining amount, and we will pay the remaining amount of eligible charges for covered services directly to your dentist.

However, occasionally, a dentist prefers that you pay in full for dental care at the time you receive it. When that is the case, simply submit a claim for reimbursement to our SelectCare Office, and we will reimburse you for all the covered expenses. Be sure to provide us with a copy of your receipts and dentist's bill which lists all the services you received and the price of each.

We want you to keep your healthy smile by making good use of your dental plan. Whenever you have a question or concern about your coverage, please call or come see us at our Calvo's SelectCare Office. We're ready to help!

Guam Dental Plan 1000

Schedule of Benefits

What Calvo's SelectCare Covers.....	When You Go to Participating Providers	When You Go To Non-Participating Providers
Your Benefits		
Deductible		None
Coverage Maximums		\$1000
<ul style="list-style-type: none"> Per member per policy year 		
Diagnostic & Preventive Care		
<ul style="list-style-type: none"> Caries Susceptibility Test Exams (Once every 6 months) Fluoride Treatment (For children age 15 & under, once a year) Prophylaxis (Cleaning of teeth once every six months) Sealants (For permanent molars of children age 15 & under) Space maintainers (For children age 15 & under, includes adjustments within 6 months of installation) Study Models Treatment Plan X-ray (Bite Wing) X-rays (Full Mouth, once every 3 years) 	100% of Covered Charges	60% of UCR Charges
Basic & Restorative Care		
General Services		
<ul style="list-style-type: none"> Emergency Care (During office hours) Routine Fillings (Silver & composite resin) Additional Tooth Surface (Next to filling) 		
Oral Surgery		
<ul style="list-style-type: none"> Simple Extractions Complicated Extractions Impactions 	80% of Covered Charges	60% of UCR Charges
Periodontal Care		
<ul style="list-style-type: none"> Periodontal Prophylaxis (Cleaning once every 6 months) Periodontal Treatment (And treatment of other gum diseases) 		
Endodontic Care		
<ul style="list-style-type: none"> Pulp Treatment Root Canal 		
Major & Replacement Care		
Fixed Prosthetics		
<ul style="list-style-type: none"> Crowns Gold Inlays & Onlays Bridges (Fixed) Replacement of Crown Restoration (Once every 5 years) 		
Removable Prosthetics		
<ul style="list-style-type: none"> Full Dentures (Once every 5 years) Partial Metal Dentures (Once every 5 years) Each Additional Tooth Relines (Single) Denture Repair Partial Repair (Plastic or Metal) Bridges (Removable) 	50% of Covered Charges	25% of UCR Charges
Sedation or General Anesthesia when required by Dentist	80% of Covered Charges	60% of UCR Charges
Additional Coverage / Conditions / Limitations		
<ul style="list-style-type: none"> None 		

Terms:

- Unused balances are not transferable to the following year.
- Payment of benefits is based on “UCR” - -the Usual, Customary and Reasonable charge of the geographical location where the dental service was rendered.

Dental Exclusions:

Any dental service which is NOT specified as covered is excluded.

Calvo’s SelectCare Dental Plan does NOT cover the following dental services and conditions. You are responsible for all related charges for:

- 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 5 years ago, or one that replaces a tooth that was missing before the date the patient became a member under the plan (including previously extracted or missing teeth.)
- A prosthetic or other appliance, or modification of one, where an impression was made before the patient was covered.
- All surgical procedures except for surgical extractions or teeth and periodontal surgeries performed by a dentist.
- Any over the counter drugs or medicine.
- Any service for which a member received benefits under any other coverage.
- Any service unless required and rendered in accordance with accepted standards of dental practice.
- 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.
- Dental work done after coverage ends. However, any applicable Work-in progress as defined above will be covered. The member must receive or complete any Work-in progress within 30 days after coverage ends.
- Dental implants or tooth preparation for over dentures.
- Dental work for cosmetic purposes.
- Experimental procedures.
- Excessive charges-any difference between your dentist's bill and the amount allowed by the plan.
- Fluoride varnish.
- Intentionally-inflicted injury.
- New denture or bridgework, if the existing denture or bridgework can be made serviceable.
- Orthodontia and related dental services (treatment and appliances for straightening irregularly placed teeth).
- Panoramic x-ray or full mouth x-ray if provided less than 3 years from the covered person's last panoramic x-ray or full mouth x-ray.
- Pitt and fissure sealants for patients age 16 and up.
- Precision attachments or stress breakers.
- Prosthodontic services or devices (including crowns and bridges) started prior to membership in SelectCare Dental Plan.
- Rebasng or relining of a denture less than 6 months after the first placement, and not more than one rebasing or relining in any 2 year period.
- Replacement of existing dentures, crowns or fixed bridgework if the existing dentures, crowns or fixed bridgework can be made serviceable.
- Replacement of lost or stolen appliance, or replacement of any appliance damaged while not in the mouth.
- Root canal therapy, if the pulp chamber was opened before the patient was covered.
- 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.
- Services paid for by Workers’ Compensation.
- Services related to TMJ (temporomandibular joint syndrome) or craniomandibular disorders, myofunctional therapy or the correction or harmful habits.
- Spare or duplicate prosthetic devices.
- Surgical grafting procedures.
- Treatment and/or removal of oral tumors.
- Work in progress prior to the effective date of coverage.

GUAM Office

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Mail: P.O. Box FJ
Hagatna, Guam 96932
Hours: 8:30 a.m. - 5:00 p.m. Monday-Friday
and 8:30 a.m. - 1:30 p.m. Saturday

SAIPAN Office:

Phone: (670) 234-5699 / 0
Fax: (670) 234-5693
Location: Oleai Center Bldg., San Jose
Mail: P.O. Box 500035
Chalan Kanoa, Saipan MP 96950
Hours: 8:30: a.m. - 5:00 p.m. Monday-Friday
and 8:30 a.m. -11:00 a.m. Saturday

PALAU Office :

Phone: (680) 488-7222 / 7444
Fax: (680) 488-7333
Location: JR Professional Building, Suite 2
Mail: P.O. Box 10248
Koror, Palau 96940
Hours: 8:30 a.m. - 5:00 p.m. Monday-Friday