StayWell INSURANCE

DENTAL 1000

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

2025 DENTAL 1000 – SCHEDULE OF BENEFITS

YOUR BENEFITS: WHAT STAYWELL COVERS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
ANNUAL MAXIMUM Per Individual member per Plan Year	$1,000	
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 CARE • Root canal treatment	Plan pays 50%; Member pays 50%	Plan pays 35%; Member pays 65%
ORAL SURGERY • Extractions • Impactions	Plan pays 50%; Member pays 50%	Plan pays 35%; Member pays 65%
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 01/2025

Member

RIGHTS & RESPONSIBILITIES

RIGHTS

As a valued StayWell Member, you have the right to:

- Be treated with respect, consideration, and dignity regardless of race, religion, national origin, gender, cultural background, educational or economic status, age, sexual orientation, type of illness, or mental or physical disability.
- Privacy and confidentiality of health information. Member disclosures and records are treated confidentially. Members are given the opportunity to approve or refuse the release of records except when required by law.
- Receive information about the out-of-pocket share and fees you must pay.
- Receive information about your plan benefits, coverage, limitations, and exclusions.
- Be advised by a health care professional on how to schedule appointments and get health care during and after office hours, and for emergent care. This includes continuity of care.
- Obtain medically necessary emergency and urgent care.
- Know your access to out of area care and covered services, as applicable.
- Access the network for primary and specialty care, including behavioral/mental health care.
- Select and change providers within your plan's network. Refer to the provider directory for a list of all participating providers.
- Know the names, credentials, and qualifications of healthcare professionals providing your health treatment.
- Talk about appropriate or medically necessary care options, regardless of cost or coverage.
- Be informed if a healthcare professional plans to use an experimental treatment or procedure.
- You have the right to refuse to participate in research projects.
- Complete an advance directive, living will, or other directive, and to place that directive in your medical record.
- Actively participate in decisions that relate to your health and your medical care through discussions with your health care provider or through written advance directives.
- Receive complete information concerning your evaluation, diagnosis, treatment, and prognosis.
- Receive interpretive services, as necessary.
- File complaints or grievances about the plan, your provider, or care you receive.
- File an Appeal for reconsideration of an Adverse Determination of a health service request or benefit.
- Have any questions or concerns about your rights and protections answered by us.

RESPONSIBILITIES

As a valued StayWell Member, you are responsible to:

- Treat all healthcare providers, staff, and others with respect.
- Provide an accurate health history, including information about medications and over-the-counter products, dietary supplements, and allergies or sensitivities.
- Follow the treatment plan prescribed by your provider and to participate in your care.
- Inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
- Accept personal financial responsibility for any charges not covered by insurance, if applicable.
- Be familiar with your coverage. Pay your premiums and any copayments, coinsurance, and deductibles you may owe.

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2025 DENTAL 1000 – EXCLUSIONS & LIMITATIONS

Exclusions. 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.
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.

Underwritten by:

Island Home Insurance Company

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