

**BENEFITS AND EXCLUSIONS PROVIDED BY
HEALTH INSURANCE - GUAM, FY 2006**

EXCLUSIONS	MEDICAID	MIP	STAYWELL SILVER	STAYWELL BRONZE 500	STAYWELL BRONZE 1000	SELECT CARE 1500, PHIL 1000, HSA
WORK RELATED INJURY OR ILLNESS	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
FALSE STATEMENT ON APPLICATION, ENROLLMENT OF ANY DEPENDENT OR IN ANY CLAIM FOR BENEFITS	No benefit will be paid.	No benefit will be paid.	No benefit will be paid.	No benefit will be paid.	No benefit will be paid.	No benefit will be paid.
INTERMEDIATE CARE FACILITY	Not Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered
SERVICES AND SUPPLIES NOT SPECIFICALLY DESCRIBED IN THE AGREEMENT	Covered if medically necessary for EPSDT clients	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
ATTEMPTED SUICIDE	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered
COMMITTING A CRIMINAL ACT	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
OFF-ISLAND AIRFARE	Covered	Covered	Covered with limitations	Covered with limitations	No airfare benefit even to Centers of Excellence.	Covered with limitations

NON MEDICAL EXPENSES OFF-ISLAND	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
LIVING EXPENSES FOR INSURED WHO REQUIRED, OR WHO OF THEIR OWN ACCORD SEEK, TREATMENT IN LOCATIONS REMOVED FROM THEIR HOME	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
DEPENDENT OF A NON SPOUSE DEPENDENT	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Services furnished by immediate relatives or members of the covered person's household unless the services rendered by such persons are rendered as employees of a hospital, physician, or other provider.	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
OCCUPATIONAL THERAPY	Covered	Covered with limitations	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
SPEECH THERAPY	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Telephone conferences or interviews during which the covered person is not seen for treatment	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Drugs or substances not approved by the Food and Drug Administration or investigational use	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Experimental procedures not approved for payment by Medicare	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Item or substances that is available without a physician's prescription even if prescribed by a physician	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Transsexual Surgery or to evaluate the need for surgery, subsequent medications, complications or medical sequelae of such surgery or treatment	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Injuries incurred while operating a motorized vehicle while under the influence of intoxicating alcoholic beverage, controlled drugs or substances.	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Visual training including the provision of special prism lenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Audiograms, regardless of the reason for such tests	Covered if medically necessary	Covered if medically necessary	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Organ transplantation Bone Marrow Transplant implants	Covered if medically necessary for EPSDT clients/children below 20 years old	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Organ Donation	Covered if medically necessary for EPSDT clients/children below 20 years old	Covered if medically necessary	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Elective Abortions unless medically necessary	Covered if medically necessary	Covered if medically necessary	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Eyeglasses or contact lenses and services and supplies in connection with surgery for the purpose of diagnosing or correcting errors of refraction	Covered eyeglasses only	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Examinations related to the prescription or fitting of a hearing aid	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Injuries while operating any wheeled vehicle during an organized, offroad, competitive sporting event	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Personal comfort items such as telephone, TV, and guest trays	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dialysis treatment which would not have been charged in the absence of the plan	covered	covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Cosmetic Surgery or treatment	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Treatment of /for mental retardation or mental deficiency	covered	covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Growth Hormone treatment	covered if medically necessary	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Liposuction	No benefit will be paid.	No benefit will be paid.	No benefit will be paid.	No benefit will be paid.	No benefit will be paid.	No benefit will be paid.	No benefit will be paid.	No benefit will be paid
Drug, food substitute or supplement or any product which is primarily for weight reduction even if prescribed by physician	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Gastric bypass, stapling or reversal for the purpose of weight reduction or aesthetic purposes	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Fertility diagnosis and or treatment	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Artificial contraception , insemination, invitro fertilization and embryo transfers	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Reversal of a voluntary sterilization	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Actual or Attempted artificial impregnation or fertilization	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Purchase, Rental of durable or disposable medical equipment and supplies	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Penile implants of any type	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Correction of Sexual dysfunction	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Self inflicted and self induced injuries	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Not ordered by a physician or not medically necessary	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Hospital take home drugs	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Non emergency ground ambulance services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Fees for any missed appointments or voluntary transfer of	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Intelligence, IQ, aptitude ability learning disorders, or interest testing not necessary to determine the appropriate treatment of a psychiatric condition	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Psychoanalysis or psychotherapy	Covered for children or EPSTD clients only if medically necessary	Covered for children or EPSTD clients only if medically necessary	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered