



NRCW 100 PLAN

How the StayWell NRCW 100 Plan Works

The services described in this brochure are your benefits as a member of StayWell's CNMI Non-resident Contract Worker Plan.

In general, for all medical benefits offered in this plan, StayWell pays 100% of the "eligible charges" for services rendered in the CNMI. Your coverage per family member over a lifetime extends up to \$1 million including up to \$25,000 per year for off-island care at any Center of Excellence in the Philippines (The Medical City, National Kidney & Transplant Institute, Philippine Heart Center, St. Luke's Medical Center, University of Santo Thomas, Philippine Gamma Knife Center) and at participating providers in Guam. Eligible charges are the rates StayWell has agreed to pay its participating providers for covered services. All claims on eligible charges must be filed within 90 days after you receive the medical services or payment may be denied.

Some exclusions and limitations apply to your general coverage. Please consult your policy for a full description of the benefits, limitations and procedures of this plan. If you have any questions, call us at StayWell. We want to help you make the most of your insurance coverage.



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Benefits are paid based on eligible charges.

MEDICAL BENEFITS	Participating Provider
Ambulatory Surgi-Center Care	100% – Pre-certification required 80% for services on Guam
Breast Reconstructive Surgery (after mastectomy)	100% 80% for services on Guam
Blood Bank Administration • Blood products not covered	100% 80% for services on Guam
Cardiac Surgery • \$25,000 annual maximum	100% coverage at Center or Excellence
Circumcision	100% 80% for services on Guam
Congenital Abnormalities • \$5,000 annual maximum	100% 80% for services on Guam
Diagnostics, Lab, X-rays, Radiotherapy	100% 80% for services on Guam
Doctor's Office Visit	100% 80% for services on Guam
Emergency Care	100% 80% for services on Guam
Eye Exams • \$25 annual maximum	100% 80% for services on Guam
Home Health Care • 15 visits annual maximum	100% 80% for services on Guam
Hospitalization (In area)	100% 80% for services on Guam
Hospitalization (Out of area)	100% coverage at Center or Excellence in Philippines only 80% for services on Guam
Hospital (Outpatient services)	100% 80% for services on Guam
Immunizations (CDC recommended)	100% 80% for services on Guam
Implants/Reconstructive Surgery • Limited to cardiac pacemakers, cardiac stents and breast implants as required by WHCRA of 1998 • Cardiac stents covered up to \$1,950	100% 80% for services on Guam Cardiac stents at Center of Excellence only
Maternity Care (Member or Spouse) • Prenatal & Postnatal care	100% 80% for services on Guam
Maternity Care • Delivery	100% 80% for services on Guam
Mental Health Care • Outpatient Care Only • 20 visits annual maximum	100% 80% for services on Guam
Newborn Care at Hospital after delivery	100% 80% for services on Guam
Nuclear Medicine • \$25,000 annual maximum	100% 80% for services on Guam
Periodic Screening Test/Exams • \$80 annual maximum • Limited to CNMI Providers • Includes Mammogram and Pap Smear	100% 80% for services on Guam
Physical Therapy • Neuromuscular Rehabilitation (First 30 days annual maximum)	100% STWL for first 20 visits then STWL pays 40% thereafter 80% for services on Guam

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MEDICAL BENEFITS	Participating Provider
Prescription Drugs – FORMULARY	100% 80% for services on Guam
Prescription Drugs – NON-FORMULARY	50% STWL – 50% Member
Radiation Therapy <ul style="list-style-type: none"> \$25,000 annual maximum 	100% 80% for services on Guam
Screening Colonoscopy and Sigmoidoscopy <ul style="list-style-type: none"> Qualifications must be met Precertification required \$1,000 annual maximum 	100% 80% for services on Guam
Skilled Nursing Facility Care (30 days annual maximum)	100% 80% for services on Guam
Tubal Ligation / Vasectomy	100% 80% for services on Guam
Well Child Care <ul style="list-style-type: none"> 5 visits per child under 2 years 	100% 80% for services on Guam
CO-PAYMENT MAXIMUM	Individual \$1,000 Family \$3,000
Lifetime Maximum	\$1 Million Dollars
Out-of-area coverage	\$25,000 (Guam and Philippines only)

DENTAL BENEFITS	Participating Provider
MAXIMUM COVERAGE	\$1,000
Examination and restorative care <ul style="list-style-type: none"> Exam X-ray Cleaning Routine filling Bitewing Sealant <ul style="list-style-type: none"> only allowed for members up to age 13 once in a lifetime benefit and limited to permanent molars and premolars 	100% STWL
Surgery, endodontic treatment <ul style="list-style-type: none"> Extraction Root canal treatment Impaction Pulpotomy 	50% STWL – 50% Member
Prosthetic care <ul style="list-style-type: none"> Crowns Bridges Dentures 	50% STWL – 50% Member
Sedation <ul style="list-style-type: none"> General anesthesia <ul style="list-style-type: none"> only allowed when medically/dentally necessary Nitrous oxide/analgesia (laughing gas/conscious sedation) <ul style="list-style-type: none"> only allowed for member under 13 years old 	80% STWL – 20% Member

EXCLUSIONS AND LIMITATIONS

- Abortion (voluntary termination of pregnancy)
- Acupuncture
- AIDS (groups with fewer than 15 employees)
- Air and non-emergency ground ambulance
- Alcohol and drug-related evaluation and rehabilitation
- Allergy testing and treatment
- Alternative medicine including acupuncture, massage therapy, homeopathic medicine
- Amyotrophic Lateral Sclerosis
- Benefits and services not specified as covered
- Blood and blood derivatives
- Care furnished by government agencies and available at no cost to you, i.e. Medicare
- Charges exceeding the eligible charge
- Charges for fraudulent/false claims
- Chicken Pox Vaccine
- Chiropractic care & related expenses
- Consultations with doctors by telephone or facsimile
- Contact lenses and other corrective lenses
- Corrective appliances, artificial aids and durable and disposable medical equipment and supplies including inhalation therapy related equipment
- Cosmetic surgery or treatment except as required by WHCRA of 1998
- Dental appliances
- Dental care except oral surgery*
- Dependent of non-spouse dependent coverage
- Dependent parents
- Diagnostic workups to determine fertility
- Dialysis / ESRD
- Elective or voluntary enhancement procedures, surgeries, services, supplies and medications even if prescribed by a physician
- Expenses from confinement primarily for custodial and domiciliary care
- Experimental drugs or procedures
- Eye glasses
- Fees for missed appointment or voluntary transfer of records
- Fertility and infertility procedures
- Gastric bypass, stapling or reversal
- Growth hormone treatment
- Hearing aids
- Hepatitis B Vaccine
- Hospice Care
- Hospital take home drugs
- Hyperbaric treatment
- Implants other than cardiac pacemakers, cardiac stents, and breast implants as required by WHCRA of 1998
- Intelligence, IQ, aptitude ability, learning disorders or interest testing not necessary to determine the appropriate treatment of a psychiatric condition
- Item or substance that is available without a prescription, except for medicines and supplies Medically Necessary for inpatient care
- Liposuction
- Lytico & Bodig
- Non-spouse dependent maternity care
- Neuromuscular Rehabilitation or treatment
- Occupational and/or speech therapy
- Off-island airfare and living expenses
- Organized Off-road and drag racing injuries
- Other health and accident insurance coverage and third party settlements
- 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 and guest tray
- Physician's exams required for sport or obtaining or continuing employment, insurance or governmental licensing
- Pneumococcal Conjugate Vaccine
- Psychological testing, neuropsychology and services related thereto
- Purchase of artificial limbs and prosthetic devices
- Replacement of joints
- Rest cures
- Restoration of pre-existing loss of sight or hearing
- Reversal of voluntary sterilization
- Services and supplies not medically necessary or not ordered by a physician
- Services for behavioral, vocational or educational training of member
- Services for visual training
- Services related to an exclusion
- Services rendered by family member unless such person rendered services as an employee of a Hospital, Physician or other Provider
- Sex transformations, sexual dysfunction or inadequacies
- Suicide, attempted suicide and intentionally self-induced or self-inflicted injuries or illnesses, unless resulting from a medical condition (including physical or mental conditions) or from domestic violence
- Temporomandibular joint disorder (TMJ)
- Testing of donor blood
- Transplants and related expenses
- Treatment for injuries incurred while in active military service or Acts of War injuries
- Treatment for injuries incurred while operating a motorized vehicle while under the influence of alcohol or controlled drugs and substances
- Treatment for injuries received while committing a criminal act
- Treatment for weight reduction
- Treatment for mental retardation and mental deficiency
- Tuberculosis
- Worker's Compensation and Employer's Liability Law cases

* Covered under dental plan when you opt for that coverage.

DENTAL EXCLUSIONS AND LIMITATIONS

- Dental implants or tooth preparation for over-dentures
- Dental work for cosmetic purposes
- Excessive charges – any difference between your dentist's bill and the amount allowed by the plan
- Orthodontia and related dental services (treatment and appliances for straightening irregularly placed teeth)
- Prosthodontic services or devices (including crowns and bridges) started prior to membership in StayWell dental plan
- Replacement of lost or stolen appliances, or any appliance damaged while not in the mouth
- Services related to TMJ (temporomandibular joint syndrome) or craniomandibular disorders
- Work in progress on the effective date of coverage
- Intentionally inflicted injury unless resulting from a medical condition (including physical or mental conditions) or from domestic violence