Welcome to more health and well-being

Visit **aetnainternational.com/en/government/govguam** today for more information

AetnaInternational.com

46.02.616.1-GU (8/20)

aetna™

Welcome

As an experienced industry leader committed to building healthier communities around the globe, **we're very proud to continue serving as the health care partner for active employees and retirees of the Government of Guam** — giving you the peace of mind and confidence that comes from having a high-quality, comprehensive health and well-being benefits program.

Upon reviewing your plan options, if you're satisfied with your current plan and coverage, you won't need to do anything. Your current benefits will be rolled over into the new plan year, and you can continue to use your current Member ID card.

We're committed to investing in your health and helping you achieve your goals with solutions that work for you. Backed by more than five decades of experience, a global footprint in more than 16 countries, and a local presence on the Islands of Guam and the CNMI, we're uniquely positioned to support you.

We're able to remove global barriers by providing innovative, virtual tools and resources, while at the same time making care more local, accessible and personal. As part of CVS Health, we're also able to offer you more resources, more innovation, more integrated care, lower costs and greater convenience. In these uncertain times, you can count on us to be there for you with the support and access to health care you need.

Working together, we look forward to helping you live a happy, healthy and more productive life. Thank you for your continued trust in us as your health and well-being partner. We're pleased to help you reach your best health in this new plan year.

We encourage you to read about open enrollment and the plan and benefit offerings for 2021 that are covered in this package, which includes:

- Open enrollment key dates and important information
- Plan and cost comparison grid
- Well-being benefits highlights
- Off-island care and airfare coverage eligibility highlights
- Frequently asked questions
- Envelope to send the enrollment form back to your agency

Regards,

Justin Remick
Executive Director, Head of Government Programs
Aetna International

Open enrollment

Fiscal year 2021

We're honored to be continuing our journey with the Guam community, delivering health insurance coverage and well-being resources to GovGuam active employees, retirees, survivors and families. Here's a few things you'll want to know.

DO NOT submit an enrollment form if you are satisfied with your current plan and coverage. Your current benefits will be rolled over into the new plan year, and you may continue to use your current Member ID card.

DO submit an enrollment form if:

- You're eligible but not currently enrolled
- You want to make changes to your benefits
- You're adding or removing your spouse or dependents from your plan
- You'd like to terminate your benefits

Who's eligible to enroll?

To enroll in an Aetna International health plan, you and your dependents must first meet the eligibility requirements defined by the Government of Guam and submit your enrollment form to your employer with any other required documentation during an open enrollment period or within 30 days from the date you first become eligible, or within 30 days from the date of a qualifying event. GovGuam policy allows you to enroll in a Medical Only plan or both Medical and Dental plans. You cannot enroll only in a Dental plan.

Subscriber eligibility requirements

To be eligible, you must:

- Be a Government of Guam employee working at least 30 hours per week
- Be a retiree or survivor of a retired employee of GovGuam
- Maintain legal residency in Guam/CNMI and not be absent for more than 182 consecutive days (excluding members who are receiving continuous care off-island and their insured companion, as approved by Aetna, and child dependents up to age 26). Please refer to Plan Documents for more information.
- Be continuously enrolled for the entire plan year in both Medicare Part A and Part B (with Medicare your primary plan) to be enrolled in the RSP Plan

Dependent eligibility requirements

Your eligible dependents include your Spouse, domestic partner and dependent children up to age 26 (unless otherwise noted) regardless of student status. Please review dependent eligibility definitions and requirements below.

Dependents	Eligibility definition and required documentation
Legal spouse	• A person to whom you are legally married • Photocopy of government-issued marriage certificate
Domestic partner	• Must be at least 18 years of age and have lived with you for two consecutive years • May only be added during GovGuam's open enrollment period or within 30 days from the date they first become eligible to enroll in the plan • Children of a domestic partner, who are not your own children, are not eligible for coverage • Notarized Aetna domestic partner affidavit is required
Divorced spouse	• A divorced spouse where there is an order issued by a court having jurisdiction over the parties that the subscriber continue to provide such spouse coverage under the plan, provided that no subscriber can enroll more than one person as a spouse at a time, unless one spouse is covered pursuant to a court order
Biological child	• A biological son or daughter of the subscriber • Photocopy of birth certificate showing subscriber's name
Adopted child	• A legally adopted son or daughter of the subscriber • Photocopy of the final adoption decree or photocopy of the child's birth certificate showing the employee as the adopting parent
Stepchild	• A stepson or stepdaughter of the subscriber by legal marriage • Photocopy of birth certificate showing employee's spouse's name as mother or father
Child under legal guardianship/custody	• A child for whom the employee has been appointed full legal guardian or granted legal custody • Photocopy of the final court order, with the presiding judge's signature and seal, affirming the employee as the child's legal guardian or custodian
Foster child	• Certain eligible foster children • Photocopy of the certified foster care documents with name of the child and name of the employee
Disabled child	• A child age 26 or older who is wholly dependent on the employee for support and maintenance due to a disability that occurred prior to age 26 • Photocopy of birth certificate showing employee's name as mother or father • Completed Aetna disability certification form(s) completed by the subscriber and their physician and submitted directly to Aetna

Effective date of coverage

Your coverage begins on the date the Government of Guam tells us. This will be the effective date on the enrollment information sent to us to enroll you and your eligible dependents in the plan.

Leave without pay

Employee is responsible for paying both the government and employee's share of premiums while on approved leave without pay status. Premium contributions must be made directly to your agency/department. Premium payments that are not paid on a timely basis will result in termination of coverage, and you will not be allowed to enroll in the plan until the next open enrollment period.

Military leave

Any employee on active-duty military leave status who wish to continue enrollment with Aetna during such leave period are advised to contact their human resources division for premium payment information. Any employee who wishes to cancel coverage during military leave status may do so by contacting their respective department/agency. Upon completion of military orders or leave status, the member may re-enroll with Aetna by contacting their respective department's or agency's human resources office. Your agency/department may require appropriate documentation including military order to verify qualifying event.

Reduction of hours

If a member's work hours are reduced below 30 per week due to a GovGuam cost-saving program, the member and their enrolled dependents can stay in the plan. Members can disenroll within 30 days from when the reduction in hours occurs as long as the member notifies their human resources department. The member needs to provide notice of their intent to disenroll. However, the member will not be eligible to re-enroll until a future open enrollment period or until their work hours are increased to at least 30 per week.

Qualifying events/Special times you and your dependents can join the plan

You and your dependents may enroll or terminate outside of open enrollment period because of a qualifying event as defined by HIPAA or PPACA. Under HIPAA and PPACA, a qualifying event is a time where you may make plan changes outside of an open enrollment period. You have 30 days to submit any plan changes resulting from a qualifying event to your employer. Qualifying events include, but may not be limited to:

- Changes in your household due to marriage, divorce, birth, adoption, legal guardianship or death
- Date of GovGuam retirement status
- Enrollment into both Medicare A and B
- Change of work status (i.e. from part-time to full-time)
- Overage Dependents

If you do not submit your requested changes within the permitted time frame from the date of your qualifying event, you may have to wait until the next open enrollment period to make such changes

Changes upon retirement

Please immediately notify your respective agency or department of any changes to your retirement status or to your eligibility to continue in the plan.

Up-to-date information

We need your most current information to properly administer your plan. Please make sure you provide all pertinent information with your enrollment application and that you notify us of any significant changes throughout the year. Please inform your respective department/agency immediately of any error on your Member ID card or any changes in name, address, phone numbers or email address. Members are advised to verify premiums are being deducted correctly to avoid any premium discrepancies.

How to enroll or make changes to your benefits

You will find a copy of an enrollment form in this packet. Employees, retirees or survivors wishing to make changes to their benefits, or new hires intending to elect benefits for the first time, should fill out an enrollment form.

Please fill out all the required fields and review your completed enrollment form carefully to ensure that it's complete, accurate and legible for you and any dependents. Missing or incorrect information on this form may result in a delay in the administration of your benefits.

Completed enrollment forms should be mailed to or dropped off at your respective agency for processing. For your convenience, we've provided a blank envelope for you to use should you decide to mail your form.

Plan comparison

PPO 1500

Eligibility Provision	
Employee/Retiree/Survivor	Active employees participating in this plan working a minimum of 30 hours per week and approved GovGuam retirees or survivors who are not both, Medicare A and B enrolled.
Dependent	Spouse, domestic partner; eligible children up to age 26, regardless of student status.

Your Benefits: What the plan covers	In-Network, Participating Providers	Out-of-Network, Non-Participating Providers
Deductible Per Individual Member	$1,500	$3,000
Deductible Per Family If a member meets their $1,500, the plan begins to pay for covered services for that member	$3,000	$9,000
COVERAGE MAXIMUMS Individual member lifetime maximum	Unlimited	Unlimited
Out-of-Pocket Maximum		
Per Individual member, per plan year	$3,000	$30,000
Per Family per plan year	$9,000	$90,000
(Includes accumulated deductible, copays, & member coinsurance)		
Pre-Certification Penalty	No Penalty	Penalties may apply
Pre-Certification for certain types of Non-Preferred (Out-of-Network) care received inside the U.S. is the responsibility of the member for coverage. Pre-Certification is required for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care and Hospice Care. Contact member services to determine if Pre-Certification is needed for a procedure.		
Payment for Non-Preferred Providers*	Professional: 105% of Medicare Facility: 140% of Medicare	
Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers (Pre-Certification required)	Requires a referral from your doctor and approval in advance from the plan	

Deductible and Copay do not apply to these benefits When you go to a Participating Provider	In-Network, Participating Providers	Out-of-Network, Non-Participating Providers
PREVENTIVE SERVICES (Outpatient Only) • In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. • Members may choose to receive age appropriate annual physicals in the Philippines with no dollar limit. • Annual exam includes preventive lab tests.		
Annual Physical Exam One exam every 12 months	Plan pays 100%	Not covered
IMMUNIZATIONS/VACCINATIONS In accordance with the guidelines established by the Advisory Committee on Immunization Practices	Plan pays 100%	Not covered
PRE-NATAL CARE Including Routine Labs and first Ultrasound	Plan pays 100%	Not covered

Well-Child Care • In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care - Infancy (Newborn to nine months): Maximum seven visits - Early Childhood (One to four years old): Maximum seven visits - Middle Childhood / Adolescence (Five to 17 years old): Maximum one visit/year	Plan pays 100%	Not covered
WELL-WOMAN CARE • In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), And the Women's Health and Cancer Act - Includes one exam and pap smear per plan year - Including Sterilization and Tubal Ligation	Plan pays 100%	Not covered
Routine Cancer Screenings, *Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)*	Plan pays 100%	Plan pays 70%; Member pays 30%
Routine Eye Exams *Includes one exam every 12 months*	Plan pays 100%	Not covered
Vision Care Supplies *Per member, per plan year*	Plan pays 100% up to $150 maximum	
Routine Hearing Exams *Includes one routine exam every 24 months*	Plan pays 100%	Not covered
Deductible does not apply to these benefits When you go to a Participating Provider	**In-Network, Participating Providers**	**Out-of-Network, Non-Participating Providers**
OUTPATIENT PHYSICIAN CARE & SERVICES		
Physician Office Visit	Member pays $20 copay	Plan pays 70%; Member pays 30%
Specialist Office Visit	Member Pays $40 copay	Plan pays 70%; Member pays 30%
Diagnostic Outpatient Lab & X-ray Services	Member pays $20 copay	Plan pays 70%; Member pays 30%
Home Health Care *120 visits per plan year, includes Private Duty Nursing*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Hospice Care Facility Outpatient *180 days per plan year*	Plan pays 100%	Plan pays 70%; Member pays 30%
Allergy Serum & Injections *Does not include those on the Specialty Drugs List & Orthopedic injections*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Chiropractic Care	Member pays $40 copay	Plan pays 70%; Member pays 30%
Mental Health and Substance Abuse *Unlimited visits per plan year*	Member Pays $20 copay	Plan pays 70%; Member pays 30%
Short Term Rehabilitation *(Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year)*	Member Pays $40 copay	Plan pays 70%; Member pays 30%
Spinal Disorder Treatment (Chiropractic Services) *Unlimited visits per plan year*	Member Pays $40 copay	Plan pays 70%; Member pays 30%

Urgent Care	Member Pays $50 copay	Plan pays 70%; Member pays 30%
Voluntary Second Surgical Opinion	Member Pays $40 copay	Plan pays 70%; Member pays 30%
Deductible must be met When you go to a Participating and Non-Participating Provider	**In-Network, Participating Providers**	**Out-of-Network, Non-Participating Providers**
Acupuncture 30 visits per member, per plan year	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Airfare Benefit to select Centers of Care only	Plan pays 100%	

For qualifying conditions where care is not be available on Guam; the Airfare Benefit may provide an economy round trip airfare for the insured member, a companion if medically required and a medical escort if medically required to one of our designated preferred facilities (Centers of Care). Aetna must be your primary insurer, and an Aetna participating provider must provide your medical referral. Plan approval is required in advance of travel. This benefit does not cover Diagnostic Procedures, Second Opinions or Air Ambulance. To learn more about your eligibility for this benefit, please contact our office at ***671-472-3862***

Refer to Airfare Benefits Section for qualifying conditions and coverage.

Allergy Testing	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Ambulatory Surgi-Center Care *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Autism *Autism is covered same as any other expense. Member cost sharing is based on the type of service performed and the place of service where it is rendered*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Blood & Blood Derivatives	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Breast Reconstructive Surgery *(In accordance with 1998 W.H.C.R.A) (Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Cardiac Surgery	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Cataract Surgery *Outpatient only (including conventional lens)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Chemical Dependency	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Chemotherapy Benefit *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Complex Imaging (Diagnostic Testing) *MRI, CT, PET scan, and other diagnostic procedures (Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Congenital Anomaly Diseases Coverage *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Durable Medical Equipment (DME)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Elective Surgery *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%

Emergency Care For off-island emergencies, Plan must be contacted and advised within 48 hours 1. U.S. and Out-of-U.S. emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only)	Plan pays 80%; Member pays 20%	Plan pays 80%; Member pays 20%
End Stage Renal Disease / Hemodialysis *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Hearing Aids *Maximum $500 per member, per plan year*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
HOSPITALIZATION & INPATIENT BENEFITS 1. **Room & Board for a semi-private room, intensive care, coronary care and surgery** 2. **All other inpatient hospital services including laboratory, X-ray, operating room, anesthesia and medication** 3. **Physician's hospital services** 4. **Hospice Care Facility** *30-day lifetime maximum, (Pre-Certification required)* 5. **Mental Health and Substance Abuse** *Unlimited days per plan year, (Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Implants *(Limitations apply, please refer to the contract)* *Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Inhalation Therapy	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Maternity Care *Labor and Delivery*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Nuclear Medicine *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Organ Transplant *Including but not limited to:* *Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea* *Institute of Excellence Facility (inside USA) or Joint Commission International (Outside USA) for needed transplant must be utilized* *Benefit includes organ donor* *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Orthopedic Conditions *Internal and External Prosthesis* *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Radiation Therapy *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Robotic Surgery/Robotics Suite *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%

Skilled Nursing Facility *Maximum 60 days per member, per plan year (Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Sleep Apnea *Diagnostic and Therapeutic Procedure (Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Sterilization Procedures *Vasectomy (Outpatient only)*	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
Prescription Drug Coverage Deductible does not apply when you go to a Participating Pharmacy	**In-Network, Participating Providers**	**Out-of-Network, Non-Participating Providers**
Health Care Reform Drug List — Preventive RX *Prescription required*	Plan pays 100%	Plan pays 70%; Member pays 30%
Preferred Generic Drugs *Includes Contraceptives* *(365-day maximum supply)*	$15 copay per month supply $0 copay for 90-day Mail Order Drugs	
Preferred Brand Name Drugs *Includes Contraceptives* *(365-day maximum supply)*	$30 copay per month supply $30 copay for 90-day Mail Order Drugs	
Non-Preferred Generic and Non-Preferred Brand Name Drugs *Includes Contraceptives* *(365-day maximum supply)*	$100 copay per month supply $100 copay for 90-day Mail Order Drugs	
Specialty Drugs *(365-day maximum supply)*	$100 copay per month supply	Not covered
Rx outside Guam/CNMI/USA	Plan pays 80%; Member pays 20%	

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents. In the event of a discrepancy between the benefit grid and the Contract, between the Government of Guam and Aetna, the contract will prevail.

The proposed plan of benefits is underwritten by Aetna Life Insurance Company. This is only a brief summary of the benefits available. Some restrictions may apply. If you have Maryland or Washington membership, a separate policy may be required. For more specific information about the coverage details, including limitations, exclusions and other plan requirements, please refer to the plan booklet (which will be provided near the time the plan becomes effective).

HSA 2000

Eligibility Provision	
Employee/Retiree/Survivor	Active employees participating in this plan working a minimum of 30 hours per week and approved GovGuam retirees or survivors who are not both, Medicare A and B enrolled.
Dependent	Spouse, domestic partner; eligible children up to age 26, regardless of student status.

Your Benefits: What the plan covers	In-Network, Participating Providers	Out-of-Network, Non-Participating Providers
Deductible Per Individual Member	$2,000	$4,000
Deductible Per Family If a member meets their $2,800, the plan begins to pay for covered services for that member	$4,000	$12,000
COVERAGE MAXIMUMS Individual member lifetime maximum	Unlimited	Unlimited
Out-Pocket-Maximum		
Per Individual member, per plan year	$4,000	$30,000
Per Family, per plan year	$12,000	$90,000
(Includes accumulated deductible, copays & member coinsurance)		
Pre-Certification Penalty	No Penalty	Penalties may apply
Pre-Certification for certain types of Non-Preferred (Out-of-Network) care received inside the U.S. is the responsibility of the member for coverage. Pre-Certification is required for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care and Hospice Care . Contact member services to determine if Pre-Certification is needed for a procedure.		
Payment for Non-Preferred Providers*	Professional: 105% of Medicare Facility: 140% of Medicare	
Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers *(Pre-Certification required)*	*Requires a referral from your doctor and approval in advance from the plan*	

Deductible and Copay do not apply to these benefits When you go to a Participating Provider	In-Network, Participating Providers	Out-of-Network, Non-Participating Providers
PREVENTIVE SERVICES (Outpatient Only) • In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. • Members may choose to receive age appropriate annual physicals in the Philippines with no dollar limit • Annual exam includes preventive lab tests		
Annual Physical Exam *One exam every 12 months*	Plan pays 100%	Not covered
IMMUNIZATIONS/VACCINATIONS *In accordance with the guidelines established by the Advisory Committee on Immunization Practices*	Plan pays 100%	Not covered
PRE-NATAL CARE *Including Routine Labs and first Ultrasound*	Plan pays 100%	Not covered

Well-Child Care • In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care - Infancy (Newborn to nine months): Maximum seven visits - Early Childhood (One to four years old): Maximum seven visits - Middle Childhood / Adolescence (Five to 17 years old): Maximum one visit/year	Plan pays 100%	Not covered
WELL-WOMAN CARE • In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), And the Women's Health and Cancer Act - Includes one exam and pap smear per plan year - Including Sterilization and Tubal Ligation	Plan pays 100%	Not covered
Routine Cancer Screenings, *Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)*	Plan pays 100%	Plan pays 50%; Member pays 50%
Routine Eye Exams *Includes one exam every 12 months*	Plan pays 100%	Not covered
Vision Care Supplies *Per member, per plan year*	Plan pays 100% up to $150 maximum	
Routine Hearing Exams *Includes one routine exam every 24 months.*	Plan pays 100%	Not covered
Deductible must be met When you go to a Participating and Non-Participating Provider	**In-Network, Participating Providers**	**Out-of-Network, Non-Participating Providers**
Acupuncture 30 visits per member, per plan year	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Airfare Benefit to select Centers of Care only	Plan pays 100%	

*For qualifying conditions where care is not be available on Guam; the Airfare Benefit may provide an economy round trip airfare for the insured member, a companion if medically required and a medical escort if medically required to one of our designated preferred facilities (Centers of Care). Aetna must be your primary insurer, and an Aetna participating provider must provide your medical referral. Plan approval is required in advance of travel. This benefit does not cover Diagnostic Procedures, Second Opinions or Air Ambulance. To learn more about your eligibility for this benefit, please contact our office at **671-472-3862**.*

Refer to Airfare Benefits Section for qualifying conditions and coverage.

Allergy Testing	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Allergy Serum & Injections *Does not include those on the Specialty Drugs List & Orthopedic injections*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Ambulatory Surgi-Center Care *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Autism *Autism is covered same as any other expense. Member cost sharing is based on the type of service performed and the place of service where it is rendered*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Blood & Blood Derivatives	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Breast Reconstructive Surgery *(In accordance with 1998 W.H.C.R.A) (Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Cardiac Surgery	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%

Cataract Surgery *Outpatient only (including conventional lens)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Chemical Dependency	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Chemotherapy Benefit *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Complex Imaging (Diagnostic Testing) *MRI, CT, PET scan, and other diagnostic procedures* *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Congenital Anomaly Diseases Coverage *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Durable Medical Equipment (DME)	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Elective Surgery *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Emergency Care For off-island emergencies, plan must be contacted and advised within 48 hours 1. U.S. and Out-of-U.S. emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only)	Plan pays 80%; Member pays 20%	Plan pays 80%; Member pays 20%
End Stage Renal Disease / Hemodialysis *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Hearing Aids *Maximum $500 per member, per plan year*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
HOSPITALIZATION & INPATIENT BENEFITS 1. **Room & Board for a semi-private room, intensive care, coronary care and surgery** 2. **All other inpatient hospital services including laboratory, X-ray, operating room, anesthesia and medication** 3. **Physician's hospital services** 4. **Hospice Care Facility** *30-day lifetime maximum, (Pre-Certification required)* 5. **Mental Health and Substance Abuse** *Unlimited days per plan year, (Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Implants *(Limitations apply, please refer to the contract)* *Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Inhalation Therapy	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Maternity Care *Labor and Delivery*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Nuclear Medicine *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%

Organ Transplant *Including but not limited to:* *Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea* ***Institute of Excellence Facility (inside USA) or Joint Commission International (Outside USA) for needed transplant must be utilized*** *Benefit includes organ donor.* *(Pre-Certification Required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Orthopedic Conditions *Internal and External Prosthesis* *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
OUTPATIENT PHYSICIAN CARE & SERVICES		
1. Physician Office Visit	Member pays $20 copay	Plan pays 50%; Member pays 50%
2. Specialist Office Visit	Member pays $40 copay	Plan pays 50%; Member pays 50%
3. Diagnostic Outpatient Lab & X-Ray Services	Member pays $20 copay	Plan pays 50%; Member pays 50%
4. Home Health Care *120 visits per plan year, includes Private Duty Nursing*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
5. Hospice Care Facility Outpatient *180 days per plan year*	Plan pays 100%	Plan pays 50%; Member pays 50%
6. Mental Health and Substance Abuse *Unlimited visits per plan year*	Member pays $20 copay	Plan pays 50%; Member pays 50%
7. Urgent Care	Member pays $50 copay	Plan pays 50%; Member pays 50%
8. Voluntary Second Surgical Opinion	Member pays $40 copay	Plan pays 50%; Member pays 50%
Radiation Therapy *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Robotic Surgery/Robotics Suite *(Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Short Term Rehabilitation *Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year*	Member pays $40 Copay	Plan pays 50%; Member pays 50%
Skilled Nursing Facility *Maximum 60 days per member, per plan year (Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Sleep Apnea *Diagnostic and Therapeutic Procedure (Pre-Certification required)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
Spinal Disorder Treatment Unlimited visits per plan year	Member pays $40 Copay	Plan pays 50%; Member pays 50%
Sterilization Procedures *Vasectomy (outpatient only)*	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%

Prescription Drug Coverage Deductible must be met	**In-Network, Participating Providers**	**Out-of-Network, Non-Participating Providers**
Health Care Reform Drug List — Preventive RX *Prescription required*	No charge	Plan pays 50%; Member pays 50%
Preferred Generic Drugs *Includes Contraceptives* *(365-day maximum supply)*	$15 copay per month supply $0 copay for 90-day Mail Order Drugs	
Preferred Brand Name Drugs *Includes Contraceptives* *(365-day maximum supply)*	$30 copay per month supply $30 copay for 90-day Mail Order Drugs	
Non-Preferred Generic and Non-Preferred Brand Name Drugs *Includes Contraceptives* *(365-day maximum supply)*	$100 copay per month supply $100 copay for 90-day Mail Order Drugs	
Specialty Drugs *(365-day maximum supply)*	$100 copay per month supply	Not covered
Rx outside Guam/CNMI/USA *(Deductible does not apply)*	Plan pays 80%; Member pays 20%	

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents. In the event of a discrepancy between the benefit grid and the Contract, between the Government of Guam and Aetna, the contract will prevail.

The proposed plan of benefits is underwritten by Aetna Life Insurance Company. This is only a brief summary of the benefits available. Some restrictions may apply. If you have Maryland or Washington membership, a separate policy may be required. For more specific information about the coverage details, including limitations, exclusions and other plan requirements, please refer to the plan booklet (which will be provided near the time the plan becomes effective).

Retiree Supplemental Plan (RSP)

Eligibility Provision	
Retirees & Survivors *Medicare A and B Primary*	Qualified GovGuam retirees and survivors, who are age 65 and older and who are enrolled in Medicare Parts A & B Primary. Qualified retirees and survivors who are under 65 years of age with a disability or ESRD under Medicare.
RSP Dependents *Medicare A and B Primary*	Spouse or domestic partner who are both Medicare Part A and B, Primary
RSP Dependents *Not Medicare A and B Primary*	Spouse, domestic partner and children up to age 26, regardless of student status NOT Medicare Primary or NOT Medicare enrolled are eligible to participate in either the PPO1500 or HSA2000 plan.

*Services covered by Medicare must be incurred by a Medicare participating provider. If your provider accepts Medicare assignment, then you pay nothing for covered charges. Services covered by Medicare and incurred at a non-Medicare provider within Guam/CNMI (or the United States) are not covered. If services are not covered by Medicare, services will only be covered at an Aetna participating provider per the benefits noted below. All services outside of Guam/CNMI require pre-authorization, to include the U.S. Mainland and Hawaii. With the exception of urgent and emergency care, services incurred outside of Guam/CNMI where pre-authorization was not obtained in advance of care will not be covered under the plan.

Plan pays Medicare Part A and Part B Deductible when applied by Medicare

Your Benefits: What the plan covers	Participating Providers Only
Deductible	None
COVERAGE MAXIMUMS *Individual member lifetime maximum*	Unlimited
Out-of-Pocket Maximum	None
Pre-Certification penalty	No Penalty
Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers *(Pre-Certification required)*	Requires a referral from your doctor and approval in advance from the plan; When Medicare is not payable (outside U.S.), covered services under the plan are paid at the copay or coinsurance listed and the Plan pays primary in this circumstance. There is no deductible under this plan.

Preventive Services (Outpatient Only)	Participating Providers Only
PREVENTIVE SERVICES (Outpatient Only) • In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. • Members may choose to receive age appropriate annual physicals in the Philippines with no dollar limit • Annual exam includes preventive lab tests	
Annual Physical Exam *One exam every 12 months*	Medicare covers; When Medicare is not primary, the plan pays 100%
IMMUNIZATIONS/VACCINATIONS *In accordance with the guidelines established by the Advisory Committee on Immunization Practices*	Medicare covers; When Medicare is not primary, the plan pays 100%

WELL-WOMAN CARE • In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), And the Women's Health and Cancer Act - Includes One exam and pap smear per plan year - Including Sterilization and Tubal Ligation	Medicare covers; When Medicare is not primary, the plan pays 100%
Routine Cancer Screenings, *including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)*	Medicare covers; When Medicare is not primary, the plan pays 100%
Routine Eye Exams *Includes one exam every 12 months*	Medicare covers; When Medicare is not primary, the plan pays 100%
Vision Care Supplies *Per member, per plan year*	Plan pays 100% up to $150 per member; Member pays anything beyond $150
Routine Hearing Exams *Includes one routine exam every 24 months.*	Medicare covers; When Medicare is not primary, the plan pays 100%
Outpatient Physician Care and Services	**Participating Providers Only**
Physician Office Visit	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
Specialist Office Visit	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
Diagnostic Outpatient Lab & X-ray Services	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
Home Health Services *120 visits per plan year, includes Private Duty Nursing*	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
Hospice Care Facility Outpatient *Maximum 180 days per plan year*	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
Mental Health and Substance Abuse *Unlimited visits per plan year*	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare

Urgent Care	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
Voluntary Second Surgical Opinion	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
Additional Services	**Participating Providers Only**
Acupuncture *30 visits per member, per plan year*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Airfare Benefit to select Centers of Care only ***Advance Plan Approval Required*** *Refer to Airfare Benefits Section for qualifying conditions and coverage*	Plan pays 100%
*For qualifying conditions where care is not be available on Guam; the Airfare Benefit may provide an economy round trip airfare for the insured member, a companion if medically required and a medical escort if medically required to one of our designated preferred facilities (Centers of Care). Aetna must be your primary insurer, and an Aetna participating provider must provide your medical referral. Plan approval is required in advance of travel. This benefit does not cover Diagnostic Procedures, Second Opinions or Air Ambulance. To learn more about your eligibility for this benefit, please contact our office at **671-472-3862**.* ***Refer to Airfare Benefits Section for qualifying conditions and coverage.***	
Allergy Testing	Medicare Primary: Plan pays 100% Secondary: Plan pays 80% Outside of Medicare; Member pays 20%*
Allergy Serum & Injections *Does not include those on the Specialty Drugs List & Orthopedic injections*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Ambulatory Surgi-Center Care *(Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Autism *Autism is covered same as any other expense. Member cost sharing is based on the type of service performed and the place of service where it is rendered*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Blood & Blood Derivatives	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Breast Reconstructive Surgery *(In accordance with 1998 W.H.C.R.A) (Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Cardiac Surgery	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Cataract Surgery *Outpatient Only (including conventional lens)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*

Chemical Dependency	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Chemotherapy Benefit *(Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Chiropractic Services	Medicare Primary: Plan pays 100% Secondary: Plan pays 80% Outside of Medicare; Member pays 20%*
Complex imaging *MRI, CT, PET scan, and other diagnostic procedures (Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Congenital Anomaly Diseases Coverage *(Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Durable Medical Equipment (DME)	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Elective Surgery *(Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Emergency Care For off-island emergencies, Plan must be contacted and advised within 48 hours 1. U.S. and Out-of-U.S. emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only)	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
End Stage Renal Disease / Hemodialysis *(Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Hearing Aids *Maximum $500 per member, per plan year*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
HOSPITALIZATION & INPATIENT BENEFITS 1. **Room & Board for a semi-private room, intensive care, coronary care and surgery** 2. **All other inpatient hospital services including laboratory, X-ray, operating room, anesthesia and medication** 3. **Physician's hospital services** 4. **Hospice Care Facility** *30 day lifetime maximum, (Pre-Certification required)* 5. **Mental Health and Substance Abuse** *Unlimited days per plan year, (Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Implants *(Limitations apply, please refer to the contract)* *Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*

Inhalation Therapy	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Maternity Care *Labor and Delivery*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Nuclear Medicine *(Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Organ Transplant *Including but not limited to:* *Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea* ***Institute of Excellence Facility (inside USA) or Joint Commission International (Outside USA) for needed transplant must be utilized*** *Benefit includes organ donor.* *(Pre-Certification Required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Orthopedic Conditions *Internal and External Prosthesis* *(Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Radiation Therapy *(Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Robotic Surgery/Robotics Suite *(Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Short Term Rehabilitation *Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Skilled Nursing Facility *60 days per member, per plan year (Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Sleep Apnea *Diagnostic and Therapeutic Procedure (Pre-Certification required)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Spinal Disorder Treatment *Unlimited visits per plan year*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Sterilization Procedures *Vasectomy (Outpatient Only)*	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*

Prescription Drug Coverage	Participating Pharmacies Only
Health Care Reform Drug List — Preventive Rx *Prescription required*	Plan pays 100%
Preferred Generic Drugs *Includes Contraceptives* *(365-day maximum supply)*	$15 copay per month supply $0 copay for 90-day Mail Order Drugs
Preferred Brand Name Drugs *(Medically Necessary Only and Pre-Certification required)* *(365-day maximum supply)*	$30 copay per month supply $30 copay for 90-day Mail Order Drugs
Non-Preferred Generic and Non-Preferred Brand Name Drugs *(Medically Necessary Only and Pre-Certification required)* *(365-day maximum supply)*	$100 copay per month supply $100 copay for 90-day Mail Order Drugs
Specialty Drugs *(365-day maximum supply)*	$100 copay per month supply
RX outside Guam/CNMI/USA	Plan pays 80%; Member pays 20%

If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits when incurred at an Aetna Participating Provider

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents. In the event of a discrepancy between the benefit grid and the Contract, between the Government of Guam and Aetna, the contract will prevail.

The proposed plan of benefits is underwritten by Aetna Life Insurance Company. This is only a brief summary of the benefits available. Some restrictions may apply. If you have Maryland or Washington membership, a separate policy may be required. For more specific information about the coverage details, including limitations, exclusions and other plan requirements, please refer to the plan booklet (which will be provided near the time the plan becomes effective).

Dental

Eligibility Provision	
Employee/Retiree/Survivor	Active employees participating in this plan working a minimum of 30 hours per week and approved GovGuam retirees or survivors who are not both, Medicare A and B enrolled.
Dependent	Spouse, domestic partner; eligible children up to age 26, regardless of student status.

Your Benefits: What the plan covers	Participating Providers	Non-Participating Providers
Deductible	None	
Coverage Maximum *Per member, per plan year*	$1,000	

Diagnostic and Preventive	Participating Providers	Non-Participating Providers
Caries Susceptibility Test	Plan pays 100% of Eligible Expenses	Plan pays 70% of Eligible Expenses
Exams, including Treatment Plan *Once every six months*		
Fluoride Treatment *Annually for children age 19 & under*		
Prophylaxis (Cleaning and polishing of teeth) *Once every six months*		
Sealants *For permanent molars of children age 15 & under*		
Space maintainers *Adults and children, without age requirements*		
Study Models		
X-rays *Bitewing. Maximum of four (one set) per plan year*		
X-rays *Full mouth. Once every three years*		

Basic & Restorative	Participating Providers	Non-Participating Providers
Emergency Services *(During office hours)*	Plan pays 80% of Eligible Expenses	Plan pays 70% of Eligible Expenses
Pulp Treatment		
Routine Fillings *(Amalgam and composite resin)*		
Simple Extractions		
Complicated Extractions		
Extraction of impacted teeth		
Periodontal Prophylaxis *(Cleaning and polishing once every six months)*		
Periodontal Treatment		
Pulpotomy & Root Canals/Endodontic Surgery & Care		
Oral Surgery when Dental in Nature		
Conscious Sedation and Nitrous Oxide *(For children under the ages of 13)*		

Major & Replacement Care	Participating Providers	Non-Participating Providers
Fixed Prosthetics • **Crowns & Bridges** • **Gold Inlays & onlays** • **Replacement of Crown Restoration** *(Limited to once every five years)*	Plan pays 50% of Eligible Expenses	Plan pays 35% of Eligible Expenses
Removable Prosthetics • **Full Dentures** *(Once every five years)* • **Partial Dentures** *(Once every five years)* • **Each anesthesia, only if dentally necessary** • **Relines** • **Denture Repair**		
Conscious Sedation and Nitrous Oxide *(For children under the ages of 13)*		

Terms:

1. Unused balances are not transferable to the following year
2. Charges for Non-participating Providers are limited to the lesser of actual charges of the Company's determination or the usual, customary,
   and reasonable charge in geographic location where the service was rendered, unless otherwise provided in the agreement.
3. The covered member pays any excess above Eligible Charges

The proposed plan of benefits is underwritten by Aetna Life Insurance Company. This is only a brief summary of the benefits available. Some restrictions may apply. If you have Maryland or Washington membership, a separate policy may be required. For more specific information about the coverage details, including limitations, exclusions and other plan requirements, please refer to the plan booklet (which will be provided near the time the plan becomes effective).

Well-being as a way of life

Well-being incentive program

We've designed a well-being incentive program exclusively for you — our GovGuam members — and your spouse or domestic partner. It's our way of encouraging you to achieve your best health. So get fit starting today and earn a gift card while you're at it!

Here's how it works. You and your dependents over 18 years of age can earn up to $200 total ($100 per person) in gift cards by each completing **any two** of the following actions:

- **Biometric screening**

  Having a biometric screening* to test for metabolic syndrome will help keep you healthy by identifying any current and potential health risks. All you need to do is schedule an appointment with your primary care physician and submit a completed copy of the biometric screening form and a copy of your blood test results.* We'll reach out if there are any health concerns you should be aware of.

  *Biometric screening form can be found at **www.aetnainternational.com/en/government/govguam/your-health-wellness.html** and must be completed with the help and signature of your primary care physician. Total cholesterol and hemoglobin A1C blood test results are also required.

- **Well-being assessment** *(formerly called the "Health Risk Assessment" or "HRA")*

  Our online well-being assessment only takes a few minutes to complete. It helps identify possible health risks and encourages healthy behaviors. You can access the assessment by registering and/or logging in to your secure member website at Aetna.com and selecting "Health and Wellness," then "Discover a healthier you," and "Begin my action plan."

- **Online health coaching journey**

  Our virtual health coaches motivate and support you with educational resources, helpful tips and success strategies that will motivate you. Online coaching topics include:

  – Weight management
  – Diet and exercise
  – Stress, anxiety and depression
  – Quitting smoking
  – Insomnia

Access online coaching journeys by signing into your secure member website, selecting "Health and Wellness," then "Discover a healthier you."

Gym coverage and incentive program

Gym membership coverage

A healthy body and mind are supported by regular exercise. We offer gym and fitness memberships at some of the Island's best facilities, including:

- CrossFit Hita
- CrossFit Latte Stone
- Custom Fitness
- Hilton Wellness Center
- International Sports Center
- Paradise Fitness Center (Dededo & Hagatna)
- The Gym Guahan
- Urban Fitness & Dance Studios

All you need to do is register with a participating gym and complete the Aetna Gym Form to have your gym membership covered by the Plan.

Gym incentive program

As an incentive to make going to the gym a regular part of your health routine, we offer up to $75 in gift cards when you attend the gym for at least 10 days per month for three consecutive months. You and anyone age 18 and older on your plan is eligible. To qualify for the gym reward, you must complete our online well-being assessment,sign-up at a local gym, and submit your completed Aetna Gym Form to the local Aetna office.

Check out our local well-being programs

We've partnered with **Guam Seventh-day Adventist Clinic, Dr. Horinouchi Wellness Clinic, Dr. D Chiropractic and Nutrition**, and **NewGen** to offer you a wide variety of well-being programs you can participate in as part of your Aetna International health care plan. The programs range from weight management and nutrition to educational classes and workshops. We will cover the full cost of the program once you provide us with your completion certificate.

Wellness discounts

Our enhanced discount program lets you save big on restaurants, entertainment and more! It's all included as part of your Aetna International health and well-being plan. You can find the full list of discounts in our wellness brochure at **www.aetnainternational.com/en/government/govguam/your-health-wellness.html**.

A new way to navigate our well-being resources

We're committed to helping you balance the demands of work, life and personal issues to achieve well-being. That's why we've come up with a new way to access the comprehensive well-being resources available to you as part of your health benefits.

Our well-being resources are arranged in four easy-to-navigate categories:

Mind

Support for emotional well-being

- **Learn more**

  Browse our library of relevant health articles and get discounted access to leading digital behavioral health apps and programs
- **Professional services**

  Convenient access to confidential coaching and counseling programs as part of our comprehensive Employee Assistance Program (EAP). Receive up to five free counseling sessions per concern, per year by downloading the iConnectYou mobile EAP app and entering the password "AetnaGuam."

Body

Resources to help maintain physical health

- **Learn more**

  Browse our library of relevant health articles and get discounted access to leading digital physical fitness apps
- **Professional services**
  - **One-on-one care —** Confidential, comprehensive, phone-based care with a Care and Response Excellence (CARE) clinician to help address chronic and acute health conditions. Access it by calling the number on the back of your Member ID card and asking to speak to a CARE Team clinician.
  - **24-hour nurse line —** Available when in the United States for you and your covered family members. Save time and money while getting your medical questions answered, finding out more about a test or procedure, preparing for a doctor's appointment, understanding health conditions and much more.

Member offers

Specially selected offers on great health and wellness apps and services

Our commitment to supporting you and your well-being journey includes valuable and carefully chosen offers on leading digital well-being apps and programs, including:

- **Mind**
  - **myStrength:** A free digital behavioral health platform that provides evidence-based and clinically reviewed e-learning tools and resources to help improve emotional health
  - **Wysa:** An award-winning app offering immediate, continuous confidential support for emotional and mental well-being and a path to better health. (Until the end of 2020, we're making Wysa's in-app buddy support plus their premium digital self-help packs entirely free for you. We're also funding one free initial coaching session per member along with 30 days of free coach follow-up and journaling support.)
- **Body**
  - **Kaia:** If you struggle with back or neck pain, the Kaia app may be just what you need. Kaia can show you how to correctly perform therapeutic exercises known to help provide pain relief. (Free for a year)

Seeking off-island care

Off-Island Pre-Authorization Process

If you need to seek care outside of Guam, we're here to ensure you have a smooth experience accessing the care you need. We'll help coordinate your visit, providing you with a personalized off-island care packet that includes your:

- Appointment confirmation schedule and verification of eligibility
- Authorization for release of protected health information
- Claim form for deductible and copay submissions
- Provider general benefits letter (if on U.S. Mainland) or letter of authorization (if International)

Airfare coverage benefit

For qualifying conditions where care is not be available on Guam; the Airfare Benefit may provide an economy round trip airfare for the insured member, a companion if medically required and a medical escort if medically required to one of our designated preferred facilities (Centers of Care). Aetna must be your primary insurer, and an Aetna participating provider must provide your medical referral. Plan approval is required in advance of travel. This benefit does not cover Diagnostic Procedures, Second Opinions or Air Ambulance. To learn more about your eligibility for this benefit, please contact our office at **671-472-3862**.

Qualifying conditions care is not available on Guam

- Acute leukemia treatment
- Ambulatory Surgical Center Services
- Aneurysmectomy
- Gamma knife surgery
- Inpatient services expected to exceed USD $25,000
- Intracranial surgery
- Oncology surgery performed by a surgical oncologist
- Open heart surgery
- Neurosurgery
- NICU Level III services
- Pneumonectomy and Transplants
  - Transplants must be obtained at an approved Institute of Excellence (IOE) in the USA, or Joint Commission International (JCI) facility Outside the USA, for the transplant in need.

Approved Centers of Care Facilities (subject to change)

- **California, USA**
  - Anaheim Regional Medical Center
  - Cedars Sinai Medical Center
  - Good Samaritan Hospital
  - Long Beach Medical Center
  - St.John's Medical Center
  - St.Vincent Medical Center
  - USC University Hospital
  - USC Norris Cancer Hospital
  - White Memorial Medical Center
- **Hawaii, USA**
  - Kapiolani Med Center (W&C)
  - Straub Clinic & Hospital
- **Oregon, USA**
  - Oregon Health & Science University
- **Washington, USA**
  - University of Washington Medical Center
- **Japan**
  - Kameda Medical Center
- **Philippines**
  - Asian Hospital & Medical Center
  - Makati Medical Center, Manila
  - St.Luke's Medical Center, Manila (Quezon City and Global City)
  - The Medical City, Manila
  - University Santo Thomas
- **Taiwan**
  - Taiwan Adventist Hospital

The information you need... anytime, anywhere

When you have questions about your health or the health of a family member, it's important to know that you can quickly and easily find the answers you need. That's why we've put it right at your fingertips — no matter where you are in the world!

On the web

Aetna Health

If you're already logged into Health Hub, you can easily access Aetna Health at Aetna.com without a separate sign-in. Aetna Health gives you more tools and resources to help you manage your health and benefits online, allowing you to:

- Find U.S. Mainland doctors, hospitals and walk-in clinics
- Track your claim status
- Access your digital Member ID card
- Estimate your out-of-pocket costs
- Compare costs and quality of area hospitals, medical procedures and prescriptions
- Take advantage of a whole host of health and well-being programs

Health Hub

Health Hub is your personalized, secure member website at AetnaInternational.com. It's fast and easy to use on any device, helping you find in-network hospitals and providers, submit claims, access your health care plan documents, browse our available well-being resources, services and special offers, and much more.

On your phone

Aetna Health app

Our Aetna Health app is a great on-the-go tool when you are in Guam or within mainland United States and want to:

- Find doctors, hospitals, urgent care centers and walk-in clinics in the United States
- Estimate your costs
- Track your claims
- Access your digital Member ID card

International Mobile Assistant app

When you go off-island to anywhere outside the United States, our International Mobile Assistant app is useful for:

- Locating providers outside the United States
- Submitting your claims
- Finding forms, health care resources and more

Your GovGuam website

We've developed a website especially for GovGuam members like you that's fast, simple and efficient. If you haven't already explored the site, please do it today! It's a great place to learn more about making the most of your health care benefits. Whether you're on- or off-island, the website will help you discover:

- Many of the key features of your Aetna International health care benefits
- How to access our many online resources for managing your health and benefits
- Contact information for our local, on-island member support as well as 24/7 support from anywhere in the world

To see it all, go to **www.aetnainternational.com/en/government/govguam.html**.

High-quality health care... anywhere

No matter where you are in the world, you'll find the care you need through our comprehensive network of quality doctors and hospitals.

With Aetna International, you get convenient access to thousands of regional and international providers,* including:

- 1.3 million medical providers in the United States, including California and Hawaii
- 165,000 international providers outside of the United States, including:
  - 650 providers in Guam
  - 66,750 providers in the Philippines
  - 950 providers in Hong Kong
  - 150 providers in Japan
  - 40 providers in Korea
  - 10 providers in Taiwan

For more information, call
47 AETNA (472-3862) or visit
aetnainternational.com/en/government/govguam

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Aetna does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plans and programs are underwritten and administered by Aetna Life Insurance Company.

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