NON-FEHB BENEFIT

# A Supplemental Dental Plan

## for Calvo's SelectCare Federal Members for Benefit Year 2019

Protect your **Smile** and your **Health**

Calvo's SelectCare offers a dental plan to supplement the dental coverage provided in the Calvo's SelectCare FEHB plan option you have selected. Please refer to our 2019 FEHB Brochure for more information on supplemental dental benefits.

**Our Supplemental Dental Plan is a great way to help you and your family keep your smiles healthy. The plan provides:**

- Basic services like fillings and simple extractions
- Major services like crowns, bridges, dentures and root canals

### 2019 FEHB Supplemental Dental Premiums

| | |
|---|---|
| **Single** (monthly) | **$ 39.00** |
| **Self Plus One** (monthly) | **$ 78.00** |
| **Self and Family** (monthly) | **$123.50** |

### How to Enroll

- Complete the Supplemental Dental Enrollment and Direct Payment form
- Submit the completed form to the Calvo's SelectCare office, located on the second floor of the Calvo's Insurance building in Hagatna. Office hours are Monday through Friday from 8:30am to 5:00pm and Saturday from 8:30am to 1:30pm. Telephone number is (671) 477-9808.
- Last day to enroll is December 15, 2018.

### How to Make Payments

- Automatic payments can be deducted from a checking or savings account or from a credit /debit card.
- Please complete the payment section of the Enrollment/Payment form.

CALVO'S Select Care HEALTH PLANS

# FEHB Supplemental Dental Coverage

Application & Direct Payment Form

| Name | | | | | |
|---|---|---|---|---|---|
| **E-mail Address** | | | **Social Security No.** | | |
| **Mailing Address** | | | | | |
| **Home Phone** | **Work Phone & Ext.** | **Cell Phone / Other Phone** | **Date of Birth** | **Sex** | **Marital Status** |

## Dependent Information

Please List All Family Members You Wish Covered Under the Supplemental Dental Plan

| Last Name | First Name & M.I. | Relation to Subscriber | Social Security No. | Sex | Date of Birth |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I understand that Calvo's SelectCare reserves the right to refuse participation by any applicant in the plan and is not obligated to provide a reason for declining coverage. I further understand that application does not guarantee acceptance into the plan; acceptance of coverage is not granted, under any circumstances, until the application has been approved by Calvo's SelectCare. Note: The FEHB Supplemental Dental benefits described in any Calvo's SelectCare brochure are neither offered nor guaranteed under the contract with the FEHB Program, but are made available to all Federal enrollees and family members who are members of a Calvo's SelectCare FEHB plan. The cost of the Supplemental Dental Plan is not included in the FEHB Premium. **Enrollment in the Calvo's SelectCare Supplemental Dental Plan is locked-in for the benefit year.** Voluntary Disenrollment is only allowed during the plan year if I terminate employment with the Federal Government or cancel my enrollment in a FEHB Calvo's SelectCare Plan. **Please Intial:** _____

## Coverage (Select One)

☐ **Self Only -** $39.00 / Month ☐ **Self Plus One -** $78.00 / Month ☐ **Self and Family -** $123.50 / Month

## Payment Method (Select One - Checking Account, Savings Account or Credit Card)

☐ **Checking Account** ☐ **Savings Account** To ensure proper account information please attach a DEPOSIT SLIP or a CHECK marked "VOID"

| Financial Institution / Bank Name | |
|---|---|
| **Bank Routing Number** | **Bank Account / Member Number** |

☐ **Credit Card** (indicate Credit Card) ☐ Mastercard ☐ Visa

| Credit Card Number | Exp. Date | CVV Code 3 digit code on back of card |
|---|---|---|
| | | |

I hereby authorize Calvo's SelectCare, hereinafter called the Company, to initiate debit entries to my Bank Account or Credit Card Account indicated above at the financial depository institution or credit card company named above hereinafter called Depository, and to debit the same to such account by the 30th of the month for the premium due for the following month until the end of the Plan Year (lock-in provision). I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of the U.S. Law. In any event that the deductions for payment is rejected or declined for any reason, it will become my responsibility to immediately pay the premiums directly to Calvos' SelectCare or my coverage may be terminated.

**Signature of Applicant** **Date Signed**

CALVO'S Select Care HEALTH PLANS

# Supplemental Dental Coverage

Calvo's SelectCare offers a dental plan to supplement the dental coverage provided in the Calvo's SelectCare FEHB plan option you have selected. Supplemental dental coverage will be coordinated with your FEHB dental coverage.

The supplemental dental plan provides coverage as follows:

| Supplemental Dental Benefits | Member Pays | |
|---|---|---|
| **Covered Services** | **In-network** | **Out-of-network** |
| **Deductible** | **Nothing** | **Nothing** |
| **Restorative Service**<br>Routine fillings (silver amalgam and anterior composite). Posterior composites are not covered, however, an allowance for a comparable silver amalgam restoration will be made. The difference in fees is the member's responsibility. | **20% coinsurance of covered charges** | **60% coinsurance of our allowance plus any difference between our allowance and billed charges.** |
| **Simple Extractions**<br>Simple non-surgical extractions of fully erupted teeth only. Extractions solely for purposes of orthodontic treatment are not covered. Surgical extractions of unerupted or impacted teeth and general anesthesia are not covered. | **20% coinsurance of covered charges** | **60% coinsurance of our allowance plus any difference between our allowance and billed charges.** |
| **Endodontics**<br>Complete root canal therapy (including pulpectomy and intra-operative radiographs), pulpotomy and pulpal therapy. | **20% coinsurance of covered charges** | **60% coinsurance of our allowance plus any difference between our allowance and billed charges.** |
| **Periodontics**<br>Consultation, evaluation, and treatment of soft tissue and bones supporting teeth, subgingival curettage, gross scaling (excessive calculus removal), subgingival scaling and root planing, periodontal maintenance (applicable only to members undergoing or who have completed periodontal treatment) and periodontal surgery. | **20% coinsurance of covered charges** | **60% coinsurance of our allowance plus any difference between our allowance and billed charges.** |
| **Prosthodontics**<br>Full and partial dentures; repairs, relining and/or reconstruction of dentures. Porcelain and/or gold crowns and bridges, space maintainers, resin and stainless steel crowns. Occlusal guards are not covered. | **50% coinsurance of covered charges** | **75% coinsurance of our allowance plus any difference between our allowance and billed charges.** |
| **Sedation**<br>• General anesthesia when specifically recommended by the dentist as a necessity<br>• Nitrous oxide or analgesia for member under 13 years old | **20% coinsurance of covered charges** | **40% coinsurance of our allowance plus any difference between our allowance and billed charges.** |
| **Oral Surgery**<br>• Surgery for impacted teeth and complicated extractions | **20% coinsurance of covered charges** | **60% coinsurance of our allowance plus any difference between our allowance and billed charges.** |
| **Orthodontics** | **$1,500 Lifetime maximum payable to provider in quarterly installments of $187.50** | **All charges** |

**Dental Plan Maximum -** The supplemental dental plan will pay a maximum benefit of $1,500 per member per calendar year.

## Supplemental Dental Premiums (Monthly):

| | |
|---|---|
| Self Only: | $39.00 |
| Self Plus One: | $78.00 |
| Self and Family: | $123.50 |

CALVO'S Select Care HEALTH PLANS

# Supplemental Dental Coverage

## Terms and Conditions

- Member must be enrolled in Calvo's SelectCare FEHB medical plan.
- 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.
- Enrollment limited to Open Season period.
- The Supplemental Dental plan is a non-FEHB benefit.
- Member is "locked in" for the full benefit year except in non-payment situations.
- Non-payment of premiums will result in termination of coverage.
- Effective Dates: New medical plan enrollees - 1st day of the first pay period of the benefit year to December 31
  Current members - January 1 to December 31
- Payment Deductions will begin in December 2018.

## Dental Exclusions:

- **Any dental service which is NOT specified as covered is excluded.**
- **Calvo's SelectCare Supplemental FEHB Dental Plan does NOT cover the following dental services and conditions. Member is 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.
  - 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.
  - Rebasing 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.