NetCare
Life & Health Insurance

PALAU PRIME PLAN
MEDICAL
Schedule of Benefits
2022

The medical services listed are benefits for Palau Prime Plan. For detailed description of your benefits, co-payments and procedures, please refer to your Group Service Agreement or Plan Documents. For listing of participating providers within our network, you may refer to NetCare's Provider Directory by calling our office at 671-472-3610 or log on to www.netcarelifeandhealth.com

BENEFIT DESCRIPTION	WHAT YOU PAY AT PARTICIPATING PROVIDERS	
ANNUAL DEDUCTIBLE	**None**	
PHYSICIAN & OUTPATIENT BENEFITS		
1. Primary Care Office Visit	20% of covered charges	
2. Specialist Care Office Visit	20% of covered charges	
3. Second Surgical Opinion	20% of covered charges	
4. Home Health Care	20% of covered charges	
5. Injections (Does not include Specialty and Orthopedic Injections)	20% of covered charges	
6. Outpatient Laboratory Services	20% of covered charges	
7. Outpatient X-ray Services	20% of covered charges	
8. Outpatient Surgery	20% of covered charges	
9. Private Duty Nursing	20% of covered charges	
URGENT CARE		
1. Clinic Setting	20% of covered charges	
2. Hospital Setting	20% of covered charges	
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	20% of covered charges	
2. Inpatient Mental Health & Chemical/Substance Treatment	20% of covered charges	
MATERNITY CARE		
1. Pre-natal & Post-natal Care Visit (Includes one routine ultrasound)	No Charge	
2. Delivery - Hospital Facility & Professional Fee (a separate copayment will apply for newborn child)	20% of covered charges	
3. Circumcision (Covered within 30 days from date of birth)	20% of covered charges	
EMERGENCY BENEFITS		
1. On & Off-island emergency facility, physician services, laboratory, x-rays	20% of covered charges	
2. Ambulance Service (Limited to ground transportation for bona fide emergency)	20% of covered charges	
ROUTINE ANNUAL EXAMS & IMMUNIZATIONS		
Preventive Care for Adults, Child & Baby		
1. Well-Baby Care (Up to age 2; Limited to 5 visits per contract period)	20% of covered charges	
2. Well-Child Care	20% of covered charges	
3. Routine Annual Physical Exam - Limited to one exam per contract period	20% of covered charges	
4. Routine Annual Gynecological Exam - Limited to one exam per contract period	20% of covered charges	
5. Routine Annual Mammograms - Age 40+	20% of covered charges	
6. Routine Annual Eye Exam - Limited to one exam, $50 limit per contract period	20% of covered charges	
7. Routine Annual Immunizations - Per CDC Guidelines	20% of covered charges	
8. Routine Annual Health Screening/Outpatient Laboratory/Outpatient X-ray	20% of covered charges	
PRESCRIPTION DRUGS	**Retail/Pharmacy**	**Mail Order**
1. Generic drugs	$ 5 per unit	$ 0 (90 days)
2. Brand drugs	20% of covered charges	$ 30 (90 days)
3. Non-formulary drugs	30% of covered charges	$ 60 (90 days)
4. Injectables (includes specialty injectable drugs)	30% of covered charges	30% + shipping
5. Specialty (excludes injectable drugs)	20% up to $150 out of pocket max	Not Covered
Additional drug information can be found within this document		
BLOOD, BLOOD PRODUCTS & DERIVATIVES (Limited to cost of administration o	20% of covered charges	
CARDIAC CARE		
1. Primary & Specialty Care Office Visit	20% of covered charges	
2. Cardiac Surgery (Limited to Centers of Care in the Philippines)	20% of covered charges	
Cardiac Implant is limited to cardiac pacemaker and cardiac stent. Pre-certification is required.		
CHEMOTHERAPY, RADIATION THERAPY, NUCLEAR MEDICINE	20% of covered charges	
DIAGNOSTIC TESTING		
MRI, CT Scan, Ultrasound, Cardiac Stress Test, Cardiac Catheterization, Coronary Angiography, Bone Scan, Biopsy and other diagnostic procedures. (Pre-certification is required for some procedures. Approval is subject to medical review)	No Charge	
CHRONIC ORTHOPEDIC DEFORMITY & CONDITIONS (Limited to $5,000 per Contract Period)		
1. Primary & Specialty Care Office Visit	20% of covered charges	
2. Hospitalization	20% of covered charges	
PHYSICAL THERAPY (Limited to $200 per Contract Period)	No Charge	
ANNUAL PLAN MAXIMUM		
1. Individual Lifetime Maximum	Plan pays $1,000,000	
2. Individual Annual Maximum	Plan pays $50,000	
ANNUAL OUT-OF-POCKET MAXIMUM		
1. Per Individual Per Contract Period	None	
2. Per Family Per Contract Period	None	

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.

EMERGENCY CARE - Coverage for medical emergencies outside of Palau is subject to limitations of your Plan. NetCare must be notified immediately for hospitalization.

PHILIPPINE/TAIWAN CARE - All covered benefits and services rendered at NetCare's Centers of Care in Philippines and Taiwan are payable 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.

PROVIDER NETWORK - Covered benefits and services are payable at participating providers within Palau, Philippines and Taiwan. Services rendered other than participating providers in Palau, Philippines and Taiwan are not covered benefits. Services at non-participating providers are not covered.

REFERRALS - Referrals are not required for primary, specialty care or covered ancilliary services at approved participating providers in Palau. A NetCare approved referral is required for all services rendered outside Palau. Services outside Palau are limited to NetCare's Centers of Care & Participating Providers in Philippines and Taiwan.

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

UCR means Usual, Customary & Reasonable charges of the geographical location where service was rendered based on the current Medicare RBRVS/DRG. Covered services at Non-participating Providers are subject to UCR, when applicable. Charges in excess of UCR are not payable by the Plan.

Medical Exclusions: Services NOT covered by NetCare

- Acupuncture care & services.
- Airfare.
- Allergy testing and treatment.
- Biofeedback and other forms of self-care or self-help training.
- 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 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 health care provider.
- Chronic Brain Syndrome, or custodial care charges resulting from senile deterioration.
- Chiropractic services.
- Cost of care and services related to or for replacement of joints and use of prosthetic devices and artificial limbs.
- 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.
- Cost of services for Sterilization (Tubal Ligation, Vasectomy)
- 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 not include capping, bridges or retainers as benefits.
- Durable Medical Equipment.
- 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.
- Experimental medical, surgical and other health-care procedures.
- Executive Physical Exam/ECU (inpatient physical exam).
- Gastric Bypass, stapling or reversal, surgical correction (except as approved by the Plan).
- Hearing Aids.
- Hip Joint replacement surgery and all related treatment and services.
- Hyperbaric Oxygen Treatment (HBO).
- Implants including a non-human artificial or mechanical organ, breast implants, penile prosthesis, cornea, intra-ocular lenses, artificial joints and limbs, etc. except for cardiac pacemakers and stents.
- 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 Mental Health Care.
- 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 medical necessary.
- Living expenses including meals, hotel rooms, transportation, etc.
- Long term rehabilitation and physical therapy.
- Maternity care for non-spouse dependent including but not limited to ectopic pregnancy, antepartum hemorrhage.
- Mental Health treatment and services.
- 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.
- 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 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 at non-participating providers.
- Services rendered outside Palau without a NetCare approved referral, limited to Philippines and Taiwan participating providers.
- Speech related services.
- 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 and services related to hepatits without a NetCare approved prior authorization and strict criteria satisfaction.
- Treatment and services related to ESRD, including dialysis.
- Treatment and services related to Organ Transplants.
- Treatment and services related to Congenital abnormalities.
- 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 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.
- Treatment and services related to Occupational therapy, including hand therapy.
- Treatment and services related to sleeping disorders.
- 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.