StayWell INSURANCE

DENTAL 1500

See how far we'll go.

Island Home Insurance Company

Awarded Accreditation by AAAHC Accreditation Association for Ambulatory Health Care, Inc.

520 Route 8, Maite Guam 96910 · **671-477-5091**

staywellguam.com

2024 DENTAL 1500 – SCHEDULE OF BENEFITS

YOUR BENEFITS: WHAT STAYWELL COVERS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
ANNUAL MAXIMUM Per Individual member per Plan Year	$1,500.00	
DIAGNOSTIC & PREVENTIVE CARE • Exams (Once every 6 months) • Fluoride Treatment (under age 19, once per Plan Year) • Prophylaxis (cleaning and polishing, maximum of 2 per Plan Year) • Sealants ((under age 16, for permanent premolars and molars) • Space maintainers under age 16, includes adjustments within 6 months of installations) • Study Models • Treatment Plan • X-rays (Bitewings, maximum of 8 per Plan Year) • X-rays (Full mouth series or panoramic film, once every 36 months)	Plan pays 100%	Plan pays 70%; Member pays 30%
EMERGENCY CARE (palliative treatment only)	Plan pays 100%	Plan pays 70%, Member pays 30%
RESTORATIVE CARE • Routine fillings (once every 24 months per tooth per surface)	Plan pays 80%, Member pays 20%	Plan pays 56%, Member pays 44%
SEDATION OR GENERAL ANESTHESIA • Conscious sedation and Nitrous Oxide (under age 16) • General anesthesia (when medically or dentally necessary)	Plan pays 80%; Member pays 20%	Plan pays 56%; Member pays 44%
ENDODONTIC TREATMENT • Root canal treatment	Plan pays 80%; Member pays 20%	Plan pays 56%; Member pays 44%
SURGERY • Extractions • Impactions • Pulpotomy	Plan pays 80%; Member pays 20%	Plan pays 56%; Member pays 44%
PERIODONTAL CARE • Subject to a maximum of $500.00 per Plan Year	Plan pays 50%; Member pays 50%	Plan pays 35%; Member pays 65%
MAJOR & REPLACEMENT CARE • Bridges • Crowns • Dentures (Full) • Dentures (partial) • Inlays & onlays • Repairs of crown, bridges and dentures • Replacement (once every 5 years)	Plan pays 50%; Member pays 50%	Plan pays 35%; Member pays 65%

*Services from a Non-Participating Provider will be paid based on Eligible charges as defined by the group contract. **Payment for Emergency Services from a Non-Participating Provider is subject to PPACA emergency services as specified in the group contract. This handbook is for informational purposes only. Its contents are subject to the provisions of the Group Contract between the Employer and StayWell Insurance/IHIC. In the event of a discrepancy between this handbook and the contract, the terms of the contract will prevail. SW COSRG 01/2024

2024 DENTAL 1500 – EXCLUSIONS & LIMITATIONS

No benefits will be paid in connection with:

- 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 Covered Person was covered, or
  - A crown, bridge, or cast restoration for which the tooth was prepared before the Covered Person was covered, or
  - Root canal therapy, if the pulp chamber was opened before the Covered Person was covered.
- Services not specifically listed in the Schedule of Benefits, 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.
- Any Service unless required and rendered in accordance with accepted standards of dental practice.heal
- 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 Schedule of Benefits (including previously extracted or missing teeth).
- Replacement of existing dentures, crowns or fixed bridgework if the existing dentures, crowns or fixed bridgework can be made serviceable.
- 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.
- Replacement of lost or stolen appliance, or replacement of any appliance damaged while not in the mouth.
- Any Service for which the Covered Person received benefits under any other coverage offered by the Company.
- Spare or duplicate prosthetic devices.
- Services included, related to or required for:
  - Implants or tooth preparation for overdentures;
  - 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, periodontal splinting, restoration of tooth structure lost from attrition and restoration for malalignment 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 health conditions) or from domestic violence.
- Any over the counter drugs or medicine.
- Fluoride varnish.
- Charges for finance charge, broken appointments, completion of insurance forms or reports, providing records, infection control, oral hygiene instruction, pit and fissure sealants, except as otherwise specifically provided herein and dietary instruction, or lack of cooperation on the part of the patient.
- Charges in excess of the amount allowed by the Plan for a Covered Service.
- Any treatment, material, or supplies which are solely for orthodontic treatment, including extractions, study models and X-rays solely for orthodontic purposes.
- Services for which no charge would have been made had the Schedule of Benefits not been in effect.
- Surgical grafting procedures.
- General anesthetic, conscious sedation, and other forms of relative analgesia, except as otherwise specifically provided herein.
- Services paid for by Workers' Compensation.
- 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.
- Treatment and/or removal of oral tumors.
- All surgical procedures except for surgical extractions of teeth and periodontal surgeries performed by a Dentist.
- Panoramic x-ray if provided in 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.
- All treatments not specifically stated as being covered.

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Underwritten by:

Island Home Insurance Company

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