RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

Group Health Insurance

January 1, 2021 to December 31, 2021

MOYLAN'S

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Life & Health Insurance

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ADVANTAGE PLAN POS
MEDICAL
Schedule of Benefits

The medical services listed on these pages are medical benefits for the ADVANTAGE PLAN POS. This POS Medical Plan is a summation of benefits. Detailed description of benefits, co-payments, deductibles & procedures are found in your Summary Plan Description, Summary of Benefit Coverage, or Uniform Glossary. A listing of participating providers can be found in NetCare's Provider Directory. Copies of these documents may be obtained by calling NetCare at 671-472-3610 or www.netcarelifeandhealth.com

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS
DEDUCTIBLE (Subject to UCR)	NONE
PHYSICIAN & OUTPATIENT BENEFITS	
1. Primary Care Office Visit at PCP	$10 co-pay
2. Specialist Care Office Visit & Non-PCP Office Visit	$25 co-pay
3. Second Surgical Opinion	$25 co-pay
4. Home Health Care	$25 co-pay
5. Hospice ($50 per day/180 days Lifetime) Pre-certification required	$25 co-pay
6. Injections (Does not include Specialty and Orthopedic Injections)	$25 co-pay
7. Outpatient Laboratory Services	$10 co-pay
8. Outpatient X-ray Services	$10 co-pay per x-ray
9. Outpatient Surgery (Pre-certification required)	$100 co-pay
10. Private Duty Nursing	$25 co-pay
URGENT CARE	
1. Clinic Setting	$25 co-pay
2. Hospital Setting	$100 co-pay
HOSPITALIZATION (Inpatient Services) All inpatient admissions require a NetCare approved referral within 48 hours of admission.	
1. Room & board for semi-private room, intensive care, coronary care & surgery; All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia, medication & physician's services	• Centers of Care - No charge for covered inpatient charges. • GMHA & GRMC - $100 per day for the first 5 inpatient days. • Other Hospitals - 20% of covered inpatient charges.
2. Skilled Nursing Facility - Limited to 60 days per contract period	
3. Inpatient Mental Health & Chemical/Substance Treatment	
EMERGENCY & NON-EMERGENCY SERVICES	
1. On or Off-island Emergency services	20% of covered charges
2. Non-emergency services rendered in a hospital emergency room	$100 co-pay plus 20% of covered charges
3. Ambulance Service (limited to ground transportation)	$100 co-pay
ROUTINE ANNUAL EXAMS & IMMUNIZATIONS - Preventive guidelines established by U.S. Preventive Services Task Force, Grades A or B	
Preventive Care for Adults, Child & Baby	
1. Routine Annual Physical Exam - Limited to one exam per contract period	No Charge
2. Routine Annual Gynecological Exam - Limited to one exam per contract period	No Charge
3. Routine Annual Mammograms - Age 40+	No Charge
4. Routine Annual Eye Exam - Limited to one exam per contract period	No Charge
5. Routine Annual Immunizations - Per CDC Guidelines	No Charge
6. Routine Annual Health Screening	No Charge
7. Routine Annual Outpatient Laboratory & Outpatient X-ray	No Charge

PRESCRIPTION DRUGS (www.optumrx.com)

Out of pocket maximum $3,000 Individual/$9,000 Family	**Retail/Pharmacy**	**Mail Order**	**Out of Network**
1. Generic drugs	$ 5 per unit	$ 0 (90 days)	50% of AWP
2. Brand drugs	$ 15 per unit	$ 0 (90 days)	50% of AWP
3. Non-formulary drugs	30% of covered charges	$150 (90 days)	Not Covered
4. Injectables	30% of covered charges	30% + shipping	Not Covered

Additional information can be found within this document.

ALLERGY - Testing & Treatment limited to $500 per Contract Period	$25 co-pay
AUTISM SPECTRUM DISORDER	20% of covered charges
BLOOD, BLOOD PRODUCTS & DERIVATIVES Limited to $50,000 per Contract Period	20% of covered charges
CARDIAC CARE	
Specialist Office Visit	$25 co-pay
Cardiac Surgery (Pre-certification required)	• Centers of Care - No charge for covered inpatient charges. • GMHA & GRMC - $100 per day for the first 5 inpatient days. • Other Hospitals - 20% of covered inpatient charges.
CHEMICAL DEPENDENCY/SUBSTANCE ABUSE (OUTPATIENT)	$25 co-pay

Advantage Plan POS

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS
DEDUCTIBLE (Subject to UCR)	NONE
CHEMOTHERAPY, RADIATION THERAPY & NUCLEAR MEDICIN Pre-certification required	$100 co-pay per procedure
CHIROPRACTIC - Limited to $2,000 per Contract Period	$10 co-pay
CHRONIC ORTHOPEDIC DEFORMITY & CONDITIONS Pre-certification required Limited to $50,000 per Contract Period for all related services	20% of covered charges
CONGENITAL DISEASES - Limited to $15,000 per Contract Period. Pre-certification required.	
1. Primary Care Office Visit at PCP	$10 co-pay
2. Specialist Care Office Visit & Non-PCP Office Visit	$25 co-pay
3. Hospitalization (Hospitalization & Inpatient Benefits apply)	$100 co-pay per day for the first 5 inpatient days
DIAGNOSTIC TESTING MRI, Mammogram, CT Scan, EKG, Ultrasound, Cardiac Stress Test, Cardiac Catherization, Coronary Angiography, Bone Scan, Biopsy and any other diagnostic procedure. Limited to one test per anatomical region per contract period. Pre-certification required. Approval based on medical review.	$100 co-pay per procedure
DURABLE MEDICAL EQUIPMENT (DME) Includes standard hospital bed, standard wheelchair, crutches, portable commode, oxygen concentrator, bili-lite, nebulizer, wigs after chemotherapy. Limited to rental only. Pre-certification required.	$100 co-pay
FITNESS BENEFIT & REWARD Limited to participating fitness centers and attendance 8 times/month	Plan pays up to $180 Cash Reward
MATERNITY CARE All inpatient admissions require a NetCare approved referral within 48 hours of admission.	
1. Pre-natal / Post-natal Care Visit (Includes one routine ultrasound)	No Charge
2. Delivery: Hospital Facility	$100 co-pay for the first 5 inpatient days
3. Delivery: Birthing Center (Limited to Guam)	$100 co-pay
4. Delivery: Centers of Care	No Charge
5. Delivery: Professional Fee	No Charge
6. Circumcision: Within 30 days of date of birth (Pre-certification required)	$50 co-pay
7. Breastfeeding Equipment (limited to rental only)	No Charge
MENTAL HEALTH TREATMENT (OUTPATIENT)	
First 20 visits	$25 co-pay
All visits thereafter	$50 co-pay plus 20% of covered charges
OCCUPATIONAL THERAPY Maximum of 10 visits per Contract Period. Pre-certification required.	$25 co-pay
PHYSICAL THERAPY Maximum of 20 visits per Contract Period. Pre-certification required.	$25 co-pay
RECONSTRUCTIVE BREAST SURGERY Limited to the following in accordance with the Women's Health & Cancer Rights Act of 1998. Pre-certification required.	
1. Primary Care Office Visit at PCP	$10 co-pay
2. Specialist Care Office Visit & Non-PCP Office Visit	$25 co-pay
3. Hospitalization (Hospitalization & Inpatient Benefits apply)	$100 co-pay per day for the first 5 inpatient days
•Reconstruction of the breast on which a Mastectomy was performed due to cancer •Surgery and reconstruction of other breast to produce symmetrical appearance •Prostheses and treatment of physical complication, including Lymphedemas & wigs	
SPEECH THERAPY (OUTPATIENT) Limited to 20 visits per Contract Period. Pre-certification required.	$25 co-pay
STERILIZATION PROCEDURES Outpatient Tubal Ligation or Vasectomy at PCP or Surgicenter Pre-certification required	No Charge
WELLNESS Member co-insurance may be reimbursed upon program completion	20% of covered charges

GROUP TERM LIFE INSURANCE (optional group benefit)	Plan pays $5,000 Basic + $5,000 AD&D
ANNUAL PLAN MAXIMUM	Unlimited
LIFETIME MAXIMUM	Unlimited
ANNUAL OUT-OF-POCKET MAXIMUM	
1. Per Individual Per Contract Period	$2,000.00
2. Per Family Per Contract Period	$6,000.00

CENTERS OF CARE shall be defined as a Participating Provider that is a Hospital or Ambulatory Surgical Center located outside of the Service Area. The Hospital or Ambulatory Surgical Center shall be a Participating Provider at the time services are rendered to the Covered Person and shall be specifically designated by name as a Center of Care in the more recent of NetCare's most current brochure or NetCare's most current updated Provider Directory.

COVERED CHARGES for Participating Providers are charges determined by NetCare to be the maximum amount that it will pay for a covered service to a health care provider. Any applicable co-payment will apply to the Eligible Charge. Covered Charges or Eligible Charges shall be defined as the reimbursement amounts agreed between the Company and the Participating Provider.

NON-GRANDFATHERED STATUS DISCLOSURE - This group health plan believes this plan is a non-grandfathered health plan under the Patient Protection and Affordable Care Act. Being a non-grandfathered health plan means that your policy includes certain consumer protections. Questions may be directed at NetCare at 671-472-3610 or EBSA at www.dol.gov/ebsa or DHHS at www.healthreformgov.

PHILIPPINE CARE - All covered benefits/services rendered at NetCare's Philippine Centers of Care are 100% of covered charges, subject to pre-certification requirements, approved referrals and plan benefit limits.

PRIMARY CARE PROVIDER (PCP) - A PCP is a physician who provides primary or routine care. Each enrolled member is paneled to a PCP by election or assignment. Member out-of-pocket expense is determined by care at a PCP or non-PCP. A specialist provider may be chosen as a PCP provided the specialist allows primary or routine patient care.

PRESCRIPTION DRUGS - NetCare adopted a mandatory generic program, which means prescription drugs are limited to covered generic drugs. Additional charges will apply for non-generic prescription drugs that include copayment of the non-generic drug plus the ingredient cost difference of the non-generic and generic drug. Contraceptives, including injectable contraceptives, are covered at no charge for generic retail & generic mail order at participating providers. Brand & non-formulary contraceptives at participating providers are subject to Plan benefits. Specialty drugs purchased on Guam & Hawaii are limited to Kmart Pharmacy. Preventive drug benefits are payable based on guidelines established by the U.S. Preventive Services Task Force grades A or B. Injectable drug copayments for specific drug classes may fall under another copayment tier. Please refer to NetCare's current drug formulary for coverage and copayment tier.

PROVIDER NETWORK - Covered benefits and services are limited to participating providers on Guam. Charges for services rendered outside Guam and at non-participating providers are not covered by the plan.

REFERRALS - Referrals are not required for primary, specialty or covered ancillary services at participating providers on Guam. There is no coverage or payable benefits for services rendered outside Guam unless approved by NetCare, limited to Philippines.

RESIDENCY - Enrollment is limited to members who live on Guam and do not reside outside Guam for more than 90 consecutive days per Contract Period. A NetCare approved authorization is required for members receiving continuous medical care outside Guam that is not for long term medical treatment.

SERVICE AREA - The service area for this policy shall be defined as Guam.

UCR means Usual, Customary & Reasonable charges of the geographical location where service was rendered based on the current Medicare RBRVS/DRG. Charges in excess of UCR are not payable by the plan.

MEDICAL EXCLUSIONS

Medical services listed below are NOT covered by NetCare

- Airfare (unless criteria as set forth by the Plan has been met).
- Acupuncture.
- Biofeedback and other forms of self-care or self-help training.
- Blood derivatives used for experimental purposes.
- Care for military service connected disabilities to which a member is legally entitled.
- Care and services normally covered by Medicare Parts A & B for which the member is eligible and entitled to at no cost, but declined to enroll.
- Care or services rendered by immediate relatives or members of the enrollee's household, rendered as a duly licensed medical practitioner employed by a healthcare providers.
- Chronic Brain Syndrome, or custodial care charges resulting from senile deterioration.
- Cost of care or treatment related to diseases, illness, or injuries where payment is provided for under local laws or programs, federal acts, industrial insurance, automobile insurance or Worker's Compensation programs.
- Custodial care, domiciliary or convalescent care, or rest cures.
- Dental services except for surgical procedures as a result of accidental injury to natural teeth or jaw. Such services do no include include capping, bridges or retainers as benefits.
- Elective cosmetic treatment including but not limited to breast implants (unless after mastectomy due to cancer) cosmetic eye surgery (i.e. Lasik), etc.
- Emergency treatment provided outside the service area if the need for care could have been foreseen before departing the service area.
- Executive Physical Exams/Executive Check-up (Inpatient Physical Exam).
- Experimental medical, surgical and other health-care procedures.

MEDICAL EXCLUSIONS (continued)

Medical services listed below are NOT covered by NetCare

- Gastric Bypass, stapling or reversal, surgical correction (except as approved by the Plan).
- Hearing Aids.
- Hip Joint replacement surgery and all related treatment and services.
- Hyperbaric Oxygen Treatment (HBO).
- Implants including but not limited to dissolvable implants, non-human artificial or mechanical organ, breast implants, penile prosthesis, cornea, intra-ocular lenses, artificial joints and limbs, etc. except for cardiac pacemakers, cardiac stents, & covered contraceptive devices.
- Infertility services and care related to conception by artificial means, including artificial insemination, in-vitro fertilization and embryo transfers, sterilization unless medically necessary, cost of care and treatment for reversal of sterilization and treatment or correction of infertility.
- Inpatient and outpatient services and care provided to dependents of a non-spouse dependent.
- Intentionally self-inflicted injury, while sane or insane unless or from a domestic violence dispute.
- Injury or illness incurred as a result of attempted suicide.
- Interrupted pregnancy (non-medically necessary), non-life threatening abortions unless medically necessary.
- Living expenses including meals, hotel rooms, transportation, etc.
- Long term rehabilitation including but not limited to physical therapy, speech therapy, hand therapy, and occupational therapy.
- Medical treatment and services related to End Stage Renal Disease, including Dialysis.
- Nasal reconstruction except to correct a deformity as a result of an accidental injury which occurred within 90-days of the date of surgery, or the removal or treatment of cancer of the nose.
- Non-medical treatment of obesity (except as approved by the Plan).
- Orthopedic and external prosthetic devices including but not limited to shoes, orthotics, artificial limbs, etc.
- Over-the-counter drugs or drugs for which a prescription from a licensed physician is not required under federal law, inclusive of OTC contraceptives and devices and all non FDA approved drugs.
- Personal comfort items, such as but not limited to telephone, television, guest trays, electrical power, water and disposal systems, baths and pools at their installation, hospital room installation, hospital room upgrades & surcharges.
- Physical examinations and all services related thereto when required for obtaining or continuing employment, insurance, schooling, governmental licensing or sports activities.
- Pre-existing conditions and medical conditions excluded and noted on the policy.
- Prenatal ultrasound (except as approved by the Plan). Routine ultrasounds are limited to one per pregnancy term. Subsequent ultrasounds are not covered unless medically necessary and approved by the Plan.
- Prescription drugs not included in NetCare's mandatory generic drug program, unless approved by the Plan.
- Preventive care & services rendered at participating specialist providers, except for OB/GYN related services.
- Services provided by the covered person's spouse, child, brother, sister or parents whether by blood or by law.
- Services rendered by a non-participating provider, except for emergency care & services.
- Services rendered outside Guam other than at NetCare's direct contracted providers and NetCare's Centers of Care.
- Services rendered outside Guam without a NetCare approved referral.
- Services rendered for pre-certified benefits not approved by NetCare.
- Specialty drugs purchased at pharmacies other than Kmart Pharmacies in Guam & Hawaii. Specialty drugs purchased in the Continental United States and Philippines are not limited to Kmart Pharmacy and are subject to plan benefits.
- State & local taxes, administrative fees and handling/shipping charges.
- Temporomandibular (jaw) joint disorders and related diseases (TMJ).
- The purchases and/or fitting of eyeglasses or contact lenses (unless Vision Care Rider is elected), radical keratotomy or lasik.
- Transsexual surgery and related services.
- Treatment & services related to hepatitis without a NetCare approved prior authorization and strict criteria satisfaction.
- Treatment and services related to Organ Transplant.
- Treatment and services related to sleeping disorders, sleep evaluation & diagnosis.
- Treatment of acne related services, including prescription drugs.
- Treatment for adult circumcision procedures, if provided solely for cosmetic or religious purposes.
- Treatment for services and supplies related to sexual dysfunction (i.e. Viagra)
- Treatment for injuries sustained in the commission of an illegal act including but not limited to drunk driving (driving while intoxicated, or with an alcohol level of .08 or greater on the Draeger Alco Test, or blood alcohol level of 100-250 MG/DL).
- Treatment of injuries or illnesses sustained as a result of war or any acts of war, declared or undeclared.
- Treatment of injuries while participating in hazardous sports, such as but not limited to off-road, skydiving, etc.
- Any portion of an expense, charge or fee that exceeds the eligible charges and the Usual, Customary and Reasonable charge.
- Benefits and services not specified as covered.

NetCare
Life & Health Insurance

SMARTCHOICE *1500* PLAN

MEDICAL

Schedule of Benefits

The medical services listed on these pages are medical benefits for the Guam SMARTCHOICE Plan. This HDHP Medical Plan is a summation of benefits. Detailed description of benefits, co-payments, deductibles & procedures are found in your Summary Plan Description, Summary of Benefit Coverage, or Uniform Glossary. A listing of participating providers can be found in NetCare's Provider Directory. Copies of these documents may be obtained by calling NetCare at 671-472-3610 or at www.netcarelifeandhealth.com

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS	WHAT YOU PAY AT NON-PARTICIPATING PROVIDERS
DEDUCTIBLE (Subject to UCR)	**$1,500 Individual / $3,000 Family**	**$3,000 Individual / $6,000 Family**
PHYSICIAN & OUTPATIENT BENEFITS		
1. Primary Care Office Visit	20% of covered charges	30% of UCR
2. Specialist Care Office Visit	20% of covered charges	30% of UCR
3. Second Surgical Opinion	20% of covered charges	30% of UCR
4. Home Health Care	20% of covered charges	30% of UCR
5. Hospice ($50 per day/180 days Lifetime) Pre-certification required	20% of covered charges	30% of UCR
6. Injections (Does not include Specialty and Orthopedic Injections)	20% of covered charges	30% of UCR
7. Outpatient Laboratory Services	20% of covered charges	30% of UCR
8. Outpatient X-ray Services	20% of covered charges	30% of UCR
9. Outpatient Surgery (Pre-certification required)	20% of covered charges	30% of UCR
10. Private Duty Nursing	20% of covered charges	30% of UCR
URGENT CARE		
1. Clinic Setting	20% of covered charges	30% of UCR
2. Hospital Setting	20% of covered charges	
HOSPITALIZATION (Inpatient Services) All inpatient admissions require a NetCare approved referral within 48 hours of admission.		
1. Room & board for semi-private room, intensive care, coronary care & surgery; All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia, medication & physician's services 2. Skilled Nursing Facility - Limited to 60 days per contract period 3. Inpatient Mental Health & Chemical/Substance Treatment	• Centers of Care - No charge for covered inpatient charges. • GMHA & GRMC - 20% of covered inpatient charges. • Other Hospitals - 20% of covered inpatient charges.	30% of UCR
EMERGENCY & NON-EMERGENCY SERVICES		
1. On or off-island hospital emergency room service	20% of covered charges	20% of covered charges
2. Non-emergency services rendered in a hospital emergency room	50% of covered charges	50% of covered charges
3. Ambulance Service (limited to ground transportation)	20% of covered charges	20% of covered charges
ROUTINE ANNUAL EXAMS & IMMUNIZATIONS - Preventive guidelines established by U.S. Preventive Services Task Force, Grades A or B		
Preventive Care for Adults, Child & Baby (*Deductible does not apply to Routine Annual services*)		
1. Routine Annual Physical Exam - Limited to one exam per contract period	No Charge	30% of UCR
2. Routine Annual Gynecological Exam - Limited to one exam per contract period	No Charge	30% of UCR
3. Routine Annual Mammograms - Age 40+	No Charge	30% of UCR
4. Routine Annual Eye Exam - Limited to one exam per contract period	No Charge	Not Covered
5. Routine Annual Immunizations - Per CDC Guidelines	No Charge	30% of UCR
6. Routine Annual Health Screening	No Charge	30% of UCR
7. Routine Annual Outpatient Laboratory & Outpatient X-ray	No Charge	30% of UCR

PRESCRIPTION DRUGS (www.optumrx.com)	**Retail/Pharmacy**	**Mail Order**	**Out of Network**
1. Generic drugs	20% of covered charges	20% + shipping	Not Covered
2. Brand drugs	20% of covered charges	20% + shipping	Not Covered
3. Non-formulary drugs	50% of covered charges	50% + shipping	Not Covered
4. Injectables	50% of covered charges	50% + shipping	Not Covered

Additional drug information can be found within this document.

ACUPUNCTURE - Limited to $2,000 per Contract Period	20% of covered charges	30% of UCR
ALLERGY - Testing & Treatment limited to $500 per Contract Period	20% of covered charges	30% of UCR
AUTISM SPECTRUM DISORDER	20% of covered charges	30% of UCR
BLOOD, BLOOD PRODUCTS & DERIVATIVES Limited to $50,000 per Contract Period	20% of covered charges	30% of UCR
CARDIAC CARE		
Specialist Office Visit Cardiac Surgery (Pre-certification required)	20% of covered charges • Centers of Care - No charge for covered inpatient charges. • GMHA & GRMC - 20% of covered inpatient charges. • Other Hospitals - 20% of covered inpatient charges.	30% of UCR
CHEMICAL DEPENDENCY/SUBSTANCE ABUSE (OUTPATIENT)	20% of covered charges	30% of UCR

SmartChoice*1500* Plan

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS	WHAT YOU PAY AT NON-PARTICIPATING PROVIDERS
DEDUCTIBLE (Subject to UCR)	**$1,500 Individual / $3,000 Family**	**$3,000 Individual / $6,000 Family**
CHEMOTHERAPY, RADIATION THERAPY & NUCLEAR MEDICINE Pre-certification Required	20% of covered charges	30% of UCR
CHIROPRACTIC - Limited to $2,000 per Contract Period	20% of covered charges	30% of UCR
CHRONIC ORTHOPEDIC DEFORMITY & CONDITIONS Pre-certification Required Limited to $50,000 per Contract Period for all related services	20% of covered charges	30% of UCR
CONGENITAL DISEASES Pre-certification Required Limited to $15,000 per Contract Period for all related services	20% of covered charges	30% of UCR
DIAGNOSTIC TESTING MRI, Mammogram, CT Scan, EKG, Ultrasound, Cardiac Stress Test, Cardiac Catherization, Coronary Angiography, Bone Scan, Biopsy and any other diagnostic procedure. Limited to one test per anatomical region per contract period. Pre-certification required. Approval based on medical review.	20% of covered charges	30% of UCR
DURABLE MEDICAL EQUIPMENT (DME) Includes standard hospital bed, standard wheelchair, crutches, portable commode, oxygen concentrator, bili-lite, nebulizer, wigs after chemotherapy. Limited to rental only. Pre-certification required.	20% of covered charges	30% of UCR
FITNESS BENEFIT & REWARD (*Deductible does not apply)* Plan pays up to $15 per month (up to $180 per Contract Period) for attendance 8 times per month at participating gym or fitness center.	Plan pays up to $180 Cash Reward	
HYPERBARIC OXYGEN TREATMENT (HBO) Pre-certification Required Limited to $5,000 per Contract Period for all related services.	20% of covered charges	30% of UCR
MATERNITY CARE All inpatient admissions require a NetCare approved referral within 48 hours of admission.		
1. Pre-natal / Post-natal Care Visit (Includes one routine ultrasound) *(Deductible does not apply to Pre-natal & Post-natal Care Visits)*	No Charge	30% of UCR
2. Delivery: Hospital Facility	20% of covered charges	30% of UCR
3. Delivery: Birthing Center (Limited to Guam)	20% of covered charges	Not Covered
4. Delivery: Centers of Care	No Charge	30% of UCR
5. Delivery: Professional Fee	No Charge	30% of UCR
6. Circumcision: Within 30 days of date of birth. Pre-certification required.	20% of covered charges	30% of UCR
7. Breastfeeding Equipment (limited to rental only)(*Deductible does not apply)*	No Charge	30% of UCR
MENTAL HEALTH TREATMENT (OUTPATIENT)		
First 20 visits	20% of covered charges	30% of UCR
All visits thereafter	60% of covered charges	30% of UCR
OCCUPATIONAL THERAPY Maximum of 10 visits per Contract Period. Pre-certification required.	20% of covered charges	30% of UCR
ORGAN TRANSPLANT COVERAGE Limited to $50,000 lifetime for all related services. Pre-certification required.	20% of covered charges	30% of UCR
PHYSICAL THERAPY Maximum of 20 visits per Contract Period. Pre-certification required.	20% of covered charges	30% of UCR
RECONSTRUCTIVE BREAST SURGERY Limited to the following in accordance with the Women's Health & Cancer Rights Act of 1998. Pre-certification required. •Reconstruction of the breast on which a Mastectomy was performed due to cancer •Surgery and reconstruction of other breast to produce symmetrical appearance •Prostheses and treatment of physical complication, including Lymphedemas & wigs	20% of covered charges	30% of UCR
SLEEP MEDICINE Limited to $5,000 per Contract Period. Pre-certification required	20% of covered charges	30% of UCR
SPEECH THERAPY (OUTPATIENT) Limited to 20 visits per Contract Period. Pre-certification required.	20% of covered charges	30% of UCR
STERILIZATION PROCEDURES (*Deductible does not apply)* Outpatient Tubal Ligation or Vasectomy. Pre-certification required.	No Charge	30% of UCR
WELLNESS - Guidelines established by U.S. Preventive Services Task Force Member co-insurance may be reimbursed upon program completion *(Deductible does not apply to Wellness Programs)*	20% of covered charges	Not Covered

ANNUAL PLAN MAXIMUM	Unlimited	
LIFETIME MAXIMUM	Unlimited	
ANNUAL OUT-OF-POCKET MAXIMUM		
1. Per Individual Per Contract Period	$5,250.00	Not Applicable
2. Per Family Per Contract Period	$10,500.00	Not Applicable

COVERED CHARGES for Participating Providers are charges determined by NetCare to be the maximum amount that it will pay for a covered service to a health care provider. Any applicable co-payment will apply to the Eligible Charge. Covered Charges or Eligible Charges shall be defined as the reimbursement amounts agreed between the Company and the Participating Provider.

CENTERS OF CARE shall be defined as a Participating Provider that is a Hospital or Ambulatory Surgical Center located outside of the Service Area. The Hospital or Ambulatory Surgical Center shall be a Participating Provider at the time services are rendered to the Covered Person and shall be specifically designated by name as a Center of Care in the more recent of NetCare's most current brochure or NetCare's most current updated Provider Directory.

DEDUCTIBLE is the dollar amount applied to non-participating providers for covered benefits only. Non-covered benefits are not applicable toward your annual deductible. The individual deductible does not apply toward the family deductible amount. Therefore, the entire family must meet the family deductible before First Dollar benefits apply.

NON-GRANDFATHERED STATUS DISCLOSURE - This group health plan believes this plan is a non-grandfathered health plan under the Patient Protection and Affordable Care Act. Being a non-grandfathered health plan means that your policy includes certain consumer protections. Questions may be directed at NetCare at 671-472-3610 or EBSA at www.dol.gov/ebsa or DHHS at www.healthreformgov.

PHILIPPINE CARE - All covered benefits/services rendered at NetCare's Philippine Centers of Care are 100% of covered charges after the deductible is satisfied, subject to pre-certification requirements and plan benefit limits. The annual deductible must be satisfied before covered charges are payable.

PRESCRIPTION DRUGS - NetCare adopted a mandatory generic program, which means prescription drugs are limited to covered generic drugs. Additional charges will apply for non-generic prescription drugs that include copayment of the non-generic drug plus the ingredient cost difference of the non-generic and generic drug. Contraceptives, including injectable contraceptives, are covered at no charge for generic retail & generic mail order at participating providers. Brand & non-formulary contraceptives at participating providers are subject to Plan benefits. Specialty drugs purchased on Guam & Hawaii are limited to Kmart Pharmacy. Preventive drug benefits are payable based on guidelines established by the U.S. Preventive Services Task Force grades A or B. Injectable drug copayments for specific drug classes may fall under another copayment tier. Please refer to NetCare's current drug formulary for coverage and copayment tier.

PROVIDER NETWORK - Covered benefits and services rendered outside Guam are available at NetCare's direct contracted providers and NetCare's Centers of Care.

REFERRALS - Referrals are not required for primary, specialty or covered ancillary services on Guam. Covered benefits and services rendered outside Guam require a NetCare approved referral. No coverage will be provided outside Guam without a NetCare approved referral.

RESIDENCY - Enrollment is limited to members who live on Guam and do not reside outside Guam for more than 90 consecutive days per Contract Period. A NetCare approved authorization is required for members receiving continuous medical care outside Guam that is not for long term medical treatment.

SERVICE AREA - The service area for this policy shall be defined as Guam, CNMI and Palau.

UCR means Usual, Customary & Reasonable charges of the geographical location where service was rendered based on the current Medicare RBRVS/DRG. Covered services and annual deductibles at Non-participating Providers are subject to UCR. Charges in excess of UCR are not payable by the plan.

MEDICAL EXCLUSIONS

Medical services listed below are NOT covered by NetCare

- Airfare (unless criteria as set forth by the Plan has been met).
- Biofeedback and other forms of self-care or self-help training.
- Blood derivatives for experiemental purposes.
- Care for military service connected disabilities to which a member is legally entitled.
- Care and services normally covered by Medicare Parts A & B for which the member is eligible and entitled to at no cost, but declined to enroll.
- Care or services rendered by immediate relatives or members of the enrollee's household, rendered as a duly licensed medical practitioner employed by a healthcare providers.
- Chronic Brain Syndrome, or custodial care charges resulting from senile deterioration.
- Cost of care or treatment related to diseases, illness, or injuries where payment is provided for under local laws or programs, federal acts, industrial insurance, automobile insurance or Worker's Compensation programs.
- Custodial care, domiciliary or convalescent care, or rest cures.
- Dental services except for surgical procedures as a result of accidental injury to natural teeth or jaw. Such services do no include include capping, bridges or retainers as benefits.
- Elective cosmetic treatment including but not limited to breast implants (unless after mastectomy due to cancer) cosmetic eye surgery (i.e.. Lasik), etc.
- Emergency treatment provided outside the service area if the need for care could have been foreseen before departing the service area.
- Executive Physical Exams/Executive Check-up (Inpatient Physical Exam).

MEDICAL EXCLUSIONS (continued)

Medical services listed below are NOT covered by NetCare

- Experimental medical, surgical and other health-care procedures.
- Gastric Bypass, stapling or reversal, surgical correction (except as approved by the Plan).
- Hearing Aids.
- Hip Joint replacement surgery and all related treatment and services.
- Implants including but not limited to dissolvable implants, non-human artificial or mechanical organ, breast implants, penile prosthes cornea, intra-ocular lenses, artificial joints and limbs, etc. except for cardiac pacemakers, cardiac stents, & covered contraceptive devic
- Infertility services and care related to conception by artificial means, including artificial insemination, in-vitro fertilization and embryo transfers, sterilization unless medically necessary, cost of care and treatment for reversal of sterilization and treatment or correction of infertility.
- Inpatient and outpatient services and care provided to dependents of a non-spouse dependent.
- Intentionally self-inflicted injury, while sane or insane unless or from a domestic violence dispute.
- Injury or illness incurred as a result of attempted suicide.
- Interrupted pregnancy (non-medically necessary), non-life threatening abortions unless medically necessary.
- Living expenses including meals, hotel rooms, transportation, etc.
- Long term rehabilitation including but not limited to physical therapy, speech therapy, hand therapy, and occupational therapy.
- Medical treatment and services related to End Stage Renal Disease, including Dialysis
- Nasal reconstruction except to correct a deformity as a result of an accidental injury which occurred within 90-days of the date of surgery, or the removal or treatment of cancer of the nose.
- Non-medical treatment of obesity (except as approved by the Plan).
- Orthopedic and external prosthetic devices including but not limited to shoes, orthotics, artificial limbs, etc.
- Over-the-counter drugs or drugs for which a prescription from a licensed physician is not required under federal law, inclusive of OTC contraceptives and devices and all non FDA approved drugs.
- Personal comfort items, such as but not limited to telephone, television, guest trays, electrical power, water and disposal systems, baths and pools at their installation, hospital room installation, hospital room upgrades & surcharges.
- Physical examinations and all services related thereto when required for obtaining or continuing employment, insurance, schooling, governmental licensing or sports activities.
- Pre-existing conditions and medical conditions excluded and noted on the policy.
- Prenatal ultrasound (except as approved by the Plan). Routine ultrasounds are limited to one per pregnancy term. Subsequent ultrasounds are not covered unless medically necessary and approved by the Plan.
- Prescription drugs not included in NetCare's mandatory generic drug program, unless approved by the Plan.
- Services provided by the covered person's spouse, child, brother, sister or parents whether by blood or by law.
- Services rendered outside Guam other than NetCare's direct contracted providers and NetCare's Centers of Care.
- Services rendered outside Guam without a NetCare approved referral.
- Services rendered for pre-certified benefits not approved by NetCare.
- Specialty drugs purchased at pharmacies other than Kmart Pharmacies in Guam & Hawaii. Specialty drugs purchased in the Continental United States and Philippines are not limited to Kmart Pharmacy and are subject to plan benefits.
- State & local taxes, administrative fees and handling/shipping charges.
- Temporomandibular (jaw) joint disorders and related diseases (TMJ).
- The purchases and/or fitting of eyeglasses or contact lenses (unless Vision Care Rider is elected), radical keratotomy or lasik.
- Transsexual surgery and related services.
- Treatment & services related to hepatitis without a NetCare approved prior authorization and strict criteria satisfaction.
- Treatment of acne related services, including prescription drugs.
- Treatment for adult circumcision procedures, if provided solely for cosmetic or religious purposes.
- Treatment for services and supplies related to sexual dysfunction (i.e.. Viagra)
- Treatment for injuries sustained in the commission of an illegal act including but not limited to drunk driving (driving while intoxicated, or with an alcohol level of .08 or greater on the Draeger Alco Test, or blood alcohol level of 100-250 MG/DL).
- Treatment of injuries or illnesses sustained as a result of war or any acts of war, declared or undeclared.
- Treatment of injuries while participating in hazardous sports, such as but not limited to off-road, skydiving, etc.
- Any portion of an expense, charge or fee that exceeds the eligible charges and the Usual, Customary and Reasonable charge.
- Benefits and services not specified as covered.

NetCare
Life & Health Insurance

SMILE PLAN

DENTAL

Schedule of Benefits
$1,000 Benefit Plan

Dental services listed are your benefits for Smile Plan. For a detailed description of your benefits, co-payments, and procedures, please refer to your Group Service Agreement or Member Handbook. For a listing of participating providers, please refer to NetCare's Participating Provider Directory or log on to our website www.netcarelifeandhealth.com

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS	WHAT YOU PAY AT NON-PARTICIPATING PROVIDERS
DIAGNOSTIC AND PREVENTIVE CARE		
1. Prophylaxis / Cleaning (Limited to 1 cleaning in any 6-month period)	No charge	40% of UCR
2. Examinations (Limited to 1 exam in any 6-month period)	No charge	40% of UCR
3. X-Rays (Full mouth x-ray limited to 1 every 3 years)	No charge	40% of UCR
4. Fluoride Treatment (Limited to 1 treatment every 12 months up to age 19)	No charge	40% of UCR
5. Space Maintainers (Include all adjustments made within 6-mths of installation. Limited to children under age 16.	No charge	40% of UCR
6. Sealants (Covered on non-carious permanent molars & pre-molars. Limited to children up to age 16)	No charge	40% of UCR
RESTORATIVE CARE		
1. Amalgams	20% of covered charges	40% of UCR
2. Composite	20% of covered charges	40% of UCR
3. Synthetic and Plastic fillings (other than gold & porcelain)	20% of covered charges	40% of UCR
ORAL SURGERY		
1. Simple Extractions	20% of covered charges	40% of UCR
2. Surgery (Include Impacted Wisdom Teeth)	20% of covered charges	40% of UCR
GENERAL ANESTHESIA		
Covered when specifically recommended by the attending dentist	20% of covered charges	40% of UCR
ENDODONTICS		
Includes services for root canal therapy and other related endodontic treatment	20% of covered charges	40% of UCR
PERIODONTICS		
1. Periodontic Prophylaxis (Limited to once in any 2-month period)	20% of covered charges	40% of UCR
2. Periodontal Treatment (Treatment of gums and tissues of the mouth)	20% of covered charges	40% of UCR
PROSTHODONTICS		
1. Inlays, Fixed Bridgework, Crowns Includes replacement and recementing of crowns, inlays and bridgework	50% of covered charges	75% of UCR
2. Dentures Includes full or partial removable and replacement of dentures	50% of covered charges	75% of UCR
PRESCRIPTIONS Coverage is based on your current medical plan benefits	Not Covered	
CONTRACT PERIOD MAXIMUM	$1,000 Per Member Per Contract Period	

LIMITATIONS

- Adjustment for the initial placement of full or partial removable dentures, temporary dentures or bridgework must be done during the 6-month period immediately following replacement.
- Coverd orthodontic treatment are limited to teeth extractions;
- Replacement of full or partial dentures will only be covered in the following cases:
  1. The repositioning of the jaws;
  2. Structural changes within the mouth such as the removal of a tumor, cyst, torus or redundant tissue;
  3. When more than 5 years have passed since the prior replacement.
- Replacement of full or partial dentures must be done within 12-months from the day of the oral surgery.
- Fluoride treatment - limited to once every 12-months up to age 19.
- Periodontal prophylaxis - limited to one cleaning in any 2-month period.
- Replacement of crowns is limited to only when the original crown was installed more than 5-years prior to replacement.
- Full mouth x-rays are limited to once every 3-years.
- Space maintainers are payable only for children age 16 years and under.
- Limitations as described on this sheet.

EXCLUSIONS

- Any treatment, service or supply not shown under the Schedule of Benefits.
- Any expense paid in whole or in part by any other provision of a Group Health Coverage Plan.
- Expense incurred after coverage ends. However, coverage for prosthetics (an artificial replacement of one or more teeth), including bridges and crowns, which were fitted or ordered prior to date coverage terminated.
- Orthodontic procedures that include but not limited to evaluation, diagnostic fees, molds, x-rays, installation of appliances, retainers, monthly maintenance
- Any charge for oral care and supplies which are used to change vertical dimension, referred to as Temporomandibular Joint Syndrome (TMJ).
- Treatment for Temporomandibular Joint Syndrome (TMJ).
- Rebasing or relining of a denture less than six (6) months after the first replacement and not more than one rebasing or relining in any two-year period.
- Replacement of lost or stolen prosthetics.
- Replacement of a prosthetic device less than five years after the previous prosthetic device was installed.
- Restorative care using gold and porcelain fillings.
- Treatment for teeth and gums for cosmetic purposes, including realignment of the teeth
- Prescription Drugs. Coverage is based on the prescription drug coverage of the medical plan.

DEFINITIONS

APPEAL & GRIEVANCE PROCEDURES - NetCare is required by Guam law to offer certain appeal and grievance procedures. These procedures are listed in your Group Service Agreement. NetCare does have the option to impose time limitations on filing the appeals or grievance. You have up to 180-days to file your appeal from date of denial.

COVERED CHARGES - A dollar amount the Plan will pay based on contractual obligations with participating providers within the network.

CO-PAYMENT / CO-INSURANCE - A fixed dollar amount or percentage that is payable by the member before the Plan pays benefits.

COORDINATION OF BENEFITS - Coordination of benefits will apply if a member has other dental coverage. NetCare reserve the right to recover excess benefits from either the member, the Plan with primary responsibility, or any person or entity that received these benefits for overpayment.

EXPLANATION OF BENEFITS (EOB) - An EOB explains how NetCare processed a claim which include services performed, amount charged, amount the Plan paid. If a claim was denied in whole or in part, the EOB will provide an explanation of the reason for denial.

ELIGIBLE CHARGES - The charge determined by NetCare to be the maximum amount it will pay for a covered service to a provider. Any applicable co-payment will apply to the Eligible Charge. The Eligible Charge will be the lesser of the actual charge or the negotiated charge.

ENROLLMENT - Enrollment for dental coverage shall follow the same requirement as medical coverage. Dental only coverage is limited to group participation requirements. Election and termination of dental coverage is permitted only during the group's enrollment period or HIPAA qualifying events.

HIPAA - NetCare enforces provisions mandated by the Health Insurance Portability and Accountability Act (HIPAA).

IDENTIFICATION CARDS - NetCare issues member ID cards for employees and dependents electing coverage. A fee is charged for replacement cards. The member ID card does not guarantee proof of payment nor eligibility at time of service.

NON-PARTICIPATING PROVIDER - A dentist who is not contracted with NetCare to provide service to members. Dental benefits are payable based on UCR for services rendered at non-participating dental providers.

PARTICIPATING PROVIDERS - A dentist who is contracted with NetCare to provide service to members based on Covered Charges.

PRESCRIPTION DRUG - Prescription drugs are covered only if medical coverage is in force within the same policy.

PRIVACY POLICY - NetCare's Privacy Policy is adopted to ensure that the Plan complies fully with the Health Insurance Portability and Accountability Act(HIPPA). It describes how NetCare may use or disclose member protected information. You have the right to request a copy of NetCare's Privacy Policy by contacting NetCare's office at 671-472-3610.

REIMBURSEMENT - Claims must be submitted to our NetCare office within 90-days of date of service. Claims filed beyond 90-days of the date of service will be denied and become the sole financial responsibility of the member. Incomplete claims will be returned to the member.

SERVICE AREA REQUIREMENT - Membership in the Plan is limited to only those enrollees who reside within the designated service area.

UCR - Usual Customary & Reasonable charges of the geographical location where service was rendered based on the NDAS fee schedule.

NetCare
Life & Health Insurance

VISION PLAN

Schedule of Benefits

The benefits listed are your benefits for your Vision Plan. Detailed description of your benefits, co-payments, and procedures, may be found in the Group Service Agreement or Member Handbook. For a listing of participating providers within our network, please refer to NetCare's Provider Directory or log on to NetCare's website at www.netcarelifeandhealth.com

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS	WHAT YOU PAY AT NON-PARTICIPATING PROVIDERS (must be a bonafide optical facility)
EYE GLASSES		
1. Frames	No Charge	No Charge
2. Eyeglass Fitting	No Charge	No Charge
EYE GLASS LENSES		
1. Single Vision Lenses	No Charge	No Charge
2. Bifocal Lenses	No Charge	No Charge
3. Trifocal Lenses	No Charge	No Charge
4. Lenticular/Aphakik Lenses	No Charge	No Charge
EYE REFRACTION (Routine Annual Exam)	Coverage applicable to medical benefits	Not Covered
CONTACT LENSES Including Contact Lens Fitting	No Charge	No Charge
CONTRACT PERIOD MAXIMUM	Plan pays **$150** Per Member	

EXCLUSIONS

- Charges that are not Covered Vision Care Charges or for procedures, services or supplies that are not specifically included as Covered Vision Care charges.
- Any portion of a charge in excess of the Prevailing Rates, as defined.
- Services or supplies which were furnished or rendered or for which charges were incurred prior to the effective date of Vision Care Benefit under this plan, or after such Vision Care Benefits terminate.
- Orthoptics or vision training, sub-normal aids, aniseikonia, aniseikonia lenses, coated lenses or any other special purpose vision aids.
- Sunglasses, whether or not requiring a prescription, safety glasses and safety goggles. Tinted lenses with the tint other than what is listed as a covered benefit are considered to be sunglasses for purposes of this exclusion.
- Frames to be used with lenses which do not require a prescription.
- Medical or surgical treatment of the eyes, or for any prescribed drug or other medication.
- Any procedure, service or supplies which are payable under any medical expense benefit plan provided by your Employer, or provided through a medical department of client maintained by your Employer.
- Services and treatment for radical keratotomy or lasik.
- Services or supplies rendered primarily for Cosmetic purposes.
- Services or supplies which are furnished or rendered in connection with an illness, injury, disease or condition contracted or resulting from an act of war, declared or not, civil disobedience, participation in a criminal act, riot or nuclear or atomic explosion or accident.
- Services or supplies purchased at establishments other than legitimate optical facilities that include national mail order optical chains.

DEFINITIONS

APPEAL & GRIEVANCE PROCEDURES - NetCare is required by Guam law to offer certain appeal and grievance procedures. These procedures are listed in your Member Handbook or Group Service Agreement. NetCare does have the option to impose time limitations on filing the appeals or grievance.

COVERED CHARGES - A dollar amount the Plan will pay based on contractual obligations with participating providers within the network.

CO-PAYMENT / CO-INSURANCE - A fixed dollar amount or percentage that is payable by the member before the Plan pays benefits.

COORDINATION OF BENEFITS - Coordination of benefits will apply if a member has additional vision coverage. NetCare reserve the right to recover any excess benefits from either the member, the Plan with primary responsibility, or any person or entity that received these benefits for overpayment.

EXPLANATION OF BENEFITS (EOB) - An EOB explains how NetCare processed a claim which include services performed, amount charged, amount the Plan paid if a claim was denied in whole or in part, the EOB will provide an explanation of the reason for denial.

ELIGIBLE CHARGES - The charge determined by NetCare to be the maximum amount that it will pay for a covered service to a health care provider. Any applicable co-payment will apply to the Eligible Charge. The Eligible Charge will be the lesser of the actual charge or the negotiated charge.

ENROLLMENT - Enrollment for vision coverage shall follow the same requirement as medical coverage. Coverage is limited to the group's employee participation requirement and limited to employees who have active medical coverage.

HIPAA - NetCare enforces provisions mandated by the Health Insurance Portability and Accountability Act (HIPAA).

IDENTIFICATION CARDS - NetCare issues member ID cards for employees and dependents electing coverage. A fee is charged for replacement cards.

NON-PARTICIPATING PROVIDER - An optometrist who is not contracted with NetCare to provide service to members. There is no coverage for vision services rendered by a Non-Participating Provider.

PARTICIPATING PROVIDERS - An optometrist contracted with NetCare to provide service to members based on Covered Charges.

PRIVACY POLICY - NetCare's Privacy Policy is adopted to ensure that the Plan complies fully with the Health Insurance Portability and Accountability Act (HIPAA). It describes how NetCare may use or disclose members protected information. You have the right to request a copy of NetCare's Privacy Policy by contacting NetCare's office.

SERVICE AREA REQUIREMENT - Membership in the Plan is limited to only those enrollees who reside within the designated service area.

REIMBURSEMENT - Claims must be submitted to our NetCare office within 90-days of the date of service. Claims filed beyond 90-days of the date of service will be denied and become the sole financial responsibility of the member. Incomplete claims will be returned to the member.

UCR - Usual Customary & Reasonable charges of the geographical location where service was rendered.

Provider Network & Partnership

- As of January 1, 2019, NetCare has entered into a new partnership with AXA Assistance/United HealthCare Insurance Company to offer easy and direct access to over 1.2 million participating providers throughout the U.S. mainland and Hawaii.
- To access ALL providers off-island including the U.S. Mainland and Hawaii, it will require an approved referral and coordination from NetCare in order for claims to be paid.
- ***ALL NetCare members*** may present their United HealthCare member ID cards to providers outside of Guam for any bonafide emergencies. Please have providers submit claims based on the instructions on the back of your member ID card.
- ***Not applicable to Advantage POS Plan***

Provider Network:
Covered benefits and services rendered outside Guam are available at NetCare's direct contracted providers and
NetCare's Centers of Care.

- ✓ Direct Contracted Providers in Hawaii:
  - Straub Clinic & Hospital
  - Kapiolani Medical Center for Women & Children
  - DLS Laboratories
  - Optum Rx Pharmacies
- ✓ Centers of Care in California:
  - Anaheim Memorial Medical Center
  - Good Samaritan Hospital
  - The Doctors Medical Center-Modesto
  - KPC Global Medical Centers (Anaheim, Orange County, Chapman & South Coast)
- ✓ Centers of Care in the Philippines:
  - St. Luke's Medical Center (Global & Quezon City)
  - Makati Medical Center
  - The Medical City Medical Center (Ortigas, Iloilo, Clark-Pampanga)
  - Cardinal Santos Medical Center
  - Philippine Heart Center

Referrals:
Referrals are not required for primary or specialty care on Guam (unless enrolled under Advantage HMO, all medical services requires a NetCare approved referral outside of Primary Care Physician). Covered benefits and services outside Guam require a NetCare approved referral. No coverage will be provided outside of Guam for services rendered without a NetCare approved referral.

24/7 ACCESS TO YOUR *Healthcare*

It's so easy to access your healthcare information with the convenient **MyNetCare Portal**. All you have to do is follow these 4 simple steps:

1. Go to www.netcarelifeandhealth.com on your browser.
2. Select: "MyNetCare Portal" tab.
3. Select: login to my portal.
4. Register as first time user.

MyNetCareMobile App

Download from Apple Store or Google Play Store
Go Mobile with the MyNetCare mobile app.
No matter where you are, the MyNetCare mobile app provides you with 24/7 access to your health information and member tools.

The MyNetCare mobile app gives you access to your secure member information, anytime, anywhere.

Use your MyNetCare mobile app to:

- View your electronic member ID card
- View claims history
- View coverage and benefits
- Search for a provider
- View HealthPlus Rewards partners and discounts

OPTUMRx®

- Hassle Free Refills • Brands for Generics
- Half-Tab Prescription • 90 Day Retail
- Mail Order • Optum Rx Mobile App

Convenient and Secure Online
PRESCRIPTION DRUG
SERVICE

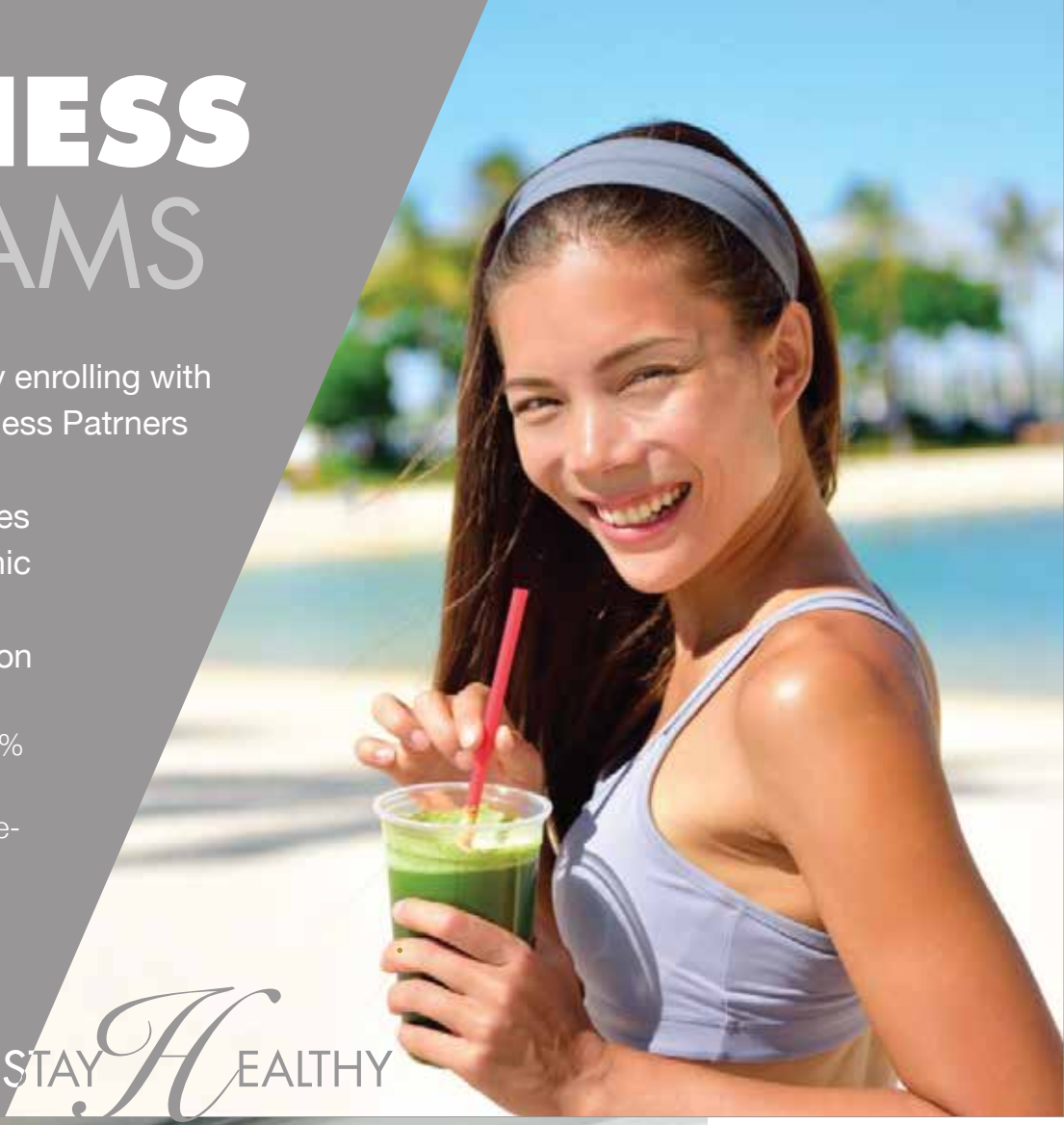
- Check the status of your mail order
- Check the number of refills remaining
- Research your medications
- Locate a nearby pharmacy

WELLNESS PROGRAMS

Take control of your health by enrolling with one of our participating Wellness Patrners

- SDA Wellness Center Classes
- Dr. Horinouchi Wellness Clinic
- NewGen PT
- Dr. D. Chiropractor & Nutrition

Plan pays 80%; Member pays 20% Member co-insurance may be reimbursed upon program completion.



GET HEALTHY. STAY HEALTHY

FITNESS REWARD

- NetCare pays up to $180.00 fitness rewards per Contract Period at either a participating or non-participating gym / fitness facility, any gym...anywhere
- To qualify for the reward, you must be a current NetCare member eighteen (18) years and older.
- Sign up directly with one of our participating gym providers
- Meet a minimum of eight (8) visits per month

GUAM OFFICE:
424 W O'Brien Dr Ste 200
Hagatna, Guam 96910
Tel: (671) 472-3610
Fax: (671) 472-3615
Website: www.netcarelifeandhealth.com
Hours: Monday – Friday 8:00AM – 5:00PM

SAIPAN OFFICE:
Moylan's Insurance
Beach Road, Garapan
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Fax: (670) 234-8641
Hours: Monday – Friday 8:30AM – 5:30PM

PALAU OFFICE:
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Tsuneo Professional Building Suite 101
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MARSHALL ISLANDS OFFICE:
Moylan's Insurance
Majuro, Marshall Islands
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Fax: (692) 625-3361

PHILIPPINES MEDICAL REFERRAL OFFICE:
St. Luke's Global City
Medical Arts Building
Room 1024/1025
Tel: 632 789-7700 Local 7024 or 7025
Direct: 632-659-7166

St. Luke's Quezon City
Cathedral Heights Building
Room 1507 North Tower
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Direct 632-723-3942