This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.netcarelifeandhealth.com or by calling 671-472-3610 or 1-888-966-9526 (toll free).

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$0**	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. For participating providers, **$2,000** Individual/**$6,000** Family. For non-participating providers, **expense limit is not applicable**.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	Yes, **$2,000,000**	This plan will pay for covered services only up to this limit during each coverage period, even if you own need is greater. You're responsible for all expenses above this limit. The chart starting on page 2 describes specific coverage limits, such as limits on the number of office visits.
Does this plan use a network of providers?	Yes. For a list of participating providers, see www.netcarelifeandhealth.com or call 671-472-3610 or 1-888-966-9526 (toll free).	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services.

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **participating providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$10 co-pay/visit	Not Covered	----------none----------
	Specialist visit	$25 co-pay/visit	Not Covered	----------none----------
	Other practitioner office visit	$25 co-pay/visit for non-primary care. $10 co-pay /visit chiropractic. 20% co-insurance chronic orthopedic	Not Covered	No coverage for acupuncture. Chiropractic is limited to $1,000/contract period.
	Preventive care/screening/immunization	No charge	Not Covered	Coverage per U.S. Preventive Services Task Force guidelines.
If you have a test	Diagnostic test (x-ray, blood work)	$10 co-pay/x-ray. No charge for lab.	Not Covered	----------none----------
	Imaging (CT/PET scans, MRIs)	$100 co-pay/ procedure	Not Covered	Plan approved written pre-certification is required. 50% disallowance will be applied for non-approval.

Common Medical Event	Services You May Need	Your cost if you use an Participating Provider	Your cost if you use an Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.netcarelifeandhealth.com	Generic drugs	$5 co-pay retail. No charge for mail order. 30% co-insurance for injectables. No charge for contraceptives.	50% co-insurance of AWP.	Coverage up to a 30-day supply for retail prescription and 90-day supply for mail order prescription. Coverage is limited to FDA approved drugs.
	Preferred brand drugs	20% co-insurance retail. $30 co-pay mail order. 30% co-insurance for injectables.	50% co-insurance of AWP.	Coverage up to a 30-day supply for retail prescription and 90-day supply for mail order prescription. Coverage is limited to FDA approved drugs.
	Non-preferred brand drugs	30% co-insurance retail. $60 co-pay mail order. 30% co-insurance for injectables.	50% co-insurance of AWP.	Coverage up to a 30-day supply for retail prescription and 90-day supply for mail order prescription. Coverage is limited to FDA approved drugs.
	Specialty drugs	30% co-insurance retail. $60 co-pay mail order. 30% co-insurance for injectable drugs.	50% co-insurance of AWP.	Coverage up to a 30-day supply for retail prescription and 90-day supply for mail order prescription. Coverage is limited to FDA approved drugs.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$100 co-pay/visit	Not Covered	Circumcision is $50 co-pay
	Physician/surgeon fees	No Charge	Not Covered	----------none----------
If you need immediate medical attention	Emergency room services	$100 co-pay/visit	$100 co-pay/visit	Non-emergency treatment is $100 co-pay/visit plus 20% co-insurance
	Emergency medical transportation	$100 co-pay	Not Covered	Limited to ground ambulance
	Urgent care	$25 co-pay/visit	Not Covered	----------none----------
If you have a hospital stay	Facility fee (e.g., hospital room)	$100 co-pay/day	Not Covered	Co-pay applicable per day for first 5 days.
	Physician/surgeon fee	No Charge	Not Covered	----------none----------

Common Medical Event	Services You May Need	Your cost if you use an Participating Provider	Your cost if you use an Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$25 co-pay/20 visits & $50 co-pay plus 20% co-insurance thereafter	Not Covered	----------none----------
	Mental/Behavioral health inpatient services	$100 co-pay/day	Not Covered	Co-pay is applicable per day for first 5 days.
	Substance use disorder outpatient services	$25 co-pay/visit	Not Covered	----------none----------
	Substance use disorder inpatient services	$100 co-pay/day	Not Covered	Co-pay is applicable per day for first 5 days.
If you are pregnant	Prenatal and postnatal care	No Charge	Not Covered	No charge coverage includes one routine prenatal ultrasound at participating providers.
	Delivery and all inpatient services	$100 co-pay/day for first 5 days	Not Covered	Birthing Center is limited to Guam at $100 co-pay/visit.
If you need help recovering or have other special health needs	Home health care	$25 co-pay/visit	Not Covered	----------none----------
	Rehabilitation services	$25 co-pay/visit	Not Covered	Limited to 20 visits/contract period. Occupational therapy -10 visits/contract period
	Habilitation services	$25 co-pay/visit	Not Covered	Limited to 20 visits/contract period. Occupational therapy -10 visits/contract period
	Skilled nursing care	$100 co-pay/day for the first 5 days	Not Covered	Limited to 60-days/contract period.
	Durable medical equipment	$100 co-pay	Not Covered	Limited to rental only
	Hospice service	$25 co-pay/visit	Not Covered	Limited to $50 per day and180 day lifetime
If your child needs dental or eye care	Eye exam	No Charge	Not Covered	One exam per exam per contract period.
	Glasses	Not Covered	Not Covered	Coverage is limited to Vision Rider election
	Dental check-up	Not Covered	Not Covered	Coverage is limited to Dental Rider election

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Airfare
- Air Ambulance
- Bariatric surgery
- Birthing center outside Guam
- Cosmetic surgery
- Dental care (Adult), unless the Dental Rider Plan is elected
- End stage renal disease, including Dialysis
- Eye glasses & frames, unless enrolled in the Vision Rider Plan
- Hearing aids
- Infertility treatment
- Long-term care, which includes rehabilitative & habilitative services
- Non-spouse maternity
- Non-emergency care when traveling outside the U.S.
- Over the counter drugs, contraceptives and devices. Drug coverage is limited to FDA approved drugs and contraceptives.
- Prenatal ultrasound in excess of one routine per pregnancy term.
- Preventive and immunization services beyond the U.S. Preventive Services Task Force guidelines
- Prescription drugs in excess of 30-days for retail and 90-days for mail order, unless approved by the plan
- Treatment & services beyond the maximum visit or dollar limits for benefits covered by the plan
- Treatment & services for all non-approved plan pre-certification & referrals. A 50% disallowance may be applied toward charges
- Treatment & services for all non-approved plan pre-certification & referrals
- Treatment & services at non-participating providers and outside Guam

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care
- Private Duty Nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher that the premium you pay while covered under the plan. Other limitations on you rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 671-472-3610. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov .

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

NetCare at 671-472-3610 or 1-888-966-9526 toll free or at www.netcarelifeandhealth.com. The Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact Guam Department of Revenue and Taxation, Office of the Insurance Commissioner at 1240 Army Drive, Barrigada Guam 96921 or 671-635-1844.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $7,270
- **Patient pays** $270

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$0
Co-pays	$70
Co-insurance	$200
Limits or exclusions	$0
Total	**$270**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $4,930
- **Patient pays** $470

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$0
Co-pays	$400
Co-insurance	$60
Limits or exclusions	$10
Total	**$470**

Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact NetCare's Utilization Management Coordinator at 671-472-3610 ext 245/250.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.