2024 Benefit Changes

Silver & Silver Asia Pacific Plans



Beginning January 1, 2024 benefit changes are as follows.

Diagnostic Testing, Laboratory, X-Rays

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVDERS
DIAGNOSTIC TESTING, LABORATORY, X-RAYS	Plan pays 80%; Member pays 20%; Plan pays 100% at Centers of Excellence in the Philippines; For selected 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%

Eye Exam

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVDERS
EYE EXAMS (Refraction) •\$50.00 annual maximum	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%

Implants/Reconstructive Surgery

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVDERS
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 \$10,000.00 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

Organ Transplant

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVDERS
ORGAN, CORNEA, HEART, LUNG, KIDNEY, PANCREAS, LIVER, INTESTINAL AND BONE MARROW TRANSPLANT	Plan pays 80%; Member pays 20% Covered at Company designated	Not Covered
\$25,000.00 annual maximum Pre-certification required	transplant Participating Provider only	ner govered

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Exclusions & Limitations

- 1. Surgical Benefits: Benefits for cardiac pacemakers shall be paid at the lesser of the negotiated fee or billed charge, up to the Maximum Eligible Charge. Maximum Eligible Charge as used in this §2.5.3 for cardiac pacemakers shall be defined as \$20,000.00 in the United States, including the US territories and \$10,000.00 elsewhere.
- 2. Organ Transplant Benefit. Subject to the provisions...and pre-authorized cornea, heart, lung, kidney, pancreas, liver, intestinal and bone marrow transplants for Covered Persons. Benefits for organ transplants are payable only if Services are received at Company's designated transplant Participating Providers. The fact that a provider is a Participating Provider or Center of Excellence does not mean that it is a designated transplant Participating Provider. No benefit for organ transplants is payable for transplants received at a Non-Participating Provider.
- 3. Reasonableness and Necessity of Services and Charges:

When multiple surgical procedures are performed during the same operation, the multiple procedure convention will apply. Second procedures will be reduced to 50% of the Eligible Charge that would be allowed if performed as a stand-alone procedure. Third procedures will be reduced to 25%. Fourth procedures will be reduced to 10%, and no additional fees will be allowed beyond four procedures for the purpose of determining the Eligible Charge.

- 4. No benefit will be paid for Services in connection with any harm endured and illness precipitated or triggered due to the Covered Person engaging in illegal or unlawful actions, regardless of whether the Covered Person faces charges or is found guilty, whether the offense is a major crime or a minor misdemeanor, or when the Covered Person is involved in the commission of a felony. The determination of whether the act constitutes a violation, petty misdemeanor, misdemeanor, or felony shall not depend upon the filing of any charges by any governmental authority, and shall be determined according to the Plan Administrator's discretion.
- **5.** Except as specifically provided in the Group Contract, no benefits will be paid for Services provided for the purpose of organ transplantation.
 - a. Transplant-related services that are also not covered include:
 - i. Experimental or investigational transplants
 - ii. Cosmetic Transplants
 - iii. Transplant using non-human or synthetic organs or tissues
 - iv. Transplant-related gene therapy or T cell therapy
 - v. Transplants using non-traditional technologies
 - vi. Transplants for non-life-threatening conditions
 - vii. Non-human Organ Transplantation or transplants using organs grown in the laboratory.
 - viii. Equipment and medication that is experimental/investigational and/or not Medically Necessary
 - ix. Transplantation performed at a non-StayWell designated transplant Participating Provider.
 - x. Duplicate diagnostic costs for a Transplant evaluation
- 6. No benefits will be paid in connection with any injuries sustained while the Covered Person is training or participating in professional sports, collegiate sports, combat sports, hazardous or extreme activities, to include but not limited to competitive, non-competitive, organized or non-organized events such as wheeled-vehicle racing, off-road racing activities, mountain biking and skydiving.

CONTACT US

We are servicing via telephone, email and video conference. Contact us at 671-477-5091 or customercare@staywellguam.com Monday-Friday, 8am-5pm. After Office Hours: Informed Choice 671-971-1190.