



RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

Group Health Insurance Benefits
January 01, 2025 – December 31, 2025





NetCare Plan Comparison

| Benefit Description | ADVANTAGE POS | SMARTCHOICE 1650 |
|---|---|--|
| Deductible | NONE | \$1,650 individual/\$3,300 family |
| Primary Care Office Visit (PCP) | \$10.00 | 20% of covered charges (After deductible is met) |
| Specialist Visit (Non-PCP) | \$25.00 | 20% of covered charges (After deductible is met) |
| Outpatient Laboratory | \$10.00 | 100% covered (only for Annual Exam) |
| Outpatient Surgery | \$100.00 | 20% of covered charges (After deductible is met) |
| Hospitalization & Inpatient benefits | No Charge @ COCs \$100.00 per day for the first 5 days (at GMHA & GRMC) 20% of covered charges at other facilities | No Charge @ COCs 20% of covered charges for other facilities (After deductible is met) |
| Emergency | 20% of covered charges | 20% of covered charges (After deductible is met) |
| Prenatal & Well-Baby Care | 100% covered | 100% covered |
| Annual Physical Exam/ Annual Eye Exam | 100% covered | 100% covered |
| Routine Immunizations (based on CDC guidelines) | 100% covered | 100% covered |
| Prescription Drug Co-pays (Retail) Generic/Brand/Non-Formulary/Injectable/ Specialty Drug Out of Pocket Max: Individual/Family | \$5 /\$15 /30%/ 30% per unit 20% of covered charges up to \$250 OPM (Out of Pocket Max: \$3,000 /\$9,000) | (After deductible is met) 20%/20%/50%/ 50% 20% of covered charges up to \$250 OPM (Applied to deductible) |
| Major Diagnostic Testing | \$100.00 per procedure | 20% of covered charges (After deductible is met) |
| Acupuncture, Hyperbaric Oxygen Treatment, Sleep Medicine and Organ Transplant | NOT COVERED | 20% of covered charges (After deductible is met) |
| Chiropractic (limited to \$2,000 per contract period) | \$10.00 | 20% of covered charges (After deductible is met) |
| Annual Plan Maximum | Unlimited | Unlimited |
| Annual Co-payment Maximum Individual / Family | \$2,000 / \$6,000 | \$8,300/\$16,600 (includes deductible) |
| Medical Network: | Guam/PI/HI/CA | Guam/PI/HI/CA & UHC providers |
| Off-Island Referral required? | YES, with NetCare approval & coordination | YES, with NetCare approval & coordination |
| Co-payments waived at COCs in the Philippines? | YES | YES (After deductible is met) |
| COCs (Centers of Care): Philippines California | St. Luke's Medical Center, Makati Medical Center, The Medical City Medical Center, Cardinal Santos Medical Center, Philippine Heart Center & The Healthcube Medical Center Anaheim Memorial Medical Center, Good Samaritan Hospital, The Doctors Medical Center-Modesto and KPC Global Medical Centers in Anaheim, Orange County, Chapman, & South Coast | |

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 | <ul style="list-style-type: none"> • 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 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px 5px;">Retail/Pharmacy</th> <th style="text-align: left; padding: 2px 5px;">Mail Order</th> <th style="text-align: left; padding: 2px 5px;">Out of Network</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">1. Generic drugs</td> <td style="padding: 2px 5px;">\$ 5 per unit</td> <td style="padding: 2px 5px;">\$ 0 (90 days) Not Covered</td> </tr> <tr> <td style="padding: 2px 5px;">2. Brand drugs</td> <td style="padding: 2px 5px;">\$ 15 per unit</td> <td style="padding: 2px 5px;">\$ 0 (90 days) Not Covered</td> </tr> <tr> <td style="padding: 2px 5px;">3. Non-formulary drugs</td> <td style="padding: 2px 5px;">30% of covered charges</td> <td style="padding: 2px 5px;">\$150 (90 days) Not Covered</td> </tr> <tr> <td style="padding: 2px 5px;">4. Injectables (includes specialty injectable drugs)</td> <td style="padding: 2px 5px;">30% of covered charges</td> <td style="padding: 2px 5px;">30% + shipping Not Covered</td> </tr> <tr> <td style="padding: 2px 5px;">5. Specialty (excludes injectable drugs)</td> <td style="padding: 2px 5px;">20% of covered charges, up to \$250 out of pocket max</td> <td style="padding: 2px 5px;">Not Covered</td> </tr> </tbody> </table> | Retail/Pharmacy | Mail Order | Out of Network | 1. Generic drugs | \$ 5 per unit | \$ 0 (90 days) Not Covered | 2. Brand drugs | \$ 15 per unit | \$ 0 (90 days) Not Covered | 3. Non-formulary drugs | 30% of covered charges | \$150 (90 days) Not Covered | 4. Injectables (includes specialty injectable drugs) | 30% of covered charges | 30% + shipping Not Covered | 5. Specialty (excludes injectable drugs) | 20% of covered charges, up to \$250 out of pocket max | Not Covered |
| Retail/Pharmacy | Mail Order | Out of Network | | | | | | | | | | | | | | | | | |
| 1. Generic drugs | \$ 5 per unit | \$ 0 (90 days) Not Covered | | | | | | | | | | | | | | | | | |
| 2. Brand drugs | \$ 15 per unit | \$ 0 (90 days) Not Covered | | | | | | | | | | | | | | | | | |
| 3. Non-formulary drugs | 30% of covered charges | \$150 (90 days) Not Covered | | | | | | | | | | | | | | | | | |
| 4. Injectables (includes specialty injectable drugs) | 30% of covered charges | 30% + shipping Not Covered | | | | | | | | | | | | | | | | | |
| 5. Specialty (excludes injectable drugs) | 20% of covered charges, up to \$250 out of pocket max | Not Covered | | | | | | | | | | | | | | | | | |
| ALLERGY | | | | | | | | | | | | | | | | | | | |
| | \$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) (Cardiac Implant is limited to cardiac pacemaker and cardiac stent) | <ul style="list-style-type: none"> • 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 | | | | | | | | | | | | | | | | | | |
| CHEMOTHERAPY, RADIATION THERAPY & NUCLEAR MEDICINE | | | | | | | | | | | | | | | | | | | |
| Pre-certification required | \$100 co-pay per procedure | | | | | | | | | | | | | | | | | | |

| BENEFIT DESCRIPTION | WHAT YOU PAY AT PARTICIPATING PROVIDERS |
|---|---|
| DEDUCTIBLE (Subject to UCR) | NONE |
| 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 Plan pays up to \$20/month (up to \$200 per Contract Period) for attendance 8 times/month & completion of NetCare's online Health Risk Assessment. | Plan pays up to \$200 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 (a separate copayment will apply for newborn child) | \$100 co-pay for the first 5 inpatient days |
| 3. Delivery: Birthing Center (Limited to Guam) (a separate copayment will apply for newborn child) | \$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 All visits thereafter | \$25 co-pay \$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) •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 | \$100 co-pay per day for the first 5 inpatient days |
| 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 |
| TELEHEALTH / TELEMEDICINE Limited to Guam, CNMI, Phillipine & UHC provider networks | Primary Office Visit - \$10 co-pay Specialist Office Visit - \$25 co-pay |
| WELLNESS PROGRAMS - Guidelines established by USPSTF Member co-insurance may be reimbursed upon a program completion. | 20% of covered charges |
| WELLNESS MASSAGE THERAPY Limited to Guam; One (1) 60 min visit per month; Age 18 years and above. | \$10 co-pay |
| GROUP TERM LIFE INSURANCE (optional group benefit) | Plan pays \$5,000 Basic + \$5,000 AD&D |
| ANNUAL PLAN MAXIMUM 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.

COVID-19 - NetCare will pay covered benefits for COVID related services to include medically necessary testing, treatment and services based on guidelines established by CDC and FDA approved prescription drugs. Coverage shall include but not limited to inpatient services, prescription drugs, physician office visit, diagnostic procedures and laboratory testing. A precertification or prior authorization of services is not required. Coverage does not include services for screening or clearance for school, employment or travel purposes. Vaccination - NetCare will cover FDA approved COVID related vaccinations using guidelines established by CDC. No copayment or deductible will apply for administration fees associated with the vaccination. Contact NetCare at 671-472-3610 for coverage details.

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.healthreform.gov.

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 are limited to retail purchase at participating providers. Preventive drug benefits are payable based on guidelines established by the U.S. Preventive Services Task Force grades A or B. Injectable drug copayment includes specialty drugs. 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.

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 not 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.

MEDICAL EXCLUSIONS (continued)

Medical services listed below are NOT covered by NetCare

- 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.
- Gastric Bypass, stapling or reversal, surgical correction (except as approved by the Plan).
- Hearing Aids.
- All Hip Joint Arthroplasties to include but not limited to hip arthroplasty (replacement), resurfacing arthroplasty, hip arthroscopy and 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.
- 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 participating retail providers.
- 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 from intentionally self-induced or self-inflicted injuries from attempted suicide.
- Treatment and services for Adoptive Cell Therapy to include but not limited to Gene Therapy, Immunotherapy, CAR T Cell Therapy TIL Therapy, TCR Therapy, NK Cell Therapy.
- Treatment & services for Massage Therapy other than for therapeutic techniques defined by AMA guidelines.
- Treatment & services for hepatitis drugs 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.



SMARTCHOICE1650 PLAN

MEDICAL Schedule of Benefits 2025

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. 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) | \$1,650 Individual / \$3,300 Family | \$3,300 Individual / \$6,600 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 | 30% of UCR |
| 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 | <ul style="list-style-type: none"> • 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 |
| 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 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) | | |
| 1. Generic drugs | Retail/Pharmacy 20% of covered charges | Mail Order 20% + shipping |
| 2. Brand drugs | 20% of covered charges | 20% + shipping |
| 3. Non-formulary drugs | 50% of covered charges | 50% + shipping |
| 4. Injectables (includes specialty injectable drugs) | 50% of covered charges | 50% + shipping |
| 5. Specialty (excludes injectable drugs) | 20% of covered charges, up to \$250 out of pocket max | Not Covered |
| | | Out of Network |
| | | Not Covered |
| | | Not Covered |
| | | Not Covered |
| | | Not Covered |
| ACUPUNCTURE - Limited to \$2,000 per Contract Period | 20% of covered charges | 30% of UCR |
| ALLERGY | 20% of covered charges | 30% of UCR |
| AUTISM SPECTRUM DISORDER | 20% of covered charges | 30% of UCR |
| BLOOD, BLOOD PRODUCTS & DERIVATIVES | 20% of covered charges | 30% of UCR |
| Limited to \$50,000 per Contract Period | | |
| CARDIAC CARE | | |
| Specialist Office Visit | 20% of covered charges | |
| Cardiac Surgery (Pre-certification required) (Cardiac Implant is limited to cardiac pacemaker and cardiac stent) | <ul style="list-style-type: none"> • 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 |
| CHEMOTHERAPY, RADIATION THERAPY & NUCLEAR MEDICINE | 20% of covered charges | 30% of UCR |
| Pre-certification Required | | |
| CHIROPRACTIC - Limited to \$2,000 per Contract Period | 20% of covered charges | 30% of UCR |

| BENEFIT DESCRIPTION | WHAT YOU PAY AT PARTICIPATING PROVIDERS | WHAT YOU PAY AT NON-PARTICIPATING PROVIDERS |
|---|---|---|
| DEDUCTIBLE (Subject to UCR) | \$1,650 Individual / \$3,300 Family | \$3,300 Individual / \$6,600 Family |
| 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 \$20/month (up to \$200 per Contract Period) for attendance 8 times/month & completion of NetCare's online Health Risk Assessment. | Plan pays up to \$200 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 |
| TELEHEALTH/TELEMEDICINE | | |
| Limited to Guam, CNMI, Philippine & UHC provider networks | 20% of covered charges | Not Covered |
| WELLNESS PROGRAMS - Guidelines established by USPSTF | | |
| Member co-insurance may be reimbursed upon a program completion | | |
| WELLNESS MASSAGE THERAPY | | |
| Limited to Guam; One (1) 60 min visit per month; Age 18 years and above (Deductible does not apply to Wellness Programs & Massage Therapy) | 20% of covered charges | Not Covered |
| ANNUAL PLAN MAXIMUM | | Unlimited |
| LIFETIME MAXIMUM | | Unlimited |
| ANNUAL OUT-OF-POCKET MAXIMUM | | |
| 1. Per Individual Per Contract Period | \$8,300 | Not Applicable |
| 2. Per Family Per Contract Period | \$16,600 | Not Applicable |

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.

COVID-19 - NetCare will pay covered benefits for COVID related services to include medically necessary testing, treatment and services based on guidelines established by CDC and FDA approved prescription drugs. Coverage shall include but not limited to inpatient services, prescription drugs, physician office visit, diagnostic procedures and laboratory testing. A precertification or prior authorization of services is not required. Coverage does not include services for screening or clearance for school, employment or travel purposes. Vaccination - NetCare will cover FDA approved COVID related vaccinations using guidelines established by CDC. No copayment or deductible will apply for administration fees associated with the vaccination. Contact NetCare at 671-472-3610 for coverage details.

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.healthreform.gov.

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 are limited to retail purchase at participating providers. Preventive drug benefits are payable based on guidelines established by the U.S. Preventive Services Task Force grades A or B. Injectable drug copayment includes specialty drugs. 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 and CNMI.

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 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 not 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.

MEDICAL EXCLUSIONS (continued)

Medical services listed below are NOT covered by NetCare

- Executive Physical Exams/Executive Check-up (Inpatient Physical Exam).
- 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.
- Gastric Bypass, stapling or reversal, surgical correction (except as approved by the Plan).
- Hearing Aids.
- All Hip Joint Arthroplasties to include but not limited to hip arthroplasty (replacement), resurfacing arthroplasty, hip arthroscopy and related treatment and services.
- 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.
- 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 participating retail providers.
- 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 for hepatitis drugs 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 & services from intentionally self-induced or self-inflicted injuries from attempted suicide.
- Treatment and services for Adoptive Cell Therapy to include but not limited to Gene Therapy, Immunotherapy, CAR T Cell Therapy TIL Therapy, TCR Therapy, NK Cell Therapy.
- Treatment & services for Massage Therapy other than for therapeutic therapy techniques defined by AMA guidelines.
- 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.

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-cariou 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.
- Covered 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).
- Rebasings 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. Contact NetCare at 1-671-472-3610 to obtain a copy of the Appeal & Grievance Procedures.

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. A listing of current participating providers may be found in NetCare's website www.netcarelifeandhealth.com or by calling 1-671-472-3610.

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 (HIPAA). 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.

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

VISION PLAN

2025 Schedule of Benefits

| 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 apply 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 other than Transition or Photochromic lenses on prescribed eyeglass lens.
- 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.
- Duplicate lenses, contact lenses or frames.
- Repair or replacement of broken, lost or stolen lenses, contact lenses or frames.

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 assessed 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.

PLATINUM PREFERRED / PRIME / SMARTCHOICE

US Mainland / Hawaii



NetCare offers an expansive provider network in the U.S. Mainland and Hawaii through 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 for NetCare members enrolled in the Platinum Preferred, Prime and Smart-Choice Plans.

Accessing United Healthcare providers in the US Mainland and Hawaii

- Provider search URL: <https://www.whyuhc.com/netcare>
- NetCare approved referral is required for all covered benefits and services rendered outside of Guam. No coverage will be provided outside Guam without a NetCare approved referral.
- Members must coordinate their off-island medical services with NetCare’s Customer Service Off-Island Coordinators.
- ALL NetCare members must 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.

The United Healthcare network does not apply to the Advantage POS/HMO Plans.

ADVANTAGE POS / HMO PLANS

US Mainland / Hawaii

Direct Contracted Providers

NetCare members enrolled in the Advantage POS / HMO Plans have access to NetCare’s direct contracted providers in the US Mainland and Hawaii. Covered benefits and services rendered outside of Guam are available only through NetCare’s direct contracted providers.

Accessing NetCare’s Direct Contracted Providers:

- Referrals: NetCare approved referrals are required for all off-island medical services.
- No coverage will be provided outside of Guam without a NetCare approved referral.
- Members must coordinate their off-island medical services with NetCare’s Customer Service Off-Island Coordinators.
- All services must be rendered by participating provider as specified by NetCare.
- There is no coverage for non-participating providers.

Direct Contracted Providers

Hawaii

- Straub Clinic & Hospital
- Kapiolani Medical Center for Women & Children
- DLS Laboratories
- Optum Rx Pharmacies

California

- Anaheim Memorial Medical Center
- Good Samaritan Hospital
- The Doctors Medical Center-Modesto
- KPC Global Medical Centers (Anaheim, Orange County, Chapman & South Coast)

Medical Providers:

Philippines

St. Luke's Medical Center - BGC
St. Luke's Medical Center - Quezon City
The Medical City - Ortigas
The Medical City - Clark
The Medical City - Iloilo
Cardinal Santos Medical Center
Makati Medical Center
The HeathCube – Shaw Blvd.
The HeathCube – GreenHills
Philippine Heart Center

Vision Providers:

American Eye Center

Dental Providers:

Affinity Dental Clinics
- Alabang
- Bacolod
- BGC
- Cebu
St. Luke's Medical Center
- Quezon City

Pharmacy Providers:

MedExpress Drug Store
(Located in the SLMC)
Mercury Drugs
Watson Pharmacy

Taiwan

China Medical University Hospital
Taiwan Adventist Hospital

Urgent Care Providers



Monday – Friday
6:00pm to 9:00pm
(Upper Tumon Only)



Monday- Saturday
8:00am to 8:00pm



Guam Seventh-day
Adventist® Clinic

Monday – Thursday 8:00am to 6:00pm
Friday: 8:00am to 2:00pm
Sunday: 8:00am to 2:00pm

****Hours are subject to change**

Non-Participating Providers

Medical

Hepzibah Family Medical Center

- No longer Contracted

WELLNESS PROGRAMS

At NetCare, our Wellness Programs are designed to educate and empower members to be engaged in their health. Whether you are healthy or managing an ongoing health condition, our wellness programs encompass a variety of programs to help put you on the path to well-being.

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

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

Plan pays 80% ; Member pays 20%
Deductibles do not apply to Wellness Programs
Member co-insurance may be reimbursed upon program completion.

Get healthy. Stay Healthy.



FITNESS REWARD

Exercise and get Rewarded. Any Gym, Anywhere!

There is no better preventive care than exercise. At NetCare one of our goals is to help our member's live healthier lives. Make exercise part of your daily routine and get rewarded with NetCare's Fitness Rewards.

- NetCare pays \$20.00 per month up to \$200.00 for 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.
- Meet a minimum of eight (8) visits per month to receive the award for that month. Proof of attendance is required.



Completing your **HEALTH RISK ASSESSMENT** is the first step in qualifying for your NetCare Wellness and Fitness Rewards incentives.

Visit our website at www.netcarelifeandhealth.com to complete your Health Risk Assessment today! Contact our Customer Service Center at 671-472-3610, Monday – Friday from 8:00am – 5:00pm for more information.

NetCare HRA link and to the Health Risk Assessment: <https://netcare.hra.net/> and registration number is **2358052**.



Wellness Massage Therapy

NetCare covers Wellness Massage Therapy benefits for qualified medical benefit plans.

- One (1) 60min therapeutic massage per month
- Available to eligible members 18 years of age and older
- Limited to participating Guam wellness massage therapy providers

DR. HORINOUCHI'S WELLNESS CLINIC • H2O SPA • JENNY'S PHRUKSA THAI SPA
LASA THERAPY • MASSAGE THERAPY WITH CLARISSA TORRES • TOP CARE SPA



EXCLUSIVE REWARDS FOR MOYLAN'S AND NETCARE LIFE & HEALTH CUSTOMERS

- | | |
|----------------------|--------------------|
| Restaurants / Dining | Shopping |
| Health & Wellness | Sports / Leisure |
| Spas | Entertainment |
| Coffee / Tea Shops | Education Services |
| Auto Care Services | Home Care Services |

SCAN THE QR CODE AND DOWNLOAD THE PRIMO REWARDS APP TODAY!



Available for iOS and Android.

SCAN HERE!

General Agents for FirstNet Insurance Company, DB Insurance & NetCare Life and Health Insurance Company



Web-enabled On-Line Solutions Available 24/7

Improved Online Benefit Information for NetCare Subscribers

From your home or office you can now log into our secure and HIPAA compliant website (at www.netcarelifeandhealth.com) to access and view improved information about claims status, eligibility, online member services, and benefit plan information. We are offering you this ability to allow us to provide quality healthcare services to our NetCare subscribers and their families.

How do I access this information?

From the Internet, go to: www.netcarelifeandhealth.com and click on MEMBER link and then click on Login to myNetCare Portal

NEW USER REGISTRATION

1. In the upper left side of the screen, click the link that says New User Registration.
2. Under "Sign Up for Your New Account", select how you are registering.
Example: Employee/Insured, Dependent or Employer.
3. Once your selection has been made, click the Next button.
4. Enter your personal information:
 - a. For Date of Birth – Enter your Date of Birth in the format of MM/DD/YYYY.
 - b. For SSN- enter a nine digit Social Security Number. Do not include dashes (-) or slashes (/). If this field reads Member ID instead, enter the Member ID found on your NetCare ID card.
 - c. Once all personal information has been entered, click the Next button.

SIGN UP:

1. User Name – Create a unique User Name.
2. Password – Your Password should be a minimum length of eight characters, with at least one letter, one number and one of the following: ! @ # \$ % ^ & * ()
3. Enter your Email address.
4. Enter a Security Question and Security Answer. (Note: The Security Question will be displayed as a reminder if you click on "Forgot Your Password?") When using "Forgot Your Password?" you must enter your Security Answer.
5. Click the Create User button.
6. Please make a record of your User Name, Password, Security Question and Security Answer. You will use the User Name and Password to access the web site. If you forget your Password, you can answer the Security Question to request a new password.

LOG IN:

1. Once you have successfully created your User Name and Password, click the Continue button. Log in using the User name and Password that you just created.

Features

Personal Data | Deductible Status | Benefits | Claims Status | Dependent Status | Eligibility



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

Tel: (670) 234-6442

Fax: (670) 234-8641

Hours: Monday – Friday 8:30AM – 5:30PM

PALAU OFFICE:

Moylan's Insurance

Tsuneo Professional Building Suite 101

Koror, Palau 96940

Tel: (680) 488-2675/5509/4858

Fax: (680) 488-2744

POHNPEI OFFICE:

Moylan's Insurance

Kolonia, Pohnpei

Tel: (691) 320-2118

Fax: (691) 320-2519

MARSHALL ISLANDS OFFICE:

Moylan's Insurance

Majuro, Marshall Islands

Tel: (692) 625-3220

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

Tel: 632-723-0101 Local 5158 / 5159

Direct 632-723-3942