

## MAXIMUM COVERAGE UNDER NHI

Currently, the maximum coverage by NHI is \$25,000 per case. Any referral costs over \$25,000 becomes the responsibility of the patient. Payment arrangements may be coordinated with the Ministry of Health's Medical Referral Program.

## LIMITATIONS & EXCLUSIONS

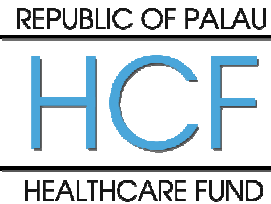
NHI does not cover the following services:

- Co-payments for approved off-island referrals;
- Services that can be provided at BNH or elsewhere on Palau;
- Services where the costs of care are covered by a foreign government or other donor or grantor;
- Costs related to hemodialysis;
- Psychiatric care;
- Treatment for drug, alcohol, or other addictions;
- Cosmetic surgery;
- Sex change operations;
- Fertility, conception, or contraceptive care;
- Dental, hearing and vision care (except due to accident or injury);
- Organ transplants, except as specifically covered by Section 552 of these regulations;
- Cancer where prognosis is poor;
- Care that is rehabilitative, palliative, or supportive rather than usual, reasonable and customary curative care;
- Care solely for an advisory opinion;
- Care for diagnostic purposes, except as specifically covered by Section 553 of HCF regulations;
- Care not approved by the Medical Referral Committee; and,
- Other excluded services described elsewhere in the HCF regulations.

## DID YOU KNOW?



Palau is not the first country to establish a nationally provided healthcare system. Since 1984, Singapore has successfully operated a program that includes medical savings accounts. The medical savings account provided in the HCF is modeled after Singapore's program.



## CONTACT US

The Medical Savings Account and National Health Insurance established under the HCF is just the beginning of an improved, comprehensive healthcare financing system. It is the **FIRST STEP** in addressing many of Palau's healthcare financing concerns. If you have any questions or suggestions about the program, please feel free to contact the Social Security Administration:



### **Republic of Palau Social Security Administration**

P.O. Box 679 Koror, Palau 96940  
Phone: 680.488.2457 / Fax: 680.488.1470  
Email: [administration@ropssa.org](mailto:administration@ropssa.org)  
**Visit us on the web:** [www.ropssa.org](http://www.ropssa.org)

REPUBLIC OF PALAU

HCF

HEALTHCARE FUND

## COVERAGE FOR OFF-ISLAND REFERRALS for individuals with NATIONAL HEALTH INSURANCE (NHI)

In coordination with Ministry of Health's  
Medical Referral Program



The HCF is national program administered by  
The Republic of Palau Social Security Administration



## NATIONAL HEALTH INSURANCE

The National Health Insurance (NHI) is one of two components that make up the Healthcare Fund program.

NHI was designed to complement the medical savings accounts, since MSA funds are usually insufficient to cover the costs of catastrophic illnesses or injuries. NHI is a social health insurance that pools contributions of many people – in this case, employers' 2.5% matching contributions – and is used to cover the costs of catastrophic illnesses or prolonged injuries.

## COVERED OFF-ISLAND MEDICAL COSTS

Patients with NHI coverage are eligible for off-island medical referral under the HCF program, upon approval by the Ministry of Health's Medical Referral Committee. If approved for referral, the patient must pay 20% of his referral costs, up to a ceiling of \$1,000 - \$4,000 depending on household income. The table to the bottom right shows the co-payment ceilings, based on individuals' annual household income.

## COVERED AIRFARE FOR PATIENT

The HCF purchases one round-trip economy class airline ticket for approved referral patients with NHI, including any additional costs incurred if a stretcher is medically necessary. If the patient is a minor, the HCF will purchase one round-trip economy class airline ticket for the patient's parent or guardian. If the patient requires a medical escort, the HCF office will also purchase a round-trip ticket for the medical escort.

## APPROVAL FOR OFF-ISLAND COVERAGE:

The Healthcare Fund works in coordination with the Ministry of Health's Medical Referral Program (MRP). Medical cases are reviewed and approved for off-island referral by the Medical Referral Committee (MRC), based on general statutory guidelines and historic practice.

Outlined below are the steps that must be taken if you are seeking medical referral treatment that will be covered under National Health Insurance\*:

1. Consult your doctor. If he or she decides that you are a candidate for medical referral to Manila, the doctor presents your case to the Ministry of Health's Medical Referral Committee (MRC).
2. The MRC will discuss and review your case for approval.
3. If you are approved by the MRC and you are currently covered under NHI, you must pay your copayment. The copayment is 20% of the estimated cost of your treatment (up to the ceiling indicated in the table below). It is paid to the Finance Department at the Belau National Hospital.
4. Once your copayment has been paid, the HCF will purchase the covered airfare for you and any approved escorts.
5. If the copayment made prior to referral did not reach the copayment ceiling, you may be required to pay an additional amount upon return to Palau if the actual treatment cost is higher than the previously estimated cost.

\* MOH's Medical Referral Program has separate, additional requirements that referral patients must follow, i.e., rules about accommodations at Palau House in Manila, family escorts, etc. For additional information, please contact the Medical Referral Coordinator at the Ministry of Health, at 488-2552.

## COPAYMENT CEILING TABLE AND SAMPLE CALCULATION

Annual Household Income	Copayment Ceiling
\$ 0 - \$ 5,599	\$ 1,000
\$ 5,600 - \$ 11,199	\$ 2,000
\$ 11,200 - \$16,799	\$ 3,000
\$16,800	\$ 4,000

**Sample:** Patient's annual household income is \$8,000. Below is an example of how the patient's copayment is calculated:

Estimated referral cost:	\$ 25,000
20% of estimated cost:	\$ 5,000
Patient's copayment ceiling:	\$ 2,000

Actual 20% of this patient's estimated referral is \$5,000. However, patient is only required to pay \$ 2,000, based on his annual household income.