

Schedule of Benefits	In Palau	Off-island	MSA
Coverage Maximums	Unlimited	\$35,000 per member per year	Up to MSA Balance
Out-of-Pocket Maximum (OOP Max)			
Inpatient Hospital Stays	Up to \$400 based on Income	Up to \$4,000 based on Income	N/A
Hospital Expenses	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max PRC Pre-approval Required	Payable
Room and board Use of intensive care or special care units; Diagnostic Services; Medical, surgical, and central supplies; Treatment services; Hospital ancillary services including but not limited to use of operating room, anesthesia, laboratory, x-ray, occupational therapy, physical therapy, speech therapy, inhalation therapy, cardiac rehabilitation, and radiotherapy services; Oxygen and oxygen therapy; Medication used when you are an Inpatient, such as drugs, biologicals, and vaccines; Newborn care, including routine well-baby care; Discharge Planning; Physician Services: In-patient (as part of Hospital Bill) In-patient (Billed Separately)			
Alternative to Hospital Stays and Services	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max PRC Pre-approval Required	Payable
Out-patient Surgical Center Home Healthcare Skilled Nursing Facility Hospice			

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Emergency Care			
Emergency Room Services	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Notification Required ASAP	Payable
Non-emergency care at an Emergency Room	80% of Covered Charges Subject to OOP Max	Not Covered	Payable
Urgent Care Services	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Notification Required ASAP	Payable
Physician Services			
	Not Covered	80% of Covered Charges Subject to OOP Max Additional Pre-approval Required*	Payable
Outpatient Consultations Specialty Consultations			
Diagnostic Testing			
Outpatient Diagnostic Lab Work and Radiological Services	Not Covered	80% of Covered Charges Subject to OOP Max Additional Pre-approval Required*	Payable
Major Outpatient Diagnostic Testing (see list)	Not Covered	80% of Covered Charges Subject to OOP Max Additional Pre-approval Required*	Payable
Prescription Drugs (Pharmacy)			
Formulary Generic Drugs	Not Covered	Not Covered	Payable
Formulary Brand Name Drugs	Not Covered	Not Covered	Payable
Non-Formulary Drugs	Not Covered	Not Covered	Payable
Specialty Drugs	Not Covered	Not Covered	Payable
Preventive Care			
	100% of Covered Charges Limited only to Certain Services	Not Covered	Payable
Specialized Outpatient Therapy			
Radiation	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max Additional Pre-approval Required*	Payable

Chemotherapy	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max Additional Pre-approval Required*	Payable
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Infusion Therapy	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max Additional Pre-approval Required*	Payable
Inhalation Therapy	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max Additional Pre-approval Required*	Payable
Hemodialysis for ESRD	Not Covered	Not Covered	Not Covered
Short-Term Outpatient Therapy			
Physical Therapy Cardiac Therapy (not in-patient) Occupational Therapy Speech Therapy Pulmonary rehabilitation Cognitive therapy Chiropractic / Osteopathic / Manipulation therapy Acupuncture	Not Covered	80% of Covered Charges Subject to OOP Max Additional Pre-approval Required*	Payable
Supplies and Equipment			
Durable Medical Equipment	Not Covered	Not Covered	Payable
Orthotics	Not Covered	Not Covered	Payable
Prosthetics	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max PRC Pre-approval Required	Payable
Diabetic Equipment and Supplies	Not Covered	Not Covered	Payable
Mental Health and Substance Abuse Services			
Outpatient Services	Not Covered	Not Covered	Payable
Inpatient / Partial Inpatient Services	Not Covered	Not Covered	Payable

Transportation Services

Ground Ambulance	N/A	80% of Covered Charges Subject to OOP Max PRC Pre-approval Required	Payable
Airfare Benefit	N/A	Up to 100% based on Qualifying Criteria and Income	Payable

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Wellness and Value Added Programs	100% of Covered Charges Subject to OOP Max	Not Covered	Payable
Wellness Center			
Transplant Services	Not Covered	Not Covered	Payable
Orthopedic Surgery	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max PRC Pre-approval Required	Payable
Congenital Anomalies	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max PRC Pre-approval Required	Payable
Dental Care (Due to accident/injury)	80% of Covered Charges Subject to OOP Max	80% of Covered Charges Subject to OOP Max PRC Pre-approval Required	Payable