



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.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$1,500 Individual/ \$3,000 Family for participating providers. Does not apply to preventive services. \$3,000 Individual/ \$6,000 Family for non-participating providers	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 1 st). 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 \$5,250 Individual/ \$10,500 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?	Deductibles, 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 your 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.

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- **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	20% co-insurance	30% co-insurance of UCR	-----none-----
	Specialist visit	20% co-insurance	30% co-insurance of UCR	-----none-----
	Other practitioner office visit	20% co-insurance	30% co-insurance of UCR	Chiropractic & Acupuncture are each limited to \$1,000/contract period.
	Preventive care/screening/immunization	No charge; No Deductible	30% co-insurance of UCR	Coverage per U.S. Preventive Services Task Force guidelines.
If you have a test	Diagnostic test (x-ray, blood work)	20% co-insurance	30% co-insurance of UCR	No charge for preventive labs at participating providers.
	Imaging (CT/PET scans, MRIs)	20% co-insurance	30% co-insurance of UCR	A plan approved written pre-certification is required, based on medical necessity. A 50% disallowance of eligible charges will be applied for non-approved pre-certification.

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

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Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% co-insurance first 20 visits; 60% co-insurance thereafter	30% co-insurance of UCR	-----none-----
	Mental/Behavioral health inpatient services	20% co-insurance	30% co-insurance of UCR	No charge at Centers of Care
	Substance use disorder outpatient services	20% co-insurance	30% co-insurance of UCR	-----none-----
	Substance use disorder inpatient services	20% co-insurance	30% co-insurance of UCR	No charge at Centers of Care
If you are pregnant	Prenatal and postnatal care	No Charge; No Deductible	30% co-insurance of UCR	Prenatal care includes one routine ultrasound at no charge or no deductible at participating providers.
	Delivery and all inpatient services	20% co-insurance	30% co-insurance of UCR	Birthing Center limited to Guam at 20% co-insurance. No charge at Centers of Care.
If you need help recovering or have other special health needs	Home health care	20% co-insurance	30% co-insurance of UCR	-----none-----
	Rehabilitation services	20% co-insurance	30% co-insurance of UCR	Limited to 20 visits/contract period. Occupational therapy is limited to 10 visits/contract period
	Habilitation services	20% co-insurance	30% co-insurance of UCR	Limited to 20 visits/contract period. Occupational therapy is limited to 10 visits/contract period
	Skilled nursing care	20% co-insurance	30% co-insurance of UCR	Limited to 60-days per contract period. No charge at Centers of Care.
	Durable medical equipment	20% co-insurance	30% co-insurance of UCR	Limited to rental only
	Hospice service	20% co-insurance	30% co-insurance of UCR	Limited to \$50 per day and 180 day lifetime
If your child needs dental or eye care	Eye exam	No Charge; No Deductible	Not Covered	Limited to one exam/contract period
	Glasses	Not Covered	Not Covered	Limited to Vision Rider Plan election
	Dental check-up	Not Covered	Not Covered	Limited to Dental Rider Plan election

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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.)

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Airfare • Air Ambulance • Bariatric surgery • Birthing Centers outside of Guam • Cosmetic surgery • Dental care (Adult), unless enrolled in a Dental Rider Plan • End Stage Renal Disease, including Dialysis | <ul style="list-style-type: none"> • Eye glasses & frames, unless enrolled in a Vision Rider Plan • Hearing Aids • Infertility treatment • Long-term care, which includes rehabilitative & habilitative services. • 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. | <ul style="list-style-type: none"> • Prescription drugs in excess of 30-days for retail and 90-days for mail order, unless approved by the plan. • Preventive and immunization services beyond the U.S. Preventive Services Task Force guidelines • 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 |
|---|--|--|

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.)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Acupuncture • Chiropractic care • Most coverage provided outside the United States. See www.netcarelifeandhealth.com | <ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Private Duty Nursing | <ul style="list-style-type: none"> • Routine eye care (Adult) • Routine foot care • Weight loss programs |
|--|--|---|

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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 than the premium you pay while covered under the plan. Other limitations on your 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, 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.*—————

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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 \$3,640**
- **Patient pays \$3,900**

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	\$3,000
Co-pays	\$0
Co-insurance	\$900
Limits or exclusions	\$0
Total	\$3,900

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

- **Amount owed to providers: \$4,100**
- **Plan pays \$2,100**
- **Patient pays \$2,000**

Sample care costs:

Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$730
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100

Patient pays:

Deductibles	\$1,500
Co-pays	\$0
Co-insurance	\$500
Limits or exclusions	\$0
Total	\$2,100

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.

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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.

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