

RETIREE SUPPLEMENTAL PLAN

MEDICAL SCHEDULE OF BENEFITS

GOVGUAM RSP		
WHEN YOU GO TO A PARTICIPATING MEDICARE PROVIDERS		
YOUR BENEFITS: WHAT NETCARE COVERS	RETIREE SUPPLEMENTAL PLAN (RSP) PAYS ¹	MEMBER PAYS AT PARTICIPATING PROVIDER
OUT OF AREA SERVICES Covered services outside Guam that include but not limited to Philippines, Hawaii, Japan, Taiwan, U.S. Mainland and any foreign participating providers. Pre-certification required	A NetCare approved pre-certification is required for all out of area services.	
PLAN MAXIMUM	Unlimited	
PREVENTIVE SERVICES	RETIREE SUPPLEMENTAL PLAN (RSP) PAYS ¹	MEMBER PAYS AT PARTICIPATING PROVIDER
PREVENTIVE SERVICES (Outpatient Only) In accordance with guidelines established by the USPSTF Grades A & B, PPACA, <ol style="list-style-type: none"> Annual Routine Physical Exam Preventive Laboratory Service Counseling and Health Screenings Philippine Annual Routine Physical Exam <ul style="list-style-type: none"> May choose age appropriate physical exam No dollar limit Includes preventive Lab tests 	Nothing	Nothing
IMMUNIZATIONS/VACCINATIONS In accordance with guidelines established by the Advisory Committee on Immunization Practices	Nothing	Nothing
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	Nothing	Nothing
BENEFITS & SERVICES	RETIREE SUPPLEMENTAL PLAN (RSP) PAYS ¹	MEMBER PAYS AT PARTICIPATING PROVIDER
ANNUAL EYE EXAM One Exam per Member per Plan Year	Plan Pays 100% Covered on Guam only	Nothing
OUTPATIENT PHYSICIAN CARE & SERVICES		
1. PRIMARY CARE VISIT	20% co-insurance	Nothing
2. SPECIALIST CARE VISIT	20% co-insurance	Nothing
3. VOLUNTARY SECOND SURGICAL OPINION	20% co-insurance	Nothing
4. HOME HEALTH CARE VISIT	Nothing	Nothing
5. HOSPICE (Pre-Certification Required) <ul style="list-style-type: none"> Guam Only Maximum 180 Days \$150 Max Per Day 	80% co-insurance	20% co-insurance
6. OUTPATIENT LABORATORY (Diagnostic or non-preventive lab)	Nothing	Nothing
7. X-RAY SERVICES	Medicare Part B deductible then 20% co-insurance	Nothing
8. INJECTIONS (Does not include those on the Specialty Drug List and Orthopedic Injections)	20% co-insurance	Nothing
PRESCRIPTION DRUGS		
1. Formulary Generic Drugs (per prescription unit)	Plan Pays 100% after member co-pay	\$15 Co-Pay (30 day supply)
2. Formulary Brand Name Drugs (per prescription unit)	Plan Pays 100% after member co-pay	\$30 Co-Pay (30 day supply)
3. Mail Order Drugs	Plan Pays 100% after member co-pay	\$0 Co-Pay (90 day supply)
4. Non-Formulary Drugs (Medically Necessary and Pre-Certification Required)	Plan Pays 100% after member co-pay	\$60 Co-Pay (30 day supply)
5. Specialty Drugs¹ (Medically Necessary and Pre-Certification Required)	Plan Pays 100% after member co-pay	\$100 Co-Pay (30 day supply)

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ACUPUNCTURE 30 visits per member per plan year	Plan pays 20%	Nothing
AIDS TREATMENT Exclusive of Experimental drug (Pre-Certification Required)	Plan pays 20%	Nothing
AIRFARE BENEFIT TO CENTERS OF CARE Members must meet qualifying conditions. The Plan provides roundtrip airfare upon required Plan approval.	Plan pays 100%	Nothing
ALLERGY TESTING \$1,000 per member per plan year	Plan pays 80%	Member pays 20%
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	Plan pays 80%	Member pays 20%
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%
BREAST RECONSTRUCTIVE SURGERY In accordance with 1998 W.H.C.R.A. (Pre-Certification Required)	Plan pays 80%	Member pays 20%
CARDIAC SURGERY (Pre-Certification Required)	Plan pays 80%	Member pays 20%
CATARACT SURGERY (OUTPATIENT) Includes Conventional Lens	Plan pays 80%	Member pays 20%
CHEMICAL DEPENDENCY	Plan pays 80%	Member pays 20%
CHEMOTHERAPY BENEFIT (Pre-Certification Required)	Plan pays 80%	Member pays 20%
CHIROPRACTIC CARE 30 Visits per Member per plan year	Plan pays 80%	Member pays 20%
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%	Nothing
CONGENITAL ANOMALY DISEASES COVERAGE (Pre-Certification Required)	Plan pays 80%	Member pays 20%
DIAGNOSTIC TESTING (Pre-Certification Required) • MRI, CT Scan, Ultrasound, and other diagnostic procedures	Plan pays 80%	Member pays 20%
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
ELECTIVE SURGERY (Pre-Certification Required)	Plan pays 80%	Member pays 20%
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%
END STAGE RENAL DISEASE/ HEMODIALYSIS (Pre-Certification Required)	Plan pays 80%	Member pays 20%
HEARING AIDS Maximum \$500 per member per plan year	Plan pays 80%	Member pays 20%
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%
HYPERBARIC OXYGEN THERAPY & WOUND CARE Medically necessary. (Pre-Certification Required)	Plan pays 80%	Member pays 20%
IMPLANTS (Pre-Certification Required) Limitations apply, please refer to contract. Limited to the following: • Cardiac Pacemakers • Intraocular Lens • Heart Valves • Orthopedic Internal Prosthetic Devices • Stents	Plan pays 80%	Member pays 20%
INHALATION THERAPY	Plan pays 80%	Member pays 20%
MENTAL HEALTH CARE (Out Patient)	Plan pays 80%	Member pays \$20

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NUCLEAR MEDICINE (Pre-Certification Required)	Plan pays 80%	Member pays 20%
OCCUPATIONAL THERAPY (Pre-Certification Required) 20 visits per member plan year	Plan pays 80%	Member pays 20%
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%
ORTHOPEDIC CONDITIONS • Internal and External Prosthesis (Pre-Certification Required)	Plan pays 80%	Member pays 20%
PHYSICAL THERAPY (Pre-Certification Required)	Plan pays 80% for the first 20 visits 50% there after	Member pays 20% for the first 20 visits 50% there after
RADIATION THERAPY (Pre-Certification Required)	Plan pays 80%	Member pays 20%
ROBOTIC SURGERY/ROBOTICS SUITE (Pre-Certification Required)	Plan pays 80%	Member pays 20%
SPEECH THERAPY (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%
SLEEP APNEA • Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Plan pays 80%	Member pays 20%
STERILIZATION PROCEDURES • Vasectomy (Outpatient Only)	Plan pays 80%	Member pays 20%
URGENT CARE VISIT	Medicare Part B deductible then 20% co-insurance	Member pays 20%
VISION HARDWARE 1. Eye Glasses • Frames • Eyeglass Fitting 2. Eye Glass Lenses • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses • Lenticular/Aphakic Lenses 3. Contact Lenses	Plan pays 100% up to \$150 per member per plan year	Nothing
ADDITIONAL BENEFITS: What the Plan Covers	RETIREE SUPPLEMENTAL PLAN (RSP) PAYS ¹	MEMBER PAYS AT PARTICIPATING PROVIDER
WELLNESS AND FITNESS BENEFITS 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 up to \$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