

PPO 1500 PLAN

MEDICAL SCHEDULE OF BENEFITS

| GOVGUAM PPO1500 | | |
|--|---|-----------------------------|
| YOUR BENEFITS: WHAT NETCARE COVERS | PARTICIPATING PROVIDERS | NON-PARTICIPATING PROVIDERS |
| DEDUCTIBLE PER INDIVIDUAL MEMBER (Class 1) | \$1,500 | \$3,000 |
| DEDUCTIBLE PER FAMILY (Class 2, 3, & 4) If a member meets their \$1,500 individual deductible, NetCare begins to pay for covered services for that individual member | \$3,000 | \$9,000 |
| COVERAGE MAXIMUMS Individual member annual maximum | None | |
| OUT-OF-POCKET MAXIMUMS (Including accumulated deductible and copays) Per Individual member per plan year Per Family per plan year | \$3,000 \$9,000 | No Maximum |
| OUT OF AREA SERVICES Covered services outside Guam include but not limited to Philippines, Hawaii, Japan, Taiwan, U.S. Mainland and other foreign participating providers. Pre-Certification required. | A NetCare approved referral from a medical physician is required for all services outside Guam. Services at Philippine Participating Providers are payable 100% for covered benefits, after your deductible is met. | |

| YOUR DEDUCTIBLE AND CO-PAY DO NOT APPLY TO THESE BENEFITS WHEN YOU GO TO A PARTICIPATING PROVIDERS | PARTICIPATING PROVIDERS | NON-PARTICIPATING PROVIDERS (After Deductible is Met) |
|---|-------------------------|--|
| ANNUAL EYE EXAM One Exam per Member per Plan Year | Plan Pays 100% | Not Covered |
| PREVENTIVE SERVICES (Outpatient Only) In accordance with guidelines established by the USPSTF Grades A & B, PPACA, and Advisory Committee on Immunization Practices. 1. Annual Routine Physical Exam 2. Immunizations/Vaccinations 3. Preventive Laboratory Service 4. Counseling and Health Screenings 5. Philippine Annual Routine Physical Exam • May choose age appropriate physical exam • No dollar limit • Includes Preventive Lab Tests | Plan Pays 100% | Not Covered |
| PRE-NATAL CARE Including routine labs and 1st ultrasound | Plan Pays 100% | Not Covered |
| WELL-BABY / WELL-CHILD CARE In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care • Infancy (newborn to 9 months) Maximum 7 visits per plan year • Early Childhood (1 to 4 years old) Maximum 7 visits per plan year • Middle Childhood / Adolescence (5 to 17 years old) Maximum 1 visit per plan year | Plan Pays 100% | Not Covered |
| WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) and the Women's Health and Cancer Act Coverage includes Tubal Ligation | Plan Pays 100% | Not Covered |

| YOUR DEDUCTIBLE DOES NOT APPLY TO THESE BENEFITS WHEN YOU GO TO A PARTICIPATING PROVIDERS | PARTICIPATING PROVIDERS | NON-PARTICIPATING PROVIDERS (After Deductible is Met) |
|---|---------------------------|--|
| OUTPATIENT PHYSICIAN CARE & SERVICES | | |
| 1. PRIMARY CARE VISIT | \$20 Member Co-Pay | Plan pays 70%*, Member pays 30% |
| 2. SPECIALIST CARE VISIT | \$40 Member Co-Pay | Plan pays 70%*, Member pays 30% |
| 3. VOLUNTARY SECOND SURGICAL OPINION | \$40 Member Co-Pay | Plan pays 70%*, Member pays 30% |

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|--|--|--|
| 4. HOME HEALTH CARE VISIT | \$0 Member Co-Pay | Plan pays 70%*, Member pays 30% |
| 5. HOSPICE (Pre-Certification Required) • Guam Only • Maximum 180 Days • \$150 Max Per Day | \$40 Member Co-Pay | Not Covered |
| 6. MENTAL HEALTH CARE (Out Patient) | \$20 Member Co-Pay | Plan pays 70%*, Member pays 30% |
| 7. OUTPATIENT LABORATORY (diagnostic or non-preventive labs) | \$20 Member Co-Pay | Plan pays 70%*, Member pays 30% |
| 8. X-RAY SERVICES | \$20 Member Co-Pay | Plan pays 70%*, Member pays 30% |
| 9. INJECTIONS (Does not include those on the Specialty Drug List and Orthopedic Injections) | \$20 Member Co-Pay | Plan pays 70%*, Member pays 30% |
| 10. URGENT CARE | \$20 Member Co-Pay | Plan pays 70%*, Member pays 30% |
| PRESCRIPTION DRUGS | | |
| 1. Formulary Generic Drugs (per prescription unit) | \$15 Member Co-Pay (30 day supply) | Plan pays 50% of AWP** |
| 2. Formulary Brand Name Drugs (per prescription unit) | \$30 Member Co-Pay (30 day supply) | Plan pays 50% of AWP** |
| 3. Mail Order Drugs | \$0 Member Co-Pay (90 day supply) | Plan pays 50% of AWP** |
| 4. Non-Formulary Drugs (Medically Necessary and Pre-Certification Required) | \$60 Member Co-Pay (30 day supply) | Plan pays 50% of AWP** |
| 5. Specialty Drugs¹ (Medically Necessary and Pre-Certification Required) | \$100 Member Co-Pay (30 day supply) | Not Covered |
| VISION 1. Eye Glasses • Frames • Eyeglass Fitting 2. Eye Glass Lenses • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses • Lenticular/Aphakik Lenses 3. Contact Lenses | Plan pays 100% up to \$150 per member per plan year | |
| YOUR DEDUCTIBLE MUST BE MET FOR THE FOLLOWING SERVICES | PARTICIPATING PROVIDERS (After Deductible is Met) | NON-PARTICIPATING PROVIDERS (After Deductible is Met) |
| ACUPUNCTURE 30 visits per member per plan year | Plan pays 80%; Member pays 20% | Not Covered |
| AIDS TREATMENT Exclusive of Experimental drugs (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Not Covered |
| AIRFARE BENEFIT TO CENTERS OF CARE Members must meet qualifying conditions. The Plan provides roundtrip airfare upon required Plan approval. | Plan pays 100% | Not Covered |
| ALLERGY TESTING \$1,000 per member per plan year | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| AMBULATORY SURGI-CENTER CARE (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| AUTISM SPECTRUM DISORDER Diagnosis, treatment & behavioral therapy is limited per Contract Period to \$50,000 up to age 8 years and \$25,000 from ages 9 to 21 years. | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| BLOOD & BLOOD DERIVATIVES | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| BREAST RECONSTRUCTIVE SURGERY In accordance with 1998 W.H.C.R.A. (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |

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| CARDIAC SURGERY (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| CATARACT SURGERY (OUTPATIENT) Includes Conventional Lens | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| CHEMICAL DEPENDENCY | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| CHEMOTHERAPY BENEFIT (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| CHIROPRACTIC CARE 30 Visits per Member per plan year | Plan pays 80%; Member pays 20% | Not Covered |
| CLINICAL TRIALS Routine costs in relations to treatment of cancer or other life threatening disease or condition as approved by the National Institute of Health or in case of cancer, the National Cancer Institute. (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Not Covered |
| CONGENITAL ANOMALY DISEASES COVERAGE (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Not Covered |
| DIAGNOSTIC TESTING (Pre-Certification Required) • MRI, CT Scan, Ultrasound, and other diagnostic procedures | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| DURABLE MEDICAL EQUIPMENT (DME) The lesser amount between the purchase or rental when prescribed by a Physician. (Pre-Certification Required) • Crutches • Suction Machine • Walker • Nebulizer Machine • Wheelchair • Oxygen (includes accessories) • Hospital Beds • CPAP Machine | Plan pays 80%; Member pays 20% of the total rental cost or purchase | Not Covered |
| ELECTIVE SURGERY (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| EMERGENCY CARE Plan must be contacted and advised within 48 hours for off-island emergencies 1. On/Off Island emergency facility, physician services, laboratory, x-rays 2. Ambulance Services (Ground Transportation Only) | Plan pays 80%; Member pays 20% | Plan pays 80%; Member pays 20% |
| END STAGE RENAL DISEASE/ HEMODIALYSIS (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| HEARING AIDS Maximum \$500 per member per plan year | Plan pays 80%; Member pays 20% | Not Covered |
| HOSPITALIZATION & INPATIENT BENEFITS 1. Room & Board for semi-private room, intensive care, coronary care and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication. 3. Physician's Hospital Services | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| HYPERBARIC OXYGEN THERAPY AND WOUND CARE Medically necessary (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| IMPLANTS (Pre-Certification Required) Limitations apply, please refer to contract. Limited to the following: • Cardiac Pacemakers • Intraocular Lens • Heart Valves • Orthopedic Internal Prosthetic • Stents • Devices | Plan pays 80%; Member pays 20% | Plan pays 50%*, Member pays 50% |
| INHALATION THERAPY | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| MATERNITY CARE Labor and Delivery | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| NUCLEAR MEDICINE (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |

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|--|---|--|
| OCCUPATIONAL THERAPY 20 visits per member per plan year (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Not Covered |
| ORGAN TRANSPLANT (Pre-Certification Required) Coverage includes but not limited to: • Heart • Liver • Pancreas • Bone Marrow • Lung • Kidney • Intestine • Cornea Benefits include coverage for the organ donor | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| ORTHOPEDIC CONDITIONS • Internal and External Prosthesis (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| PHYSICAL THERAPY (Pre-Certification Required) | Plan pays 80% for the first 20 visits and 50% thereafter | Plan pays 70%*, Member pays 30% |
| RADIATION THERAPY (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| ROBOTIC SURGERY/ROBOTICS SUITE (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| SKILLED NURSING FACILITY (Pre-Certification Required) • Maximum 60 Days per Member per plan year | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |
| SLEEP APNEA • Diagnostics and Therapeutic Procedure (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Not Covered |
| SPEECH THERAPY (Pre-Certification Required) 20 visits per member per plan year | Plan pays 80%; Member pays 20% | Not Covered |
| STERILIZATION PROCEDURES • Vasectomy (Outpatient Only) | Plan pays 80%; Member pays 20% | Plan pays 70%*, Member pays 30% |

ADDITIONAL BENEFITS: What the Plan Covers

| Your Deductible Does Not Apply To these Benefits When You Go To A Participating Provider | PARTICIPATING PROVIDERS | NON-PARTICIPATING PROVIDERS |
|---|--|-----------------------------|
| WELLNESS AND FITNESS BENEFITS Limited to Employee and dependents ages 18 years and above are eligible for Wellness and Fitness Rewards. 1. Wellness Benefit at a Wellness Center Member co-insurance may be reimbursed upon program completion (Pre-Certification Required) | Plan pays 80%; Member pays 20% | Not Covered |
| 2. Healthy Fit • Gym Enrollment • Plan pays a monthly reward based on gym attendance of eight (8) monthly required visits, any gym anywhere | Plan pays 100% only at Participating Facilities Plan pays up to \$360 Cash Reward per Contract Period | |
| 3. Healthy Actions Rewards • Completion of NetCare's Health Risk Assessment - \$25 • Completion of an Annual Physical Exam/Health Screening - \$25 • Completion of a Smoking Cessation Program or Wellness Program - \$25 • Completion & attendance at a GovGuam sponsored Health Fair - \$25 • Monthly participation in an organized sporting or fitness event, activity, class or program as defined by NetCare at a minimum participation of five (5) times per month within the Contract Period - \$100 | Plan pays \$200 Cash Reward per member per Contract Period when all criteria's are met | Not Covered |
| 4. Healthy Outcome Rewards (Know Your Numbers)² • Blood Pressure reading must be no greater than 120 over 80 • Hemoglobin A1c Test for diabetes - level between 4.0% -6.4% • Body Mass Index (BMI) between 18.5 - 24.9 based on height and weight • Cholesterol Screening with LDL of less than 100-130 mg/dL or Triglycerides less than 150 mg/dL | Plan pays \$200 Cash Reward per member per Contract Period when all criteria's are met | Not Covered |
| TRAVEL ALLOWANCE Members must meet qualifying criteria for Airfare Benefits. Travel Allowance is limited to Philippine travel, one allowance per member per Contract Period. | Plan pays \$500 | Not Covered |