StayWell INSURANCE

SILVER
HEALTH PLAN

The benefits offered in this Silver Plan are covered at 80/20 with certain benefits subject to limitations. A pre-funded deductible fund is set up for each member at the beginning of the policy year. Each time a payment is made for covered medical and dental services rendered to you, the amount paid is deducted from this fund. The balance of the fund, at the end of the policy year is returned to the subscriber in the form of a refund. Only subscribers who have been enrolled and with premiums paid for at least six months within a policy year are eligible for refunds.

See how far we'll go.

Island Home Insurance Company

Awarded Accreditation by AAAHC Accreditation Association for Ambulatory Health Care, Inc.

520 Route 8, Maite Guam 96910 **671-477-5091** staywellguam.com

2023 SILVER – SCHEDULE OF BENEFITS

YOUR BENEFITS: WHAT STAYWELL COVERS	PARTICIPATING PROVIDERS		NON-PARTICIPATING PROVIDERS
LIFETIME MAXIMUM	UNLIMITED		
ANNUAL MAXIMUM	UNLIMITED		
ANNUAL OUT OF POCKET MAXIMUM	MEDICAL	PRESCRIPTION DRUGS	There are no Out of Pocket Maximums at Non-Participating Providers*
Per Individual member per Plan Year	$2,900.00	$2,900.00	
Per Family per Plan Year	$8,700.00	$8,700.00	
MAXIMUM REFUND OF PRE-FUNDED DEDUCTIBLE**	Medical Only		Medical & Dental
Class 1 subscriber per Plan Year	$ 375.00		$ 575.40
Class 2 subscriber per Plan Year	$ 750.00		$ 1,050.00
Class 3 subscriber per Plan Year	$ 1,236.00		$ 1,586.40

*except as specifically provided by law
**May not apply to your plan.

DEDUCTIBLE AND CO-PAY DO NOT APPLY TO THESE BENEFITS WHEN YOU GO TO A PARTICIPATING PROVIDER	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
PREVENTIVE SERVICES (Outpatient Only) In accordance with guidelines by U.S. Preventive Services Task Force with Grades A & B recommendations WELL-ADULT CARE • Blood Pressure Screening • Cholesterol Screening • Colon Cancer Screening • Immunizations • Tobacco Use Screening	Plan pays 100%	Not Covered
WELL-BABY / WELL- CHILD CARE • Infancy (less than 1 year old) – maximum 7 visits per Plan Year • Early Childhood (1 to 4 years old) – maximum 7 visits per Plan Year • Middle Childhood/Adolescence (5 to 17 years old) – maximum 1 visit per Plan Year	Plan pays 100%	Not Covered
WELL-WOMAN CARE • Breast Cancer Mammography Screening • Breast Feeding Support & Counseling • Breast Pump (Limited to one breast pump kit per year up to $150.00) • Cervical Cancer Screening • Contraception • Well Women Visits • Pre-natal Care including routine labs	Plan pays 100%	Not Covered
IMMUNIZATIONS / VACCINATIONS	Plan pays 100%	Not Covered

MEDICAL BENEFITS	PARTICIPATING PROVIDERS For ALL services at Guam Regional Medical City (GRMC), Plan pays 75% and Member pays 25%, subject to Plan Benefit limitations and maximums	NON-PARTICIPATING PROVIDERS
AIRFARE: To Center of Excellence only Plan approval is required and Covered Person must meet qualifying conditions	Plan pays 100%	Not Covered

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2023 SILVER – SCHEDULE OF BENEFITS

MEDICAL BENEFITS	PARTICIPATING PROVIDERS For ALL services at Guam Regional Medical City (GRMC), Plan pays 75% and Member pays 25%, subject to Plan Benefit limitations and maximums	NON-PARTICIPATING PROVIDERS
ALLERGY TESTING AND TREATMENT Maximum of $500.00 per Covered Person per Plan Year	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
AMBULATORY SURGICAL CENTER CARE Pre-certification required	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
BREAST RECONSTRUCTIVE SURGERY In accordance with 1998 W.H.C.R.A.	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
BLOOD ADMINISTRATION	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
BLOOD AND BLOOD DERIVATIVES $2,000.00 annual maximum	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
CARDIAC SURGERY • $50,000.00 annual maximum • Additional $150,000.00 at a Center of Excellence • Maximum to include all services related to and any complications arising out of or resulting from the surgery • No annual maximum at a Center of Excellence in the Philippines	Plan pays 80%; Member pays 20%; Plan pays 100% at a Center of Excellence	Plan pays 70%; Member pays 30%
CHEMICAL DEPENDENCY $8,000.00 annual maximum	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
CHIROPRACTIC CARE/ACUPUNCTURE $25.00 maximum per visit, subject to 12 visits maximum (combined)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
CHRONIC ORTHOPEDIC CONDITION $10,000.00 annual maximum Pre-certification required	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
CIRCUMCISION (within 30 days of date of birth)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
CONGENITAL ABNORMALITIES AND/OR COMPLICATIONS OF NEWBORN CARE AND INFANCY CARE • Combined $20,000.00 annual maximum • Additional $30,000.00 at a Center of Excellence	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
DIAGNOSTIC TESTING, LABORATORY, X-RAYS	Plan pays 80%; Member pays 20%; Plan pays 100% at Centers of Excellence in the Philippines; For clinical diagnostic laboratory services in the Service Area, Plan pays 80%; Member pays 20% up to a maximum of $20.00	Plan pays 70%; Member pays 30%
DIABETIC SUPPLIES (Glucometer, Strips, Lancets)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
DOCTOR'S OFFICE VISIT	Plan pays 80%; Member pays 20%; Plan pays 100% at Centers of Excellence in the Philippines	Plan pays 70%; Member pays 30%
EMERGENCY CARE	Plan pays 80%; Member pays 20%	Plan pays 80%; Member pays 20%

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2023 SILVER – SCHEDULE OF BENEFITS

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EYE EXAMS (Refraction) • $25.00 annual maximum	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
HOME HEALTH CARE 15 visits annual maximum	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
HOSPICE CARE Maximum paid of $50.00 per day, 180 days per lifetime One confinement per lifetime	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
HOSPITAL (Outpatient Services) Including laboratory services	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
HOSPITALIZATION (In Service Area)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
HOSPITALIZATION (Out of Service Area) Pre-certification required	Plan pays 80%; Member pays 20%; Plan pays 100% at a Center of Excellence	Plan pays 70%; Member pays 30%
IMPLANTS/RECONSTRUCTIVE SURGERY Limited to cardiac pacemakers, cardiac stents, and breast implants as required by WHCRA of 1998. *Cardiac pacemakers will be paid at lesser of negotiated fee or billed charge up to a maximum of $20,000.00 if service is rendered in the United States, including the US territories or $7,500.00, elsewhere. • Cardiac stent will be paid at lesser of negotiated fee or billed charge up to a maximum of $1,950.00 per stent.	Plan pays 80%; Member pays 20%; Plan pays 100% at a Center of Excellence, subject to applicable maximums	Plan pays 70%; Member pays 30%, subject to applicable maximums
MATERNITY CARE (Subscriber or Spouse) Delivery & Postnatal Care	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
MENTAL HEALTH CARE (Inpatient)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
MENTAL HEALTH CARE (Outpatient)	Plan pays 80%; Member pays 20% for the first 20 visits; Plan pays 40%; Member pays 60% after the 20th visit	Plan pays 50%; Member pays 50% for the first 20 visits; Plan pays 40%; Member pays 60% after the 20th visit
MENTAL HEALTH CARE (Autism Spectrum Disorder) In accordance with Public Laws 34-06 and 35-19 • Covered Persons under age 16 $75,000.00 annual maximum • Covered Persons ages 16 to 20 $25,000.00 annual maximum Applies only to groups with at least 10 employees Pre-certification required Limited to Guam Participating Providers only	Outpatient Services: Plan pays 80%; Member pays 20% for the first 20 visits; Plan pays 40%; Member pays 60% after the 20th visit; Inpatient Services: Plan pays 80%; Member pays 20%; Prescription Drugs: Please refer to Prescription Drugs member share below	Not Covered
NEWBORN CARE (at Hospital after delivery)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%

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MEDICAL BENEFITS	PARTICIPATING PROVIDERS For ALL services at Guam Regional Medical City (GRMC), Plan pays 75% and Member pays 25%, subject to Plan Benefit limitations and maximums			NON-PARTICIPATING PROVIDERS
NUCLEAR MEDICINE $100,000.00 annual maximum	Plan Pays 80%; Member pays 20%			Plan pays 70%; Member pays 30%
ORGAN TRANSPLANT $25,000.00 annual maximum Pre-certification required	Plan pays 80%; Member pays 20% Covered at Company designated transplant Participating Provider only			Not Covered
OUTPATIENT EXECUTIVE CHECK UP (ECU): At Centers of Excellence in the Philippines only Maximum of $300.00 per Covered Person	Plan Pays 100%			Not Covered
PHYSICAL THERAPY Neuromuscular Rehabilitation 90 consecutive days maximum from date of first visit	Plan Pays 80%; Member pays 20% for the first 20 visits; Plan Pays 50%; Member pays 50% after the 20th visit			Plan pays 70%; Member pays 30% for the first 20 visits; Plan pays 50%; Member pays 50% after the 20th visit
PRESCRIPTION DRUGS Limited to generic drugs only unless otherwise medical justified by your doctor and approved by Company	Retail	Retail 90 (Requires an initial 30-day fill at Retail)	Mail Order (maintenance drugs only)	
• Formulary Generic Drugs	Plan pays 80%; Member pays 20%	For the 90-day fill, Member pays: (i) 20% for the 1st month supply of the 90-day fill (ii) 20% for the 2nd month supply of the 90-day fill (iii)10% for the 3rd month supply of the 90-day fill	Plan pays 100%	Plan pays 70%; Member pays 30% (retail only)
• Formulary Brand Name Drugs	Plan pays 80%; Member pays 20%	For the 90-day fill, Member pays: (i) 20% for the 1st month supply of the 90-day fill (ii) 20% for the 2nd month supply of the 90-day fill (iii) 10% for the 3rd month supply of the 90-day fill	Plan pays 100%	Plan pays 70%; Member pays 30% (retail only)
• Non-Formulary Drugs	Plan pays 50%; Member pays 50%	Not Covered	Plan pays 50%; Member pays 50%	Plan pays 30%; Member pays 70% (retail only)
• Specialty Drugs (Except Biologics and Biosimilars) Pre-certification required	Plan pays 80%; Member pays 20%	Not Covered	Not Covered	Not Covered

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2023 SILVER – SCHEDULE OF BENEFITS

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• Biologics and Biosimilars Pre-certification required $100,000.00 annual maximum (If several Plan benefit limitations bear on a Covered Service, the lowest Plan benefit limitation shall apply.)	Plan pays 80%; Member pays 20%	Not Covered	Not Covered	Not Covered
PRESCRIPTION DRUGS • Non Self-Administered Cancer Chemotherapy and Non Self-Administered Cancer Biologic Therapy Drugs Pre-certification required $100,000.00 Biologics and Biosimilar annual maximum above applies if the drug is Biologic or Biosimilar	Plan pays 80%; Member pays 20%			Not Covered
PROSTATE CANCER SCREENING – Prostate Specific Antigen (PSA) For men age 40-49 at high risk for prostate cancer; For men age 50 to 75	Plan pays 100% for PSA screening test performed during annual preventive exam			Not Covered
RADIATION THERAPY $100,000.00 annual maximum	Plan pays 80%; Member pays 20%			Plan pays 70%; Member pays 30%
SKILLED NURSING FACILITY 60 days annual maximum	Plan pays 80%; Member pays 20%			Plan pays 70%; Member pays 30%
TELEHEALTH Payable only if Services are received through Company approved program and designated Participating Providers	Plan pays 80%; Member pays 20%; Plan pays 100% at Centers of Excellence in the Philippines			Not Covered
URGENT CARE	Plan pays 80%; Member pays 20%			Plan pays 70%; Member pays 30%
VASECTOMY	Plan pays 80%; Member pays 20%			Plan pays 70%; Member pays 30%
WELLNESS Must be a Company approved Wellness program	For first $200.00, Plan pays 80%; Member pays 20% After first $200.00, Plan pays 50% Member pays 50%			Not Covered

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No benefits will be paid for Injury or Illness, (a) when the Covered Person is entitled to receive disability benefits or compensation (or forfeits his or her right thereto) under Worker's Compensation or Employer's Liability Law for such Injury or Illness or (b) when Services for an Injury or Illness are rendered to the Covered Person by any federal, state, territorial, municipal or other governmental instrumentality or agency without charge, or (c) when such Services would have been rendered without charge but for the fact that the person is a Covered Person under this Plan.

No benefits will be paid if any material statement made in an application for coverage, in enrollment of any Dependent or in any claim for benefits is false.

No benefits will be paid in connection with benefits available under the Federal Medicare program.

No benefits will be paid for confinement in a Hospital or in a Skilled Nursing Facility if such confinement is primarily for custodial or domiciliary care.

No benefits will be paid for Services provided to a Covered Person for injuries sustained while the Covered Person committed or attempted to commit an act which constitutes a violation, petty misdemeanor, misdemeanor, or felony under federal, Guam, or any other law.

No benefits will be paid in connection with the pregnancy of a female Dependent other than the Spouse of an eligible Subscriber unless required by law.

Except as specifically provided in the Schedule of Benefits, no benefits will be paid for Services provided for occupational and/or speech therapy regardless of the condition for which such Services are provided.

No benefits will be paid for nursing and home health aide services provided outside of the home (such as in conjunction with school, vacation, work or recreational activities).

No benefits will be paid for private duty Nursing. This provision does not apply to Home Health Care.

No benefits will be paid for special medical reports, including those not directly related to treatment of the Covered Person (e.g. Employment or insurance physicals, and reports prepared in connection with litigation).

No benefits will be paid for services required by third parties, including but not limited to, physical examinations, diagnostic services and immunizations in connection with obtaining or continuing employment, obtaining or maintaining any license issued by a municipality, state, or federal government, securing insurance coverage, travel, school admissions or attendance, including examinations required to participate in athletics, camp, or other recreational activity, except when such examinations are considered to be part of an appropriate schedule of wellness services.

No benefits will be paid for court ordered services, or those required by court order as a condition of parole or probation.

No benefits will be paid for Services provided to a Covered Person for an Injury or Illness resulting from an attempted suicide by that Covered Person unless resulting from a medical condition (including physical or Mental Conditions) or from domestic violence.

No benefits will be paid for Services provided in connection with intentionally self-induced or intentionally self-inflicted injuries or illnesses unless resulting from a medical condition (including physical or Mental Conditions) or from domestic violence.

Except as provided, no benefits will be paid for, or in connection with airfare and the Company will not pay for the transportation from Guam to any facility within or outside the Service Area, nor for any other non-medical expenses such as taxes, taxis, hotel rooms, credit card interest, airline seat upgrades, etc. In no event will the Company pay for air ambulance or for the transportation of the remains of any deceased person.

No benefits will be paid for living expenses for Covered Persons who require, or who of their own accord seek, treatment in locations removed from their home.

No benefits will be paid for Services provided to a dependent of a non-Spouse Dependent. Dependents of non-Spouse Dependents are not eligible for coverage. For example, when a Dependent, other than a Spouse of the Subscriber, has a child, that child is a dependent of a non-Spouse Dependent and is not eligible to become covered under the Plan, unless such child otherwise becomes eligible for enrollment.

No benefits will be paid for home uterine activity monitoring.

No benefits will be paid for self-treatment, self-prescription, and services performed by an immediate family member for whom, in the absence of any health benefits coverage, no charge would be made. Immediate family member is defined as parents, spouses, siblings, or children of the Covered Person.

No benefits will be paid for treatment of occupational injuries and occupational diseases, including those injuries that arise out of (or in the course of) any work for pay or profit, or in any way results from a disease or injury which does.

No benefits will be paid for:

- Drugs or substances or devices not approved by the Food and Drug Administration (FDA) including compounded medications, nor
- Drugs or substances not approved by the FDA for treatment of the illness or injury being treated, nor
- Drugs or substances labeled "Caution: limited by federal law to investigational use." nor
- Drugs listed in the Company's Excluded Drug List. The Excluded Drug List is subject to change during the Plan Year.

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No benefits will be paid for newly approved FDA drug entity within one (1) year from the date of FDA approval.

No benefits will be paid for implantable drugs and associated devices, except as required by law.

No benefits will be paid for prescription drugs, medications, injectables or supplies given through a third-party vendor contract with the Covered Person.

No benefits will be paid for prophylactic drugs for travel.

No benefits will be paid for experimental or investigational treatments and procedures, or ineffective surgical, medical, psychiatric, or dental treatments or procedures, research studies, or other experimental or investigational treatments and procedures or pharmacological regimes as determined by Company, unless deemed Medically Necessary by patient's Physician and pre-certified by Company.

- Experimental and investigational treatments and procedures are those medical treatments and procedures that have not successfully completed a Phase III trial, have not been approved by the FDA or are not generally recognized as the accepted standard treatment for the disease or condition from which the patient suffers.
- Experimental and investigational treatments include off label therapies. Off-label therapies are medical therapies that use a FDA approved drug or procedure for a nonindicated use. Also, these experimental or investigational medical and surgical procedures, equipment, and items or medications, are otherwise not covered by Original Medicare or covered under qualifying clinical trials.

No benefits will be paid for services rendered during a clinical trial except for Medically Necessary Covered Services for routine patient care in clinical trials in the same way the Company pays for Covered Services for routine care for Covered Persons not in clinical trials. No benefits will be paid for the following:

- Cost of treatment, device, material or test being studied.
- Any service only needed to collect data for the study.
- Non-routine costs such as expenses related to complications of the treatment, device, material or test being studied, including but not limited to inpatient admissions and emergency room visits.
- Clinical trials done at Non-Participating Providers.

No benefits will be paid for gene-based therapies or genetic based treatments or cell therapies.

No benefits will be paid for services or supplies related to Genetic Testing except for BRCA Mutation Testing as currently recommended by the U.S. Preventive Services Task Force.

No benefits will be paid for Services provided to perform transsexual surgery nor transformation Services nor to evaluate the need for such surgery. Evaluations and subsequent medications and Services necessary to maintain transsexual status are also excluded from coverage, as are complications or medical sequelae of such surgery or treatment.

No benefits will be paid for injuries incurred by the operator of a motorized vehicle while such operator is under the influence of intoxicating alcoholic beverages, controlled drugs, or substances. If the blood alcohol level exceeds the amount allowed by law as constituting legal intoxication, no benefits will be paid.

No benefits will be paid for legislatively mandated Services paid by or reimbursable through governmental agencies or institutions.

Except as otherwise provided herein, no benefits will be paid in connection with dental care or for any treatment to the teeth, jaws and dependent tissues ordinarily performed by a Dentist. Also, the following are excluded regardless of the symptoms or illnesses being treated:

- Orthodontics;
- Dental splint and other dental appliances;
- Dental prostheses;
- Maxillary and mandibular implants (osseointegration) and all related Services;
- Removal of impacted teeth;
- Any Services in connection with the diagnosis or treatment of TMJ (temporomandibular joint) problems or malocclusion of the teeth or jaws, including (i) surgery on the TMJ or on the hyoid bone, (ii) arthrogram, MRI or other X-ray of the TMJ and (iii) biofeedback or the insertion of TENS units or related devices;
- Bite plates;
- Orthognathic surgery to correct a bite defect.

Except as specifically provided in the Schedule of Benefits, no benefits will be paid for Services provided for the purpose of organ transplantation. All organ transplants are excluded from coverage, including but not limited to: heart, lung, liver, kidney, pancreas, bone marrow and cornea. Autologous bone marrow transplant (where the donor is also the recipient) is also excluded. Services directly related to the transplant, such as tissue typing and other pre-operative procedures are excluded as are Services provided post-operatively which are a consequence of the transplant surgery or the presence of the transplanted organ. This exclusion for post-operative Services, to include anti-rejection or immunosuppressant medications, continues for the life of the patient.

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No benefits will be paid for Services provided in the course of organ donation whether for a Covered Person who is donating an organ or for someone who is donating an organ for transplantation into a Covered Person.

No benefits will be paid in connection with elective abortions unless performed for the following reasons:

- To save the life of the pregnant woman;
- To preserve the health of the pregnant woman;
- To terminate a pregnancy that would result in the birth of a child with defects incompatible with life; or
- To terminate a nonviable pregnancy.

No benefits will be paid for vision care services and supplies, including orthoptics (a technique of eye exercises designed to correct the visual axes of eyes not properly coordinated for binocular vision), provision of special prism lenses, LASIK, keratoplasty, and radial keratotomy, including related procedures designed to surgically correct refractive errors except as specifically provided in the Schedule of Benefits.

No benefits will be paid for eyeglasses or contact lenses or for Services in connection with surgery for the purpose of diagnosing or correcting errors in refraction.

No benefits will be paid in connection with any injuries sustained while the Covered Person is training or participating in collegiate sports or hazardous sports, to include but not limited to competitive, non-competitive, organized or non-organized events such as off-road racing, mountain biking and skydiving.

No benefits will be paid for personal comfort or convenience items or services of a third party, including but not limited to those services and supplies not directly related to medical care, such as guest meals and accommodations, barber services, telephone and internet charges, radio and television rentals, homemaker services, travel expenses, and take-home supplies.

No benefits will be paid for hypnotherapy.

No benefits will be paid for services and treatment related to religious, counseling, and sex therapy.

No benefits will be paid for Cosmetic Surgery or other services intended primarily to improve the Covered Person's appearance or treatment relating to the consequences of, or as a result of, Cosmetic Surgery, even for psychological reasons, unless:

- The need for surgery or treatment is caused by a non-occupational trauma or by a surgery which occurred while the Covered Person was covered in the Schedule of Benefits; and
- The surgery or treatment is performed for the purpose of reconstruction and also restores a bodily function which has been lost or damaged; or
- The surgery or treatment is required pursuant to the Women's Health and Cancer Rights Act of 1998. Accordingly, reconstruction of the breast on which a mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and physical complications of all states of mastectomy, including lymphedemas, necessitated by a mastectomy performed while covered under this Plan, are covered.

No benefits will be paid for routine foot/hand care, including reduction of nails, calluses and corns.

Except as otherwise provided in the Schedule of Benefits, no benefit will be paid for specific non-standard allergy services and supplies, including, but not limited to, skin titration (Rinkel method), cytotoxicity testing (Bryan's test), treatment of non-specific candida sensitivity, and urine auto injections.

No benefits will be paid for Services associated with growth hormone treatment unless the Covered Person is proven to have growth hormone deficiency using accepted stimulated growth hormone analyses and also shows an accelerated growth response to growth hormone treatment. Under no circumstances will growth hormone treatment be covered to treat short stature in the absence of proven growth hormone deficiency.

No benefits will be paid for Services provided for liposuction.

No benefits will be paid for weight reduction programs and for any drug, food substitute or supplement or any other product, which is primarily for weight reduction even if a Physician prescribes it.

No benefits will be paid for any form of bariatric surgery, including but not limited to gastric banding, stapling, bypass, reversal, and surgical correction of obesity.

No benefits will be paid for surgical operations, procedures or treatment of obesity, except when pre-certified by Company.

No benefits will be paid for Services provided for the diagnosis and/or treatment of infertility.

Unless specified in the Schedule of Benefits, no benefits will be paid for the purchase or rental of durable or disposable medical equipment and supplies, corrective appliances and artificial aids including but not limited to iron lungs, inhalation therapy related equipment, Hospital beds, wheelchairs, prosthetic appliances and devices and other substances ordinarily provided by donor unless herein provided, other than for:

- equipment and supplies used in a Hospital or Skilled Nursing Facility or in conjunction with an approved Hospital or Skilled Nursing Facility confinement.
- items covered as preventive care under well-women coverage such as breastfeeding supplies in accordance with reasonable medical management techniques.
- patch-type ambulatory cardiac event monitoring devices from Company designated Provider.

No benefits will be paid for household equipment, including but not limited to, the purchase or rental of exercise cycles, water purifiers, hypo-allergenic pillows, mattresses or waterbed, whirlpool or swimming pools, exercise and massage equipment, central or unit air conditioners, air purifiers, humidifiers, dehumidifiers, escalators, elevators, ramps, stair glides, emergency alert equipment, handrails, heat appliances, improvements made to a Covered Person house or place of business, and adjustments to vehicles.

No benefits will be paid for outpatient supplies (except diabetic supplies), including but not limited to, outpatient medical consumable or disposable supplies such as syringes, incontinence pads, and elastic stockings.

No benefits will be paid for Services and supplies provided for penile implants of any type.

No benefits will be paid in connection with any Implants or transplants, including but not limited to ICD, AICD and CRT-D except cardiac pacemakers and cardiac stents, sutures, surgical anchors, aneurysm clips, intravenous (IV) catheters, ureteral J stents, hernia repair mesh, ventriculoperitoneal shunts and covered contraceptive devices and except as otherwise specifically provided in the Schedule of Benefits.

No benefits will be paid for Services to correct sexual dysfunction.

No benefits will be paid for drugs or supplies used for the treatment of erectile dysfunction, impotence or sexual dysfunction or inadequacy in oral, injectable and topical forms or any other form used internally or externally (including but not limited to gels, creams, ointments and patches). Excluded are any prescription drug in oral, topical or any other form that is in a similar or identical class, has a similar or identical mode of action or exhibits similar or identical outcomes including but not limited to: Sildenafil citrate; Phentolamine; Apomorphine; or Alprostadil.

Except as specifically provided, if a benefit is excluded, all related Hospital Services, surgical, medical treatments, prescription drugs, laboratory services, and x-rays as well as complications in relation to the excluded benefits are also excluded.

Except as specifically provided in the Schedule of Benefits, no benefits will be provided for Services not ordered by a Physician or not Medically Necessary.

No benefits will be paid for non-urgent care use of urgent care facilities, center or clinics services.

Except as specifically provided in the Schedule of Benefits, no benefit will be provided for (i) the treatment of orthopedic conditions, (ii) prosthetic devices or (iii) any Services related thereto, including but not limited to:

- External devices. Non-orthopedic external prosthetic devices, disposable prosthetic devices, non-orthopedic corrective appliances and prosthetic and orthotic devices and supplies available over-the-counter.
- Internal devices. Non-orthopedic internal prosthetic devices.
- Orthopedic footwear. Orthopedic footwear unless attached to an artificial foot or unless attached as a permanent part of a leg brace.
- Motorized limbs. Motorized artificial limbs.
- TMJ. Treatment of temporomandibular joint disease.
- Durable medical equipment. Durable medical equipment, unless specifically covered in the Schedule of Benefits.

No benefits will be paid for temporomandibular joint disorder treatment (TMJ) including treatment performed by prosthesis placed directly on the teeth.

No benefits will be paid for Services for which the Covered Person or Subscriber is not legally obligated to pay.

No benefits will be paid for ambulance services when used for routine and convenience transportation to receive outpatient or Inpatient Services. No benefits will be paid for non-Emergency ground ambulance Services.

No benefits will be paid for elective or voluntary enhancement procedures, surgeries, services, supplies and medications including, but not limited to, hair growth, hair removal, hair analysis, sexual performance, athletic performance, anti-aging, and mental performance, even if prescribed by a Physician.

No benefits will be paid for Services to enhance strength, physical condition, endurance or physical performance, including but not limited to:

- Exercise equipment, memberships in health or fitness clubs, training, advice, or coaching;
- Drugs or preparations to enhance strength, performance, or endurance, including performance enhancing steroids; and
- Treatments, services and supplies to treat illnesses, injuries or disabilities related to the use of performance-enhancing drugs or preparations.

No benefits will be paid for hospital take-home drugs.

No benefits will be paid for fees for any missed appointments or voluntary transfer of records as requested by the Covered Person or charges to have preferred access to a Provider's Services such as a boutique or concierge physician services or charges to complete claim forms.

*Services from a Non-Participating Provider will be paid based on Eligible charges as defined by the group contract. **Payment for Emergency Services from a Non-Participating Provider is subject to PPACA emergency services as specified in the group contract. This handbook is for informational purposes only. Its contents are subject to the provisions of the Group Contract between the Employer and StayWell Insurance/IHIC. In the event of a discrepancy between this handbook and the contract, the terms of the contract will prevail. SW COSRGV1 01/23

No benefits will be paid for educational services and treatment of behavioral disorders, together with services for remedial education, wilderness treatment programs, job training, job hardening programs, and services provided by a school district including evaluation and treatment of learning disabilities, minimal brain dysfunction, developmental and learning disorders including developmental and learning disorders associated with mental retardation, behavioral training, and cognitive rehabilitation. This includes services, treatment or educational testing and training related to behavioral (conduct) problems, learning disabilities, or developmental delays including Services for psychiatric testing to determine the need for said training. Special education, including lessons in sign language to instruct the Covered Person, whose ability to speak has been lost or impaired, to function without that ability, are not covered.

No benefits will be paid for Intelligence, IQ, aptitude ability, learning disorders, or interest testing not necessary to determine the appropriate treatment of a psychiatric condition.

No benefits will be paid for Psychoanalysis or psychotherapy credited toward earning a degree or furtherance of education or training regardless of diagnosis or symptoms or whether providing or receiving the Service.

No benefits will be paid for non-Medically Necessary Services, including but not limited to, those services and supplies:

- Which are not Medically Necessary, as determined by Company, for the diagnosis and treatment of Illness, Injury, restoration of physiological functions, or covered preventive Services;
- That do not require the technical skills of a medical, mental health or a dental professional;
- Furnished mainly for the personal comfort or convenience of the Covered Person, or any person who cares for the Covered Person, or any person who is part of the Covered Person's family, or any Provider;
- Furnished solely because the Covered Person is an Inpatient on any day in which the Covered Person's disease or Injury could safely and adequately be diagnosed or treated while not confined;
- Furnished solely because of the setting if the Service could safely and adequately be furnished in a Physician's or Dentist's office or other less costly setting.

As required by HIPAA, no source-of-injury exclusion, such as for off-road sporting events will apply if the Accident resulted from an act of domestic violence or a medical condition (including both physical and Mental Conditions).

No benefits will be paid for treatment and services provided by chiropractors or acupuncturist, except as otherwise shown in the Schedule of Benefits.

No benefits will be paid for Services provided for speech therapy except as otherwise covered.

No benefits will be paid for charges made by a Provider for Services provided through telephone conferences, telemedicine, telehealth or interviews during which the Covered Person is not seen for treatment except under a specific Company approved program or as required by law.

No benefits will be paid for any item or substance that is available without a Physician's prescription even if prescribed by a Physician, except as otherwise provided herein and except for medicines and supplies Medically Necessary for inpatient care.

Except as provided, no benefits will be paid for robotic Surgery, robotic suite, robotic-assisted or any related Service.

No benefits will be paid for audiograms, regardless of the reason for such tests.

Except as specifically provided, no benefits will be paid in connection with dialysis treatments.

No benefits will be paid for recreational, educational, and sleep therapy, including any related diagnostic testing with exception of diagnostic polysomnograph.

No benefits will be paid for treatment of related services, procedures, supplies, including masks, tubing or any other disposable items, or medications related to sleeping disorders unless specified in the Schedule of Benefits.

Company shall be notified in writing before the commencement of any Covered Person's military leave of absence. Company will not provide coverage for the Covered Person for any injury incurred while in active military service during military leave of absence. Coverage for eligible dependents will continue during the Covered Person's military leave of absence provided that payments continue to be paid.

Routine prenatal ultrasound (scheduled between 15 to 20 weeks gestation and prior to 24 weeks) is limited to one per term pregnancy. Subsequent ultrasounds or non-routine prenatal ultrasounds are not covered unless Medically Necessary and pre-certified by Company.

No benefits will be paid for Biofeedback and similar forms of self-help and self-care training.

No benefits will be paid for treatment of Chronic Brain syndrome or custodial care resulting from senile deterioration.

No benefits will be paid for scar and keloid management, treatment or revision except in cases associated with major functional impairment (e.g. loss of motion).

No benefits will be paid for Phase III or Phase IV Cardiac rehabilitation or cardiac rehabilitation that is not Medically Necessary or not associated with electrocardiographic (ECG) monitoring or attendant physician supervision.

No benefits will be paid for Services provided for procedures for the restoration of pre-existing loss of sight or hearing.

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No benefits will be paid for hearing aids or examinations including hearing tests, related to the prescription or fitting of a hearing aid.

Unless specified in the Schedule of Benefits, no benefits will be paid for non-medical ancillary services, including but not limited to vocational rehabilitation, behavioral training, biofeedback, hypnosis, sleep therapy, employment counseling, and education services for learning disabilities, developmental delays, autism, or mental retardation.

No benefits will be paid for Services provided for the reversal of a voluntary sterilization.

No benefits will be paid for Services provided for actual or attempted artificial impregnation or fertilization.

No benefits will be paid for any and all Services related to or arising out of HIV/AIDS or HIV/AIDS related diseases or HIV/AIDS related complex or HIV/AIDS related care except as provided under the Americans with Disabilities Act (ADA).

No benefits will be paid for Services in connection with hyperbaric treatment unless specified in the Schedule of Benefits.

No benefits will be paid for Services for the treatment of End Stage Renal disease and amyotrophic lateral sclerosis unless specified in the Schedule of Benefits.

No benefit will be paid for Services not specifically described as covered in the Schedule of Benefits.

No benefit will be paid for hospitalizations and all services related to a Never Event. All services provided during the same hospitalization in which the error occurred are considered related and are not covered.

No benefits will be paid for Medicare eligible care and services which are rendered at a facility which is not a Medicare contracted facility, or which is rendered by a Physician who is not a Medicare contracted Physician. Medicare does not contract with facilities or Physicians in the Philippines or outside the United States and its territories.

No benefits will be paid for charges submitted for services that are not rendered, or rendered to an individual that is not a Covered Person under the Plan.

No benefits will be paid for cosmetic pharmacological regimens, surgery or procedures for the treatment of acne.

No benefits will be paid for Services normally covered by Medicare for which a Covered Person is eligible and entitled to at no cost, but has declined to enroll.

Underwritten by:

Island Home Insurance Company

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