

Approval for Off-Island Referral

Off-island referral is only approved for treatment on cases/conditions that cannot be adequately treated in our local hospital (Belau National Hospital). The Healthcare Fund works in conjunction with the Ministry of Health's Medical Referral Committee (MRC) based on general statutory guidelines and historic practice.

Outlined below are steps that must be taken for any referral cases:

1. Consult your doctor. If your attending physician decides that you are a candidate for medical referral due to unavailability of treatment in Palau, he or she presents your case to MOH Medical Referral Committee.
2. The MRC will discuss and review your case for approval.
3. HCF Administrator certifies that the case meet all conditions of coverage under the NHI plan and that are administered in the most practical, cost effective facility for that particular case.
4. If approved by the MRC and certified by HCF Administrator, you must pay your copayment. The copayment is 20% of the estimated cost of your treatment (up to the ceiling) based on income. Copayment processing is done in the HCF office. Cash copayment is collected at the SSA office.
5. Once your copayment is paid, the HCF shall purchase the covered airfare for you and any approved escort.
6. If the copayment made prior to referral did not reach the copayment ceiling, you are required to pay the remaining balance upon return to Palau if the actual treatment cost is higher than the previously estimated cost.

(MOH's Medical Referral Program has separate requirements that referral patients must follow i.e. Rules about accommodations at Palau House/ Manila & Taiwan, family esc et. For additional information please contact the Medical Referral Program at MOH at 488-8681)

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

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.

REPUBLIC OF PALAU

HCF

HEALTHCARE FUND



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The HealthCare Fund



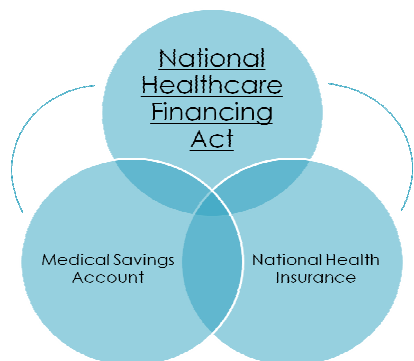
REPUBLIC OF PALAU

HCF

HEALTHCARE FUND

QUICK FACT

The National Healthcare Financing Act became law on May 7, 2010 to promote the health and social welfare of the citizens of the Republic of Palau through the establishment of a healthcare financing system that provides free or subsidized healthcare for its citizens. This was achieved through the combination of provisions for medical savings account and universal health insurance coverage.



The Medical Savings Account (MSA)

A Medical Savings account is designed to help individuals, especially younger generation and growing family, to save money to pay for future healthcare costs. Every participating employee is required to pay a minimum of 2.5% of his or her remuneration into their Medical Savings Account.

Who can use my MSA?

- The participating member, his or her spouse, dependent children, and other designated beneficiaries.

How can I enroll my beneficiaries to my MSA account?

- You can enroll your MSA beneficiaries at the Social Security Administrations office. Bring a copy of their SSN and fill out your HCF enrollment form for MSA beneficiaries.
- New beneficiaries can start using funds from you MSA after five (5) working days from the date of the enrollment.

What is MSA used for:

- Outpatient medical treatment
- Prescribed Medications
- Private health insurance premiums



Where can I use my MSA:

- Belau National Hospital/all dispensaries
- All participating MSA private clinic in Palau

Can I withdraw funds from my MSA?

- Only foreign citizens can withdraw funds from their MSA when they depart permanently to their home country.

Maximum allowable MSA charge for Prescription Drugs:

Drug Description	Coverage \$	Comment
Over the counter	\$8.00	Increase from \$5
External Use	\$17.50	Increase from \$5
Common Drugs	\$27.50	Increase from \$5
1 Month Supply	\$17.50	Increase from \$6
No change		

The National Health Insurance (NHI)

The National Health Insurance is design to complement the medical savings account. It is a social health insurance that pool contributions from employers and voluntary individuals to fund the costs of catastrophic illnesses and prolonged injuries.

Who is eligible under my coverage under NHI?

- The participating member and his or her dependent children. Meaning only you as the covered member and your legal spouse and children.

How can I enroll my dependents under my NHI coverage?

- You can enroll your dependents at the Social Security Administrations office. Bring a copy of marriage certificate for your spouse and birth certificate for children.
- Make sure to apply for SSN for children before enrollment.

What are the benefits under NHI?

- Inpatient medical treatment
- Off-island Medical treatment
- Medical transportation for approved Off-Island Referral



Is there a patient share/co-pay for NHI?

- Yes.** If you receive in-patient care, there is a co-payment of 20% of the total cost, up to a ceiling of \$200-\$400, depending on your income. If you are approved for off-island referral, there is a copayment of 20% of the total cost, up to a ceiling of \$1000-\$4000, depending on your income.

How to Contribute:

HCF contributions are paid to the Social Security Administration at the end of each quarter or as may be agreed by SSA and employers. Employers transmit employee shares, along with a matching employer share of 2.5% to the Social Security Administration. Self-employed persons contribute 5% because they are considered both an employee and employer. All unemployed individual are encourage to join by paying voluntarily into the NHI pool. The premium for voluntary contribution is \$40.95/quarter. The National Government will pay subsidized contributions for individual citizens who are 60 years of age and not working, as well as for those who are disabled and not working. Since they are not employed they do no have MSA deductions through employment. If they would like to have funds in their MSA, they or family members can make cash deposit (minimum of \$10) or allot from SSA monthly benefits into their MSA accounts.



What is the maximum coverage under NHI?

Any individual insured under the National Health Insurance has a maximum benefit coverage of \$35,000 for each benefit period. Benefit Period is the period of one year starting on October 1st and ending September 30th of each year.

Covered & Non-Covered Services under NHI:

Benefits for covered services are based on maximum allowable amount. To be covered, the service must be medically necessary. "Medically Necessary" means healthcare services or products provided to a covered individual for the purpose of preventing, diagnosing or treating illness, injury or disease or the symptoms of an illness, injury or disease in manner that is consistent with accepted standard. In other words, coverage is only approved for the most reasonable, cost effective, and suitable type of care or services for the patient.

Limitations & Exclusions

- Limitations and exclusions applies to items, service, supply, and equipment not covered under the NHI plan.