

PUBLIC NOTICE

AMENDMENTS TO MICARE HEALTH INSURANCE PLAN REGULATIONS PURSUANT TO TITLE 52 OF THE CODE OF THE FEDERATED STATES OF MICRONESIA

This is to inform the general public that MiCare Health Insurance Plan, through its Board of Directors, hereby proposes to amend certain parts/subparts of the MiCare Health Insurance Plan Regulations. The proposed amendments are published pursuant to the authority granted by 52 FSMC § 409 and under the procedures set forth in 17 FSMC § 102.

The proposed regulations pertain to the following:

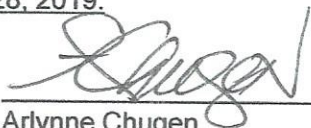
1. Amend Title of Regulations and all relevant references to reflect appropriate name change
2. Amend Part 4.4 (Premium Schedule) by increasing the premium for all plan options by one dollar (\$1)

These proposed amendments are aimed to take effect on April 1, 2019 and are in compliance with Title 17 of the Code of the Federated States of Micronesia. The public is hereby informed that the proposed premium increase of a dollar is part of a necessary but gradual increase strategy of up to 19 percent.

All persons, government agencies, business organizations or any person interested in commenting on these proposed regulations may do so in a written submission to the MiCare Health Insurance Plan, P.O. Box 2156, Kolonia, Pohnpei 96941. Copies of the proposed amendments and Regulations can be obtained from the MiCare Health Insurance Plan office located at Moylan's Building ground floor.


All written comments must be submitted by February 28, 2019.

Date: January 11, 2019


Arlyne Chugen
MiCare Administrator

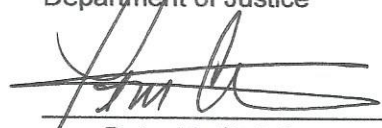
Approved as to legal sufficiency:

Date: 1/17/19


Secretary Joses R. Gallen, Sr.
Department of Justice

Approved by the President:

Date: 01/22/19


Peter M. Christian
FSM President

4.4 **Premium Schedules.** The following premiums shall apply under each Plan Option. Premium amount are for each bi-weekly pay period.

Type of Option Type of Covered Person	Basic Health Option	Proposed Change (Basic)	Supplemental Health Option For Residents (SR)	Proposed Change (SR)	Supplemental Health Option for Non-Resident (SN)	Proposed Change (SN)	Non-Referral Option	Proposed Change (NR)
Eligible Employee	\$ 18.18	\$ 19.18	\$41.22	\$42.22	\$56.61	\$57.61	\$9.09	\$10.09
Dependent Spouse	\$ 18.18	\$ 19.18	\$ 41.22	\$42.22	\$ 56.61	\$57.61	\$ 9.09	\$10.09
Dependent Minor Children (first four children are covered by one premium under Basic and Supplemental Health Option for Residents, each dependent minor child must pay the premium under Supplemental Health Option for Non-Residents)	\$ 18.18	\$ 19.18	\$ 41.22	\$42.22	\$56.61	\$57.61	\$ 9.09	\$10.09
Additional Dependent Minor Children (each)	\$ 4.54	\$ 5.54	\$ 10.32	\$ 11.32	\$ 56.61	\$57.61	\$ 2.27	\$3.27
Other Dependents and Household Members (e.g. grandparents, niece, brother-in-law)	\$ 18.18	\$ 19.18	\$ 41.22	\$42.22	\$ 56.61	\$57.61	\$ 9.09	\$10.09