



NetCare Life & Health Insurance Company  
Disclosure Notice

This Disclosure Notice is being provided to you as a resource and information about the policies and procedures of NetCare in connection with the offering of health insurance coverage.

**Privacy Policy**

Your privacy is very important to us, so at NetCare we carefully guard your confidential individual-personal identifiable information. Examples of personal identifiable information are your name, address, telephone number, e-mail address, social security number and date of birth.

We place great importance on protecting your private information and handle this information in a confidential manner. We restrict access to non-public personal information about you to those employees who need to know that information for an appropriate reason, such as to provide products or services you requested or to administer benefits to you. In order to provide you with insurance benefits and services you want, we routinely collect, store and use information about our customers. We use this information for such activities as evaluating benefits, paying claims or administering our products and services and processing transactions requested by you.

**Rates**

NetCare will provide a rate proposal to you based on the census profile received. Should the actual enrollment differ from that information, NetCare reserves the right to redevelop the rates accordingly and/or decline to cover the group based on not meeting or complying with eligibility and/or participation requirements. NetCare also reserves the right to change premium rates based on demographic changes, utilization or loss experience, medical trend factors and/or benefit design changes.

**Eligibility Requirements**

An Individual is eligible for enrollment only if he or she resides in the service area (defined as Guam or the Commonwealth of the Northern Mariana Islands) and is a subscriber or immediate family member, and has not had coverage terminated for cause. Further, a subscriber is an individual who is a regular employee of a company of which this policy has been written under, and is working in the service area at least twenty (20) hours per week. This policy does not cover retired persons unless authorized by the Plan.

**Service Area**

Service area is defined as Guam or the Commonwealth of the Northern Mariana Islands.

**Service Area Requirements**

Coverage under this Policy is applicable to only those person(s) who maintain their principal residence in Guam, the CNMI, or where this Policy or applicable certificate is delivered and such persons must be physically residing in said jurisdiction during at least nine (9) months of each Contract Period while this Policy remains in force.

**Participation Requirements**

Groups enrolling **2 to 10 full-time employees** must have 100% participation of eligible employees and 100% employer contribution of the single premium is required.

Groups enrolling **11 to 49 full-time employees** must have 80% participation of eligible employees and 70% employer contribution of the single premium is required.

Groups enrolling **50 or more full-time employees** must have 80% participation of eligible employees and 50% employer contribution of the single premium is required.

**Renewal of Coverage**

NetCare guarantees renewal of coverage upon the anniversary period of the group. A 60-day notice is generally provided prior to your renewal anniversary date. Your renewal premium rates may be changed due to your utilization or loss experience, medical trend factors, benefit design changes and demographic changes.

**Benefits and Premiums**

Benefit design plans as well as premium rates for specific benefit plans will be provided by NetCare to you upon the completion of a Census Data Profile. The benefits and premiums provided by NetCare are available for your group to select and for which your group is qualified to enroll. You are only allowed however, to choose or select one benefit plan design for the entire group.

**Worker's Compensation**

Guam Public Law requires employers to provide worker's compensation coverage to their employees. NetCare requires proof of worker's compensation insurance upon enrollment. The name and policy number of your worker's compensation carrier will be required in your Master Group Application. This is needed for potential third party liability claims.

Acknowledged By: \_\_\_\_\_ Name of Company \_\_\_\_\_

Date: \_\_\_\_\_ Marketing Agent: \_\_\_\_\_