NetCare
Life & Health Insurance

CNMI PREFERRED PLAN
MEDICAL
Schedule of Benefits 2025

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

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS	WHAT YOU PAY AT NON-PARTICIPATING PROVIDERS
DEDUCTIBLE (Subject to UCR)	NONE	$200 Individual / $600 Family
PHYSICIAN & OUTPATIENT BENEFITS		
1. Primary Care Office Visit	$5 co-pay	20% of UCR
2. Specialist Care Office Visit	$25 co-pay	20% of UCR
3. Second Surgical Opinion	$25 co-pay	20% of UCR
4. Home Health Care	$5 co-pay	20% of UCR
5. Injections (Does not include Specialty and Orthopedic Injections)	$25 co-pay	20% of UCR
6. Outpatient Laboratory Services	$5 co-pay	20% of UCR
7. Outpatient X-ray Services	$5 co-pay	20% of UCR
8. Outpatient Surgery	$5 co-pay	20% of UCR
9. Private Duty Nursing	$5 co-pay	20% of UCR
URGENT CARE		
1. Clinic Setting	$5 co-pay	20% of UCR
2. Hospital Setting	$100 co-pay	20% 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 2. Inpatient Mental Health & Chemical/Substance Treatment	• Centers of Care & Philippine Providers - no charge for covered inpatient charges • CHC & other Hospitals - 20% of inpatient charges.	20% of UCR
EMERGENCY SERVICES		
1. On or Off-island Emergency services (when not followed by admission)	$5 co-pay	$5 co-pay
2. Ambulance Service (Limited to ground transportation for bona fide emerg	$5 co-pay	$5 co-pay
NON-EMERGENCY SERVICES (Non-emergency treatment in a hospital roc	50% of covered charges	20% of UCR
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. Well-baby/Child Care	No Charge for covered charges	30% of UCR
2. Routine Annual Physical Exam - Limited to one exam per contract period	No Charge for covered charges	30% of UCR
3. Routine Annual Gynecological Exam - Limited to one exam per contract period	No Charge for covered charges	30% of UCR
4. Routine Annual Mammograms - Age 40+	No Charge for covered charges	30% of UCR
5. Routine Annual Eye Exam - Limited to one exam per contract period	No Charge for covered charges	Not Covered
6. Routine Annual Immunizations - Per CDC Guidelines	No Charge for covered charges	30% of UCR
7. Routine Annual Health Screening	No Charge for covered charges	30% of UCR
8. Routine Annual Outpatient Laboratory	No Charge for covered charges	30% of UCR
9. Routine Annual Outpatient X-ray	No Charge for covered charges	30% of UCR

PRESCRIPTION DRUGS (www.optumrx.com)	Retail/Pharmacy	Mail Order	Out of Network
1. Generic drugs	$ 5 per unit	$ 0 (90 days)	Not Covered
2. Brand drugs	20% of covered charges	$ 30 (90 days)	Not Covered
3. Non-formulary drugs	30% of covered charges	$ 60 (90 days)	Not Covered
4. Injectables (includes specialty injectable drugs)	30% of covered charges	30%+shipping	Not Covered
5. Specialty (excludes injectable drugs)	20% up to $150 out of pocket max	Not Covered	Not Covered

AIDS COVERAGE	20% of covered charges	50% of UCR
AUTISM SPECTRUM DISORDER	20% of covered charges	20% of UCR
BLOOD, BLOOD PRODUCTS & DERIVATIVES Limited to cost of administration only	No Charge for covered charges	20% of UCR
CARDIAC CARE Limited to $40,000 per Contract Period. Cardiac Implant is limited to cardiac pacemaker and cardiac stent.		
1. Primary Office Visit	$5 co-pay	20% of UCR
2. Specialist Office Visit	$25 co-pay	20% of UCR
3. Cardiac Surgery (Limited to Centers of Care)	No Charge for covered charges	20% of UCR
CHEMICAL DEPENDENCY/SUBSTANCE ABUSE (OUTPATIENT)	$5 co-pay	20% of UCR
CHEMOTHERAPY Limited to $20,000 per Contract Period	No Charge for covered charges	20% of UCR
CHIROPRACTIC - Limited to $250 per Contract Period	$5 co-pay	20% of UCR

CNMI Preferred Plan

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS	WHAT YOU PAY AT NON-PARTICIPATING PROVIDERS
DEDUCTIBLE (Subject to UCR)	NONE	$200 Individual / $600 Family
CHRONIC ORTHOPEDIC DEFORMITY & CONDITIONS Limited to $5,000 per Contract Period for all related services	20% of covered charges	20% of UCR
CONGENITAL DISEASES Limited to $10,000 per Contract Period		
1. Primary Office Visit	$5 co-pay	20% of UCR
2. Specialist Office Visit	$25 co-pay	20% of UCR
3. Hospitalization (Inpatient Benefits apply)	No Charge for covered charges	20% 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	20% 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.	20% of covered charges	20% of UCR
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		
1. Pre-natal / Post-natal Care Visit (Includes one routine ultrasound)	No Charge for covered charges	20% of UCR
2. Delivery: Hospital Facility and Professional Fee (a separate copayment will apply for newborn child)	• Centers of Care & Philippine Providers - no charge for covered inpatient charges.	20% of UCR
	• CHC & other Hospitals - 20% of covered inpatient charges.	20% of UCR
4. Circumcision: Within 30 days of date of birth	$5 co-pay	20% of UCR
5. Breastfeeding Equipment (limited to rental only)	No Charge for covered charges	20% of UCR
MENTAL HEALTH TREATMENT (OUTPATIENT)	$5 co-pay	20% of UCR
NUCLEAR MEDICINE Limited to $20,000 per Contract Period	No Charge for covered charges	20% of UCR
OCCUPATIONAL THERAPY Limited to 5 visits per Contract Period	$5 co-pay	20% of UCR
ORGAN TRANSPLANT COVERAGE Limited to $20,000 lifetime for all related services	No Charge for covered charges	20% of UCR
PHYSICAL THERAPY Maximum of 8 visits per Contract Period	$5 co-pay	20% of UCR
RADIATION THERAPY Limited to $20,000 per Contract Period	No Charge for covered charges	20% of UCR
RECONSTRUCTIVE BREAST SURGERY Limited to the following in accordance with the Women's Health & Cancer Rights Act of 1998 ●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	20% of UCR
SPEECH THERAPY (OUTPATIENT) Limited to 5 visits per Contract Period	$5 co-pay	20% of UCR
STERILIZATION PROCEDURES Outpatient Tubal Ligation or Vasectomy/pre-cert required	No Charge for covered charges	20% of UCR
TELEHEALTH / TELEMEDICINE Limited to CNMI, Philippine & United Health Care provider networks	20% of covered charges	Not Covered
WELLNESS Member co-insurance may be reimbursed upon program completion	20% of covered charges	Not Covered

ANNUAL PLAN MAXIMUM	Unlimited	
LIFETIME MAXIMUM	Unlimited	
ANNUAL OUT-OF-POCKET MAXIMUM		
1. Per Individual Per Contract Period	$2,000	Not Applicable
2. Per Family Per Contract Period	$6,000	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 service 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.healthreformgov.

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

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. 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 CNMI are limited to Guam, Asia, Philippines, Hawaii and the Continental U.S. or through NetCare's direct contracted providers and NetCare's Centers of Care with a NetCare approved referral.

REFERRALS - Referrals are not required for primary, specialty care or covered ancillary services at participating providers in CNMI. A NetCare approved referral is required for all services outside CNMI. No coverage will be provided outside CNMI without a NetCare approved referral. We recommend members to contact NetCare for referral assistance and allow ample time (2-4 weeks) to schedule appointments.

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

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

MEDICAL EXCLUSIONS

Medical services listed below are NOT covered by NetCare

- Acupuncture care & services.
- Airfare (unless criteria as set forth by the Plan has been met).
- Allergy testing & treatment.
- 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 Medicare is or would be primary for a member who is eligible and entitled to at no cost and declined to enroll.
- Care or services rendered by immediate relatives or members of the enrollee's household, rendered as a duly licensed medical practitioner employed by a healthcare providers.
- Chronic Brain Syndrome, or custodial care charges resulting from senile deterioration.
- Cost of care or treatment related to diseases, illness, or injuries where payment is provided for under local laws or programs, federal acts, industrial insurance, automobile insurance or Worker's Compensation programs.
- Custodial care, domiciliary or convalescent care, or rest cures.
- Dental services except for surgical procedures as a result of accidental injury to natural teeth or jaw. Such services do no include include capping, bridges or retainers as benefits.

MEDICAL EXCLUSIONS (continued)

Medical services listed below are NOT covered by NetCare

- Elective cosmetic treatment including but not limited to breast implants (unless after mastectomy due to cancer) cosmetic eye surgery (i.e.. Lasik), etc.
- Emergency treatment provided outside the service area if the need for care could have been foreseen before departing the service area.
- Executive Physical Exams/Executive Check-up (Inpatient Physical Exam).
- Experimental medical, surgical and other health-care procedures.
- 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.
- Injury or illness incurred as a result of attempted suicide.
- Interrupted pregnancy (non-medically necessary), non-life threatening abortions unless medically necessary.
- Living expenses including meals, hotel rooms, transportation, etc.
- Long term rehabilitation including but not limited to physical therapy, speech therapy, hand therapy, and occupational therapy.
- Medical treatment and services related to End Stage Renal Disease, including Dialysis
- Nasal reconstruction except to correct a deformity as a result of an accidental injury which occurred within 90-days of the date of surgery, or the removal or treatment of cancer of the nose.
- Non-medical treatment of obesity (except as approved by the Plan).
- Orthopedic and external prosthetic devices including but not limited to shoes, orthotics, artificial limbs, etc.
- Over-the-counter drugs or drugs for which a prescription from a licensed physician is not required under federal law, inclusive of OTC contraceptives and devices and all non FDA approved drugs.
- Personal comfort items, such as but not limited to telephone, television, guest trays, electrical power, water and disposal systems, baths and pools at their installation, hospital room installation, hospital room upgrades & surcharges.
- Physical examinations and all services related thereto when required for obtaining or continuing employment, insurance, schooling, governmental licensing or sports activities.
- Pre-existing conditions and medical conditions excluded and noted on the policy.
- Prenatal ultrasound (except as approved by the Plan). Routine ultrasounds are limited to one per pregnancy term. Subsequent ultrasounds are not covered unless medically necessary and approved by the Plan.
- Services provided by the covered person's spouse, child, brother, sister or parents whether by blood or by law.
- Services rendered outside CNMI without a NetCare approved referral.
- 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, including drugs, without a NetCare approved prior authorization and strict criteria satisfaction.
- Treatment and services related to sleeping disorders.
- 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 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.
- Whole blood and blood derivatives.
- 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.