

# Government of Guam

## Enrollment/Change of Status Form

**TO AVOID POTENTIAL ERRORS, PLEASE DO NOT SUBMIT A FORM IF NO CHANGES ARE BEING MADE**

1 **Department/Agency:** \_\_\_\_\_

- 2  **New Enrollment/Rehire:** I am a new member (please indicate your medical and dental enrollment option)  
If a rehire, please enter your prior Aetna WID#
- Terminate Coverage:** Applicable only during Open Enrollment or upon employment termination
- Change of Status:** Please indicate the type of change and make the necessary selections or updates in the required sections
- |  |   |
|--|---|
| <input type="checkbox"/> <b>Add Dependent:</b> List dependent to be added and attach any supporting documents (verify class) | <input type="checkbox"/> <b>Class Change:</b> Indicate your new Class Option and attach any supporting documents  |
| <input type="checkbox"/> <b>Delete Dependent:</b> List dependent(s) below to be deleted (verify class)                       | <input type="checkbox"/> <b>Update Information:</b> Indicate new information such as address or telephone changes |
| <input type="checkbox"/> <b>Plan Change:</b> Indicate new plan election(s)   | <input type="checkbox"/> <b>Name Change:</b> Indicate your new name and attach supporting documents               |

3 **Employee/Retiree/Survivor Information:**  Active Employee  DB Retirement Fund (Old Plan)  DC Retirement Fund (New Plan)

Aetna WID (if existing/rehire): \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Sex:  M  F Birth Date (MM/DD/YYYY): \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widow

Mailing Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

4 <b>Medical Plan:</b> <input type="checkbox"/> PPO1500 <input type="checkbox"/> HSA2000	Retiree Supplemental Plan	<b>RSP Dependents Not Medicare Enrolled</b>
<input type="checkbox"/> <b>Class I:</b> Subscriber Only	Medicare A & B Primary, must Enroll	PPO1500 <input type="checkbox"/> HSA2000 <input type="checkbox"/>
<input type="checkbox"/> <b>Class II:</b> Subscriber + Spouse	<input type="checkbox"/> <b>Class I:</b> RSP Subscriber Only	<input type="checkbox"/> <b>Class II:</b> + Non Medicare Spouse
<input type="checkbox"/> <b>Class III:</b> Subscriber + Child/ren	<input type="checkbox"/> <b>Class II:</b> RSP Subscriber + RSP Spouse	<input type="checkbox"/> <b>Class III:</b> + Non Medicare Child/ren
<input type="checkbox"/> <b>Class IV:</b> Subscriber + Spouse & Child/ren		<input type="checkbox"/> <b>Class IV a:</b> + RSP Spouse & Non Medicare Child/ren
		<input type="checkbox"/> <b>Class IV b:</b> + Non Medicare Spouse & Child/ren

5 **Do you want Dental?**  Yes  No

**Personal Information**

Aetna ID Number: W

Last Name:

First Name:

Last Four Digitals Of Social Security No.:

**6 Dependent Information** (Spouse and dependent children up to 26 years of age)

Last Name	First Name	M.I.	Social Security No.	Sex (M/F)	Birth Date	Relationship

**7 Other Insurance:**  I have, or my dependents have or will have health coverage with another carrier

Name of the Insured	Insurance Carrier	Effective Date

**8 If Medicare:**

	Part A Number and Effective Date	Part B Number and Effective Date
<b>Self:</b>		
<b>Spouse:</b>		

**Acknowledgments – Signatures required:** I have read and agree to the terms of the authorization on page 2 of this Enrollment/Change Request form. I understand that, in the event I fail to sign this form within 31 days after the above transaction request or that for any reason Aetna does not receive notice of the above transaction within a reasonable time following the event, me and my and dependents' eligibility may be affected. I authorize deductions of the required contributions for the plan elections I have selected. I understand that my elections can only be changed during the next annual open enrollment period or if I have a qualifying status change during the year and understand that I must request such changes within 31 calendar days of the qualifying event. You may elect to use an electronic form of signature on this enrollment/change request form confirming your verification and declaration to the details given above. For the avoidance of doubt, such electronic signature will be valid and binding as if you had provided your original signature. We may rely on such electronic signature as a binding verification and declaration confirming that the information above is accurate and not misleading in all respects. The Employer affirms that it has conducted the appropriate validation regarding the authenticity of the employee's signature (electronic or otherwise) and the source of the submitted form.

9 Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For employer use only**

GovGuam Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Effective Date (MM/DD/YYYY) \_\_\_\_\_

**Supporting documents**

Birth Certificate

Military Orders

Pay period ending: \_\_\_\_\_

Marriage Certificate

Common Law Affidavit

Court Order

Other



## Authorization/Declaration of Applicant(s):

<b>Disclosure of Healthcare Information</b>	My spouse, competent adult dependents, and I (those who are applying for coverage under this Application) authorize any physician, healthcare professional, hospital, other healthcare institution ("Providers"), and my employer to disclose, to the extent allowed by applicable law, to Aetna or an affiliated entity ("Aetna"), information concerning the medical history, services, supplies, or treatment provided to anyone listed on this Application, including those services involving dental, behavioral health, substance abuse and HIV/AIDS ("healthcare information").
<b>Redisclosure of Healthcare Information</b>	I confirm and agree that personal information and/or healthcare information collected or held by Aetna, whether contained in this Application form or otherwise obtained, may be disclosed worldwide to my employer, Aetna affiliates, Providers, payors, other insurers, third party administrators, vendors, consultants, and governmental authorities with appropriate jurisdiction, when necessary for care or treatment, payment for services, and activities related to the operation of my health plan.
<b>Purpose of Disclosure/Redisclosure</b>	I understand that Aetna may rely on such information to: 1) underwrite this application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations for all of the applicants; 2) administer claims and determine or fulfill responsibility for coverage and provisions of benefits; 3) administer coverage; 4) conduct other insurance operations, like marketing and publicity, according to applicable laws and regulations.
<b>Authorization of Enrollee</b>	I have discussed the terms of this authorization with my spouse and competent adult dependents, and I have obtained their consent to the release of their healthcare information pursuant to this authorization. I understand that I may decline to provide Aetna with consent to process my personal or healthcare information; however, this may result in declination of coverage.
<b>Covered Member's Rights</b>	I understand that I may review and offer corrections to my personal or healthcare information, to the extent allowed by law, receive a copy of this authorization upon request, and that a photocopy is as valid as the original; and I may revoke this authorization at any time, to the extent it has not been relied upon by Aetna or other party. I also have the right to opt out of any direct marketing campaigns.
<b>Duration of Authorization</b>	This authorization shall remain valid for the term of this coverage or for as long as allowed by law.
<b>Payroll Deductions and Other Payments</b>	I request the coverage which I have indicated and for which I am eligible. I authorize deductions from my earnings for any contributions required for healthcare coverage, and I agree to make any necessary payments as required for coverage.
<b>Independent Contractors</b>	I acknowledge that Aetna's participating providers are independent contractors and are not agents or employees or Aetna or any affiliated Aetna Entity.

**Misrepresentations:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



**AFFIDAVIT OF  
DOMESTIC PARTNERSHIP**

I, \_\_\_\_\_ being duly sworn under oath, deposes and says:  
*Subscriber Name*

That, I and \_\_\_\_\_, born on \_\_\_\_\_ have  
*Domestic Partner Name* *Date of Birth*

been living together for a minimum of 2 consecutive years since \_\_\_\_\_ and that  
*Date*

\_\_\_\_\_ does not maintain a separate residence. We are both eighteen (18)  
*Domestic Partner Name*

years of age or older and there is no legal or social impediment to our domestic partnership including, but not limited to, a prior marriage of either party that has not been legally terminated by either divorce or death.

If the relationship with my domestic partner ends, I will notify Aetna International and my Human Resources department within thirty-one (31) days of the end of the domestic partner relationship by filing documents attesting to the termination. New supporting documents must be completed if another qualifying domestic partner relationship occurs in the future.

\_\_\_\_\_  
Subscriber Signature

Guam U.S.A.        }  
                              }  
City of Hagatna    }        SS:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
In and for the territory of Guam  
My commission expires \_\_\_\_\_

# Government of Guam

## FY2021 Group Health Insurance Program Rates

### Health coverage you need at rates you can afford

<b>Actives (Bi-weekly – 26 Pay Periods) Subscriber Contribution</b>	<b>PPO 1500</b>	<b>HSA 2000</b>	<b>Dental</b>
Subscriber Only (Class I)	\$67.02	\$1.55	\$6.99
Subscriber + Spouse (Class II)	\$167.18	\$30.16	\$24.07
Subscriber + Child(ren) (Class III)	\$135.98	\$25.08	\$18.94
Subscriber + Family (Class IV)	\$221.94	\$42.16	\$32.03

<b>Retirees (Semi-monthly – 24 Pay Periods) Subscriber Contribution</b>	<b>PPO 1500</b>	<b>HSA 2000</b>	<b>Dental</b>
	<b>If Medicare A &amp; B Primary, see RSP</b>		
Subscriber Only (Class I)	\$72.61	\$1.68	\$7.57
Subscriber + Spouse (Class II)	\$181.11	\$32.68	\$26.08
Subscriber + Child(ren) (Class III)	\$147.31	\$27.17	\$20.52
Subscriber + Family (Class IV)	\$240.44	\$45.68	\$34.70

<b>Retiree Supplemental Plan (RSP) RSP Participants must be Medicare A &amp; B Primary</b>	<b>RSP Plan</b>	<b>Dental</b>
Subscriber Only (Class I)	\$0.00	Refer to Retiree Dental Contribution Above
Subscriber + Spouse (Class II)	\$0.00	
RSP Subscriber + Non-RSP Dependents (PPO1500 or HSA2000)	\$0.00	

**Location:**

Julale Center 1st floor, suite 113, Hagatña

**Address:**

Aetna International  
424 West O'Brien Drive  
Julale Center, Suite 113  
Hagatña, Guam 96910

**Phone:**

Local: 47 AETNA (472-3862)  
Monday – Thursday 8am – 5pm  
Friday 9am – 5pm

**24/7 customer service:**

Toll Free: 800-231-7729  
Direct or collect: 813-775-0190

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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.

[AetnaInternational.com](https://www.aetnainternational.com)

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# Hafa adai!

**Welcome to more health and well-being**

Visit [aetnainternational.com/en/government/govguam](https://aetnainternational.com/en/government/govguam)  
today for more information

# 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	<ul style="list-style-type: none"> <li>A person to whom you are legally married</li> <li>Photocopy of government-issued marriage certificate</li> </ul>
Domestic partner	<ul style="list-style-type: none"> <li>Must be at least 18 years of age and have lived with you for two consecutive years</li> <li>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</li> <li>Children of a domestic partner, who are not your own children, are not eligible for coverage</li> <li>Notarized Aetna domestic partner affidavit is required</li> </ul>
Divorced spouse	<ul style="list-style-type: none"> <li>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</li> </ul>
Biological child	<ul style="list-style-type: none"> <li>A biological son or daughter of the subscriber</li> <li>Photocopy of birth certificate showing subscriber's name</li> </ul>
Adopted child	<ul style="list-style-type: none"> <li>A legally adopted son or daughter of the subscriber</li> <li>Photocopy of the final adoption decree or photocopy of the child's birth certificate showing the employee as the adopting parent</li> </ul>
Stepchild	<ul style="list-style-type: none"> <li>A stepson or stepdaughter of the subscriber by legal marriage</li> <li>Photocopy of birth certificate showing employee's spouse's name as mother or father</li> </ul>
Child under legal guardianship/custody	<ul style="list-style-type: none"> <li>A child for whom the employee has been appointed full legal guardian or granted legal custody</li> <li>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</li> </ul>
Foster child	<ul style="list-style-type: none"> <li>Certain eligible foster children</li> <li>Photocopy of the certified foster care documents with name of the child and name of the employee</li> </ul>
Disabled child	<ul style="list-style-type: none"> <li>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</li> <li>Photocopy of birth certificate showing employee's name as mother or father</li> <li>Completed Aetna disability certification form(s) completed by the subscriber and their physician and submitted directly to Aetna</li> </ul>

## **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

<b>Employee/Retiree/Survivor</b>	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.
<b>Dependent</b>	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
<b>Deductible Per Individual Member</b>	\$1,500	\$3,000
<b>Deductible Per Family</b> If a member meets their \$1,500, the plan begins to pay for covered services for that member	\$3,000	\$9,000
<b>COVERAGE MAXIMUMS</b> Individual member lifetime maximum	Unlimited	Unlimited
<b>Out-of-Pocket Maximum</b>		
Per Individual member, per plan year	\$3,000	\$30,000
Per Family per plan year	\$9,000	\$90,000
<i>(Includes accumulated deductible, copays, &amp; member coinsurance)</i>		
<b>Pre-Certification Penalty</b>	No Penalty	Penalties may apply
<i>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.</i>		
<b>Payment for Non-Preferred Providers*</b>	Professional: 105% of Medicare Facility: 140% of Medicare	
<b>Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers</b> (Pre-Certification required)	Requires a referral from your doctor and approval in advance from the plan	
<b>Deductible and Copay do not apply to these benefits</b> When you go to a Participating Provider	<b>In-Network, Participating Providers</b>	<b>Out-of-Network, Non-Participating Providers</b>
<b>PREVENTIVE SERVICES (Outpatient Only)</b>		
<ul style="list-style-type: none"> <li>In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations.</li> <li>Members may choose to receive age appropriate annual physicals in the Philippines with no dollar limit.</li> <li>Annual exam includes preventive lab tests.</li> </ul>		
<b>Annual Physical Exam</b> One exam every 12 months	Plan pays 100%	Not covered
<b>IMMUNIZATIONS/VACCINATIONS</b> In accordance with the guidelines established by the Advisory Committee on Immunization Practices	Plan pays 100%	Not covered
<b>PRE-NATAL CARE</b> Including Routine Labs and first Ultrasound	Plan pays 100%	Not covered

<b>Well-Child Care</b> <ul style="list-style-type: none"> <li>In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care <ul style="list-style-type: none"> <li>Infancy (Newborn to nine months): Maximum seven visits</li> <li>Early Childhood (One to four years old): Maximum seven visits</li> <li>Middle Childhood / Adolescence (Five to 17 years old): Maximum one visit/year</li> </ul> </li> </ul>	Plan pays 100%	Not covered
<b>WELL-WOMAN CARE</b> <ul style="list-style-type: none"> <li>In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), And the Women's Health and Cancer Act <ul style="list-style-type: none"> <li>Includes one exam and pap smear per plan year</li> <li>Including Sterilization and Tubal Ligation</li> </ul> </li> </ul>	Plan pays 100%	Not covered
<b>Routine Cancer Screenings,</b> <i>Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)</i>	Plan pays 100%	Plan pays 70%; Member pays 30%
<b>Routine Eye Exams</b> <i>Includes one exam every 12 months</i>	Plan pays 100%	Not covered
<b>Vision Care Supplies</b> <i>Per member, per plan year</i>	Plan pays 100% up to \$150 maximum	
<b>Routine Hearing Exams</b> <i>Includes one routine exam every 24 months</i>	Plan pays 100%	Not covered
<b>Deductible does not apply to these benefits</b> When you go to a Participating Provider		
	<b>In-Network, Participating Providers</b>	<b>Out-of-Network, Non-Participating Providers</b>
<b>OUTPATIENT PHYSICIAN CARE &amp; SERVICES</b>		
<b>Physician Office Visit</b>	Member pays \$20 copay	Plan pays 70%; Member pays 30%
<b>Specialist Office Visit</b>	Member Pays \$40 copay	Plan pays 70%; Member pays 30%
<b>Diagnostic Outpatient Lab &amp; X-ray Services</b>	Member pays \$20 copay	Plan pays 70%; Member pays 30%
<b>Home Health Care</b> <i>120 visits per plan year, includes Private Duty Nursing</i>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Hospice Care Facility Outpatient</b> <i>180 days per plan year</i>	Plan pays 100%	Plan pays 70%; Member pays 30%
<b>Allergy Serum &amp; Injections</b> <i>Does not include those on the Specialty Drugs List &amp; Orthopedic injections</i>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Chiropractic Care</b>	Member pays \$40 copay	Plan pays 70%; Member pays 30%
<b>Mental Health and Substance Abuse</b> <i>Unlimited visits per plan year</i>	Member Pays \$20 copay	Plan pays 70%; Member pays 30%
<b>Short Term Rehabilitation</b> <i>(Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year)</i>	Member Pays \$40 copay	Plan pays 70%; Member pays 30%
<b>Spinal Disorder Treatment (Chiropractic Services)</b> <i>Unlimited visits per plan year</i>	Member Pays \$40 copay	Plan pays 70%; Member pays 30%

<b>Urgent Care</b>	Member Pays \$50 copay	Plan pays 70%; Member pays 30%
<b>Voluntary Second Surgical Opinion</b>	Member Pays \$40 copay	Plan pays 70%; Member pays 30%
<b>Deductible must be met</b> When you go to a Participating and Non-Participating Provider	<b>In-Network, Participating Providers</b>	<b>Out-of-Network, Non-Participating Providers</b>
<b>Acupuncture</b> 30 visits per member, per plan year	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Airfare Benefit to select Centers of Care only</b>	Plan pays 100%	
<p><i>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 <b>671-472-3862</b></i></p> <p><b>Refer to Airfare Benefits Section for qualifying conditions and coverage.</b></p>		
<b>Allergy Testing</b>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Ambulatory Surgi-Center Care</b> (Pre-Certification required)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Autism</b> <i>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</i>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Blood &amp; Blood Derivatives</b>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Breast Reconstructive Surgery</b> (In accordance with 1998 W.H.C.R.A) (Pre-Certification required)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Cardiac Surgery</b>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Cataract Surgery</b> <i>Outpatient only (including conventional lens)</i>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Chemical Dependency</b>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Chemotherapy Benefit</b> (Pre-Certification required)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Complex Imaging (Diagnostic Testing)</b> <i>MRI, CT, PET scan, and other diagnostic procedures (Pre-Certification required)</i>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Congenital Anomaly Diseases Coverage</b> (Pre-Certification required)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Durable Medical Equipment (DME)</b>	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%
<b>Elective Surgery</b> (Pre-Certification required)	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%

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



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

<b>Employee/Retiree/Survivor</b>	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.
<b>Dependent</b>	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
<b>Deductible Per Individual Member</b>	\$2,000	\$4,000
<b>Deductible Per Family</b> If a member meets their \$2,800, the plan begins to pay for covered services for that member	\$4,000	\$12,000
<b>COVERAGE MAXIMUMS</b> Individual member lifetime maximum	Unlimited	Unlimited
<b>Out-Pocket-Maximum</b>		
Per Individual member, per plan year	\$4,000	\$30,000
Per Family, per plan year	\$12,000	\$90,000
<i>(Includes accumulated deductible, copays &amp; member coinsurance)</i>		
<b>Pre-Certification Penalty</b>	No Penalty	Penalties may apply
<i>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.</i>		
<b>Payment for Non-Preferred Providers*</b>	Professional: 105% of Medicare Facility: 140% of Medicare	
<b>Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers</b> <i>(Pre-Certification required)</i>	<i>Requires a referral from your doctor and approval in advance from the plan</i>	
<b>Deductible and Copay do not apply to these benefits</b> When you go to a Participating Provider	<b>In-Network, Participating Providers</b>	<b>Out-of-Network, Non-Participating Providers</b>
<b>PREVENTIVE SERVICES (Outpatient Only)</b>		
<ul style="list-style-type: none"> <li>In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations.</li> <li>Members may choose to receive age appropriate annual physicals in the Philippines with no dollar limit</li> <li>Annual exam includes preventive lab tests</li> </ul>		
<b>Annual Physical Exam</b> <i>One exam every 12 months</i>	Plan pays 100%	Not covered
<b>IMMUNIZATIONS/VACCINATIONS</b> <i>In accordance with the guidelines established by the Advisory Committee on Immunization Practices</i>	Plan pays 100%	Not covered
<b>PRE-NATAL CARE</b> <i>Including Routine Labs and first Ultrasound</i>	Plan pays 100%	Not covered

<b>Well-Child Care</b> <ul style="list-style-type: none"> <li>In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care <ul style="list-style-type: none"> <li>Infancy (Newborn to nine months): Maximum seven visits</li> <li>Early Childhood (One to four years old): Maximum seven visits</li> <li>Middle Childhood / Adolescence (Five to 17 years old): Maximum one visit/year</li> </ul> </li> </ul>	Plan pays 100%	Not covered
<b>WELL-WOMAN CARE</b> <ul style="list-style-type: none"> <li>In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), And the Women's Health and Cancer Act <ul style="list-style-type: none"> <li>Includes one exam and pap smear per plan year</li> <li>Including Sterilization and Tubal Ligation</li> </ul> </li> </ul>	Plan pays 100%	Not covered
<b>Routine Cancer Screenings,</b> <i>Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)</i>	Plan pays 100%	Plan pays 50%; Member pays 50%
<b>Routine Eye Exams</b> <i>Includes one exam every 12 months</i>	Plan pays 100%	Not covered
<b>Vision Care Supplies</b> <i>Per member, per plan year</i>	Plan pays 100% up to \$150 maximum	
<b>Routine Hearing Exams</b> <i>Includes one routine exam every 24 months.</i>	Plan pays 100%	Not covered
<b>Deductible must be met</b> When you go to a Participating and Non-Participating Provider		
	<b>In-Network, Participating Providers</b>	<b>Out-of-Network, Non-Participating Providers</b>
<b>Acupuncture</b> 30 visits per member, per plan year	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
<b>Airfare Benefit to select Centers of Care only</b>	Plan pays 100%	
<i>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 <b>671-472-3862</b>.</i> <b>Refer to Airfare Benefits Section for qualifying conditions and coverage.</b>		
<b>Allergy Testing</b>	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
<b>Allergy Serum &amp; Injections</b> <i>Does not include those on the Specialty Drugs List &amp; Orthopedic injections</i>	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
<b>Ambulatory Surgi-Center Care</b> <i>(Pre-Certification required)</i>	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
<b>Autism</b> <i>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</i>	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
<b>Blood &amp; Blood Derivatives</b>	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
<b>Breast Reconstructive Surgery</b> <i>(In accordance with 1998 W.H.C.R.A) (Pre-Certification required)</i>	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%
<b>Cardiac Surgery</b>	Plan pays 80%; Member pays 20%	Plan pays 50%; Member pays 50%

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

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

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

<b>Retirees &amp; Survivors</b> <i>Medicare A and B Primary</i>	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.
<b>RSP Dependents</b> <i>Medicare A and B Primary</i>	Spouse or domestic partner who are both Medicare Part A and B, Primary
<b>RSP Dependents</b> <i>Not Medicare A and B Primary</i>	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

<b>Deductible</b>	None
<b>COVERAGE MAXIMUMS</b> <i>Individual member lifetime maximum</i>	Unlimited
<b>Out-of-Pocket Maximum</b>	None
<b>Pre-Certification penalty</b>	No Penalty
Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers <i>(Pre-Certification required)</i>	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%

<p><b>WELL-WOMAN CARE</b></p> <ul style="list-style-type: none"> <li>In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), And the Women’s Health and Cancer Act <ul style="list-style-type: none"> <li>Includes One exam and pap smear per plan year</li> <li>Including Sterilization and Tubal Ligation</li> </ul> </li> </ul>	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>
<p><b>Routine Cancer Screenings,</b> <i>including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)</i></p>	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>
<p><b>Routine Eye Exams</b> <i>Includes one exam every 12 months</i></p>	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>
<p><b>Vision Care Supplies</b> <i>Per member, per plan year</i></p>	<p>Plan pays 100% up to \$150 per member; Member pays anything beyond \$150</p>
<p><b>Routine Hearing Exams</b> <i>Includes one routine exam every 24 months.</i></p>	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>
<p><b>Outpatient Physician Care and Services</b> <span style="float: right;"><b>Participating Providers Only</b></span></p>	
<p><b>Physician Office Visit</b></p>	<p>Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare</p>
<p><b>Specialist Office Visit</b></p>	<p>Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare</p>
<p><b>Diagnostic Outpatient Lab &amp; X-ray Services</b></p>	<p>Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare</p>
<p><b>Home Health Services</b> <i>120 visits per plan year, includes Private Duty Nursing</i></p>	<p>Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare</p>
<p><b>Hospice Care Facility Outpatient</b> <i>Maximum 180 days per plan year</i></p>	<p>Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare</p>
<p><b>Mental Health and Substance Abuse</b> <i>Unlimited visits per plan year</i></p>	<p>Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare</p>



<b>Urgent Care</b>	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
<b>Voluntary Second Surgical Opinion</b>	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
<b>Additional Services</b> <span style="float: right;"><b>Participating Providers Only</b></span>	
<b>Acupuncture</b> <i>30 visits per member, per plan year</i>	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
<b>Airfare Benefit to select Centers of Care only</b> <b>Advance Plan Approval Required</b> <i>Refer to Airfare Benefits Section for qualifying conditions and coverage</i>	Plan pays 100%
<i>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 <b>671-472-3862</b>.</i> <b>Refer to Airfare Benefits Section for qualifying conditions and coverage.</b>	
<b>Allergy Testing</b>	Medicare Primary: Plan pays 100% Secondary: Plan pays 80% Outside of Medicare; Member pays 20%*
<b>Allergy Serum &amp; Injections</b> <i>Does not include those on the Specialty Drugs List &amp; Orthopedic injections</i>	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
<b>Ambulatory Surgi-Center Care</b> <i>(Pre-Certification required)</i>	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
<b>Autism</b> <i>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</i>	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
<b>Blood &amp; Blood Derivatives</b>	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
<b>Breast Reconstructive Surgery</b> <i>(In accordance with 1998 W.H.C.R.A) (Pre-Certification required)</i>	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
<b>Cardiac Surgery</b>	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
<b>Cataract Surgery</b> <i>Outpatient Only (including conventional lens)</i>	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*

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

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

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

<b>Employee/Retiree/Survivor</b>	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.
<b>Dependent</b>	Spouse, domestic partner; eligible children up to age 26, regardless of student status.

Your Benefits: What the plan covers	Participating Providers	Non-Participating Providers
<b>Deductible</b>		None
<b>Coverage Maximum</b> <i>Per member, per plan year</i>		\$1,000
Diagnostic and Preventive	Participating Providers	Non-Participating Providers
<b>Caries Susceptibility Test</b>	Plan pays 100% of Eligible Expenses	Plan pays 70% of Eligible Expenses
<b>Exams, including Treatment Plan</b> <i>Once every six months</i>		
<b>Fluoride Treatment</b> <i>Annually for children age 19 &amp; under</i>		
<b>Prophylaxis (Cleaning and polishing of teeth)</b> <i>Once every six months</i>		
<b>Sealants</b> <i>For permanent molars of children age 15 &amp; under</i>		
<b>Space maintainers</b> <i>Adults and children, without age requirements</i>		
<b>Study Models</b>		
<b>X-rays</b> <i>Bitewing. Maximum of four (one set) per plan year</i>		
<b>X-rays</b> <i>Full mouth. Once every three years</i>		

Basic & Restorative	Participating Providers	Non-Participating Providers		
<b>Emergency Services</b> <i>(During office hours)</i>	Plan pays 80% of Eligible Expenses	Plan pays 70% of Eligible Expenses		
<b>Pulp Treatment</b>				
<b>Routine Fillings</b> <i>(Amalgam and composite resin)</i>				
<b>Simple Extractions</b>				
<b>Complicated Extractions</b>				
<b>Extraction of impacted teeth</b>				
<b>Periodontal Prophylaxis</b> <i>(Cleaning and polishing once every six months)</i>				
<b>Periodontal Treatment</b>				
<b>Pulpotomy &amp; Root Canals/Endodontic Surgery &amp; Care</b>				
<b>Oral Surgery when Dental in Nature</b>				
<b>Conscious Sedation and Nitrous Oxide</b> <i>(For children under the ages of 13)</i>				
<b>Major &amp; Replacement Care</b>			Participating Providers	Non-Participating Providers
<b>Fixed Prosthetics</b> <ul style="list-style-type: none"> <li>• <b>Crowns &amp; Bridges</b></li> <li>• <b>Gold Inlays &amp; onlays</b></li> <li>• <b>Replacement of Crown Restoration</b> <i>(Limited to once every five years)</i></li> </ul>			Plan pays 50% of Eligible Expenses	Plan pays 35% of Eligible Expenses
<b>Removable Prosthetics</b> <ul style="list-style-type: none"> <li>• <b>Full Dentures</b> <i>(Once every five years)</i></li> <li>• <b>Partial Dentures</b> <i>(Once every five years)</i></li> <li>• <b>Each anesthesia, only if dentally necessary</b></li> <li>• <b>Relines</b></li> <li>• <b>Denture Repair</b></li> </ul>				
<b>Conscious Sedation and Nitrous Oxide</b> <i>(For children under the ages of 13)</i>				

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](http://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](http://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](http://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](https://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.

[AetnaInternational.com](https://aetnainternational.com)

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46.02.616.1-GU (8/20)





# FAQs

## Open Enrollment Frequently Asked Questions 2020

[AetnaInternational.com](https://www.aetna.com)

66.03.495.1-GU (8/20)



# General questions about enrollment

## When is Open Enrollment?

- Open Enrollment begins on September 10 and runs through September 25, 2020.
- If you are bringing your completed form to your agency, you will need to drop it off before the close of business on September 25, 2020. However, if you are sending the completed form via email you have until 11:59 pm local time on September 25, 2020.

## Where Can I get my Enrollment Packet?

- If you are an active employee, the Enrollment Packets will be distributed to you by your agency. They will be sent to your work email.
- If you are a retiree, your Enrollment Packets will be mailed to you based on the address Aetna has listed for you.
- You can also obtain all Open Enrollment materials on our website at <https://www.aetnainternational.com/en/government/govguam.html>

## Can I visit the office to receive or drop off my Enrollment materials?

We apologize, but you will not be able to receive or drop off forms at the office. Due to Covid-19, our office is closed to visitors. All forms will be distributed to you and collected by your agency.

## Will Aetna be having any in-person open enrollment meetings?

Due to Covid-19, Aetna will not be conducting an “in person” open enrollment meetings; however, our staff is available for your questions. You can contact them by calling Member Services at 671-472-3862 or emailing [GovGuamServices@AETNA.com](mailto:GovGuamServices@AETNA.com).

## Where do I send my Enrollment Change Form?

The forms need to be returned to the agencies via email, mail or by dropping them off at the agency in person.





### **What do I do if I need to make changes?**

- If you need to make changes, please fill out the enrollment form and return it to your agency.
- If you are not making any changes you do not need to take any action. Your current enrollment will roll over and your current ID card will remain the same.

### **What do I do if I am off-Island during Open Enrollment?**

Your enrollment packet and information will be emailed to your work email address. Please follow the instructions in this email to submit any changes. If you are not making any changes you do not need to do anything. Your coverage will roll over and your current ID is valid.

### **What if I miss Open Enrollment? Will there be any extensions?**

There are currently no plans to extend Open Enrollment. If you have any questions regarding eligibility, please reach out to your agency.

### **I made a mistake on my Enrollment Form. Can I submit a corrected form?**

If you made a mistake and need to submit a correction, please fill out a new form and be sure to write "Correction" at the top of the form.

### **Will I be receiving a new ID card?**

- If you are not making any changes, you will not receive a new ID card. The current ID card will remain valid for the new benefit year.
- If you are making changes, you may receive a new ID card. If this is the case, your ID card will arrive around 14 days from the completion of the transaction. This is contingent upon when your agency submits your transaction to Aetna.
- If you are a new member, you can expect to receive your new ID card around 14 days after enrollment. This is contingent upon when your agency submits your transaction to Aetna.

### **Will my domestic partner/common law spouse be covered?**

Yes, they can be covered. Please note that a notarized Aetna dependent affidavit will be required at the time of enrollment.

### **How do I add a dependent to my plan?**

Dependents eligibility must be submitted to Aetna during the Open Enrollment period by your agency. Only newborns or those dependents with a Qualifying Life Event (i.e marriage, adoption) will be covered after the Open Enrollment period ends. Please note that all necessary documentation must be provided in these situations as well.

### **If I am on a leave of absence and cancel my plan, can I re-enroll when I return to work?**

No, you will not be able to re-enroll until the next open enrollment period.

### **I am on leave without pay. Where do I pay my premiums?**

You are required to pay your premium directly to your agency prior to be out; please contact your payroll department.

### **What are the hours for the local office?**

Normal business hours for the local office are Monday through Friday, from 8 am to 5 pm local time.

During Open Enrollment The office hours at 8am-5pm Monday-Saturday, with the exception of 9/25 which will be 8am-8pm

# Benefit questions

## Who handles my HSA plan?

Your HSA plan is handled by ASC. They can be contacted as follows:

- Local phone: 671-477-2724
- Toll free: 866-577-9049
- Fax: 671-477-2729
- Website: [ASCTrust.com](https://www.asctrust.com)

## I am a new member. When are my benefits effective or when can I start using my insurance?

If you meet the Open Enrollment requirements, your coverage will become effective Oct. 1, 2020. You can use your benefits as of Oct. 1, 2020.

## How do I access care without an ID card?

If you have not yet received an ID card and need to access care, please contact our Customer Service Center to obtain your ID number. Your provider can verify coverage using that number.

## Where can I obtain a full Summary of Benefits?

Summary of benefits and coverage is in the plan booklet which can be received by your employer.

## Do I need to select a primary care physician (PCP)?

Your plan does not require you to select a PCP.

## Do I need a referral to see a specialist?

No referrals are needed; however, please remember to see an in-network provider to ensure the lowest out of pocket cost.

## How do I obtain precertification for services?

- Guam providers should call 800-624-0756
- Members can call or email Member Services. Please make sure to have the procedure code and diagnosis available





### **Does my deductible and coinsurance start over on October 1, 2020?**

Yes, your deductible and coinsurance will reset to 0 starting on October 1, 2020.

### **I found out my provider is leaving the network, what do I do?**

If you are under an active course of treatment, the provider may be eligible for transition of care to continue treatment under the in-network benefit level.

### **Am I covered for Covid-19 related treatment?\***

Currently Aetna covers, without member cost share, diagnostic (molecular PCR or antigen) and serological (antibody) testing related to COVID-19 when ordered by an authorized health care professional. An order can take place as part of a COVID-19 drive-through test site or purchasing a direct-to-consumer/home-based test. Aetna's health plans do not cover testing that are for purposes of: return to work or school or for general health surveillance or self-surveillance or self-diagnosis, except as required by applicable law. Aetna is also waiving member cost-sharing for inpatient admissions for treatment of COVID-19 or health complications associated with COVID-19. This policy applies for any such admission through September 30, 2020.

### **Does Aetna cover telemedicine visits?\***

The use of telemedicine is encouraged as a first line of defense to limit potential COVID-19 exposure. If you receive care via telemedicine with an Aetna participating provider your applicable plan benefits apply to the service received. General Telemedicine where a positive diagnosis of COVID-19 is present is covered in and out-of-network with no cost share through December 31, 2020. Also, through September 30, 2020, Aetna has extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services.

\*Please call our service center for specific details and updates to these policies. We can be reached at 671-472-3862. We encourage all members to also refer to the many resources available to them at [Aetna.com](https://www.aetna.com) and [AetnaInternational.com](https://www.aetnainternational.com).

# Pharmacy questions

## Will there be any changes to prescription drug coverage?

- Any of the below changes may be applied:
  - Tier changes
  - Additions and removals to precertification, quantity limits, step therapy and specialty lists
  - Coverage changes to formulary exclusions
- For specific questions or more detailed information, please contact our Customer Service Center at 671-472-3862.

## What pharmacies are in-network on the island?

An in-network pharmacy list can be found on the Government of Guam website at <https://www.aetnainternational.com/en/government/govguam.html>. You can also find in-network providers and pharmacies by registering and logging into your Health Hub, provided by Aetna at <https://www.aetna.com/individuals-families.html>.

## How does my provider request precertification for a medication?

Your provider can request precertification by using our website at <https://www.aetna.com/health-care-professionals.html>

## How do I obtain a copy of the medication formulary guide?

You can review the formulary guide at <https://www.aetna.com/individuals-families/find-a-medication.html>

## How can I or my provider know if a medication requires prior authorization before I go to the pharmacy?

- The prescriber can use e-prescribing
- Check online at <https://www.aetna.com/individuals-families/find-a-medication.html>
- Members can check online via their Health Hub, once registered
- Members and providers can call our Customer Service Center for assistance



## How do I know if my medication requires a prior authorization or step therapy?

- In some cases, step therapy requires that you first try certain medications on our formulary to treat your medical condition before we cover another drug for your condition. If your drug isn't covered on our formulary list, you have two options:
  - Try an alternative medication that's covered on the formulary. Talk to your doctor about the alternative medication. Or, ask him or her to prescribe a similar drug that your plan covers.
  - You can ask us to make an exception to cover your drug. Please ask your doctor to request an exception by either:
    - By calling the precertification department at 800-624-0756.

## How do I obtain a copy of the medication formulary guide?

- You can obtain a copy of the guide by logging in to your secure member website [www.Aetna.com](http://www.Aetna.com).
- Click on 'Pharmacy' at the top of the home page.
- Under 'Your Pharmacy Benefits' click on 'View Prescription Drug List (Formulary)'. Learn which drugs your plan covers and whether there are any rules for coverage.
- Scroll down, and choose the plan year and type of plan you want to see and click 'Continue'. You will need to click on "Search to see if a drug is covered" to get started.
- You can search by using the Brand or Generic name of the medication, the Therapeutic Class or alphabetically. Click on "Search".
- The results will display with possible available options for that medication such as dosage or strength and how you may take the medication (by mouth or injection).

## How does my provider request precertification for a medication?

Guam providers should call 800-624-0756.





## Medicare questions

### **My medication is covered under Medicare – why is it not covered with Aetna?**

Member will need to call member services.

### **My medication is covered under Medicare part B. How does my pharmacy submit the claim to Aetna as secondary?**

If the pharmacy runs into issues they can contact our (PHL) Pharmacy Help Line 1-800-238-6279 . The member can also be able to submit a paper claim.

### **How do I obtain a Credible Coverage Letter to enroll in Medicare after my initial entitlement date?**

Request can be made via contact us feature on Aetna Health or email [GovGuamServices@aetna.com](mailto:GovGuamServices@aetna.com).

### **What is Medicare Direct?**

Medicare Direct program allows Medicare to forward your claim and payment information directly to us.

### **How do I sign up for Medicare Direct?**

- If you want to enroll to Medicare Direct, all you need to do is send us:
- The name of the member you'd like to enroll, and their Medicare Health Identification Claim Number (HICN). Once enrolled, it could take 6 – 8 weeks for claims to cross over from Medicare to Aetna.

# Claim questions

## How do I submit a claim to Aetna?

- Online by logging into [www.aetnainternational.com](http://www.aetnainternational.com)
- Submit the claim via email to [aiservice@aetna.com](mailto:aiservice@aetna.com)
- Mail to: Aetna International, P.O. Box 981543, El Paso, TX 79998-1543
  - Fax to: 859-425-3363 or 1-800-475-8751
  - Overnight mail to: ACS, Attention Aetna International, 7777 Market Center Avenue, Suite E, El Paso, TX 79912-8411

## How do I file an appeal if I disagree with a claim payment?

- Call the Member Services number on your ID card
- Fax your appeal to: 1-859-425-3363 (outside of the U.S.) or 1-800-475-8751 (inside of the U.S.)
- Use the “Contact Us” link in the Health Hub or email us at [aiservice@aetna.com](mailto:aiservice@aetna.com) and let us know that you want to appeal the decision.
- Write a letter and send to: Aetna International, Attention Clinical Claims Review, P.O. Box 981543, El Paso, TX 79998-1543

## How do I check status of a claim?

- You can check the status of your claim online.
- To check the status of your claims online, you need to log in first on the Health Hub.
- Once you are logged in, click on “Claims” under “Manage Claims”.
  - Select your desired options under the “Member”, “Claim Type” and “Dates” selection boxes to give you the most appropriate results then click on “Apply”. You will see all claims submitted for the selected patient/s for the respective dates.

Note: The claim status is under “Plan Paid” column. The claim is completed if you can see a paid amount, “In progress” means that we are still processing the claim, “Not Approved” means the claim was denied and “Additional Information” means the claim is pending for additional details.

## Once I have submitted a claim how long does it take to receive reimbursement?

Claims take 10 to 14 days from receipt to be processed and payment is issued shortly after processing is completed. Claims may be delayed if they require additional review, translation, currency conversion, or if additional information is needed.



## Can I sign up for reimbursement by Electronic Funds Transfers?

- You can set up a Recurring Reimbursement Election online. To add, change or remove your RRE online:
- Log on to [www.aetnainternational.com](http://www.aetnainternational.com)
- Click on “I’d Like to see my plan details or documents”
- Select “Repeat repayment details”. This is also known as Recurring Reimbursement Election or RRE. Set up your preferred method of repayment for regular, eligible treatment or service claims.
- If you prefer to give us this information over the phone, please call us at 1-877-248-3610.

## How do I request a Direct Settlement for a provider outside of Guam?

- Go to [www.aetnainternational.com](http://www.aetnainternational.com)
- Click on “Find Health Care”
- Click on “International Direct-Settlement Hospitals”
- Select your country.
- If your hospital or facility is listed, click the highlighted link that says “Send Request” and complete the form.
- If your hospital or facility is not listed, you will not be authorized to have services rendered there.

## Why does Aetna need to verify if I have other insurance coverage?

We need to know if there is more than one plan to provide benefits for a patient. It is necessary for us to identify which plan provides primary plan benefits and which plan provides secondary plan benefits.

## How often do I need to verify my other insurance coverage information?

You need to update your COB information every time there is a change in your other insurance information such as plan termination, additional dependent and/or if you change your insurance carrier. You can update other insurance information by notifying us of changes or updates online, by mail or by phone.







## Off-island care questions

### **Has the process for authorizing off-island care changed?**

No, the process has not changed for the new benefit year. The policy for off-island airfare will also remain the same.

### **What steps do I need to take to receive Care Off Island?**

Services must be authorized by the local Guam Team. Please contact our Member Services Team at 671-472-3862 or email us at [GovGuamServices@aetna.com](mailto:GovGuamServices@aetna.com).

### **How do I locate a participating provider outside of Guam?**

Members can call Member Services at 671-472-3862 or through [aetnainternational.com](http://aetnainternational.com) by clicking on the "Find Provider" feature.

### **What number do I call if I am outside of Guam and unable to call the local Guam number?**

Please call our Customer Service Center at 1-877-248-3610.

### **I have to travel to the Philippines for care and medication fill. Is there an option for me that will require less travel to pick up medications?**

This process will work the same as all other Off Island Care. You will get a referral from your provider for the care and come to the local office for care coordination. If the medication is something that you self administer than you can obtain a written prescription from your provider. When you return to Guam you should visit our local office and we will assist you with getting your prescription filled through IPO. IPO is a off island pharmacy that is able to fill specialty and injectable medications. IPO will send the medication directly to you at your home address and will work with you to ensure that you have the necessary refills when you need them.

Do you still have questions relating to Open Enrollment? **Please contact our office at 671-472-3862. We are happy to assist you!**

**Aetna™ is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.**

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.

[AetnaInternational.com](https://www.aetna.com)

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66.03.495.1-GU (8/20)





**We got you**

**Provider directory**

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[AetnaInternational.com](https://www.aetna.com/international)

66.03.454.1-AM (5/20)



# Guam Providers

## Hospital

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### **Guam Memorial Hospital**

Tel: 647-2555  
850 Gov Carlos G Camacho Rd,  
Tamuning  
Emergency Room 24/7

### **Guam Regional Medical City**

Tel: 645-5500  
133 Route 3, Dededo  
Emergency Room 24/7

## Anesthesiology

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### **AC Micro Guam**

Tel: 646-3855  
633 Gov. Carlos Camacho Road,  
Ste 101, Tamuning  
Mon-Fri 7:30AM-4PM

### **Guam Specialist Group DBA Hafa Adai Specialist Group**

Tel: 647-4542  
280 Pale San Vitores Rd, Sunflower  
Villa, Tamuning  
Mon-Fri: 8AM-5PM

### **MHV Anesthesia**

Tel: 647-2555  
Guam Memorial Hospital, Tamuning  
Per visit only  
Myroslav Harasym, M.D.

### **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## Behavioral Health

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### **AMC Mental Health, LLC**

Tel: 647-8262  
1244 N. Marine Corps Dr. Tamuning  
Mon-Fri: 9AM-6PM  
Sat: 9AM-5PM

### **Amy Romero**

Tel: 477-3311  
144 Aspinall Ave, Suite 201 Hagatna  
Mon-Fri: 9AM-5PM

### **Doris L.G. Tolentino MSW, MPH, IMFT**

Tel: 646-5748  
167 Leon Guerrero Drive,  
Tamuning  
By appointment only

### **Hope Cristobal, PhD**

Tel: 649-2080  
472 Chalan San Antonio, Pemar  
Plaza, Ste 105, Tamuning  
By appointment only

### **IHP Medical Group**

Tel: 633-4447  
655 Harmon Loop Road, Ste 108,  
Dededo  
Mon-Fri: 8:30AM-10PM  
Sat: 8:30AM-5PM

### **I'Gima-Ta Counseling Services**

Tel: 646-5748  
167 Leon Guerrero Drive, Tumon  
By Appointment only

**Joan Swaddell, MFT, LPC,  
LMHC**

Tel: 688-2088  
144 Aspinall Ave, Ste 202,  
Hagatna  
Mon-Fri: 3PM-7PM  
Sat: 9AM-12PM  
Sun: 10AM-1PM

**Dr. George Kallingal**

Tel: 632-7500  
101 Pedro Aguon St., Barrigada  
By appointment only

**Kirk Bellis, D.O., MSW, GCSW**

Tel: 646-4767  
280 Pale San Vitores Rd., Apt. 205,  
Tamuning  
Mon-Fri: By appointment only

**Lisa V. Baza, PhD, LPC, IMFT**

Tel: 477-1389  
GCIC BLDG, 414W. Soledad Ave., STE  
500Z, Hagatna  
By Appointment only

**Lisa Linda S Natividad,  
PhD, LCSW, IMFT**

Tel: 646-5785  
414 W. Soledad Ave. GCIC Bldg. Ste  
500Z Hagatna  
Wed: 9AM-6PM  
Fri: 1PM-6PM

**ParaOceana Behavioral  
Health Services**

Tel: 487-7747  
674 Harmon Loop Rd, Ste 214,  
Dededo  
By appointment

**Risha Aguon**

Tel: 477-3311  
144 Aspinall Ave. Ste. 201, Hagatna  
Mon-Fri: 8:30AM-6:30PM  
Sat: By appointment only

**Tricia Lizama, Ph.D, LCSW**

Tel: 488-5073  
Ste. 500Z GCIC Bldg, 414 W. Soledad  
Ave. Hagatna  
Tues/Thurs: 10AM-7PM  
or by appointment

## Birthing center

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**Sagua Managu**

Tel: 647-1417  
Pamar Place, 472 Chalan San  
Antonio, Tamuning  
By appointment only

## Cardiology

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**FHP Health Center**

Tel: 646-5825  
548 S. Marine Drive, Tamuning  
Mon-Fri: 9AM-6PM

**GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

**Guam Seventh-Day  
Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM;  
Sun: 8AM-2PM

**Pacific Cardiology  
Consultants, LLC**

Tel: 649-4278  
633 Gov. Carlos Camacho Rd, Guam  
Medical Plaza, Ste 202, Tamuning  
Mon-Sat: 8AM-5PM

# Dermatology

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## **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM;  
Sun: 8AM-2PM

## **Guam Dermatology Insitute**

Tel: 588-5001  
633 Gov Carlos G. Camacho Rd.  
Suite 102, Tamuning  
Mon-Fri: 9AM-5PM  
Sat: 9AM-3PM

# Emergency Medicine

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Emergency Room 24/7

## **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM;  
Sun: 8AM-2PM

# Endocrinology

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## **American Medical Ctr**

Tel: 647-8262  
Oka, Tamuning Location  
851 Gov. Carlos Camacho Rd,  
Tamuning  
Mon-Fri: 8AM-6PM Sat: 9AM-5PM

## **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM  
Sun: 8AM-2PM

## **Health Partners, LLC**

Tel: 646-5227  
125 Tun Jose Toves Way, Tamuning  
Mon/Wed/Fri: 9AM-12PM &  
2PM-5PM  
Tues/Thurs/Sat: 9AM-12PM

## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

# ENT/Otolaryngology

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Guam E.N.T., LLC**

Tel: 989-1368  
R.K. Plaza, Ste 104, 341 S. Marine  
Corps Dr., Tamuning  
Mon-Fri: 8AM-5PM

# Family medicine

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## **American Medical Ctr**

Tel: 647-8262  
Mangilao Location  
263 Vietnam Veterans Highway,  
Mangilao  
Mon-Fri: 8AM-6PM;  
Sat: 9AM-5PM

## **Upper Tumon Location**

1244 N. Marine Corps Dr., Tamuning  
Mon-Fri: 8AM-9PM  
Sat: 9AM-5PM

## **Oka, Tamuning Location**

851 Gov. Carlos Camacho Rd,  
Tamuning  
Mon-Fri: 8AM-6PM Sat: 9AM-5PM

## **Central Medical Clinic**

Tel: 637-8112  
330 W. Marine Corps Dr, Dededo  
Mon-Fri: 7:30AM-2:30PM  
Sat: 7:30AM-12:30PM

## **DPHSS: Northern Region Community Health Center**

Tel: 635-7447  
520 W. Santa Monica Ave., Dededo  
Mon-Fri: 8AM-6PM  
Sat: 8AM-5PM

## **DPHSS: Southern Region Community Health Center**

Tel: 828-7604  
162 Amban Drive, Inarajan  
Mon-Fri: 8AM-5PM

## **Express Care Health and Skin Clinic**

**Agana Shopping Ctr.**  
Tel: 477-2873  
Ste 207, 302 Ste 4, Hagatna  
Mon-Fri: 8:30AM-6PM  
Sat: 8:30AM-1PM

## **Micronesia Mall**

Tel: 637-2873  
Ste 239, 1088 Marine Corsp Dr,  
Dededo  
Mon-Fri: 10AM-9PM;  
Sat & Sun: 10AM-9PM

## **FHP Health Center**

Tel: 646-5825  
548 S. Marine Drive, Tamuning  
Mon-Fri: 9AM-6PM

## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Guam Medical Care**

Tel: 647-4174  
744 Marine Corps Dr., Ste 105,  
Tamuning  
Mon-Fri: 9AM-5PM; Sat: 9AM-12PM

## **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM;  
Fri: 8AM-1PM; Sun: 8AM-2PM

## **Guam Urgent Care, LLC dba**

**Hagatna Med Clinic**  
Tel: 475-6500  
Bldg 250, Ste 203, Hagatna  
Mon-Fri: 8AM-5PM; Sat: 9AM-1PM

## **Gurusamy Inc, dba Health Services of the Pacific**

Tel: 647-5355  
655 Harmon loop Rd, Ste 300,  
Dededo  
Mon/Tues/Thurs/Fri: 8AM-5PM

## **IHP Medical Group**

Tel: 633-4447  
655 Harmon Loop Rd, Ste 108,  
Dededo  
Mon-Fri: 8AM - 5PM  
Sat 9AM - 5PM

## **Marianas Physicians Group**

Tel: 647-1830  
472 Chalan San Antonio, Tamuning  
Mon-Fri: 9AM-5PM

## **Pacific Medical Group**

Tel: 649-7232  
The Village, Ste 103, 736 Rt 4,  
Sinajana  
Mon-Fri: 8AM-5PM

## **Pacific HealthCare Clinic**

Tel: 647-4533  
1757 Army Drive, Ste 107, Tamuning  
Mon-Fri: 9AM-6PM; Sat: 9AM-4PM

## **Premise Health dba United Family Medical Center**

Tel: 645-8359  
523 Chalan Pasaheru, Old  
Commuter Terminal, Tamuning  
Mon-Fri: 8AM-7PM; Sat: 9AM-4PM;  
Sun: Closed

## **The Doctor's Clinic**

Tel: 649-5018  
851 Gov. Carlos Camacho Rd,  
Tamuning  
Mon-Fri: 8AM-5PM; Sat: 8AM-12PM

# Geriatrics

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## Evergreen Health Center

Tel: 922-0118  
520 Route 8 Suite 106 Maite  
Mon-Fri: 8AM-5PM/Sat:  
By appointment  
Sun: Closed

## Gurusamy Inc, dba Health Services of the Pacific

Tel: 647-5355  
655 Harmon loop Rd, Ste 300,  
Dededo  
Mon/Tues/Thurs/Fri: 8AM-5PM

## IHP Medical Group

Tel: 633-4447  
655 Harmon Look Road, Ste 108,  
Dededo  
Mon-Fri: 8:30AM-10PM;  
Sat: 8:30AM-5PM

# Infectious Disease

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## \*Adult Health Care Clinic

Tel: 647-5546  
2211 Army Drive Ste 105, Tamuning  
Mon/Wed/Fri: 8:30AM-12PM &  
2PM-5PM; Thurs: 8:30AM-12PM;  
Sat: 9AM-12PM and 1:30PM-5PM

## Guam Seventh-Day Adventist Clinic

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM;  
Fri: 8AM-1PM: Sun: 8AM-2PM

# Internal Medicine

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## Adult Health Care Clinic

Tel: 647-5546  
2211 Army Drive Ste 105, Tamuning  
Mon/Wed/Fri: 8:30AM-12PM &  
2PM-5PM; Thurs: 8:30AM-12PM:  
Sat: 9AM-12PM and 1:30PM-5PM

## American Medical Center

Tel: 647-8262  
Mangilao Location  
263 Vietnam Veterans Highway,  
Mangilao  
Mon-Fri: 8AM-6PM; Sat: 9AM-5PM

## Upper Tumon Location

1244 N. Marine Corps Dr., Tamuning  
Mon-Fri: 8AM-9PM: Sat: 9AM-5PM

## Evergreen Health Center

Tel: 922-0118  
520 Route 8 Suite 106 Maite  
Mon-Fri: 8AM-5PM/  
Sat: By appointment Sun: Closed

## FHP Health Center

Tel: 646-5825  
548 S. Marine Drive, Tamuning  
Mon-Fri: 9AM-6PM:  
Sat & Sun: Closed

## GRMC Specialty Care Clinic

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## Guam Adult & Pediatric Clinic

Tel: 633-427  
612 W. Marine Corps Dr, Ste 8,  
Dededo  
Mon-Fri: 8:30 -5PM

## Guam Medical HealthCare, Center

Tel: 633-3800  
600 Harmon Loop Rd, Ste 109,  
Dededo  
Mon/Tues/Wed/Fri/Sat: 9AM-5PM

## Guam Seventh-Day Adventist Clinic

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM:  
Sun: 8AM-2PM

## Health Partners, LLC

Tel: 646-5227  
125 Tun Jose Toves Way, Tamuning  
Mon/Wed/Fri: 9AM-12PM &  
2PM-5PM:  
Tues/Thurs/Sat: 9AM-12PM



### **IHP Medical Group**

Tel: 633-4447  
655 Harmon Look Road, Ste 108,  
Dededo  
Mon-Fri: 8AM - 5PM  
Sat: 9AM - 5PM

### **Micronesia Medical & Anesthesia Associates, PCCL**

Tel: 646-8844  
241 Farenholt Ave., Oka Bldg, Ste  
208, Tamuning  
Mon/Tues/Thurs/Fri: 9AM-5PM:  
Wed: 1PM-5PM; Sat: 9AM-12PM

### **Olivia Cruz, M.D.**

Tel: 479-6363  
277 Chalan Santo Papa, Hagatna  
Mon-Fri: 11:30AM-4:30PM  
Sat: 9AM-12PM

### **Pacific HealthCare Clinic**

Tel: 647-4533  
1757 Army Drive, Ste 107, Tamuning  
Mon-Fri: 9AM-6PM; Sat: 9AM-4PM

### **Leopoldo Arcilla, M.D.**

Tel: 647-4533  
Pacific HealthCare Clinic  
1757 Army Drive, Ste 107, Tamuning  
Mon-Fri: 9AM-6PM; Sat: 9AM-4PM

### **Peter Kho Go, M.D.**

Tel: 647-4533  
Pacific HealthCare Clinic  
1757 Army Drive, Ste 107, Tamuning  
Mon-Fri: 9AM-6PM; Sat: 9AM-4PM

### **Pacific Medical Group**

Tel: 649-7232  
The Village, Ste 103, 736 Rt 4,  
Sinajana  
Mon-Fri: 8AM-5PM

### **The Doctor's Clinic**

Tel: 649-5018  
851 Gov. Carlos Camacho Rd,  
Tamuning  
Mon-Fri: 8AM-5PM; Sat: 8AM-12PM

### **Young Chang, M.D.**

Tel: 646-2984  
353 Chalan San Antonio, Photo  
Town Plaza, Ste 100  
Mon/Tues/Thurs/Fri: 1PM-5PM;  
Sat: 9AM-12PM

## **Nephrology**

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### **American Multi-Specialty Group**

Tel: 646-3773  
1406 N. Marine Corps. Dr.,  
Upper Tumon  
Mon-Fri: 8AM-5PM

### **Pacific Medical Group**

Tel: 649-7232  
The Village, Ste 103, 736 Rt 4,  
Sinajana  
Mon-Fri: 8AM-5PM

### **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

### **Gurusamy Inc, dba Health Services of the Pacific**

Tel: 647-5355  
655 Harmon loop Rd, Ste 300,  
Dededo  
Mon/Tues/Thurs/Fri: 8AM-5PM

# Neurology

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **The Neurology Clinic**

Tel: 649-6463  
241 Farenholt Ave., Ste 102,  
Tamuning  
Mon/Tue/Fri: 8AM-12PM & 2PM-5PM  
Wed: 1PM-4:30PM  
Sat: 8AM-12PM

# Neurosurgery

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Guam Memorial Hospital**

Tel: 647- 2555  
850 Gov. Carlos Camacho Rd,  
Tamuning  
\*By Appointment Only

## **The Weingarten Institute of Neuroscience, Inc.**

Tel: 969-2946  
202 Hilton Road, Unit 12, Tamuning  
Mon- Fri: 8AM-1PM & 2PM-5PM

# Obstetrics/Gynecology

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## **Dr. Gabel's Clinic Obstetrics and Gynecology**

Tel: 649-7539  
415 Chalan San Antonio Baltej  
Pavilion, Ste. 203, Tamuning  
Mon-Fri: By appointment

## **Dr Shieh's Clinic**

Tel: 648-2229  
643 Chalan San Antonio, Tamuning  
Mon-Fri: 8AM-5PM; Sat; 8AM-12PM.

## **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM:  
Sun: 8AM-2PM

## **The Center for Women's Health**

Tel: 588-2394  
744 North Marine Corps Dr  
Ste 121, Tamuning  
Mon-Thurs: 8AM-5PM  
Fri: 8AM-12PM

## **Marianas Physicians Group**

Tel: 647-1830  
472 Chalan San Antonio, Tamuning  
Mon-Fri: 9AM-5PM

## **American Medical Center**

Tel 647-8262  
263 Vietnam Veterans  
Memorial Hwy  
Mangilao  
Tue 1PM-4PM  
Wed 9AM-4PM

# Oncology/Hematology

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## **WestPac dba Cancer Center of Guam**

Tel: 647-4656  
633 Gov. Carlos Camacho Road,  
Guam Medical Plaza, Ste B5,  
Tamuning,  
Mon-Fri: 8AM-5PM

## **FHP Health Center**

Tel: 646-5825  
548 S. Marine Corps Drive,  
Tamuning  
Mon-Fri: 9AM-6PM

## **Latte Stone Cancer Care**

Tel: 647-0887  
744 North Marine Corps Dr. Suite  
C110 Upper Tumon  
Mon/Wed/Fri: 8AM-12:30PM  
Tues/Thurs: 8AM-4:30PM

## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

# Oncology/Radiation

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Island Cancer Center Clinic**

Tel: 646-3363  
633 Gov. Camacho Rd., Ste B1,  
Tamuning  
Mon-Fri: 7:30AM-3:30PM

# Ophthalmology

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## **Advanced Eyecare, LLC dba Lombard Health**

Tel: 989-4747  
736 Route 4, Ste 103, Sinajana  
Mon-Fri: 7:30AM-4:30PM:  
Sat: 11AM-3PM

## **Island Eye Center**

Tel: 637-2020  
415 Chalan San Antonio Rd,  
Baltej Pavillion, Ste 214, Tamuning  
Mon-Fri: 8AM-5PM; Sat: 8AM-12PM

## **St Lucy's Eye Clinic**

Tel: 647-5829  
633 Gov Carlos G Camacho Road,  
Ste. 24, Guam Medical Plaza,  
Tamuning  
Tues: 9AM-12PM  
Wed/Thurs: 9AM-3PM

## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **EUGENE W. M. NG M.D. LLC.**

Tel: 646-3855  
633 Gov. Carlos Camacho Rd., Guam  
Medical Plaza, Ste 2B, Tamuning  
By Appointment Only

## **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM:  
Sun: 8AM-2PM

## **Pacific Retina Specialists**

Tel: 649-3937  
633 Gov. Carlos Camacho Rd., Guam  
Medical Plaza, Ste 103, Tamuning  
By Appointment Only

# Pain Management

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## **Guam Specialist Group dba: Hafa Adai Specialist Group**

Tel: 647-4542  
280 Pale San Vitores Rd, Sunflower  
Villa, Tamuning  
Mon-Fri: 8AM-5PM

## **MHV Anesthesia, P.C.**

Tel: 647-2555  
Guam Memorial Hospital, Tamuning  
Per visit only

# Pediatrics

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## **American Medical Ctr**

Tel: 647-8262  
Mangilao Location  
263 Vietnam Veterans Highway,  
Mangilao  
Mon-Fri: 8AM-6PM  
Sat: 9AM-5PM

## **Upper Tumon Location**

1244 N. Marine Corps Dr., Tamuning  
Mon-Fri: 8AM-9PM; Sat: 9AM-5PM

## **American Pediatric Clinic**

Tel: 647-2722  
241 Farenholt Ave., Ste 106,  
Tamuning  
Mon/Wed/Fri: 9AM-12PM &  
1PM-6PM; Thurs/Sat: 9AM-1PM

## **Dr. Carrera's Clinic**

Tel: 649-1058  
1757 Army Drive, GBC Bldg, Ste 109,  
Tamuning  
Mon/Wed/Fri: 9:30AM-12PM &  
2PM-5PM; Sat: 9:30AM-12PM

## **FHP Health Center**

Tel: 646-5825  
548 S. Marine Corps Drive,  
Tamuning  
Mon-Fri: 9AM-6PM;  
Sat & Sun: Closed

## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM  
Sun: 8AM-2PM

## **IHP Medical Group**

Tel: 633-4447  
655 Harmon Look Road, Ste 108,  
Dededo  
Mon-Fri: 8:30AM-10PM;  
Sat: 8:30AM-5PM

## **Isla Pediatrics**

Tel: 647-4466  
132 E. Espirito St., Tamuning  
Mon/Tues/Wed/Fri: 8AM-12PM  
& 2PM-5PM  
Thur/Sat: 8AM-12PM

## **MPG Pediatrics, P.C.**

Tel: 648-5437  
396 Chalan San Antonio, Ste. 103,  
Tamuning  
Mon/Tues/Thurs/Fri: 9AM-12PM  
& 1PM-4PM  
Wed/Sat: 9AM-1PM

## **One Love Pediatrics**

Tel: 588-1588  
744 N. Marine Drive, Ste.C-211,  
upper Tumon  
Mon/Tues/Thurs/Fri: 9AM-12PM &  
2PM-6PM; Sat: 9AM-1PM; Sun: 1PM-

## **MedFirst Physicians Group**

Tel: 647-4121  
P&F Professional Manor, Ste 101,  
428 Chalan San Antonio, Tamuning  
Mon-Fri: 9AM-12PM & 2PM-7PM;  
Sat: 9AM-12PM & 1PM-5PM;  
Sun: 9AM-1PM

## **Polymedic Clinic**

Tel: 637-9661  
172 E. Buena Vista Ave., Unit 5,  
Dededo  
Mon-Fri: 9AM-12PM & 1:30PM-6PM;  
Sat: 9AM-12PM & 1:30PM-5PM

## **The Pediatric & Adolescents Clinic, Inc**

Tel: 647-7337  
472 Chalan San Antonio, Ste 101,  
Tamuning  
Mon/Wed/Fri: 9AM-12PM &  
2PM-6PM; Thurs/Sat: 9AM-1PM

## **Tumon Medical Office**

Tel: 649-5052  
125 Carlos Lane Carlos Heights,  
Upper Tumon  
Mon/Tues/Thurs/Sat: 9AM-12PM  
& 1PM-5PM

## **Tumon Pediatric Clinic**

Tel: 649-5052  
125 Carlos Lane Carlos Heights,  
Upper Tumon  
Mon/Tues/Thurs/Sat: 9AM-12PM  
& 1PM-5PM

# **Podiatry**

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## **American Medical Ctr**

Tel: 647-8262  
Oka, Tamuning Location  
851 Gov. Carlos Camacho Rd,  
Tamuning  
Mon-Fri: 8AM-6PM Sat: 9AM-5PM

## **Guam Foot Clinic**

Tel: 633-3668  
Unit 207 Conros Inc. Northwest  
Plaza, Tamuning, Guam  
Mon-Fri: 9AM-4PM  
Sat: 9AM-12PM

## **Island Foot Specialists**

Tel: 646-3375  
633 Gov Carlos Camacho Rd.,  
Ste 212, Tamuning  
Mon-Fri: 8AM-12PM & 1PM-4PM

## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Marianas Foot Care Clinic**

Tel: 649-3338  
122 Tun Jose Toves Way, Tamuning  
Mon/Wed/Fri: 9AM-4PM; Thurs:  
9AM-12PM; Sat: 7AM-11AM

# **Pulmonology**

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## **American Medical Ctr**

Tel: 647-8262  
Oka, Tamuning Location  
851 Gov. Carlos Camacho Rd,  
Tamuning  
Mon-Fri: 8AM-6PM Sat: 9AM-5PM

## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

# **Surgery Center**

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## **Guam Surgicenter, LLC**

Tel: 646-3855  
633 Gov Carlos Camacho Rd., Ste  
101, Tamuning  
Mon-Fri: 7:30AM-5PM

# Surgery-General

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Guam Seventh-Day Adventist Clinic**

Tel: 646-888  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM;  
Sun: 8AM-2PM

## **Guam Specialist Group dba: Hafa Adai Specialist Group**

Tel: 647-4542  
280 Pale San Vitores Rd, Sunflower  
Villa, Tamuning  
Mon-Fri: 8AM-5PM  
Sat & Sun: Closed

## **Guam Surgical Group**

Tel: 649-7588  
ITC Bldg, Ste 211, 590S. Marine  
Corps Drive, Tamuning  
Mon-Thurs: 8AM-5PM;  
Fri: 8AM- 4:30PM

## **Island Surgical Center**

Tel: 646-0441  
171 Farenholt Ave, Tamuning  
Mon-Fri: 8AM-5M

# Surgery-Hand

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## **Pacific Hand Surgery Center**

Tel: 646-4263  
633 Gov Carlos Camacho Rd., Ste  
212, Tamuning  
Mon/Wed/Fri: 8AM-4PM

# Surgery- Oral/Maxillofacial

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Darius Richardson DMD,MD**

Tel: 647-0060  
318 Duenas Dr, Tamuning  
Mon-Fri: 9AM to 5PM

## Surgery- Orthopedics

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### **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

### **Guam Orthopaedics Associates**

Tel: 646-6610  
633 Gov Carlos Camacho Rd., Ste 212, Tamuning  
Mon-Fri: 8AM-4:30PM

### **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs: 8AM-6PM; Fri: 8AM-1PM;  
Sun: 8AM-2PM

### **Guam Specialist Group DBA Hafa Adai Specialist Group**

Tel: 647-4542  
280 Pale San Vitores Rd, Sunflower Villa, Tamuning  
Mon-Fri: 8AM-5PM  
Sat & Sun: Closed

## Surgery-Plastic & Reconstructive

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### **American Medical Ctr**

Tel: 647-8262  
Oka, Tamuning Location  
851 Gov. Carlos Camacho Rd,  
Tamuning  
Mon-Fri: 8AM-6PM Sat: 9AM-5PM

## Surgery-Thoracic

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### **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## Surgery-Vascular

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### **Guam Specialist Group dba: Hafa Adai Specialist Group**

Tel: 647-4542  
280 Pale San Vitores Rd, Sunflower Villa, Tamuning  
Mon-Fri: 8AM-5PM

### **Guam Surgical Group**

Tel: 649-7588  
ITC Bldg, Ste 211, 590S. Marine Corps Drive, Tamuning  
Mon-Thurs: 8AM-5PM;  
Fri: 8AM- 4:30PM

### **Island Surgical Center**

Tel: 646-0441  
171 Farenholt Ave, Tamuning  
Mon-Fri: 8AM-5PM

# Urgent Care

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## **American Medical Ctr.**

Tel: 647-8262  
Upper Tumon Location  
1244 N. Marine Corps Dr., Tamuning  
Mon-Fri: 6PM-9PM

## **FHP Health Center**

Tel: 646-5825  
548 S. Marine Drive, Tamuning  
Mon-Sun: 7AM-11PM

## **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs 8AM-6PM; Fri: 8AM-1PM;  
Sun: 8AM-2PM

## **IHP Medical Group**

Tel: 633-4447  
655 Harmon Loop Rd., Ste 108,  
Dededo  
Mon-Fri: 8:30AM-10PM;  
Sat: 8:30AM-5PM

# Urology

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## **Guam Regional Medical City**

Tel: 645-5500  
133 Route 3, Dededo

## **Guam Urology, LLC**

Tel: 989-1368  
341 S. Marine Corps Drive,  
Ste 104, Tamuning  
Mon/Wed: 8AM-1PM;  
Thurs: 8AM-5PM

# Wound Care & Hyperbaric

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Trinity Healthcare, LLC DBA Omni Wound Care & Hyperbaric Medicince**

Tel: 647-4325  
761 South Marine Corps Dr  
CBU #110, Tamuning  
Mon- Fri: 8am-12pm/ 1pm-5pm



# Guam ancillary providers

## Acupuncture

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### **Baik Acupuncture Clinic**

Tel: 687-7575  
643 Chalan San Antonio, Ste 111A,  
Tamuning  
Mon-Fri: 9AM-1PM

### **HME Oriental Medical Center/ Acupuncture Clinic**

Tel: 637-4443  
2068 Lotus Bldg., Ste 1C, Route 16,  
Dededo  
Mon-Fri: 9:30AM-6PM;  
Sat: 9:30AM-1PM

### **Yu's China Acupuncture & Oriental Medicine Clinic**

Tel: 646-7565  
263 Adrian Sanchez Street, Harmon  
Mon-Fri: 9AM-12PM & 2PM-6PM;  
Sat: 9AM-12PM & 2PM-5PM

### **KHN Corp DBA: Kang Acupuncture Wellness**

Tel: 687-9000  
817 North Marine Corps Dr Unit 101,  
Tamuning

## Audiological/Hearing

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### **Audiological Associates**

Tel: 649-2902  
545 Chalan San Antonio, Ste 305,  
Tamuning  
Mon-Fri: 9AM-4:30PM

### **Guam Hearing Doctors**

Tel: 989-8378  
341 S. Marine Corps Drive,  
Tamuning  
Mon-Fri: 9AM-12PM & 1PM-5PM

### **Ross Hearing Aids**

Tel: 637-4327  
600 Harmon Loop Rd., Ste 106,  
Dededo Mon-Fri: 8:30AM-5PM; S  
at: 8:30AM-12PM

# Chiropractic

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## Active Life Chiropractic

Tel: 477-3472  
155 ET Calvo Memorial Parkway,  
Ste., 101B, Tamuning  
Mon/Wed/Fri: 9AM-12PM &  
3PM-6PM; Tues/Thurs: 9AM-12PM

## Chiropractic Office of Dr Miller

Tel: 637-7926  
2078-C Army Drive, Dededo  
Mon/Tues/Thurs: 7:30AM-12PM &  
2PM-5:30PM; Fri: 7:30AM-12PM  
Sat: By appointment only

## Guam Chiropractic Wellness Center

Tel: 646-2225  
1023 N. Marine Corps Drive, upper  
Tumon  
Mon-Fri: 10AM-12PM & 3PM-6PM;  
Sat: 10PM-12PM

## Larkin Family Chiropractic

Tel: 632-4262  
655 Harmon Loop, Ste 103, Dededo  
Mon/Wed/Fri: 8AM-12PM &  
3PM-6PM

## Dr. D Chiropractic & Nutrition

Tel: 649-4871  
424 W O'Brien St. Suite 115 Hagatna  
Mon/Wed/Fri: 9:30AM-5PM;  
Tues/Sat: 9:30AM-1PM

## Nicdao Chiropractic & Wellness Clinic

Tel: 472-2225  
643 Chalan San Antonio, Ste 101,  
Tamuning  
Mon/Tues & Thurs: 9AM-2PM &  
2PM-5:30PM; Fri: 7:30AM-12PM;  
Sat: 8:30AM-12PM

## Pacific Life Chiropractic

Tel: 649-9355  
761 Marine Drive, Ste A6, Tamuning  
Mon/Wed: 8AM-12PM & 3PM-6PM;  
Thurs: 3PM-6PM  
Fri: 8AM-12PM & 1:30PM-3PM  
Sat: By appointment

# Critical Care

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## GRMC Specialty Care Clinic

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

# Dental

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## Ben B. Malabanan JR. DDS, INC.

Tel: 649-4446  
2211 Army Drive, Suite 202,  
Tamuning  
Mon-Fri: 9AM-5PM  
Sat: 9AM-3PM

## Dr. Veloria's Dental Clinic

Tel: 646-5146  
415 Chalan San Antonio, Ste 303,  
Tamuning  
Mon/Tues/Thurs/Fri: 9AM-12PM &  
2PM-6PM, Wed/Sat: 9AM-1PM

## Family Dental Center

Tel: 646-6510  
194 Chalan San Antonio,  
Mikkell Tan Vy Bldg, Tamuning  
Mon,Tues, Thurs & Fri 9AM-12PM &  
2PM-6PM; Wed: 9AM-12PM &  
1PM-4PM; Sat: 8AM-12PM

**GentleCare Dental Associates, PC**

Tel: 646-8858  
278 S. Marine Dr., Hengi Plaza, Ste 102, Tamuning  
Mon/Wed/Fri: 8AM-12PM & 1PM-5PM  
Tues/Thurs: 9AM-1PM & 2PM-5PM  
Sat: 9AM-1PM

**Guam Dental Arts**

Tel: 646-8462  
140 Punzalan St, Tamuning  
Mon/Wed: 8AM-3PM  
Tues/Thurs: 8AM-5PM  
Fri: 8AM-2PM

**Guam SDA Dental Clinic**

Tel: 648-2506  
388 Ypao Road, Tamuning  
Mon-Thurs: 7:30AM-5PM;  
Fri: 8AM-12PM

**Hafa Adai Family Dental, PC**

Tel: 649-7851  
590 S. Marine Drive, ITC Bldg, Ste 104, Tamuning  
Mon/Wed/Fri: 8AM-12PM & 1PM-5PM; Sat: 8AM-12PM & 12:30PM-3:30PM

**C.V Alegria DDS Inc. dba Harmon Loop Dental Clinic**

Tel: 637-9696  
505 Harmon Loop Road, Dededo  
Mon-Fri: 8AM-5PM  
Sat: 8AM-4PM

**Isa Dental**

Tel: 646-7982  
250 Route 4, Ste 101 Hagatna  
Mon-Fri: 8:30AM-5PM

**Island Dental**

Tel: 989-5999  
134 East Marine Corps Drive, Dededo  
Mon/Wed/Thur: 1PM-9PM  
Sat/Sun: 9AM-5PM

**Mangilao Dental Clinic**

Tel: 969-4242  
353 Route 10, Ste 101, Mangilao  
Mon/Tues/Thurs/Fri/Sat/Sun: 9AM-5PM

**Michael Fernandez**

Tel: 633-1994  
612 Marine Corps Drive, Ste 7, Dededo  
Tues-Fri: 11AM-7PM; Sat: 9AM-5PM

**Ordot Dental Clinic**

Tel: 477-8215  
159 Judge Sablan Street, Ordot  
Mon/Tues/Thurs/Fri/Sat: 8:30AM-4:30PM

**Hightower Productions PLLC dba Paradise Smiles**

Tel: 646-2010  
384 Gov. Carlos Camacho Rd., Tamuning  
Tues-Fri: 8:30AM-12:30PM & 1:30PM-5:00PM

**Premier Dentistry**

Tel: 300-3221  
692 N Marine Corps Drive, ST e301, Upper Tumon  
Mon-thurs: 8AM-5PM; Fri: 8AM-3PM

**Reflection Dental**

Tel: 472-6824  
222 E. Chalan Santo Papa, Ste 324, Hagatna  
Mon-Fri: 8AM-12:30PM & 2PM-5PM

**Robert Yang, DDS**

Tel: 647-8702  
744 N. Marine Corps Drive, Ste 119, Tamuning  
Mon/Wed/Fri: 9AM-2PM & 3PM-7PM  
Tues: 11AM- 7PM  
Sat: 9AM-12:30PM & 1:30PM-4PM

**Thomas Kyung S. Lee, Inc, DDS**

Tel: 969-8533  
761 S. Marine Corps Drive, Ste 102 Tamuning, 96913  
Mon 9am-4pm; T/W/TH 9am-6pm  
Fri & Sun 8am-2pm; Sat-Closed

**Tumon Dental Office**

Tel: 646-3679  
667 N. Marine Corps Dr. Suite 204, Pacific Plaza, Tamuning  
Mon-Fri: 8AM-5PM

# Dental - Oral Surgery

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## **Darius Richardson DMD, MD**

Tel: 647-0060  
318 Duenas Drive, Tamuning  
Mon-Fri: 9am to 5pm

# Periodontal

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## **Perio Health Institute Pacific-Rim**

Tel: 479-5292  
222 East Chalan Santo Papa Ste.  
303, Hagatna  
Mon-Fri: 8AM-5PM

## **Premier Dentistry**

Tel: 300-3221  
692 N Marine Corps Drive, ST e301,  
Upper Tumon  
Mon-thurs: 8AM-5PM; Fri: 8AM-3PM

# Endodontic

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## **Premier Dentistry**

Tel: 300-3221  
692 N Marine Corps Drive, ST e301,  
Upper Tumon  
Mon-thurs: 8AM-5PM; Fri: 8AM-3PM

# Dental - Pediatric

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## **Isa Dental**

Tel: 646-7982  
250 Route 4, Ste 101 Hagatna  
Mon-Fri: 8:30AM-5PM

## **The Pediatric Dental Center**

Tel: 477-6235  
222 E. Chalan Santo Papa, Ste 301,  
Hagatna  
Mon-Fri: 8AM-5PM

## **Reflection Dental**

Tel: 472-6824  
222 E. Chalan Santo Papa, Ste 324,  
Hagatna  
Mon-Fri: 8AM-12:30PM & 2PM-5PM

# Dialysis Centers

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## **U.S Renal Care-Dededo**

Tel: 637-3068  
600 Harmon Loop Road, Ste 104,  
Dededo  
Mon-Sat: 5AM-10:30PM

## **US Renal Care- Finegayan**

Tel: 588-0020  
781 Route 3, Ste 101, Dededo  
Mon/Wed/Fri/Sat: 8AM-12PM

## **U.S. Renal Care, Sinajana**

Tel: 475-3600  
736 Route 4, Ste 101, Sinajana  
Mon-Sat: 5AM-11PM

## **U.S. Renal Care, Tamuning**

Tel: 646-3516  
633 Gov Carlos Camacho Rd.,  
Tamuning  
Mon/Wed/Fri: 5AM-11PM  
Tues/Thur/Sat: 6AM-8PM

## **U.S. Renal Care, Tumon**

Tel: 646-3773  
1406 North Marine Corps Dr. Upper  
Tumon  
Mon/Wed/Fri: 7AM-9PM  
Tues/Thur/Sat: 6AM-9PM

# Durable Medical Equipment

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## **Guam Medical Equipment**

Tel: 649-4633  
353 Chalan San Antonio, Ste 102-B,  
Tamuning  
Mon-Fri: 9AM-6PM; Sat: 9AM-2PM

## **Health Care Specialties**

Tel: 649-3773  
396 Chalan San Antonio, Bri Bldg,  
Ste. 102, Tamuning  
Mon-Fri: 9AM-6PM  
Sat: 9AM-12PM

## **Gurusamy Inc, dba Health Services of the Pacific**

Tel: 989-6600  
655 Harmon Loop Road, Ste. 102,  
Dededo  
Mon-Fri: 8AM-5PM

## **Isla Home Infusion**

Tel: 646-1266  
202 Farenholt Ave, Ste 101,  
Tamuning  
Mon-Fri: 8AM-5PM; Sat: 9AM-1PM

## **Medquest Medical Supply**

Tel: 646-6875  
1270 N. Marine Corps Drive, Ste 103,  
Upper Tumon  
Mon-Fri: 8AM-6PM; Sat: 9AM-5PM

## Fitness Center/Studios/Gyms

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### Cross fit Hita

Tel: 989-2448  
136B Kayen Chando, Dededo  
Mon-Sat: Class time varies;  
Sat 11AM-2PM

### Cross fit Latte Stone

Tel: 633-2357  
Eva Bldg, III, #304, Tamuning  
Mon-Fri: Starts at 5AM and time  
varies; Sat: Starts at 9AM;  
Sun: Starts at 10AM

### Custom Fitness

Tel: 989-0436  
185 Dulce Nombre De Maria,  
Hagatna  
Mon-Thurs: 5AM-2PM; Fri: 5AM-5PM

### Gym Guahan

Tel: 472-4496  
167 G.E.T., Calvo Memorial Parkway,  
Tamuning  
Mon-Fri: 5AM-9PM;  
Sat & Sun: 10AM-4PM

### International Sports Center

Tel: 477-9885  
Lot 9 at 10, Blk 484 W. Soledad,  
Hagatna  
Mon-Fri: 5AM-12AM;  
Sat/Sun: 7AM-6PM

### University of Guam Fitness Center

Tel: 735-2861  
303 University Drive, Tamuning  
Mon-Thurs: 7AM-7PM; Fri: 7AM-5PM

### Urban Fitness Guam

Tel: 969-7308  
202 Gov Carlos Camacho Rd.,  
Tamuning  
Mon-Fri: 8AM-1PM & 4PM-8PM;  
Sat: 8:45AM-11:30AM

### Paradise Fitness, INC

Tel: 475-2100  
213 Chalan Santo Papa Juan Pablo,  
Hagatna

## Home Health Care

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### FHP Home Health

Tel: 646-5825  
548 S. Marine Corps Drive,  
Tamuning  
Mon-Fri: 8AM-5PM

### Guam Visiting Nurses

Tel: 646-6877  
396 Chalan San Antonio, Bri Bldg,  
Ste 102, Tamuning  
Mon-Fri: 9AM-6PM

### Gurusamy Inc., dba Health Services of the Pacific

Tel: 647-5355  
809 Chalan Pasaheru, Unit 2,  
Tamuning  
Mon-Fri: 8AM-5PM

## Laboratories

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### DLS Main Lab

Tel: 646-5770  
ITC Building 590 S. Marine Corps  
Drive, Ste 105, Tamuning  
Mon-Fri: 6:30AM-6PM;  
Sat: 6:30AM-1PM

### DLS- Agat

**Agat Point Commercial Center**  
Tel: 565-3050  
Unit A106 Route 2, 1st Flr, Agat  
Mon-Sat: 6:30AM-11AM

### DLS-Dededo Rosvel Building

Tel: 632-0043  
Ste 5, 172E Buenavista, Dededo  
Mon-Fri: 6:30AM-11AM  
Sat: 6AM-11AM

### Guam Adult & Pediatric

Tel: 632-4678  
612 N. Marine Corps Drive, Dededo  
Mon-Sat: 6:30AM-1PM

### DLS-Harmon

**Guam Business Center**  
Tel: 688-9156  
1757 Army Drive, Ste 108, Harmon  
Mon-Sat: 6:30AM-12PM

**Guam Medical Health  
Care Center**

**Dr Villa's Clinic**

Tel: 686-7000  
600 Harmon Loop rd, Ste 105,  
Harmon  
Mon-Sat: 6:30AM-1PM

**Guam Regional Medical City**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Fri 8-5pm

**IHP Medical Clinic**

Tel: 633-0313  
655 Harmon Loop Road, Ste 108  
Mon-Fri: 7AM-9PM; Sat: 8AM-5PM

**Manhattan Plaza Building**

Tel: 689-9585  
Ste 107 Harmon Loop Rd, Harmon  
Mon-Sat: 6:30AM-12PM

**DLS- Hagatna**

**Express Care Clinic**

Tel: 472-5770  
Hagatna Shopping Center  
302 South Route 4, O'Brien Drive  
Mon-Sat: 7AM-1PM

**DLS- Mangilao**

**American Medical Center**

Tel: 735-7828  
263 VietnamVeteran's Highway,  
Mangilao  
Mon-Fri: 6:30AM-6PM;  
Sat: 6:30AM-5PM

**DLS-Upper Tumon**

**American Medical Center**

Tel: 646-4679  
1244 N. Marine Corps Drive, Upper  
Tumon  
Mon-Fri: 6:30AM-9PM;  
Sat: 6:30AM-5PM

**Hafa Adai Specialist Group**

Tel: 689-9580  
Sunflower Villa, 280 Pale San Vitores  
Road, Tamuning  
Mon-Fri: 8AM-1PM; Wed: Closed

**DLS- Tamuning**

**Guam Medical Plaza**

Tel: 646-4673  
633 Gov Carlos G. Camacho Rd. Ste  
210, Tamuning  
Mon-Fri: 8AM-5PM;  
Sat: 6:30AM-10:30AM

**PeMar Place, Sagua Managu**

**Birthing Center**

Tel: 649-5079  
472 Chalan San Antonio, Tamuning  
Mon-Fri: 7AM-3:30PM;  
Sat:7AM-11AM

**The Doctor's Clinic**

Tel: 646-4258  
851 Gov. Carlos G Camacho Rd,  
Tamuning  
Mon-Fri: 8AM-5PM;  
Sat: 9AM-12PM

## Magnetic Resonance Imaging

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**GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

**Guam Radiology Consultants**

Tel: 649-1001  
633 Gov Carlos Camacho Rd, Guam  
Medical Plaza, Ste 210, Tamuning  
Mon-Fri: 8AM-5PM; Sat: 8AM-1PM

**MDX Imaging Center**

Tel: 648-6390  
643 Chalan San Antonio, Ste 109,  
Tamuning  
Mon-Fri: 8:30AM-6PM;  
Sat: 9AM-1PM

**FHP Imaging**

Tel: 646-5825  
548 S. Marine Corps Drive,  
Tamuning  
Mon-Fri: 9AM-6PM;  
Sat & Sun: Closed

# Mammography

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

## **Guam Radiology Consultants**

Tel: 649-1001  
633 Gov Carlos Camacho Rd, Guam  
Medical Plaza, Ste 210, Tamuning  
Mon-Fri: 8AM-5PM; Sat: 8AM-1PM

## **MDX Imaging Center**

Tel: 648-6390  
643 Chalan San Antonio, Ste 109,  
Tamuning  
Mon-Fri: 8:30AM-6PM;  
Sat: 9AM-1PM

## **FHP Imaging**

Tel: 646-5825  
548 S. Marine Corps Drive,  
Tamuning  
Mon-Fri: 9AM-6PM;  
Sat & Sun: Closed

# Nuclear Medicine

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## **Guam Medical Imaging Cente**

Tel: 649-9227  
PeMar Place, 471 Chalan San  
Antonio, Tamuning  
Mon-Fri: 8AM-5PM

## **Guam Radiology Consultants**

Tel: 649-1001  
633 Gov Carlos Camacho Rd, Guam  
Medical Plaza, Ste 210, Tamuning  
Mon-Fri: 8AM-5PM; Sat: 8AM-1PM

# Physical Medicine

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## **Guam Radiology Consultants**

Tel: 649-1001  
633 Gov Carlos Camacho Rd, Guam  
Medical Plaza, Ste 210, Tamuning  
Mon-Fri: 8AM-5PM; Sat: 8AM-1PM

# Occupational Therapy

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## **Gurusamy Inc, dba Health Services of the Pacific**

Tel: 647-5355  
655 Harmon loop Rd, Ste 300,  
Dededo  
Mon/Tues/Thurs/Fri: 8AM-5PM



# Optometry Care

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## 20/20 Vision Center

Tel: 646-3001  
761 South Marine Corps Dr. CBU  
101, Tamuning  
Mon-Sat: 11AM-6PM

## Advanced Eyecare, LL dba Lombard Health

Tel: 989 4747  
736 Route 4, Ste. 103, Sinajana  
Mon-Fri 7:30AM-4:30PM;  
Sat 11AM-3PM

## FHP Vision Center

Tel: 646-5825  
548 S. Marine Corps Drive,  
Tamuning  
Mon-Fri: 8AM-6PM;  
Sat & Sun: Closed

## Guam SDA Eye Clinic

Tel: 647-0235  
388 Ypao Road, Tamuning  
Mon 8AM-5PM; Tues-Thurs  
8AM-5PM;  
Fri 8AM-12PM; Sun 8AM-12PM  
(Selected Sundays)

# Pathology

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## GRMC Specialty Care Clinic

Tel: 645-5500  
133 Route 3, Dededo

# Pharmacy

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## Community Pharmacy II

Tel: 646-6515  
1244 N. Marine Corps Dr., Upper  
Tumon  
Mon-Fri 9AM-9PM; Sat 9AM-5PM

## Community Pharmacy III

Tel: 637-3323  
612 W. Marine Corps Dr., Ste. 8,  
Dededo  
Mon-Fri 9AM-6PM; Sat 9AM-1PM

## DPHSS: Northern Regional Community Health Center

Tel: 635-4406  
520 W. Santa Monica Ave., Dededo  
Mon-Fri: 8AM-6PM  
Sat: 8AM-5PM

## DPHSS: Southern Regional Community Health Ctr \*

Tel: 828-7547  
162 Amban Dr., Inarajan  
Mon-Fri: 8AM-5PM

## Evergreen Pharmacy & Supplies

Tel: 478-3837  
520 Route 8 Ste 105, Maite  
Mon-Sat 8AM-5:30PM  
Sat 9AM-1PM

## Express Med Pharmacy

Tel: 632-8100  
138 Kayen Chando St., Dededo  
Mon-Sat 8AM-8PM; Sun 10AM-3PM

## Express Med Pharmacy 2

Tel: 648-3972  
263 Vietnam Veterans Hwy Rt 16,  
Mangilao  
Mon-Fri 8AM-6:30PM  
Sat 9AM-5PM

## Guam Rexall Drugs

Tel: 646-4827  
646 Marine Corps Drive, Tamuning  
Mon-Fri 10AM-7PM; Sat 10AM-6PM

## Harmon Drugs

Tel: 637-1473  
226 Army Drive, Ste. A, Harmon  
Mon-Fri 10AM-7PM; Sat 10AM-6PM

### **ITC Pharmacy**

Tel: 646-6395  
ITC Bldg., Ste. 126, 590 S. Marine Dr.  
Tamuning  
Mon-Fri 9AM-5PM; Sat 9AM-12PM

### **ITC Pharmacy II**

Tel: 649-1977  
Ste 100 Photo Town Plaza 353  
Chalan San Antonio, Tamuning  
Mon-Fri 9AM-5PM; Sat 9AM-12PM

### **Kmart Pharmacy**

Tel: 649-7843  
404 North Marine Drive, Tamuning,  
96913  
Mon-Fri 9AM-9PM; Sat 9AM-7PM;  
Sun 10AM-6PM

### **Mega Drug Pharmacy I**

Tel: 646-5355  
255 Farenholt Ave., Tamuning  
Mon-Sat 9AM-9PM; Sun 9AM-6PM

### **Mega Drug Pharmacy II**

Tel: 632-3385  
330 W. Marine Corps Dr., Dededo  
Mon-Fri 8AM-8PM; Sat 8AM-6PM

### **Mega Drug Pharmacy III**

Tel: 969-5600  
548 S. Marine Corps Dr., Tamuning  
Mon-Fri 8AM-6PM; Sat 8AM-2PM  
Sun: CLOSED

### **Minutes Rx Pharmacy**

Tel: 472-4780  
736 Route 4, The Village, Ste. 104,  
Sinajana  
Mon-Sat 9AM-7PM

### **Oka Pharmacy**

Tel: 647-1193  
241 Farenholt Ave., Ste. 101,  
Tamuning  
Mon-Fri 8:30AM-8PM;  
Sat 8:30AM-6PM

### **Perezville Pharmacy**

Tel: 649-9400  
851 Gov Carlos Camacho Rd.,  
Tamuning  
Mon-Fri 8AM-7PM; Sat 9AM-1PM

### **Sagan Amot Pharmacy**

Tel: 565-3043  
Agat Point Commercial Bldg., Unit A-  
106, Agat  
Mon-Fri 10AM-7PM; Sat 10AM-6PM

### **SDA Pharmacy**

Tel: 648-2525  
388 Ypao Rd., Tamuning  
Mon-Thurs 7:30AM-6PM;  
Fri 7:30AM-1PM; Sun 7:30AM-2PM

### **Super Drug Pharmacy**

#### **Dededo**

Tel: 637-9783  
214 W. Marine Corps Dr., Dededo  
Mon-Fri 9AM-6PM; Sat 10AM-3PM

#### **Hagatna**

Tel: 477-3627  
Agana Shopping Ctr., Ste. 118,  
Route 4  
Mon-Fri 10AM-6PM; Sat 10AM-3PM

#### **Harmon**

Tel: 633-3684  
655 Harmon Loop Road, Ste. 108,  
Dededo  
Mon-Fri 8:30AM-7:30PM;  
Sat 8:30AM-1:30PM

#### **Oka**

Tel: 646-6177  
285 Farenholt Ave., CO4, Tamuning  
Mon-Fri 10AM-6PM; Sat 10AM-3PM

#### **Yigo**

Tel: 653-9512  
525 Chalan Ramon Haya, Yigo  
Mon-Fri 10AM-6PM; Sat 10AM-3PM  
Sun: CLOSED

## **Physical Therapy**

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### **Active Life Chiropractic**

Tel: 477-3472  
155 ET Calvo Memorial Parkway, Ste.  
101B, Tamuning  
Mon-Fri 9AM-12PM & 3PM-6PM;  
Sat 9AM-12PM

### **Custom Fitness, LLC**

Tel: 989-0436  
185 Dulce Nombre De Maria,  
Hagatna  
Mon-Thurs 5AM-2PM; Fri 5AM-5PM

### **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat 8AM-5PM

### **Gurusamy, Inc. dba Health Services of the Pacific**

Tel: 647-5355  
655 Harmon loop Rd,  
Ste 300, Dededo  
Mon/Tues/Thurs/Fri: 8AM-5PM

### **New Gen Physical Therapy**

Tel: 735-8000  
263 Vietnam Veterans Highway,  
Mangilao  
Mon-Fri 8AM-5PM

### **Premise Health dba United Family Medical Center**

Tel: 645-8359  
523 Chalan Pasaheru, Old  
Commuter Terminal, Tamuning  
Mon-Fri 8AM-7PM; Sat 9AM-4PM;  
Sun: 11AM-5PM

### **S.O.A.R. Physical Therapy**

Tel: 647-0110  
224 Farenholt Ave., Tamuning  
Mon, Wed & Fri 7:30AM-12PM &  
1PM-5PM; Tues & Thurs 7:30AM-  
12PM & 1PM-6:30PM; Sat 9AM-1PM

### **SDA Physical Therapy**

Tel: 647-7520  
388 Ypao Road, Tamuning  
Mon-Fri 7:30AM-6PM; Fri 8AM-12PM

## **Radiology**

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### **FHP Health Center**

Tel: 646-5825  
548 S. Marine Corps Drive,  
Tamuning  
Mon-Fri: 9AM-6PM;  
Sat & Sun: Closed

### **Guam Seventh-Day Adventist Clinic**

Tel: 646-8881  
388 Ypao Road, Tamuning  
Mon-Thurs 8AM-6PM; Fri: 8AM-1PM;  
Sun: 8AM-2PM

### **MDX Imaging Center**

Tel: 648-6390  
643 Chalan San Antonio, Ste. 109,  
Tamuning  
Mon-Fri 8:30AM-6PM; Sat 9AM-1PM

### **Guam Radiology Consultants**

Tel: 649-1001  
633 Gov. Carlos Camacho Rd., Guam  
Medical Plaza, Ste. 210, Tamuning  
Mon-Fri 8AM-5PM; Sat 8AM-1PM

### **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat 8AM-5PM

### **Pacific Radiology, Inc.**

Tel: 646-0230  
177-C PMC Isla Health Systems,  
Chalan Pasaheru, Tamuning  
Per Visit Only

## **Sleep Medicine**

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### **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat 8AM-5PM

### **Pacific Sleep Care & Wellness**

Tel: 646-6875  
209 Manhattan Plaza, Route 16,  
Dededo  
Mon-Fri 8:30AM-5PM;  
Sat 9AM-5PM

### **Pacific Sleep Center**

Tel: 649-3002  
Bri Bldg., Ste. 102, 396 Chalan San  
Antonio, Tamuning  
Mon-Fri: 9AM-6PM

### **Guam Sleep Center**

Tel: 647-6669  
535 N. Marine Corps Dr., Unit 1A,  
Tamuning  
Mon-Fri 8AM-5PM

# Speech Pathology

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## **GRMC Specialty Care Clinic**

Tel: 645-5500  
133 Route 3, Dededo  
Mon-Sat: 8AM-5PM

# Wellness

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## **Horinouchi Wellness Center**

Tel: 646-9333  
Amparo Business Ctr., 226 C/D,  
Chalan San Antonio, Tamuning  
Mon-Fri 9AM-6PM; Sat 9AM-3PM

## **Dr. D Chiropractic & Nutrition**

Tel: 649-4871  
424 W O'Brien St. Suite 115 Hagatna  
Mon/Wed/Fri: 9:30AM-5PM;  
Tues/Sat: 9:30AM-1PM

## **Eat Right Guam**

Tel: 687-0111  
213 Chalan Santo Papa, Hagatna  
Sat: 9AM-1PM

## **NewGen Physical Therapy**

Tel: 735-8000  
263 Vietnam Veterans Memorial  
Highway, Mangilao  
Mon- Fri: 8AM-5PM

## **SDA Wellness Center**

Tel: 648-2521  
388 Ypao Road, Tamuning  
Mon- Thurs: 8AM-6PM  
Fri: 8AM-12PM

## **Payless Supermarkets DBA: Super Drugs Pharmacy**

Tel: 477-3627/477-9266  
751 Chalan Machaute, Maite  
Mon- Sat: 10AM-6PM

# In the U.S. Mainland & Hawaii

## **Aetna International**

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