

HSA 2000 PLAN

MEDICAL SCHEDULE OF BENEFITS

JUDICIARY OF GUAM HSA2000		
YOUR BENEFITS: WHAT NETCARE COVERS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
DEDUCTIBLE PER INDIVIDUAL MEMBER if a member meets their \$2,000 individual deductible, NetCare begins to pay first dollar benefits for that individual member.	\$2,000	\$4,000
DEDUCTIBLE PER FAMILY If a member meets their \$2,600 individual deductible, NetCare begins to pay first dollar benefits for that individual member.	\$4,000	\$12,000
COVERAGE MAXIMUMS Individual member annual maximum	Unlimited	
OUT-OF-POCKET MAXIMUMS (Includes accumulated deductible and copays) Per Individual member per plan year Per Family per plan year	\$4,000 \$11,900	No Maximum No Maximum
OUT OF AREA SERVICES Covered benefits and services rendered outside Guam	Pre-certification and approval from NetCare is required prior to services rendered at out of area facilities. Covered benefits at Philippine Providers are payable 100% after deductible is met	
YOUR DEDUCTIBLE DO NOT APPLY TO THESE BENEFITS WHEN YOU GO TO A PARTICIPATING PROVIDER	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
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 (Member co-payment is waived upon admission) 2. Ambulance Services (Ground Transportation Only)	\$75 Member Co-payment Plan pays 80% Member pays 20%	\$75 Member Co-payment Plan pays 70%, Member pays 30%
PREVENTIVE SERVICES (Outpatient Only) In accordance with guidelines established by the USPSTF Grades A & B & CDC Coverage includes an age appropriate annual preventive exam at Philippine participating providers <ul style="list-style-type: none"> • Annual Physical Exam • Immunizations/Vaccinations • Laboratory • Counseling and Health Screenings 	Plan Pays 100%	Not Covered
PRE-NATAL CARE Including routine labs and 1st ultrasound	Plan Pays 100%	Not Covered
WELL-BABY / WELL-CHILD CARE <ul style="list-style-type: none"> • For children 0 to 17 years • Maximum of 7 visits per year for ages 0 to 4 years • Maximum of 1 visit per year for ages 5 to 17 years 	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	Plan Pays 100%	Not Covered
STERILIZATION PROCEDURES (Outpatient Only) (Prior authorization required) <ul style="list-style-type: none"> • Tubal Ligation • Vasectomy 	Plan Pays 100%	Not Covered
URGENT CARE	Plan Pays 80%; member pays 20%	Plan Pays 70%; member pays 30%
YOUR DEDUCTIBLE MUST BE MET FOR THE FOLLOWING SERVICES	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (After Deductible is Met and Base on UCR)
ACUPUNCTURE	Plan pays 80%; Member pays 20%	Not Covered

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AIDS TREATMENT Exclusive of Experimental drugs	Plan pays 80%; Member pays 20%	Not Covered
AIRFARE BENEFIT TO CENTERS OF CARE Members must meet qualifying conditions. Plan provides roundtrip airfare upon required Plan approval.	Plan pays 100%	Not Covered
ALLERGY TESTING \$500 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%
ANNUAL EYE REFRACTION/EXAM (Refer to Vision Hardware benefit for eyewear coverage)	\$15 Member Co-Payment at SDA Clinic \$20 Member Co-Payment at other Clinics	Not Covered
BLOOD & BLOOD PRODUCTS	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
BREAST RECONSTRUCTIVE SURGERY In accordance with 1998 W.H.C.R.A.	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
CARDIAC SURGERY	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
CATARACT SURGERY (OUTPATIENT) Includes Lens Implants	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	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
CHIROPRACTIC CARE	Plan pays 80%; Member pays 20%	Not Covered
CLINICAL TRIALS In relation 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. 1. Outpatient Clinical Trial 2. Inpatient Clinical Trial	\$40 Member Co-payment	Plan pays 70%*, Member pays 30%
CONGENITAL ANOMALY DISEASES COVERAGE	Plan pays 80%; Member pays 20%	Not Covered
DIAGNOSTIC TESTING (Pre-Certification Required) • MRI, CT Scan, 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 but is not limited to equipment listed (Pre-Certification Required) • Accessories • Hospital Beds • Walker • CPAP Machine • Suction Machine • Wheelchair • Crutches • Oxygen	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%
END STAGE RENAL DISEASE / HEMODIALYSIS	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
HEARING AIDS Maximum \$1000 per member per 24 months. Limited to 1 device every 3 years	Plan pays 80%; Member pays 20%	Not Covered

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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 Limitations apply, please refer to the Certificate. Including but not limited to: • Cardiac Pacemakers • Intraocular Lens • Stents • Heart Valves • Orthopedic Internal Prosthetic Devices	Plan pays 80%; Member pays 20%		Plan pays 70%; Member pays 30%
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%
OCCUPATIONAL THERAPY (Pre-Certification Required)	Plan pays 80%; Member pays 20%		Not Covered
ORTHOPEDIC CONDITIONS • Internal and External Prosthesis	Plan pays 80%; Member pays 20%		Plan pays 70%; Member pays 30%
OUTPATIENT PHYSICIAN CARE & SERVICES			
1. Primary Care Visit	\$15 Member Co-Payment at SDA Clinic	\$20 Member Co-Payment at other Clinics	Plan pays 70%; Member pays 30%
2. Specialist Care Visit	\$40 Member Co-Payment		Plan pays 70%; Member pays 30%
3. Voluntary Second Surgical Opinion	\$40 Member Co-Payment		Plan pays 70%; Member pays 30%
4. Home Health Care Visit	\$15 Member Co-Payment at SDA Clinic	\$40 Member Co-Payment at other Clinics	Plan pays 70%; Member pays 30%
5. Hospice (Pre-Certification Required) • Guam Only • Maximum \$100 Per Days	Plan pays 100%		Not Covered
6. Mental Health Care Visit (Out Patient)	\$15 Member Co-Payment at SDA Clinic	\$20 Member Co-Payment at other Clinics	Plan pays 70%; Member pays 30%
7. Outpatient (Laboratory Diagnostic/Non-Preventive)	\$0 Member Co-Payment		Plan pays 70%; Member pays 30%
8. X-ray Services	\$15 Member Co-Payment at SDA Clinic	\$20 Member Co-Payment at other Clinics	Plan pays 70%; Member pays 30%
9. Injections (Does not include Specialty Drugs)	\$15 Member Co-Payment at SDA Clinic	\$20 Member Co-Payment at other Clinics	Plan pays 70%; Member pays 30%
PHYSICAL THERAPY (Pre-Certification Required)	Plan pays 80% for the first 20 visits and 50% there after		Plan pays 70%; Member pays 30%

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PRESCRIPTION DRUGS	Retail	Mail (90-day fill)	
1. Formulary Generic Drugs	Member pays 10%	Member pays \$0	Member pays 30% of AWP**
2. Formulary Brand Name Drugs	Member pays 20%	Member pays \$0	Member pays 30% of AWP**
3. Non-Formulary Drugs (Medically Necessary and Pre-Certification Required)	Member pays 30%	Member pays 30%	Member pays 30% of AWP**
4. Specialty Drugs¹ (Medically Necessary and Pre-Certification Required) <i>*Specialty mail order is limited to PBM specialty pharmacy</i>	Member pays 30%	Member pays 30%	Member pays 30% of AWP**
RADIATION THERAPY (Pre-Certification Required)	Plan pays 80%; Member pays 20%		Plan pays 70%; Member pays 30%
SKILLED NURSING FACILITY •Maximum 60 Days per Member per plan year (Pre-Certification Required)	Plan pays 80%; Member pays 20%		Plan pays 70%; Member pays 30%
SLEEP MEDICINE •Sleep Apnea Study Coverage	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 (After Deductible is Met and Base on UCR)
WELLNESS AND FITNESS BENEFIT 1. Wellness Benefit at a Wellness Center (Pre-Certification Required) Member co-insurance may be reimbursed upon program completion	Plan pays 80%; Member pays 20%	Not Covered
2. Healthy Actions Rewards •Completion of NetCare's Health Risk Assessment •Completion of a Wellness Program at NetCare's Wellness Provider •Completion of an eEducation Tutorial •Completion & attendance at a NetCare sponsored Health Fair •Consecutive monthly participation in a fitness event defined by NetCare	Plan Pays \$200 Cash Reward	Not Covered
3. 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% - 7.0% •Body Mass Index (BMI) between 18.5 – 24.9 based on height and weight •Cholesterol Screening with LDL of less than 100 – 130 mg/d. or Triglycerides less than 150 mg/dl	Plan Pays \$200 Cash Reward	Not Covered
VISION HARDWARE 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 \$200 per member per 24 months