TakeCare

FY2027 JUDICIARY PPO 1000 SCHEDULE OF BENEFITS

Your Benefits: What TakeCare covers	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Deductible Per Individual Member (Class 1)	**$1,000**	**$2,000****
Deductible Per Family (Class 2, 3, & 4) If a member meets their $1,000 deductible, the plan begins to pay for covered services for the individual	**$2,000**	**$6,000****
Coverage Maximums Individual member annual maximum	**Unlimited**	
Medical Out of Pocket Maximums (includes deductibles and copayment) Per Individual member per policy year Per Family per policy year	**$3,000** **$9,000**	**No Maximum** **No Maximum**
Prescription Out of Pocket Maximums (includes deductibles and copayment) Per Individual member per policy year Per Family per policy year	**$2,000** **$3,500**	**No Maximum** **No Maximum**
Off-island services (Any services in the Philippines, Asia, Hawaii, U.S. Mainland and any other foreign participating providers)	**Prior authorization from your doctor and approval from the Plan is required prior to services rendered at off-island facilities. Covered benefits at Participating Philippines Providers are payable 100% after deductible is met.**	

Deductible and Co-Pay do not apply to these Benefits when you go to a Participating Provider	PARTICIPATING PROVIDERS Deductible does not apply	NON-PARTICIPATING PROVIDERS After deductible is met
Preventative Services (Outpatient Only) In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. • **Includes Annual Exams and Lab Services (Guam and Philippines only)**	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Outpatient Laboratory (Preventive & Diagnostic)	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Immunizations/Vaccinations In accordance with the guidelines established by the CDC Advisory Committee on Immunization Practices	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Pre-Natal Care Including Routine Labs and First Ultrasound	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Sterilization Procedures (Prior Authorization Required) 1. Vasectomy (Outpatient Only) 2. Tubal Ligation (Traditional and with Fulguration)	**Plan pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Well-Child Care In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care • Infancy (Newborn to nine months) Maximum seven visits • Early Childhood (One to four years old) Maximum seven visits • Middle Childhood / Adolescence (Five to 17 years old) Maximum one per plan year	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Well-Woman Care In accordance with the guidelines supported by the Health Resource and Service Administration (HRSA) and the Women's Health and Cancer Act • Contraceptive including Sterilization and Tubal Ligation if prescribed. • Includes coverage for Breast Pumps	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Annual Eye Exam (once per member per plan year)	**$15 Member Co-payment at FHP Clinic;** **$20 Member Co-payment outside FHP;**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Annual Eye Refraction (once per member per plan year)		

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**A separate deductible applies for services rendered by Non-Participating Providers.

*** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for any charges for covered services in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.26.2, Certificate §1.9.4)

Deductible does not apply to these Benefits when you go to a Participating Provider	**PARTICIPATING PROVIDERS** Deductible does not apply	**NON-PARTICIPATING PROVIDERS** After deductible is met
Outpatient Physician Care & Services		
1. Primary Care Visits	**$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
2. Specialist Care Visits	**$40 Member Co-Payment**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
3. Voluntary Second Surgical Opinion	**$40 Member Co-Payment**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
4. Urgent Care Visits	**$50 Member Co-Payment**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
5. Mental Health Care and Substance Abuse Visits	**$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
6. Home Health Care Visit **(Prior Authorization Required)**	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
7. Hospice Care in Guam only, maximum $100 per day **(Prior Authorization Required)**	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
8. Routine Diagnostic Tests (X-ray, ultrasound, ECG, EEG, EMG & non-routine mammogram)	**$15 Member Co-Payment at FHP Clinic $20 Member Co-Payment outside FHP**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
9. Injections (Does not include those on the Specialty Drugs Lists)	**$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Emergency Care (For on and off island emergencies, Plan must be contacted and advised within 48 hours) 1. On/Off Island emergency facility, physician services, laboratory, x-rays 2. If a non-participating provider is used for Emergency Care, your out-of-pocket expense (applicable deductible, copayment) will be no greater than what it would have been if a participating provider had been utilized. Learn more at www.takecareasia.com/nsa 3. The co-payment is waived if you are admitted to the hospital from emergency room	**$75 Member Co-Payment**	**$75 Member Co-payment, No balance bill in US per NSA**
Ambulance Services (Ground Transportation only)	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***

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Deductible does not apply to these Benefits when you go to a Participating Provider	**PARTICIPATING PROVIDERS** Deductible does not apply	**NON-PARTICIPATING PROVIDERS** After deductible is met
Prescription Drugs		
1. Formulary generic drugs per prescription unit	**5% Member Coinsurance at Preferred Pharmacies; 10% Member Coinsurance at Non-Preferred Pharmacies** (90-day supply allowed at K-mart and SuperDrug locations. Otherwise, 30-day supply allowed) **$0 Member Co-Payment** (90-day mail order)	**Member pays 30% of Average Wholesale Price (AWP) plus any difference between any eligible and billed charges**
2. Formulary brand name drugs per prescription unit	**10% Member Coinsurance at Preferred Pharmacies; 20% Member Coinsurance at Non-Preferred Pharmacies** (90-day supply allowed at K-mart and SuperDrug locations. Otherwise, 30-day supply allowed) **$0 Member Co-Payment** (90-day mail order)	**Member pays 30% of Average Wholesale Price (AWP) plus any difference between any eligible and billed charges**
3. Non-Formulary **(Medically Necessary Only and Prior Authorization Required)**	**Plan Pays 70%** **Member pays 30%** (90-day supply allowed at K-mart and SuperDrug locations. Otherwise, 30-day supply allowed and 90-day mail order)	**Member pays 30% of Average Wholesale Price (AWP) plus any difference between any eligible and billed charges**
4. Specialty Drugs **(Medically Necessary Only and Prior Authorization Required)**	**Plan Pays 70%** **Member pays 30%** (30-day supply allowed) **Not Covered** (90-day mail order)	**Member pays 30% of Average Wholesale Price (AWP) plus any difference between any eligible and billed charges**
Travel Benefit - Prior authorization (written approval) and coordination is required from Plan prior to departure from Guam. - Applicable only to approved referrals by TakeCare's Medical Management Department. - Airfare and/or lodging expenses coverage for eligible members for any approved specialty care visits, consultations, treatments and hospitalization services to Participating Philippine, Taiwan, and South Korea providers. - Executive checkup, preventive services primary care services, non-completion and/or non-compliance to contracted/participating physician-determined, treatment and dental care DO NOT QUALIFY for this benefit - Conditions and limitations apply as specified in the Member Handbook	**Member pays all costs above $500 per occurrence. No annual occurrence limitation provided TakeCare's coverage requirements are met.**	**Not Covered**

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Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON-PARTICIPATING PROVIDERS After deductible is met
Acupuncture	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Allergy Testing/Treatment $500 maximum benefit per member per plan year	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Airfare Benefit to Preferred Providers only For members who meet qualifying conditions, TakeCare provides emergency hospital to hospital transportation coverage (Prior Authorization Required)	**Plan Pays 100%**	**Not Covered**
Ambulatory Surgi-center Care (Prior Authorization Required)	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Autism Spectrum Disorder Referral from Primary Care Physician and Prior Authorization from Plan is required Coverage is limited to the following maximums per member per plan year: • $25,000 per plan year for ages 16-21 years old • $75,000 per plan year for ages 0-15 years old **Services are subject to Plans benefit coverage guidelines and medical necessity**	**$50 Member Co-Payment**	**Not Covered**
Blood & Blood Derivatives	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Breast Reconstructive Surgery **(In accordance with 1998 W.H.C.R.A)** Includes medically necessary anesthesia	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Cardiac Surgery Includes medically necessary anesthesia	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Cardiac Rehabilitation (inpatient) Up to 30 days following bypass surgery or myocardial infarction	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Cataract Surgery Outpatient only. Includes lens implant and medically necessary anesthesia	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Chemotherapy Benefit	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Chiropractic Care	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Clinical Trials Includes phases I-IV outpatient or inpatient clinic trials that are conducted in relation to treatment of cancer or other life-threatening diseases or conditions as approved by the National Institute of Health or the National Cancer Institute	**$40 Member Co-Payment**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Complex Diagnostic Testing MRI, CT Scan and other diagnostic procedures **(Prior Authorization Required)**	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Durable Medical Equipment (DME) The lesser amount between Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, CPAP machines, BPAP machines, insulin pumps, blood glucose monitors, oxygen and accessories when prescribed by a Physician **(Prior Authorization Required)**	**Plan pays 80%, Member pays 20% of the total rental or purchase cost**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Elective Surgery (Prior Authorization Required) Includes medically necessary anesthesia	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
End Stage Renal Disease / Hemodialysis	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***

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Foot Care (subject to benefit limitations) Foot Care and Podiatry services	**At Primary Care:** **$5 Member Co-Payment at FHP Clinic,** **$10 Member Co-Payment at Preferred Provider,** **$20 Member Co-Payment at Non-Preferred Provider** **At Specialist Care:** **$40 Member Co-Payment**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Growth Hormone Therapy	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Hearing Aids Maximum $1,000 benefit per member per 24 months. Limited to 1 device every 3 years.	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Hearing Services	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Hospitalization & Inpatient Benefits 1. Room & Board for a semi-private room, intensive care, coronary care and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Mental Health and Substance Abuse Admission	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Hyperbaric Oxygen Therapy & Wound Care Medically necessary **(Prior Authorization Required)**	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Implants, Orthotics & Prosthetic Devices Cardiac pacemakers, intraocular lenses, artificial eyes, heart valves, orthopedic internal prosthetic devices, stents, stump hose, cochlear implants, corrective orthopedic appliances and braces **(Limitations apply, please refer to contract)**	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Inhalation Therapy	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Infertility Services Diagnosis of Infertility	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Maternity Care Labor and Delivery	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Nuclear Medicine **(Prior Authorization Required)**	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Occupational Therapy **(Prior Authorization Required)**	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Oral and Maxillofacial Surgery Oral surgical procedures, limited to: - Reduction of fractures of the jaws or facial bones - Surgical correction of cleft lip, cleft palate or severe functional malocclusion - Removal of stones from salivary ducts - Excision of leukoplakia or malignancies - Excision of cysts and incision of abscesses when done as independent procedures - Other surgical procedures that do not involve teeth or their supporting structures	**Plan Pays 80%** **Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Physical Therapy (Prior Authorization Required)	**Plan pays 80% for the first 20 visits and 50% thereafter**	**Plan Pays 70% of Eligible Charges, Member pays 30%***

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Radiation Therapy (Prior Authorization Required)	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Reconstructive Surgery - Surgery to correct a functional defect - Surgery to correct a condition that existed at or from birth and is a significant deviation from the common form or norm. Examples of congenital anomalies are protruding ear deformities; cleft lip; cleft palate; birth marks; and webbed fingers and toes	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Skilled Nursing Facility Maximum 60 days per member per plan year **(Prior Authorization Required)**	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Speech Therapy (Prior Authorization Required)	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***
Diagnostic Sleep Study (Prior Authorization Required)	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%***

Additional Benefits: What TakeCare covers	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Wellness & Fitness Benefit		
• Wellness Benefits at TakeCare Wellness Center	**Plan Pays 100%**	**Not Covered**
• TakeCare's health education and wellness classes	**Plan Pays 100%**	
• TakeCare's Wellness and Disease Management Programs and Incentives. (TakeCare's wellness incentive program pays members up to $250/individual, $500/family for qualifying wellness incentives; up to $350/individual, $700/family for qualifying outcome based and fitness incentives.)	**Plan Pays 100%**	
Vision Benefit Coverage for pair of contact lenses or eyeglasses lens/frames – maximum of $200 per member per 12 months	**Plan pays 100% up to $200 per member per 12 months**	**Plan pays 100% up to $200 per member per 12 months through reimbursement, which needs to be submitted to Plan within 90 days from date of service**

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