

A. Local On-Island Approved Health Care Providers

1. Pohnpei State Hospital
2. Kosrae State Hospital
3. Chuuk State Hospital
4. Yap State Hospital
5. Genesis Clinic & Hospital
6. Pohnpei Fam. Health Clinic
7. Medpharm Clinic & Optical
8. Berysin Community Health Clinic
9. Kaselehliā Dental Clinic
10. Family Clinic & Pharmacy
11. Carolines Dental/Pharmacy

B. Off-island Approved Health Care Providers

1. HAWAII

- Straub Clinic & Hospital
- Honolulu Medical Group
- Kapiolani Medical Center
- Mīna Pharmacy
- PharmaCare (for reimbursement)

2. GUAM

- American Medical Center
- Guam Radiology Consultants
- Perezville Pharmacy
- LMR, X-Ray Pro
- Guam SDA Clinic (for reimbursement)
- Guam Memorial Hospital (for reimbursement)
- Lab Tech (for reimbursement)
- Guam SurgiCenter (for reimbursement)
- 20/20 Vision Center (for reimbursement)

3. MANILA

- Philippine Heart Center for Asia
- St. Luke's Medical Center (Quezon City & Global)
- The Health Cube
- Pastor Dental Clinic
- Mercury Drug (for reimbursement)

4. Bangkok, Thailand

- Bumrungrad International Hospital (for reimbursement)

Note: SR members who wish to visit the facilities which are labeled as "for reimbursement" may do so; however, members have to pay in full the medical cost and submit the receipt to MiCare office for reimbursement.

For more information, please contact your local MiCare office:

Pohnpei: MiCare Central Office
P.O. Box 2156
Moylan's Building, Ground Floor
Kolonia, Pohnpei FM 96941

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Kosrae: MiCare Kosrae Field Office
P.O. Box 388
Kosrae State Hospital
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Chuuk: MiCare Chuuk Field Office
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MiCARE

BROCHURE



34 years
of providing affordable, quality and efficient healthcare services throughout the Federated States of Micronesia.

Primary Solution for your HealthCare Needs

MiCare's Regular Open Enrollment Season on all Plan Options start on **July 1 and end on July 31** of every year.

Any eligible individual who is not currently enrolled in the Plan may enroll during this period. For those members who are currently enrolled in the Plan, they could do the following during the open season:

- To add or delete their enrolled dependents;
- To change from one Plan Option to another or
- To cancel your enrollment with the Plan

To add, delete or change from one option to another, members are required to submit an amendment form. To cancel your enrollment, you need to fill up a cancellation form and submit to any MiCare office before the deadline.

New enrollment and changes made during open enrollment season will become effective **October 1**.

The following categories of persons are eligible to participate in the Plan:

Who are eligible to enroll?

1. Full time employees of the participating organizations;
2. Dependents of full-time employees of the participating organizations; (employee's immediate family including lawful spouse, natural and adopted children and grandchildren & dependent parents and parents-in-law;
3. Household members who lives with an eligible employee and depends on that employee for support;
4. Government or agency employees whose government or agency does not participate in the Plan and the employees pay 100% of the premiums for themselves, dependents and household members;
5. Former employees who were previously covered under the Plan, their dependents and household members if they pay 100% of the premiums for themselves, their dependents and other household members.

What are the Different Plan Options?

MiCare has four (4) Options to choose from to suit the varying needs of our members. These are:

1. **BASIC HEALTH PLAN (BA)**- This Plan allows members to access medical services from local affiliated healthcare providers. Basic Plan members may access services from off-island healthcare facilities if they are recommended by the medical referral committee from State Hospitals and approved by MiCare Administrator.
2. **SUPPLEMENTAL RESIDENT PLAN (SR)**- This Plan allows members to access medical services from local and off-island approved healthcare providers. Individual member in SR Plan are also eligible for Basic Plan Benefits. Members who have SR Plan are allowed to access off-island providers in Hawaii, Guam and Philippines without recommendation from State Referral Hospital. The member has to pay \$100 annual deductible and 10% co-payment of eligible medical costs.
3. **SUPPLEMENTAL NON-RESIDENT PLAN (SNR)**- This Plan is offered only to members residing off-island whether they are full time student or permanent full time employee of the FSM National or State Government. SNR members are allowed to access approved and non-approved off-island healthcare facilities and pay \$5.00 deductible per visit and 10% co-payment. The Plan will pay 90% after deductible of all eligible medical charges.
4. **NON-REFERRAL OPTION (NR)**- This Plan allows members to access medical services from local affiliated healthcare providers but not an off-island referral.

What is the Annual Maximum Benefits?

The maximum benefits for enrolled members under Basic Plan, Supplemental Resident and Supplemental Non-Resident Plan is \$50,000 per fiscal year (October 1-September 30) . This includes cost of medical care for all options and non-medical expenses such as airfare tickets, stipend, ground transportation and others .

What are the Different Type of Benefits?

The following are the different type of benefits that MiCare offers to members:

1. **Medical Care** Benefits includes out-patient consultations, diagnostic procedures and tests, maternity care, routine physical examination, hospital in-patient care, doctor's fee, short term physical therapy and others specified under Part 6.2.a of MiCare Regulations.

2. **Prescription Drug Benefits**– The Plan covers prescription drug as set forth under Part 7.8 of MiCare Regulations. Member pays \$2 deductible and 10% co-payment per prescription. For Chronic refill program enrollees, one year membership will be \$200.
3. **Vision Care Benefits**– member is entitled for one pair of eyeglasses, every two years not to exceed \$150 in cost.
4. **Dental Care Benefits**— covers dental consultation, cleaning, simple dental extraction, temporary and permanent fillings. A Basic Plan member is covered up to a maximum of \$300 per fiscal year and \$500 for Supplemental Plan members.
5. **Prosthetic Appliances Benefits**– The Plan covers 50% of the total cost of corrective appliances and artificial aids such as implants, pacemaker, braces and hearing aids.
6. **Emergency Benefits**– This benefits is offered to Basic Plan members traveling abroad for a period not to exceed 30 days with a maximum benefit of \$2,500. Emergency care applies also to Supplemental Resident member who needs emergency care abroad where there is no approved off-island healthcare facility.

Note: First four (4) minor dependent children are covered by

Bi-weekly Premium Rates

Plan Option	Employee Share (48%)	Employer Share (52%)	Bi-weekly Premium
Basic Plan (BA)	\$9.20	\$9.98	\$19.18
Supplemental (SR)	\$20.26	\$21.96	\$42.22
S-Non Res. (SN)	\$27.65	\$29.96	\$57.61
Non-Referral (NR)	\$4.84	\$5.25	\$10.09

one (1) premium under BA, SR, & NR Plan Options. For SN option, each dependent child must pay SN premium.

Basic Plan	Supplemental Plan	S-Non Resident	Non-Referral
\$5.54 bi-wkly	\$11.32 bi-wkly	\$57.61 bi-wkly	\$3.27 bi-wkly

Premium for Additional Dependent Minor Children in excess of first four (4) children.