TakeCare℠

Fiscal Year 2018
Updated 09.01.2018

GOVGUAM
Open Enrollment Booklet

Our Island, Your Health Plan℠

Pika Best of Guam

Best Insurance Company on Guam

2017
2016
2015
2014

TakeCare was voted four years consecutively for the island's Best Insurance Company!

We are humbled and proud our members put their trust and confidence in our abilities to meet their healthcare and medical needs today, and for generations to come.

Customer Service 671.647.3526 | **24/7 Toll Free** 1.877.484.2411 | customerservice@takecareasia.com

Our Island, Your Health Plan℠

TakeCare℠

takecareasia.com

Connect with us

Member Benefits Handbook

GOVERNMENT OF GUAM

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This booklet is designed to provide general information about the **TakeCare plans** offered to Government of Guam employees, retirees and survivors. In the the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.

Elevating the member/patient
experience

TakeCare
The first accredited health plan on Guam!

Health Plan Accredited by

AAAHC
ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE, INC.

What does accreditation mean to you?

Achieving health plan accreditation encourages **confidence** that the services available to members meet the established, measurable **quality standards**.

It assures that a **neutral, external party** (AAAHC) has made the evaluation, finding the **quality of service & internal processes** to be satisfactory, based upon appropriate **peer expertise**.

Health plan accreditation is a reliable indication of the **high value and quality of services** provided by the accredited organization.

Through health plan accreditation, you can count on TakeCare to deliver comprehensive insurance coverage with the highest quality and standards of care when and where you need it. Take control of your health care.

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Customer Service 647-3526
Our Island, Your Health Plan™

The TakeCare Advantage

Health Plan Accredited by

AAAHC
ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE, INC.

You can count on us to deliver comprehensive insurance coverage and quality health care when and where you need it.

- **The first accredited health plan on Guam by the Accreditation Association for Ambulatory Health Care (AAAHC).**
- $5 Co-Payment at FHP Health Center for Primary Care for PPO and HSA plan.
- $5 Co-Payment at FHP Health Center for Annual Eye Exam under the HSA Plan.
- Inclusion of preferred primary care network at $10 copayment.
- 100% Coverage for Routine & Preventive Laboratory Services.
- Gym Membership covered at 100% at preferred Fitness Partners on island.
- 100% Coverage for Disease Management and Wellness Programs.
- Wellness and Fitness incentives up to $700 per individual /$1,400 per family to reward and encourage you to live a healthy, balance lifestyle.
- Preferred access to FHP Health Center and Urgent Care Open 7am to 11pm / 7 days week, 363 days a year.**
- 100% coverage in the Philippines at participating providers for inpatient and outpatient services.*
- Philippines Network includes Mercury Drug, MedExpress, Healthway Medical & Affinity Dental.
- 100% Coverage for approved Prescription Drugs in the Philippines available at preferred Mercury Drug & MedExpress Pharmacy locations.
- $500 Travel Allowance Benefit available for **each** approved referral and travel to the Philippines. Not subject to deductible on the PPO1500 plan. Limitations may apply.
- Dedicated 24/7 Customer Service **671-647-3526 / 1-877-484-2411**.
- **My TakeCare Member Portal**

  Gives you access to your claims history and benefit information 24/7 and the ability to print your member card at any time.
- **TakeCare Mobile App**

  Provides mobile access to your member ID Card, Provider Directory, Wellness Programs, Affinity Wellness Partners & helps you manage your Wellness & Fitness Incentives.

For more information, call 671.646.6956 ext. 7162 or 7108.

*subject to deductible
Urgent Care/Pharmacy: **Closed - Christmas Day and New Year's Day. **Open 7am-5pm** - Thanksgiving, day after Thanksgiving, Christmas Eve, New Year's Eve and Employee Meeting.

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Our Island, Your Health Plan™

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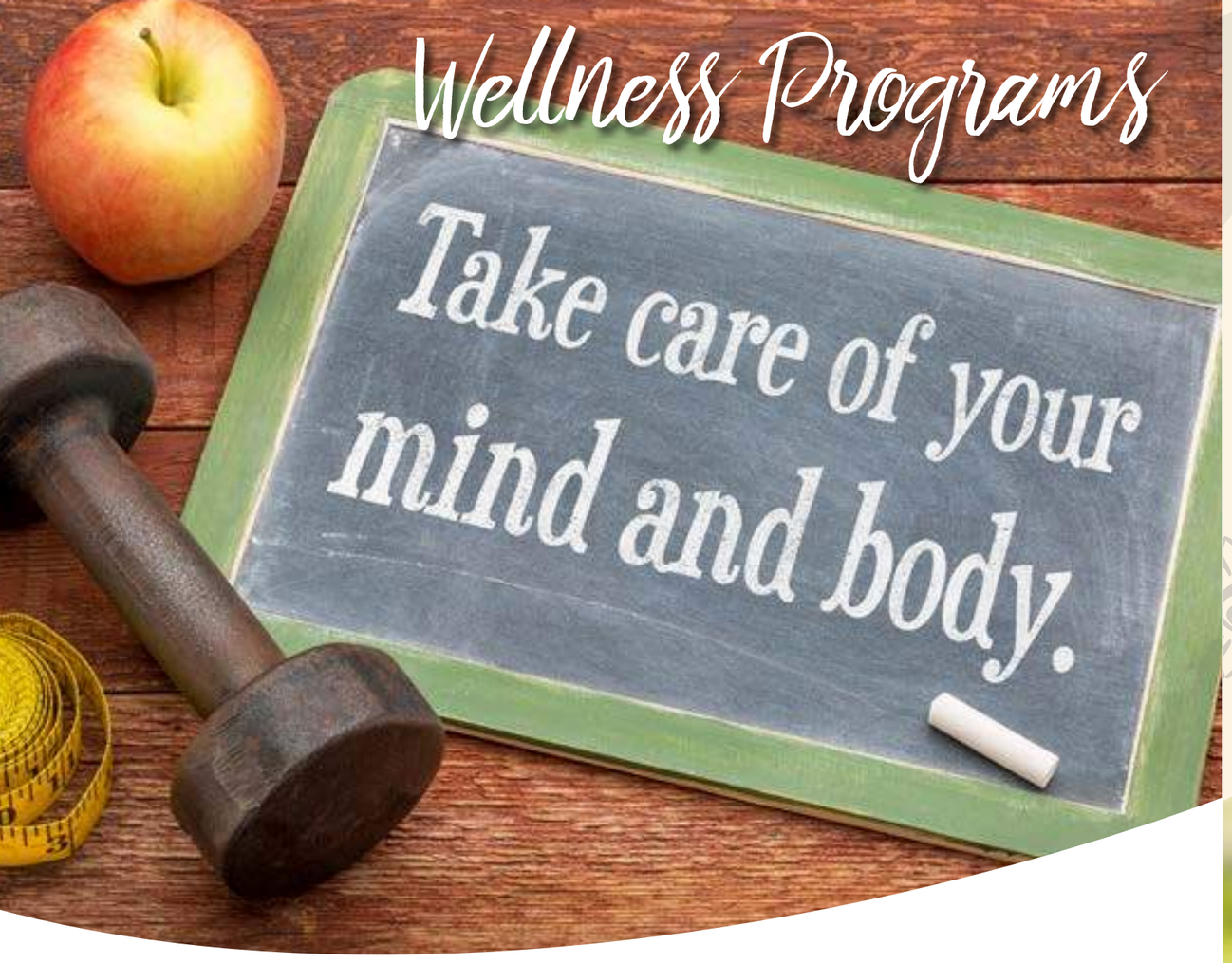
Wellness Programs



A sound mind and body give you optimum control over debilitating sickness and disease. Discover the path to wellness with TakeCare and FHP Health Center's Wellness Programs. Health Education Classes and Fitness Program Classes arm you with healthy lifestyle practices and a dose of prevention so you can do more.

- **Balanced Lifestyle Workshop**
- **Cardiac Risk Management**
- **Children's Health Improvement Program**
- **Diabetes Management**
- **Nicotine Cessation Program**
- **Nurse Care Management**
- **Nutrition Counseling**
- **Takecare Fitness Program**
- **TakeCare Wellness Workshop**
- **Teen Talk Workshop**
- **Well Mommy Well Baby Program**
- **Worksite Wellness**

For more information or to register for our health education classes, please contact our **TakeCare Wellness Team** at **300-7161** or **300-7224**, Monday through Friday from 8am-5pm or email wellness@takecareasia.com.

*** All health educations classes are FREE to TakeCare members unless otherwise specified. Referral is required from your primary care physician. Please fax referral to [671) 647-3541 or email to wellness@takecareasia.com**

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Our Island, Your Health Plan™

Wellness & Fitness Incentives

Health Plan Accredited by
AAAHC
ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE, INC.

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Wellness Incentives

WELLNESS, DISEASE MANAGEMENT, AND PREVENTIVE INCENTIVE PROGRAM

CRITERIA/REQUIREMENT		
Preventive	If Completed at **FHP Health Center** or Medication was filled at **FHP Pharmacy**	If Completed within **TakeCare's Participating Network** or Medication was filled by a **Participating Pharmacy**
Completion of TakeCare's Online Health Risk Assessment by eligible members 18 years and older once per benefit year.	$5	
Completion of a Biometric Screening through a TakeCare participating primary care provider, TakeCare's Wellness team or member's chosen fitness partner once per benefit year.	$5	
Completion of an Annual Physical Exam through a TakeCare participating primary care provider once per benefit year.	$50	$25
Completion of an Annual Physical Exam and Colorectal Cancer Screening for eligible members ages 50 and older with any of the following services: colonoscopy, sigmoidoscopy and fecal occult blood test once per benefit year as part of the annual physical exam through TakeCare's participating primary care provider.	$25	$10
Completion of an Annual Physical Exam, Breast Cancer Screening and Screening Mammogram for eligible female members between 40 to 69 years of age as part of the annual physical exam through TakeCare's participating primary care provider.	$25	$10
Completion of an Annual Physical Exam, Cervical Cancer Screening and Pap Smear for eligible female members between 21 to 64 years of age as part of the annual physical exam through TakeCare's participating primary care provider.	$25	$10
Administration of flu vaccines for eligible members between 18 to 64 years old once per benefit year.	$10	$5
Completion of an Annual Dental Exam through a TakeCare participating dentist.	$10	$5
Completion of an Annual Vision Exam through a TakeCare participating primary care provider.	$10	$5
Completion of a Pre-natal Visit with a TakeCare participating Obstetrician Gynecologist within the first trimester and member needs to provide documentation and proof of pre-natal visit and pregnancy test to TakeCare.	$25	$10
Achieving a 75% medication adherence to insulin in a benefit year for eligible patients/members diagnosed with diabetes as prescribed by a TakeCare participating primary care provider.	$25	$10
Achieving a 75% medication adherence to asthma medication in a benefit year for eligible patients/members diagnosed with asthma as prescribed by a TakeCare participating primary care provider	$25	$10
Completion of any TakeCare Disease Management Program or Wellness Workshop once per benefit year.	$25 per program up to $50 maximum per member per benefit year	N/A

▪ **Wellness and Preventive Incentives**

- For eligible members 18 years old and older
- Health Risk Assessment ("HRA"), Wellness Workshops and Disease Management programs must be completed and done through TakeCare to be eligible for these incentives.
- Members needs to be enrolled under the plan for three (3) continuous months within the benefit period and is an active member at the end of the benefit period to be eligible.
- All completed stamped cards must be submitted to TakeCare within thirty days from the end of the benefit period to be eligible for any incentives. Otherwise, no further incentive payment will be made to the eligible member after this deadline.
- Incentives are covered under the member's primary plan for members enrolled under multiple TakeCare plans.
- The member is responsible to submit a valid proof and documentation for incentives related to any reportable criteria and payments for these incentives are subject to the review and approval of TakeCare.
- If TakeCare is not the member's primary insurance, the member is required to submit proof or documentation of completion of any preventive or screening related services.
- Please refer to TakeCare's related policy and procedures on incentives.

Wellness Incentives

OUTCOME BASED INCENTIVE PROGRAM

CRITERIA/REQUIREMENT	MEMBER INCENTIVE
10% improvement or sustained blood pressure reading of lower than 140 over 90 if eligible member completed a TakeCare Disease Management program, was part of TakeCare's Wellness team identified hypertensive managed group and was diagnosed with hypertension at the beginning of the program.	$50 per quarter
10% improvement or sustained cholesterol screening results for LDL-C less than 100 or Triglycerides less than 150 if eligible member completed a TakeCare Disease Management program, was part of TakeCare's Wellness team identified high cholesterol managed group diagnosed, and was diagnosed with hyperlipidemia at the beginning of the program.	$50 per quarter
10% improvement or sustained HbA1C results of 7% or below if eligible member completed a TakeCare Disease Management program, was part of TakeCare's Wellness team identified diabetic managed group diagnosed, and was diagnosed with diabetes at the beginning of the program.	$50 per quarter

▪ **Fitness and Outcome Based Incentives**

- For eligible members 18 years old and older
- Members needs to be enrolled under the plan for three (3) continuous months within the benefit period and is an active member at the end of the benefit period to be eligible.
- Health Risk Assessment ("HRA") must be completed within the same benefit period of the fitness incentive payout.
- Incentives are covered under the member's primary plan for members enrolled under multiple TakeCare plans.
- All outcome based incentives are processed for payment within thirty days from the end of each quarter.
- Under the fitness incentives, incentives are calculated thirty (30) business days after the end of the benefit period for members that are manually submitting completed TakeCare fitness cards and payments are made within sixty (60) days after the end of the benefit period. For members using the TakeCare mobile application ("mobile app"), incentives will be calculated every time three (3) virtual cards were completed through the TakeCare mobile app and paid every quarter.
- To be eligible for the fitness incentives, HRA must be completed within the same benefit period.
- All initial/baseline and improvement result measurement for the outcome based incentives are evaluated and calculated every three (3) month within the member's current benefit year. These measurement may be completed by the member's primary care provider, TakeCare's Wellness Team or TakeCare fitness partners and will need to be submitted by the member to TakeCare.
- The member is responsible to submit a valid proof and documentation for incentives related to any reportable criteria and payments for these incentives are subject to the review and approval of TakeCare.

▪ **Gym**

- Members enrolled under multiple TakeCare plans will only be eligible for gym membership benefit under the primary TakeCare plan.
- Members need to select their gym choice during open enrollment regardless whether they are an existing or new TakeCare eligible member.
- $10 for every 10 visits or more to TakeCare's Wellness Center or member's fitness partner of choice.

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FITNESS/GYM INCENTIVE PROGRAM

CRITERIA/REQUIREMENT	MEMBER INCENTIVE
10% improvement or sustained normal or ideal body fat range; or 2-inch waist circumference improvement or sustained ideal range for waist circumference depending on the member's age and gender; or two (2) point improvement on eligible member's body mass index ("BMI") score or a sustained BMI score between 18.5 to less than 25 if eligible member is part of TakeCare's Wellness or Fitness partner identified weight or physical activity managed group and eligible member has chosen and enrolled under a TakeCare participating gym/fitness partner.	$50 per quarter
Completion of ten (10) visits every month by eligible member to any TakeCare's participating gym/fitness partner.	$10 per month for every month that member had ten (10) visits or more

▪ Fitness and Outcome Based Incentives

- For eligible members 18 years old and older
- Members needs to be enrolled under the plan for three (3) continuous months within the benefit period and is an active member at the end of the benefit period to be eligible.
- Health Risk Assessment ("HRA") must be completed within the same benefit period of the fitness incentive payout.
- Incentives are covered under the member's primary plan for members enrolled under multiple TakeCare plans.
- All outcome based incentives are processed for payment within thirty days from the end of each quarter.
- Under the fitness incentives, incentives are calculated thirty (30) business days after the end of the benefit period for members that are manually submitting completed TakeCare fitness cards and payments are made within sixty (60) days after the end of the benefit period. For members using the TakeCare mobile application ("mobile app"), incentives will be calculated every time three (3) virtual cards were completed through the TakeCare mobile app and paid every quarter.
- To be eligible for the fitness incentives, HRA must be completed within the same benefit period.
- All initial/baseline and improvement result measurement for the outcome based incentives are evaluated and calculated every three (3) month within the member's current benefit year. These measurement may be completed by the member's primary care provider, TakeCare's Wellness Team or TakeCare fitness partners and will need to be submitted by the member to TakeCare.
- The member is responsible to submit a valid proof and documentation for incentives related to any reportable criteria and payments for these incentives are subject to the review and approval of TakeCare.

▪ Gym

- Members enrolled under multiple TakeCare plans will only be eligible for gym membership benefit under the primary TakeCare plan.
- Members need to select their gym choice during open enrollment regardless whether they are an existing or new TakeCare eligible member.
- $10 for every 10 visits or more to TakeCare's Wellness Center or member's fitness partner of choice.

For more information, call TakeCare Customer Service at 671.647.3526.

Our Island, Your Health Plan™

TakeCare℠
takecareasia.com
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TakeCare℠ Fitness Partners*

TakeCare Wellness Center
Membership includes:
- Full access to fitness classes
- Calendar at www.TakeCareAsia.com

Contact Information: (671) 646-6956 ext. 7161/7224

CrossFit Hita
Membership Includes:
- Unlimited access

Contact Information: Tel: 989-2448

*Crossfit Latte Stone
One time registration fee $39
Membership Includes:
- 10 visits per month

Contact Information: Tel: 633-2357

*Custom
Membership Includes:
- Access to basics, yoga, mobility, child & teen, and open gym
- Children (3-10 years) of active members are free of charge

Contact Information: Tel: 989-0436

*Fitness Factory
Membership Includes:
- Access to CrossFit and MonkFit Class

Contact Information: Tel: 929-6046

*Guam Aikikai Aikido
Contact Information: Tel: 689-5887

Guam Muay Thai
Membership Includes:
- Unlimited access

Contact Information: Tel: 487-7718

**Guam Taekwondo Center
- One time registration fee $50

Membership Includes:
- Unlimited access to Taekwondo classes

Contact Information: Tel: 637-7000

*Hilton Wellness Center
Membership Includes:
- Unlimited access - Gym ONLY

Contact Information: Tel: 646-1835 x5886

International Sports Center
Membership Includes:
- Unlimited access

Contact Information: Tel: 477-9885

**Mantrasana Fitness Studio
Membership Includes:
- Unlimited access to MixxedFit and Zumba classes

Contact Information: Tel: 969-2359

SKIP Entertainment Co.
Contact Information: Tel: 472-4241

*PFC Agana/Dededo
Membership Includes:
- Dual club access: Hagatna & Dededo

Contact Information: Tel: Hagatna 475-2100/1
Dededo 635-2100/1

*The Pound Academy
Membership Includes:
- Choice of one [1] membership option: Brazilian Jiu-Jitsu, Muay Thai, OR open gym

Contact Information: Tel: 687-4229

TLZ Studio
Membership Includes:
- Unlimited Access

Contact Information: Tel: 788-5719

Tribe Guam
Membership Includes:
- 8 week beginners camp, upon completion converts to intermediate/advance camp

Contact Information: Tel: 788-5719

*Unified
Membership Includes:
- Access to Burn Classes ONLY

Contact Information: Tel: 969-8641

University of Guam: Triton Fitness Center
Membership Includes:
- Unlimited Access

Contact Information: Tel: 735-2861

Urban Fitness
Membership Includes:
- Unlimited Access

Contact Information: Tel: 969-7308

Important: Please call TakeCare Customer Service at 647-3526 prior to accessing your gym enrollment.

Note: Gyms may have age limitations. *Membership upgrade options available. Please contact facility for more information. **Additional fees may apply: enrollment, uniform, etc., please contact facility for more information. TC Fitness Partner Rate Sheet_GovGuam_rev082718

Complete an online HRA and earn $5!

Completing your Online Health Risk Assessment:

Health Risk Assessment
Online Questionnaire

Before beginning the questionnaire, please have your medical information at hand with approximate dates of most recent preventive services, health screenings, and measurements, including your ***height***, ***weight***, ***waist measurement***, ***blood pressure***, ***cholesterol*** and ***glucose test results***, if known. While none of this information is required, it will make your HRA profile more accurate and complete.

5 Easy Steps

Step 1:
Log in to your "**MyTakecare account.**" If you do not have an account, you can create an account at my.takecareasia.com. Click the "I'm a member" link and follow the instructions. **Note:** You will need your TakeCare Member ID number which can be found on your TakeCare insurance card.

Step 2:
Once you have successfully logged into your "**MyTakecare account**," navigate down to my "**Health Tools**" located in the middle of the screen, then click on "**Health Risk Assessment**."

Step 3:
Click "**Accept**" then "**Enter**". This will prompt you to start the Health Risk Assessment Questionnaire.

Step 4:
Answer the questionnaire and don't forget to click, "**Submit.**"

Step 5:
A Health Risk Assessment report will be generated. You can print a copy or revisit the site to obtain your results at any time.

A completed "Health Risk Assessment" questionnaire can only be submitted **once per benefit year**.

Convenient Online Member Portal

Access to your personal medical and health plan information.

Register Today!

MyTakeCare℠ is a convenient and secure online portal allowing you to access your personal medical and health plan information **24 hours a day**, **7 days a week**.

With MyTakeCare℠, you will be able to access valuable health and wellness resources through TakeCare's Healthwise Knowledgebase, as well as manage your own personal health within MyTakeCare℠ health calendar.

- **Reprint your member card**
- **See your claims information**
- **Track your wellness goals**
- **Complete a health risk assessment questionnaire**

Account creation instructions

1. Visit **my.takecareasia.com** to register.
2. For New User Registration, click the "**I'm a Member**" link.
3. **Note** - you will need your TakeCare Insurance member ID number to create your account. You can find this on your TakeCare insurance card.
4. Follow the account creation wizard from here and save, write down, or remember your account credentials.

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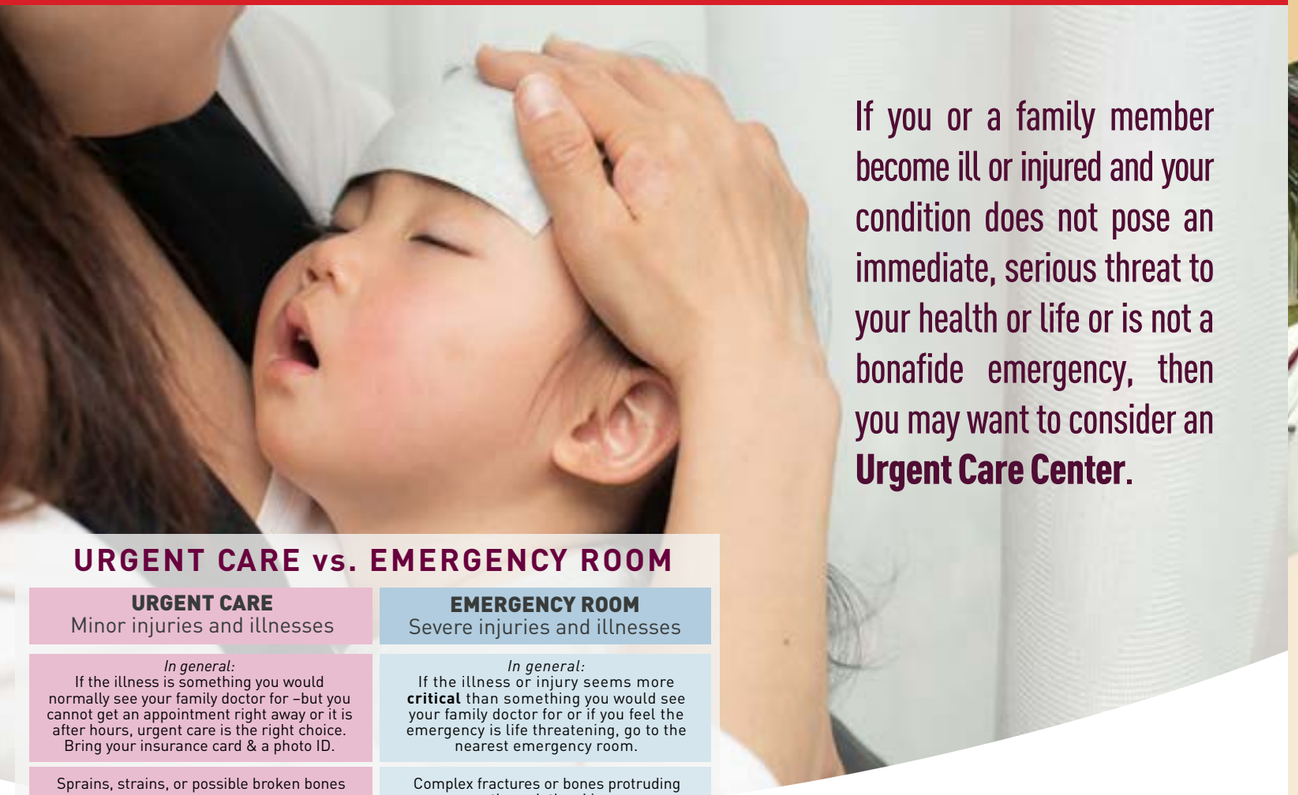
DO YOU HAVE AN **EMERGENCY?**



If you or a family member become ill or injured and your condition does not pose an immediate, serious threat to your health or life or is not a bonafide emergency, then you may want to consider an **Urgent Care Center**.

URGENT CARE vs. EMERGENCY ROOM

URGENT CARE Minor injuries and illnesses	**EMERGENCY ROOM** Severe injuries and illnesses
In general: If the illness is something you would normally see your family doctor for –but you cannot get an appointment right away or it is after hours, urgent care is the right choice. Bring your insurance card & a photo ID.	*In general:* If the illness or injury seems more **critical** than something you would see your family doctor for or if you feel the emergency is life threatening, go to the nearest emergency room.
Sprains, strains, or possible broken bones	Complex fractures or bones protruding through the skin
Headache	Head injuries or a sudden, very severe headache or loss of vision (could be the sign of a stroke)
Sore throats, coughs, ear infections, fever, flu symptoms	Chest pain or other heart attack symptoms– **call 911**
Minor burns, lacerations requiring a few stitches, animal bites	Serious lacerations, severe bleeding, poisoning
Worker's compensation injuries	Intoxication, overdose or attempted suicide

*Based on average standard visit to treat minor cuts, bruises, sprains, flu symptoms, etc. with no insurance benefit or coinsurance.

Call 911 immediately if someone is unconscious, having trouble breathing, has suffered a serious injury or may be having a heart attack.

ER wait times and out-of-pocket expenses are at an all-time high. Unless it is a true emergency, you will likely get quicker, quality medical care somewhere else. That is why it is important to know the difference between an Urgent Care and an Emergency Room visit in order for you to maximize your current health care benefit.

(After an ER visit, TakeCare must be notified within 48 hours for benefits to apply.)

FHP Urgent Care
WALK-IN MEDICAL SERVICES

Open Every Day* 7am to 11pm

Call 646-5825

***Urgent Care/Pharmacy: Closed** - Christmas Day and New Year's Day. **Open 7am-5pm** - Thanksgiving, day after Thanksgiving, Christmas Eve, New Year's Eve and Employee Meeting.

AMERICAN MEDICAL CENTER

Monday–Friday 6am to 9pm

Call 647-8262

Pictured above L-R:
Ed Stanley, PA-C-*Urgent Care*; Marlene San Nicolas, OD-*Optometry*; Luella Manlucu, MD-*Pediatrics*; Samir Ambrale, MD-*Oncology*; Rachel Consoli, MD-*OB/GYN*; Andrew Graves, MD-*Radiology*; Sarah Clegg, DDS-*Dental*

Experience the FHP Difference

The FHP Health Center is your convenient, one-stop health care facility for your family, medical, dental, vision needs. In addition to our highly-trained and well known physicians, FHP also offers a full-service pharmacy, laboratory, radiology and specialty care center in one location.

We accept most insurances including NetCare, Aetna, Tricare, and self-pay patients are welcomed. Now accepting new patients. Call for an appointment.

- **Medical Care**
  - Adult Medicine
  - OB/GYN
  - Occupational Health Services
  - Laboratory
  - Pediatrics
  - Radiology
  - Urgent Care
- **Dental Care**
- **Home Health/Hospice Care**
- **Pharmacy**
- **Specialty Care**
- **Vision Care**

Primary Care
Adult Medicine
Business Hours: Mon–Fri 8am-6pm
OB/GYN
Pediatrics
Business Hours: Mon–Fri 8am-5pm

Specialty Care
Cancer Center
Business Hours: Mon–Fri 8am-5pm

Urgent Care
Business Hours: Every day* 7am-11pm

*Urgent Care/Pharmacy: Closed-Christmas Day and New Year's Day; 7am-5pm-Thanksgiving, day after Thanksgiving, Christmas Eve, New Year's Eve and Employee meeting

Medical Services
Home Health
Business Hours: Mon – Fri 8am-5pm
Occupational Health Services
Business Hours: Mon – Fri 9am-4pm
Pharmacy
Business Hours: Mon – Fri 8am-6pm
Sat 8am-12pm, and Sundays and Holidays Closed
Imaging Center
Business Hours: X-Ray Monday-Sunday 7am-11pm
MRI, CT Scan, Digital Mammogram, Ultrasound, Echocardiogram, and BMD by appointment

Other Services
Dental Center
Vision Center
Business Hours: Mon – Sat 8am-6pm

Call the FHP Health Center at 646-5825 and Press 2 to schedule an appointment today.

Our Island, Your Clinic℠

FHP Urgent Care
WALK-IN MEDICAL SERVICES

FHP®
fhpguam.com
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Andrew Graves, M.D.

Andrew Graves is an award-winning board certified diagnostic radiologist. Dr. Graves received his BS in Biology from Cal Poly Pomona University and his M.D. from Loma Linda University School of Medicine.

Comprehensive Diagnostic Medical Imaging

- MRI (3Tesla-Higher Resolution)
- CT Scan
- Digital Mammogram
- Full Digital X-Ray
- Ultrasound (with 4D Technology)
- Interventional exams such as ultrasound guided biopsy and aspirations
- Echocardiogram
- Bone Mineral Density/Dexa Scan

Accredited by the American College of Radiology.

Call the FHP Health Center at **646-5825** and **Press 2** to schedule an appointment today.

Our Island, Your Clinic℠

FHP® Imaging Center

fhpguam.com Connect with us

Customer-Focused Services

24/7 Customer Service

A live customer service representative is available to answer your calls 24 hours a day, 7 days a week.

Customer Service Department

Office Hours
8:00am - 5:00pm
Monday - Friday

Call Center
24 hours/7 days a week

P.O. Box 6578
Tamuning, Guam 96931

671.647.3526
877.484.2411 (Toll Free)
671.647.3542 (Fax)
customerservice@takecareasia.com
www.takecareasia.com

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Simply present your TakeCare member ID card at any of our Affinity Partners to receive a special offer or discount.

Receive a stamp from our Affinity Partners for each visit. Submit 3 completed Affinity Rewards cards to TakeCare Customer Service to receive a prize. For TakeCare App users, visit the TakeCare Customer Service office when you complete 1 digital Affinity Rewards Card to receive a prize. All submitted Affinity Rewards card will be entered into a quarterly raffle drawing. Prizes can be redeemed from TakeCare Customer Service.

RESTAURANTS

Ajisen Ramen
Free Iced Tea with any entree purchase [5]

Cappricciosa
$3 OFF on any purchase of $20 or more [1]

Caravel (at Onward Hotel)
Affinity members and four (4) guests receive 10% off dinner [2]

Dolce Frutti NEW
15% off coffee & gelato [1]

Frost Bite
Free small ice cream or small snow ice with every $10.00 purchase [5]

Fizz & Co. NEW
Buy one handmade soda and get one FREE

Gabriel's Restaurant
10% off card holder's entree [5]

Infusion
50¢ off all cold or hot teas

Guam Reef NEW
Club Infinity One Year Membership for $10

Nuts & Grains
$1 off any size smoothie [5]

Caffé Cino NEW
10% off cardholder's purchase

Onward Mangilao Golf Club
10% Off at ProShop and Restaurant

Onward Talofofo Golf Club
10% Off at ProShop and Restaurant

Outback
Choice of a FREE bloomin onion, cheese fries, or wings with the purchase of an entrée [3]

Proa Restaurant
Receive a half platter of Banana Fritters when you spend $25 [3]

Sagano Restaurant (at Onward)
Affinity members and four (4) guests receive 10% off dinner [2]

TGI Friday's
15% off card holder's meal and beverage [1]

Tony Roma's
FREE side salad with every entrée [1]

Truong's Restaurant
FREE half order of lumpia with the purchase of an entrée [3]

Tumon Bay Lobster & Grill
10% off on your entire bill

ENTERTAINMENT

Adventures with Wooki NEW
$2 Off the purchase of Adventures with Wooki "Unique Like Me!"

The Bead Hive NEW
10% off beads, jewelry-making tools, supplies & finished jewelry. $5 off classes and workshops [5]

Blakes
10% off any car rental or detail servicing

Car Audio Image NEW
10% OFF JBL / SKAR Audio / Phoenix Gold Brands

Carrier NEW
15% off regular list priced hi-wall, duct free air conditioning systems. Discount only applicable on 9K - 36K BTU models in stock. Free brackets with installation for 9K - 24K BTU units.

Cocos Island Resort
$3 OFF any adult ticket [5]

Color Guam
1. $2 off regular rate of any one of our regular paint sessions.
2. Additional $2 for our kids camp per day (this discount to apply on any discounts advertised for our camp).
3. Party Discounts: $2 off per person who is a TakeCare member. Member will not receive a discount for entire party they are paying for. Each child or adult must be a TakeCare member.
4. Discounts will not apply if our sessions are on special. It will only apply for Kids Camp.

East Island Tinting
10% off all services including special promotions.

FHP Dental
10% off Zoom Teeth Whitening
(Conditions apply. Please call FHP Dental for more information).

SERVICES

FHP Pharmacy
10% off all over the counter products [5]

FHP Vision
10% off all frames and over the counter items.

Geek Out NEW
10% OFF regular priced items.[5]
(Not eligible on sale/clearance/tokens/tickets).

Gemkell Corporation
Exclusive offer with the following locations:
Tumon Sands Plaza: **BALENCIAGA, CHLOÉ, GIVENCHY, LESPORTSAC**
The Plaza: **BALENCIAGA, MARC JACOBS, LESPORTSAC, LONGCHAMP**, and Micronesa Mall: **LACOSTE.** Please ask sales associates for details

Island Eye
Receive up to $600.00 OFF LASIK Surgery.
*Please note: LASIK surgery is a cosmetic procedure and is not a covered benefit under your TakeCare medical plan

Island Skin Spa NEW
10% off all regular priced facials, massages and waxes

KM Universal
15% off Sundries 5% off STIHL Bushcutters, Chainsaws, and Outdoor Power Equipment

La Bijou Beauty & Hair Studio NEW
15% off 1 hour Facial Massage Session;
10% off hair services

Lotus Surf Shop
20% off All Apparel & Accessories [4]

MGKM Kooling Services
15% off AC Cleaning

Onward Beach Resort
Membership Club-Receive 5% off Annual Membership Rate.

Project Matrix NEW
10% off All VR Purchases

Spa Bali
30% off all services [5]

Spa Ayualam
30% off all services [5]

Sugar Hut NEW
10% off all services [1]
ADDITIONAL PROMO: Download Sugar Hut Affinity Loyalty Card for exclusive offers. https://loyalty.is/f1mps9

Tango Theatres
46 oz. popcorn and a 32 oz. drink for $8.00 (actual price is at $9.00) [4]

Time & Style by Caronel
$5 OFF on any puchase of watches and sunglasses [5]

Triple J Quick Lane
15% off parts and service. We service all brands, makes, models. No appointment necessary [5]

The Vault GU NEW
10% OFF regular priced items.[5]
(Not eligible on sale/clearance items).

Zephyr Cooling
10% discount off all basic AC cleaning

Conditions apply. For more information about the Affinity Rewards Program, please contact us at affinityrewards@takecareasia.com.

[1] RESTRICTIONS APPLY: Excludes alcohol. May not be combined with any other offer, promotion, or discount. Dine in only. Valid on ly on Guam. [2] RESTRICTIONS APPLY: Excludes Special Events. May not be combined with any other offer, promotion, or discount. Valid only on Guam. [3]RESTRICTIONS APPLY: Limit one per table. May not be combined with any other offer, promotion, or discount. Valid only on Guam. [4] RESTRICTIONS APPLY: Please see Affinity Rewards partner for details. [5] RESTRICTIONS APPLY: Cannot be combined with any other offer,promotions, or discount. [6] Not valid on following promotional days: Dec. 24, 25, Dec. 31 , Jan 1 and Feb.14. Cannot be used in conjunction with any other promotions or discounts.

TakeCare℠
takecareasia.com
Connect with us

RSVD08092018

Network Providers

We provide the options, you choose the provider that benefit your healthcare needs.

TakeCare℠
takecareasia.com
Connect with us

Our Island, Your Health Plan℠

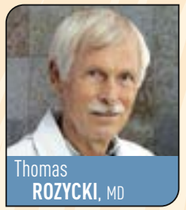
TCPD_rev08242018

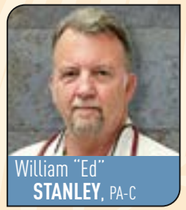
This booklet is designed to provide general information about the **TakeCare plans** offered to Government of Guam employees, retirees and survivors. In the the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.

FHP®

FHP Health Center Providers


Wendy **FRICKEL**, MD


Thomas **ROZYCKI**, MD


William "Ed" **STANLEY**, PA-C


Mo-Ping **THAM**, DO

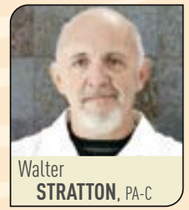

Ashley **ARTERO**, NP


Lina **ASTON-QUAN**, PA-C


Teofila **CRUZ**, NP-C


Karyn **KAUFMAN**, PA-C


Luella **MANLUCU**, MD

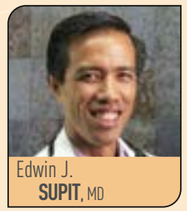

Walter **STRATTON**, PA-C


Helene **TUNCAP**, PA-C


Vincent "Vinnie" Ⓜ **DUENAS**, DO

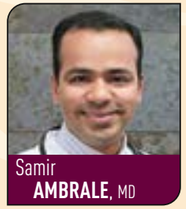

Marylou Ⓜ **DULAY**, MD

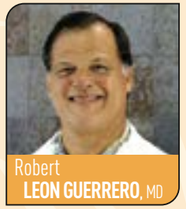

Lilybeth Ⓜ **SISTOZA**, MD


Edwin J. **SUPIT**, MD

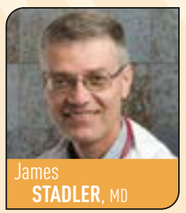

Rachael **CONSOLI**, MD,MPH,FACOG

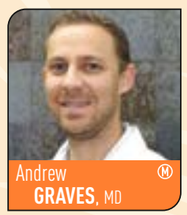

Carolyn **WARD**, CNM, F-CNP


Samir **AMBRALE**, MD


Robert **LEON GUERRERO**, MD


Dennis **SARMIENTO**, MD


James **STADLER**, MD


Andrew Ⓜ **GRAVES**, MD


Sarah **CLEGG**, DDS


Collette **SUPIT**, DDS


Monica **HINES**, OD


Jay Ⓜ **MCDONALD**, OD


Marlene Ⓜ **SAN NICOLAS**, OD

MEDICAL-Urgent Care

MEDICAL-Family Practice

MEDICAL-Internal Medicine

MEDICAL-OB/GYN

MEDICAL-Oncology/Specialty Care

MEDICAL-Pediatrics

MEDICAL-Radiology

DENTAL

OPTOMETRY

Ⓜ Medicare Healthcare Provider*

TakeCare℠

Provider Directory

PARTICIPATING PROVIDERS

The true measure of any health care organization is the quality of the care you receive. And at the heart of this is your relationship with your participating provider. Your participating provider is essential in providing your day to day health care needs as well as providing the avenue for health care alternatives such as specialty care. That's why, at TakeCare, you have the freedom to make the most important health care decision of all-the choice of your participating provider. This provider directory serves as a helpful tool to select a participating provider.

HOW TO SELECT A PARTICIPATING PROVIDER

Choose a Participating Provider (Medical Group or Individual Physician) from this directory. You and your enrolled dependents may choose a different Participating Provider. You may switch Participating Providers as often as needed by simply calling **TakeCare Customer Service at (671) 647-3526 or toll free at 1-(877)-484-2411 and (680) 488-4715 in Palau**. Your new selection will be effective immediately. Services received through providers not listed in this Provider Directory may be covered at a lesser coverage level. Please refer to your Schedule of Benefits for specific Out-of-Network Benefits.

HELPFUL INFORMATION

Who is a Participating Provider?

A Participating Provider is any individual practice association, individual physician, pharmacy, hospital or group of licensed providers who have entered in to a written agreement with TakeCare to provide medical or dental services to you and your enrolled dependents.

What is a Primary Care Provider and a Specialty Care Provider and how many of each do you have in your network of providers?

A Primary Care Provider is responsible for providing or authorizing your medical care services. A Primary Care Provider may be physicians of Internal Medicine, Pediatrics, Family Practice or General Practice. A Specialty Care Provider is a duly licensed physician, osteopath, psychologist or other practitioner that your Primary Care Provider may refer you to. TakeCare has the largest on-island contracted provider network with over 100 Primary Care and Specialty Care Providers.

When am I able to access a Specialty Care Provider?

When you or your Primary Care Provider feel you need more specialized treatment, you may request a referral to seek a specialist for an office consultation. However, before any treatment begins, you may need to have prior authorization from TakeCare's Medical Management Department. Once the request is reviewed and approved, treatment can commence.

WHO TO CALL FOR HELP

If you have any questions, please feel free to call the Take Care Customer Service Department, Monday-Friday, 8am-5pm in Guam (671) 647-3526 or 24/7, toll free 1-(877) 484-2411 or Palau (680) 488-4715.

Medicare Healthcare Provider*

*List of Providers, in the TakeCare Network, accepting Medicare. A Medicare provider is a participating/contracted provider who accepts Medicare fees/rates as a basis of payment for their services. This provider only bills you for any deductible and copayment/coinsurance amounts under your Medicare coverage. TakeCare Network Providers, identified herein as Providers who accept Medicare, are subject to change depending on whether the provider continues to accept Medicare covered members.

Preferred Provider★

*Is a participating or directly contracted provider that has entered into a written agreement with TakeCare to provide care or treatment at preferential or better rates compared to other contracted or participating providers and have demonstrated better outcomes based on standard set by the National Committee for Quality Assurance ("NCQA") . The participating providers which are identified herein as preferred providers are subject to change. Please check with TakeCare to confirm the preferential status of contracted/participating providers.

This booklet is designed to provide general information about the **TakeCare plans** offered to Government of Guam employees, retirees and survivors. In the the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.

Primary Care Providers

FAMILY PRACTICE

Adolphson, Arania, M.D.
American Medical Center
Upper Tumon, 647-8262

Aguon, Joleen, M.D.
American Medical Center
Upper Tumon, 647-8262

Akimoto, Vincent, M.D.*
American Medical Center
Upper Tumon, 647-8262

Anderson, Mark, M.D.
IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, 633-4447

Arganoza-Priess, Maria Teresa, DO
American Medical Center
Upper Tumon, 647-8262

Arkless, Tyler, M.D.
Premise Health Employers
Solutions, LLC
Tamuning, 645-8359/60

Aventura, Caroline M.L., M.D.
IHP Medical Group
655 Harmon Loop Road, Ste.108
Dededo, 633-4447

Campus, Hieu T., M.D.
American Medical Center
Upper Tumon, 647-8262

Cook-Huynh, Mariana, M.D.
Marianas Physician Group
Tamuning, 647-1830

Cruz, Luis, M.D.*
IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, 633-4447

Esteba, April, M.D.
Guam Medical Care
Tamuning, 647-4174

Frickel, Wendy, M.D.
Premise Health Employers
Solutions, LLC
Tamuning, 645-8359

Galgo, Geoffrey, M.D.
Guam Medical Care Clinic
Upper Tumon, 647-4174

Joseph, Jessica G., MS, NP
Marianas Physician Group
Tamuning, 647-1830

Kaufman, Karyn, PA-C
FHP Health Center
Tamuning, 646-5825

Lee, Delores J., MD
IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, 633-4447

Lujan, Davina, M.D.
Hagatna Med Clinic
Hagatna, 475-6500/01/02

Manlucu, Luella, M.D.
FHP Health Center
Tamuning, 646-5825

Marzullo, William, M.D.
American Medical Center
Upper Tumon, 647-8262

Nguyen, Hoa Van, M.D.*
American Medical Center
Upper Tumon, 647-8262

Nguyen, Luan Pho, M.D.
American Medical Center
Upper Tumon, 647-8262

Rozycki, Thomas, M.D.
FHP Health Center
Tamuning, 646-5825

Samaniego, Melissa, MD
Guam Medical Care
Tamuning, 647-4174

Santos, Patrick C., M.D.
Tumon Medical Office
Upper Tumon, 649-5052

Schroeder, Edmund F., Jr., M.D.*
Health Services of the Pacific
Tamuning, 647-5355

Stephenson, Kenna, M.D.
American Medical Center
Upper Tumon, 647-8262

Stratton, Walter, PA-C
FHP Health Center
Tamuning, 646-5825

Terlaje, Ricardo, M.D.*
IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, 633-4447

Tuncap, Helene A., PA-C
FHP Health Center
Tamuning, 646-5825

INTERNAL MEDICINE

Alford, Erika M., M.D.*
American Medical Center
Upper Tumon, 647-8262

Arcilla, Leopoldo, Jr., M.D.
Samonte Medical Clinic
Guam Business Center Ste. 105,
1757 Army Drive
Harmon, 647-4533

Bez, Ellen P., M.D.
Marianas Physicians Group
Tamuning, 647-1830

Chang, Young, M.D.*
Good Samaritan Clinic
Photo Town Plaza
Tamuning, 646-2984

Chenet, Alix, M.D.*
Guam Adult Pediatric Clinic
Dededo, 633-4272

Cruz, Jeffrey, M.D.
American Medical Center
Upper Tumon, 647-8262

Dissadee, Mana, M.D.
Pacific Med and Nephrology
736 RTE 4 Suite 103,
Sinajana, 649-7232

Duenas, Vincent A., M.D.*
The Doctors' Clinic
Tamuning, 649-5018/23

Dulay, Marylou, M.D.*
FHP Health Center
Tamuning, 646-5825

Granada, Wilfredo, M.D.
IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, 633-4447

Insaf, Ally, M.D.
FHP Health Center
Tamuning, 646-5825

Iampornpipopchai, Pichet, M.D.*
Pacific Medical Group
633 Gov. Carlos Camacho Rd.
Ste. 205, Tamuning, 649-7232

Kallingal, Matilda, M.D.
Kallingal's Medical Clinic
Barrigada, 632-9078

Leon Guerrero, Randy, M.D.*
IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, 633-4447

Lim, Doris, M.D.*
ITC Medical Clinic
GITC Bldg. Ste. 126
590 S. Marine Dr.
Tamuning, 646-8844/45

Lim, Johnny Jr., M.D.*
Adult Health Care Clinic
2211 Army Drive, Suite 105
Dededo, 647-5546

Madantchi, Mohammad H., M.D.
Pacific Sleep Center
Tamuning, 649-3002/649-3773

Nerves, Robert, M.D.
Pacific Medical Group
Harmon, 649-7232

Preston, Donald C., M.D.*
Guam Adult Pediatric Clinic
Tamuning, 633-4272

Rubio, Joel M., M.D.*
Health Partners, LLC
125 Jose Tun Tove Way
Tamuning, 646-5227/8

Safabakhsh, Saied, M.D.
Pacific Medical Group
Tamuning, 649-7232

Samonte, Romeo, M.D.*
Samonte Medical Clinic
Guam Business Center Ste. 105,
1757 Army Drive
Harmon, 647-4533

Sistoza, Lilybeth C., M.D.*
FHP Health Center
Tamuning, 646-5825

Supit, Edwin J., M.D.
FHP Health Center
Tamuning, 646-5825

Taijeron, Stephanie, MSN, APRN
Health Services of the Pacific
655 Harmon Loop Rd., 300
Dededo, 989-6600

Taitano, John R., M.D.*
The Doctors' Clinic
Tamuning, 649-5018/23

Villa, Eden E., M.D.*
Guam Medical Health Care
600 Harmon Loop Road, Ste. 105
Dededo, 647-4174

OB/GYN

Anderson, Teresa L., CNM
Marianas Physicians Group
Pe Mar Place
Tamuning, 647-1830

Blomberg, Kirsten A CNM
Marianas Physician Group
Tamuning, 647-1830

Bordallo, Annie U., M.D.
Marianas Physician Group
Tamuning, 647-1830

Consoli, Rachel, M.D., MPH, FACOG
FHP Health Center
Tamuning, 646-5825

Leliukas, Alice, CNM
Marianas Physicians Group
Pe Mar Place
Tamuning, 647-1830

Shieh, Thomas, M.D.
643 Chalan San Antonio Ste.108
Tamuning, 648-2229

Thanapandian, Kamala, M.D.
Marianas Physicians Group
Pe Mar Place
Tamuning, 647-1830

Vercio, William, M.D.
Marianas Physicians Group
Pe Mar Place
Tamuning, 647-1830

Walker, Diane, CNM
Marianas Physicians Group
Pe Mar Place
Tamuning, 647-1830

Ward, Carolyn, CNM, F-CNP
FHP Health Center
Tamuning, 646-5825

PEDIATRICS

Blancaflor, Maria, M.D.
MPG Pediatrics
Tamuning, 648-5437

Carrera, Yolanda, M.D.
Harmon Pediatrics
Harmon, 649-1058/9

Del Rosario, Amanda M.D.
American Medical Center
Upper Tumon, 647-8262

Domalanta, Dina D.,M.D.
Pediatric and Adolescent Clinic
Tamuning, 647-7337/7336

Fojas, Milliecor, M.D.
American Medical Center
Upper Tumon, 647-8262

Garcia, Antonio, M.D.
Pediatric and Asthma Clinic, PC
Tamuning, 647-4121

Garrido, John, M.D.
Isla Pediatrics
Tamuning, 647-4466/8495

Leon Guerrero, Robert, M.D.
FHP Health Center
Tamuning, 646-5825

Linsangan, Gladys, M.D.
Polymedic Clinic/Primary
Pediatric Clinic
Dededo, 637-9661/3/646-2185

Manaloto, Ma. Cristina, M.D.
American Pediatric Clinic
Tamuning, 647-2721/22

Santos, Edna, M.D.
Tumon Pediatric Clinic
Upper Tumon, 649-7337

Sarmiento, Dennis, M.D.
FHP Health Center
Tamuning, 646-5825

Stadler, James, M.D.
FHP Health Center
Tamuning, 646-5825

Primary Care Providers by Clinic

FHP HEALTH CENTER*★
548S. Marine Corps Drive
Tamuning, 646-5825

Family Practice
Artero, Ashley, NP
Aston-Quan, Lina M, PA-C
Cruz, Teofila, NP-C
Kaufman, Karyn , PA-C
Manlucu, Luella, M.D.
Stratton, Walter, PA-C
Tuncap, Helene A., PA-C

Internal Medicine
Duenas, Vincent S., D.O.*
Dulay, Marylou, M.D.*
Jungtrakoolchai, Vasin, M.D.
Sistoza, Lilybeth, M.D.*
Supit, Edwin J., M.D.

OB/GYN
Consoli, Rachel, M.D., MPH, FACOG
Ward, Carolyn, CNM, F-CNP

Oncology
Ambrale, Samir M.D.

Pediatrics
Leon Guerrero, Robert, M.D.
Sarmiento, Dennis, M.D.
Stadler, James, M.D.

Urgent Care
Frickel, Wendy, M.D.
Rozycki,Thomas, M.D.
Sistoza, Lilybeth, M.D.
Stanley, W. Ed, PA-C
Tham, Mo-Ping, D.O.

AMERICAN MEDICAL CENTER*★
1244 N. Marine Corps Drive, Suite. 101
Upper Tumon, 647-8262

Family Practice
Adolphson, Arania, M.D.
Aguon, Joleen, M.D.
Akimoto, Vincent, M.D.*
Arganoza-Priess, Maria Teresa, DO
Campus, Hieu T., M.D.
Iqbal, Rumi, M.D.
Nguyen, HoaVan, M.D.
Nguyen, Luan P., M.D.

Internal Medicine
Alford, Erika M., M.D.*
Cruz, Jeffrey, M.D.*

Pediatrics
del Rosario, Amanda S., M.D.
Fojas, Milliecor, M.D.

Pulmonology
Augon, Joleen, M.D.

ADULT HEALTH CARE CLINIC*
2211 Army Drive, Suite 105
Dededo, 647-5546

Internal Medicine
Lim, Johnny Jr., M.D.*
Magcalas, Edgar, M.D.*

AMERICAN PEDIATRIC CLINIC
Oka Bldg., Suite 106
Tamuning, 647-2721/22

Pediatrics
Manaloto, Ma. Cristina, M.D.
Del Rosario, Amanda S., M.D.

DEDEDO POLYMEDIC CLINIC
172E. Buena Vista Avenue
Dededo,637-9661

Pediatrics
Linsangan, Gladys, M.D.

THE DOCTORS' CLINIC*
851 Carlos Camacho Road
Tamuning, 649-5018/23

Internal Medicine
Duenas, Vincent A., M.D.*
Taitano, John R., M.D.*

GOOD SAMARITAN CLINIC*
353 Chalan San Antonio #100
Photo Town Plaza
Tamuning, 646-2984

Internal Medicine
Chang, Young, M.D.*

GUAM ADULT/PEDIATRIC CLINIC*
612 West Marine Drive Dededo,
633-4272

Internal Medicine
Chenet, Alix, M.D.*
Preston, Donald, M.D.*

GUAM MEDICAL CARE CLINIC
744 North Marine Corps Drive
Upper Tumon, 647-4174

Family Practice
Esteba, April, M.D.
Galgo, Geoffrey, M.D.
Samaniego, Melissa, M.D.

GUAM MEDICAL HEALTH CARE
600 Harmon Loop Road, Ste. 105
Dededo, 647-4174

Internal Medicine
Villa, Eden E., M.D.*

HAGATNA MED CLINIC
Nanbo Guahan Bldg.
250 Route 4, Ste. 203
Hagatna, 475-6500/01/02

Family Practice
Lujan, Davina, M.D.

HARMON PEDIATRICS
Harmon, 649-1058/9

Pediatrics
Carrera, Yolanda, M.D.

HEALTH PARTNERS, LLC. *
125 Jose Tun Tove Way
Tamuning, 646-5227/8

Internal Medicine
Rubio, Joel M., M.D., FACE*

HEALTH SERVICES OF THE PACIFIC
809 Chalan Pasahero Unit 2
Tamuning, 647-5355

Family Practice
Schroeder, Edmund F., M.D.

IHP MEDICAL GROUP
655 Harmon Loop Road, Ste. 108,
Dededo, 633-4447

Family Practice
Anderson, Mark, M.D.
Aventura, Caroline M.L., M.D.
Cruz, Luis, M.D.*
Terlaje, Ricardo, M.D.*

Internal Medicine
Leon Guerrero, Randy, M.D.*
Granada, Wilfredo, M.D.

ISLA PEDIATRICS
E. Espiritu St. Tamuning,
647-4466/8495

Pediatrics
Garrido, John, M.D.

KALLINGAL'S MEDICAL CLINIC
101 Pedro Aguon St.,
Barrigada Heights 632-9078/7500

Internal Medicine
Kallingal, Matilda, M.D.

MARIANAS PHYSICIANS GROUP
472 Chalan San Antonio
Tamuning, 647-1830

Family Practice
Cook-Huynh, Mariana, M.D.

Internal Medicine
Bez, Ellen P., M.D.
Joseph, Jessica G., MS, NP

OB/GYN
Andersen, Teresa L., CNM
Blomberg, Kirsten A, CNM
Bordallo, Annie U., M.D.
Leliukas, Alice, CNM
Pettigrew, Karen E., CNM
Thanapandian, Kamala,M.D.
Walker, Diane, CNM

MICRONESIA MEDICAL & ANESTHESIA ASSOCIATES *
GITC Building, Ste.126 Tamuning,
646-8844

Internal Medicine
Lim, Doris, M.D.*

MPG PEDIATRICS
396 Chalan San Antonio, Ste.103
Tamuning, 648-5437

Pediatrics
Blancaflor, Maria B., M.D.

SAMONTE MEDICAL CLINIC - GUAM
Business Center Ste 105,
1757 Army Drive
Harmon, 647-4533

Internal Medicine
Arcilla, Leopoldo, Jr. M.D.*
Samonte, Romeo, M.D.*
Go, Peter K., M.D.*

PACIFIC MEDICAL GROUP*
736 RTE 4 Suite 103,
Sinajana, 649-7232

Internal Medicine
DeGuzman, Eugene V., M.D.
Dissadee, Mana, M.D.
Iampornpipopchai, Pichet, M.D.*
Madantschi, Mohammad, M.D.
Nerves, Robert, M.D.*
Safabakhsh, Saied, M.D.
Santos, Grace, M.D.

PEDIATRIC & ADOLESCENT CLINIC
472 Chalan San Antonio
Tamuning, 647-7337/7336

Pediatrics
Domalanta, Dina, M.D.

PEDIATRIC AND ASTHMA CLINIC, PC
428 Chalan San Antonio
Tamuning,647-4121

Pediatrics
Garcia, Antonio, M.D.

POLYMEDIC CLINIC/
PRIMARY PEDIACTRIC CLINIC
172 Buena Vista Avenue Unit 5
Dededo, 637-9661/3 or 646-2185

Pediatrics
Linsangan, Gladys, M.D.
Sarmiento, Dennis, M.D.

PREMISE HEALTH EMPLOYER
SOLUTIONS, LLC
Old Airport
Tamuning, 645-8359/60

Family Practice
Arkless, Tyler, M.D.
Bamba-Ada, Meagan J., M.D.
Cruz, Anna Maria A., MSN, FNP-BC
Cruz, Luis G., M.D.*
Cruz, Teofila M.P., APRN
Frickel, Wendy D., M.D.
Hughes, Scott, M.D.
Loder, Bryce J., M.D.

Internal Medicine
Ally, Insaf, M.D.*

Physical Therapy
Bright, Kim, M. P.T.
O'Connor, Shannon L., MPT

THOMAS SHIEH'S MD, FACOG CLINIC
643 Chalan San Antonio Suite 108
Tamuning, 648-2229

OB/GYN
Shieh, Thomas, M.D.

TUMON MEDICAL OFFICE
Upper Tumon, 649-5052

Family Practice
Santos, Patrick C., M.D.

TUMON PEDIATRIC CLINIC
Upper Tumon, 649-7337

Pediatrics
Santos, Edna, M.D.

Providers by Specialty

ANESTHESIOLOGY

DeGuzman, Fernan, M.D.*
Hafa Adai Specialist Group
Tamuning, 647-4542

BEHAVIORAL HEALTH

Aguon, Risha M., M.A.
178 Francisco Javier Ave., Unit C-12
Agana Heights, 477-3311

Babauta, Tom, Q.C.S.W., M.S.W., IMFT
Sunflower Villa Ste. 205
Tumon, 777-7732

Aquino, JoBeth S.N., M.A., IMFT, LPC.
Baleto, Jesse, MSW, IMFT
Baza, Lisa V, M.A., IMFT
Miller, Lyndsey N., PsyD.
American Medical Center
Upper Tumon, 647-8262

Bellis, Kirk, D.O.
Sunflower Villa Ste. 205
Tumon, 646-4757/67

Bordallo, Sandra F., M.A., IMFT
WestCare Pacific Islands
Hagatña, 472-0217

Camacho, Rosemarie ,M.A.,IMFT
472 Chalan San Antonio Ste. 105,
PeMar Plaza
Tamuning, 649-2080

Cristobal, Hope, Psy.D.
472 Chalan San Antonio STE 105,
PeMar Plaza
Tamuning, 649-2080

Cruz, Jason I., M.A., IMFT
Peace of Mind, GICC Bldg. Ste 500B
Hagatña, 777-2444

Kallingal, George K., Ph.D.
Kallingal's Medical Clinic
Barrigada,632-9078

Kane, Stephen, Ph.D.
PMB 130 1270 N. Marine Corps
Drive Suite 101,
Tamuning, 789-0803 or American
Medical Center
Upper Tumon, 647-8262

Leitheiser, Andrea Marie, PhD., M.A.
Para Oceana Behavioral Health
Services, Ste. 214
Dededo, 487-7747

Lizama, Tricia A., PhD, LCSW, LPC
167 Leon Guerrero Street,
Tamuning, 488-5073

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414 West Soledad Ave. GCIC
Bldg., Ste. 500Z
Hagatña,

Pangelinan, Hope Marie, CSW, IMFT
American Medical Center
Upper Tumon, 647-8262 o

Pangelinan, Rusell, MA, LPC
Health Services of the Pacific
Tamuning, 647-5355

Perez, LilliAnn, Ph.D., LCSW, RPT-S
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655 Harmon Loop Road, Ste. 108
Dededo, 633-4447

Rapadas, Juan, Ph.D.
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988-4274/898-6744

Reyes, Valerie, IMFT, CSAC III
American Medical Center
Upper Tumon, 647-8262

Smith, Crystal A., MWS, LCSW, IMFT
Crystal Smith Behavioral Health
Tamuning, 747-9934

Swaddell, Joan, MA, LPC, IMFT, MFT
144 Aspinall Ave., Ste. 202
Hagatña, 969-8813

Taimanglo, Patricia, PhD
736 Route 4, Suite 103,
Sinajana, 482-0208

Tolentino, Doris, MSW, MPH, IMFT
I'Gimata, 167 Leon Guerrero Drive,
Tumon, 646-5748

Toves, Louis, M.A.
American Medical Center
Upper Tumon, 647-8262

CARDIOLOGY

Kim, Byungsoo, M.D., F.A.C.C.*
472 Chalan San Antonio
PeMar Place, Ste.103
Tamuning, 646-3880

DERMATOLOGY

Shayna C. Rivard, M.D.
IHP Medical Group
655 Harmon Loop Rd., STE 108
Dededo, 633-4447

ENDOCRINOLOGY

Alford, Erika M., M.D.*
American Medical Center
Upper Tumon, 647-8262

Rubio, Joel M., M.D., FACE*
Health Partners, LLC
Tamuning, 646-5227/8

GERIATRICS

Schroeder, Edmund F., Jr., M.D.*
Health Services of the Pacific
Tamuning, 647-5355

Santos, Mary Grace, M.D.*
Pacific Medical Group
Tamuning, 649-7232

NEPHROLOGY

DeGuzman, Eugene V., M.D.
Iampornpipopchai, Pichet, M.D.*
Nerves, Robert, M.D.*
Safabakhsh, Saied, M.D.
Pacific Medical Group Tamuning,
649-7232

Philips, Sherif, M.D.*
Tumon Kidney Center
Upper Tumon, 646-3773

NEUROLOGY

Barthlen, Gabriele M., M.D.*
Hernandez, Elizabeth, M.D.
Slattery, Michael R., M.D.*
Guam Sleep Center
Tamuning, 647-6669

Carlos, Ramel, M.D.*
Neurology Clinic
Tamuning, 646-6463

Schumann, Richard J., M.D.
Pacific Sleep Care & Wellness
P.O. Box 5622
Agana, Guam 96932

Madantschi, Mohammand, M.D.
Pacific Sleep Center (Guam)
396 Chalan San Antonio,
1st Flr Ste. 204,
Tamuning, 649-3002 / 647-1087

NEUROSURGERY

David Weingarten, M.D.
The Weingarten Institute for
Neuroscience, Inc.
202 Hilton Road, Unit 12
Tumon Bay, 969-2946

ONCOLOGY (Medical)

Ambrale, Samir M.D.
FHP Health Center
Tamuning, 646-5825

ONCOLOGY (Radiation)

Au, Kin-Sing, M.D.
Gosline, Sylvia, M.D.
Island Cancer Center
Tamuning, 646-3363

OPHTHALMOLOGY

Lombard, Peter N., M.D.
Lombard Health
736 Route 4, Ste. 202
Sinajana, 989-4747
Burton, Gregory P., M.D.
Flowers, Charles W., M.D.
Jack, Robert S., M.D.
Margalit, Eyal, M.D., Ph.D.
Meredith, Connie, M.D.
Smith, Anthony J., M.D.
Island Eye Center *
Tamuning, 647-5381-4

Charlton, Wesley W., O.D.
DeBenedictis, Marjorie, M.D.
St. Lucy's Eye Clinic
633 Gov. Carlos Camacho Rd.
Ste 204, Guam Medical Plaza,
Tamuning, 647-5829

ORAL AND MAXILLOFACIAL SURGERY

Richardson, Darius, D.M.D., M.D.
Pacific Surgical Arts
318 Father Duenas Dr.
Tamuning, 647-0060/61

ORTHOPEDIC SURGEON

Arafiles, Ruben P., M.D.
Guam Orthopedic Clinic
Guam Medical Plaza, Ste. 212
Tamuning, 646-6610

Cunningham, Glenn, M.D.
Hafa Adai Specialist Group *
Sunflower Villa,
280 Pale San Vitores
Tamuning, 647-4542/53

OTOLARYNGOLOGY

Castro, Jerry R., M.D.
Guam E.N.T.
341 S. Marine Corps Dr.
RK Plaza, Ste. 104
Tamuning, 989-1368

PERINATOLOGY

Hirata, Greigh, M.D.
Thomas Shieh's MD, FACOG Clinic
Tamuning, 648-2229

PHYSICAL THERAPY

Alonzo, Kathrina May M., BSPT
HSP
655 Harmon Loop Rd., 300
Dededo, 989-6600

Claros, Ryan Robert, DPT
Custom Fitness
185 Dulce Nombre de Maria Dr.,
Hagatna, 989-0436

Masaoka, Garrett, PT
Honculada, Joshua, PT
Campos, Leonard P., DPT
Pagaduan, Marc, PT
New Gen Physical Therapy
263 Vietnam Veterans Memorial
Highway Mangilao, 489-5826

Becker, Tara, DPT
Duenas, Julienne, P.T.
Fernandez, Chris, MSHS, P.T.
S.O.A.R. Physical Therapy
224 Farenholt Ave., Ur 1 Bldg.,
Tamuning, 647-0110/1

PODIATRY

Sangalang, Maria Melinda, D.P.M.*
Island Foot Specialist
633 Gov. Carlos Camacho Rd.,
Ste. 212
Tamuning, 646-3375

Borja, Teresa A., D.P.M.
Prins, Dustin B., DPM, MA, FACFAS
Marianas Footcare Clinic
122 Tun Jose Way
Tamuning, 649-3338

Silan, Noel, D.P.M.*
The Guam FootClinic
458 S. Marine Corps. Dr.
Northwest Plaza, Ste. 207
Tamuning, 633-3668

Mina, Sarah L., D.P.M.*
IHP Medical Group
655 Harmon Loop Rd., STE 108
Dededo, 633-4447

PULMONOLOGY

Aguon, Joleen, M.D.*★
American Medical Center
263 Vietnam Veterans Memorial
Highway, Mangilao, 647-8262

RADIOLOGY

Graves, Andrew, M.D.*
FHP Imaging Center
Tamuning, 646-5825

Tan, Kenneth T., MD
Lizama, Vincent, M.D.*
Young, John, M.D.
MDx Imaging Center *
Tamuning, 648-6390

SURGERY (General)

Cruz, Michael, M.D., F.A.C.S.*
Eusebio, Christian A., M.D.
Eusebio, Ricardo, M.D., F.A.C.S.*
Island Surgical Center
171 Farenholt Avenue
Tamuning, 646-0443/4

Kobayashi, Ronald, M.D.*
Guam Surgical Group
ITC Building, Ste.211
Tamuning, 649-7588

Li, Doris Sophia, M.D.
Medina, Daniel C., M.D.
Rahmani, Kia, M.D.*

Hafa Adai Specialist Group*
Sunflower Villa,
280 Pale San Vitores
Tamuning, 647-4542/53

SURGERY (Hand)

Landstrom, Jerone T., M.D.*
Pacific Hand Surgery Center *
633 Governor Carlos Camacho Rd.
Ste. 104
Tamuning, 646-4263

SURGERY (Reconstruction & Plastic)

Fegurgur, John, M.D.
Hafa Adai Specialist Group *
Sunflower Villa,
280 Pale San Vitores
Tamuning, 647-4542

UROLOGY

Fenton, Ann S., M.D.
Petero, Virgilio G. Jr., M.D.
Guam Urology, LLC
633 Gov. Carlos Camacho Road,
Suite 104
Tamuning, 646-8765

Pommerville, Peter J., MD
Hafa Adai Specialist Group *
Sunflower Villa,
280 Pale San Vitores
Tamuning, 647-4542/53

WOUND CARE AND HYPERBARIC MEDICINE

Ganacias- Acuna, Edna, M.D.
Global Healthcare Inc.
RanCare Bldg, 761 S. Marine
Corps Dr., Unit A 10
Tamuning, 477-4762

Medical Services

ACUPUNCTURE

Baik, Jong Sun, L.Ac.
Baik Acupuncture Clinic
643 Chalan San Antonio Omit 111A
Tamuning, 685-7870

Chen, Albert
Chen's Happy Dragon
646-8417

Chong, Chang Hun
HME Oriental Medical
Research Clinic
20103 Army Drive, Ste. 1-C
Dededo, 646-4443

Yu, Jong Chin, Lic. Ac.
Yu's China Acupuncture Clinic
263 Sanchez St.
Harmon, 646-7565

BIRTHING CENTERS

Sagua Managu
Pemar Place
#472 Chalan San Antonio
Tamuning, 647-1417/1418

CHIROPRACTIC

Martinez, Roger B., D.C.
A.D.I.O Chiropractic Clinic
181 E. Marine Corps Dr. Apt.
CARL, Hagatna, 475-0005

Arthur, Steve, D.C.
Sibug, Mary Ann P.
Active Life Chiropractic
155 ET Calvo Memorial Parkway,
Tamuning, 477-3472

White, Roderick, D.C.
Advanced Chiropractic Clinic
2025 Army Drive, Suite 103
Tamuning, 648-2225/6
Klosinski, Thomas R., D.C.
U.I.U. Building, Room 2G
Tamuning, 649-0545

Larkin, Gary C., D.C.
1023 N. Marine Corp Dr.,
Suite A4
Tamuning, 646-2225

Beckwith, Nicholas, D.C.
Larkin, Scott R., D.C.
Larkin, Lani M., D.C.
Larkin Family Chiropractic
655 Harmon Loop Rd., Ste. 103
Dededo, 632-4262/633-2225

Dimalanta, AlbertJ., D.C.
Lohas Chiropractic Clinic
782 South Marine Corp Drive,
Ste. 101
Tamuning, 649-4871

Miller, Gregory, D.C.
Chiropractic Offices of
Dr. Gregory Miller
2078 Route 16 Ste. C
Dededo, 637-7926/6683

Nicdao, Placido, D.C.
Nicdao Chiropractic
643 Chalan San Antonio, Ste. 101
Tamuning 472-2225

Gregory, Robert, D.C.
Gregory, Barbara, D.C.
Pacific Life Chiropractic
761 S. Marine Dr., Suite A-5B
Tamuning, 649-9355/2225

Martin-Pedigo, Francoise, D.C.
Walking Tall Clinic
153 Trenton Way,
Tamuning, 483-3411

DIALYSIS CENTERS

U.S. Renal Care Dededo Dialysis*
600 Harmon Loop Rd.
Dededo, 637-3068

U.S. Renal Care Finegayen Dialysis*
781 Route 3 Ste 101
Dededo, 633-0036

U.S. Renal Care Tumon Dialysis*
1406 N. Marine Corps Drive
Upper Tumon, 646-3773

U.S. Renal Care Tamuning Dialysis*
Guam Medical Plaza
633 Governor Carlos B Camacho
Rd., STE 106
Tamuning, 646-3516

U.S. Renal Care Sinajana Dialysis*
736 Route 4, STE 101
Sinajana, 475-3600

DME

Isla Home Infusion Center
202 Farenholt Ave.
Suite 101-102
Tamuning, 646-1266

MedQuest Medical Supply
#103 Boon Bldg.
1270 N. Marine Corps Drive
Upper Tumon, 646-6875

HEALTH IMPROVEMENT

TakeCare Wellness,
Fitness/Health Education
Baltej Pavilion, Ste. 308
Tamuning, 646-6956

HEARING SERVICES

Koffend, Renee L.G., Aud.
Guam Hearing Doctors, LLC*
R.K. Plaza Ste. 1001B
Tamuning, 989-8378

Audiological Associates
545 Chalan San Antonio, Ste. 305
Tamuning, 649-2902

Ross Hearing Aids
655 Harmon Loop Road,
Suite 108-A
Dededo, 637-4327

HOME HEALTH

FHP Health Center
Home Health*★
Tamuning, 646-5825

HOSPICE

Health Services of the Pacific
384 Governor Carlos Camacho Road
Tamuning, 647-5357

HOSPITALS

Guam Memorial Hospital Authority*
850 Governor Carlos G. Camacho
Street, Oka, Tamuning
647-2330/647-2552

LABORATORY SERVICES

Diagnostic Laboratory Services,
Inc. (DLS)
Main Location: G.I.T.C. Building
Suite 124
590 S. Marine Drive, Tamuning,
646-5770

DLS Satellite Locations:
Adult HealthCare Clinic
Route 16 Army Drive
Dededo

Agana Clinic
Agana Shopping Center, Ste. 206
Hagatna, 472-5770

Dededo Clinic
Rosvel Building Suite 3
Dededo, 632-0043

FHP Health Center
#548 S. Marine Corps Drive
Tamuning, 646-5825

PeMar Place
472 Chalan San Antonio
Tamuning, 649-5079

The Doctors' Clinic
#851 Carlos Camacho Road
Tamuning, 649-5022 ext.136

OPTOMETRISTS

Hines, Monica, O.D.
McDonald, Jay, O.D.*
San Nicolas, Marlene, O.D.*
FHP Health Center *★
Baltej Pavilion Ste. 111
Tamuning, 646-5825

Huynh, Cuong O.D.
Ran-Care Commercial Bldg.,
20/20 Vision Center BDU 101 761
S. Marine Corps Drive
Tamuning, 646-3001

Charlton, Wesley W., O.D.
St. Lucy's Eye Clinic
Guam Medical Plaza, Ste. 103
Tamuning, 647-5829

PHARMACIES

FHP Pharmacy★
Tamuning, 646-5825
Refill line: 646-5958, Option 3

Community Pharmacy I
177-C Chalan Pasaheru
Tamuning, 646-6160

Community Pharmacy II
472 Chalan San Antonio
Tamuning, 646-6160

Community Pharmacy III
612 N. Marine Corps Dr.
Dededo, 637-3323

Express Med Pharmacy
136 Kayen Chando
Dededo, 922-2000

Express Med Pharmacy
263 Vietnam Veteran's Highway
Mangilao, 648-3972

Guam Rexall Drugs
646 S. Marine Corps Drive
Tamuning, 646-4827

Harmon Drugs
Route16
Harmon 637-1473

ITC Pharmacy I
1st Floor, ITC Bldg.
Tamuning, 646-6395

ITC Pharmacy II
Good Samaritan Clinic
Tamuning, 649-1977

Kmart Pharmacy★
404 N. Marine Drive Tamuning,
649-7843/44

Minutes RX Pharmacy
736 Route 4
472-4780

Oka Pharmacy Inc.
241 Farenholt Ave.,
Tamuning, 647-1193

Pacific HealthCare Pharmacy
Guam Business Center Ste. 108
Harmon, 649-6831

Perezville Pharmacy
851 Governor Carlos Camacho Road
Tamuning, 649-5018 / 649-5023

Polymedic Pharmacy
172 Buena Vista Avenue
Dededo, 637-9683

The Doctors' Clinic
Tamuning, 649-5018/23;
649-9400 (direct line)

Sagan Amot Pharmacy
875 N. Rt. 2
Agat, 565-3043

Super Drugs Agana
118 ASC Rt. 4
Agana, 477-3627

Super Drugs Dededo
214 W. Marine Drive
Dededo, 637-9793

Super Drugs Harmon
IHP Medical Clinic Ste. 108, 655 27
Harmon, 633-4447

Super Drugs Oka
291 Farenholt Ave.
Tamuning, 646-6183

SURGERY CENTERS

Guam Surgicenter, LLC*
Guam Medical Plaza Bldg.
633 Gov. Carlos G. Camacho Rd
Tamuning, 646-3855

URGENT CARE CENTERS

FHP Health Center*★
548S. Marine Corps Drive
Tamuning, 646-5825

American Medical Center*★
1244 N. Marine Corps Drive, Suite. 101
Upper Tumon, 647-8262

Dental Services

GENERAL DENTISTRY

FHP Dental Center★
Annex Building
Tamuning, 646-5825

Clegg, Sarah, D.D.S.
Supit, Collette, D.D.S.

Family Dental Center
Mikkel Tan Vy Bldg.
Tamuning, 646-6510
646-6822

Malilay, Janice, D.D.S.

Fernandez Dental Office
148LoretaSt.Ste.B
Dededo, 633-1995

Fernandez, Michael, D.D.S.

GCIC Dental
GCIC Building, Suite. 300
Hagåtña, 472-2489/477-6779

Valles, Gerson S., D.D.S.

Gentle Care Dental
Hengi Plaza, Suite.102
Tamuning, 646-8858/78

Sule, Hugh L., D.D.S.

Guam Dental Arts
140 Punzalan Street
Tamuning, 646-8462/6689

Brady, Timothy P., D.D.S.
Hartup, Jason, D.M.D.

Hafa Adai Family Dental
ITC Bldg., Suite.104
Tamuning, 649-7851-2

Cheng, Victoria, D.M.D.
Limbo, Neil, D.D.S.
Marutani, David, D.M.D.
Takenaka, Yasunori, D.D.S.

Harmon Loop Dental Office
505 Harmon Loop Rd., Ste. 300
Dededo, 637-9696/9700

Alegria, Conrado V.,D.D.S.
Hartup, Jason, D.M.D
Kaneshiro, Suzanne, D.D.S.
Rapadas, Cristina, D.D.S.
Sunga, Tracy R.,D.D.S.
Webb, Corazon A.,D.D.S.

Island Dental
134 East Marine Drive, Unit B3
Dededo, 989-5999
Huang, Albert, D.D.S.

Isa Dental
Nanbo Insurance Bldg. 1st Flr.
Hagatna, 646-7982/5437
Johnson, Jeffrey, D.D.S.

Malabanan, Ben, Jr., D.D.S.
2211 Army Dr., Suite. 202
Tamuning, 649-4446

Ordot Dental Clinic
159 Judge Sabian St.
Ordot, 477-8215,472-8720
Eusebio, Andrew, D.D.S.
Rapadas, Antonio, D.D.S.

Premier Dentistry
692 N. Marine Corps Drive Ste.
301 Upper Tumon, 300-3221
Kim, Jongsung, DDS

Paradise Smiles
384 Governor Carlos Camacho Rd
Tamuning, 646-2010
Bourgeois, Kenny, D.D.S.
Hightower II, William Clayton, DDS

Reflection Center Dental Care
Reflection Center
Suite 304 222 East Chalan Santo Papa
Hagatna, 472-6824/25
Ives, Jeffrey, D.D.S.
Kim, Backhabwa, DDS
Pham, Christopher C., D.D.S.
Reynolds, Bruce, D.D.S.

T.S. Veloria DMD & Associates
Baltej Pavilion, Ste303-304
Tamuning, 646-5146/649-9593
Veloria, Tom S., D.M.D.

Yang, Robert J., D.M.D., P.C.
744 N. Marine Dr., Ste.107
Tamuning, 647-8702/3

Tumon Dental Office
667 N. Marine Drive, Ste.204
Tamuning, 646-2823/3679
Yasuhiro, Stanley Y., D.D.S.

This booklet is designed to provide general information about the **TakeCare plans** offered to Government of Guam employees, retirees and survivors. In the the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.

ENDODONTICS

Premier Dentistry
692 N. Marine Corps Drive Ste. 301
Upper Tumon, 300-3221
Kim, Jongsung, DDS

ORAL AND MAXILLOFACIAL SURGERY

Richardson, Darius, D.M.D., M.D.
Father Duenas Dr.
Tamuning, 647-0060/61

PEDIATRIC DENTISTRY

Isa Dental

Terlaje, Rayner, D.D.S
Nanbo Insurance Bldg.1st Flr.
Hagatna, 646-7982/5437

Pediatric Dental Clinic

Ko, HeeSoo, D.M.D.
1900 Army Drive, Ste. 103
Dededo, 637-8334

The Pediatric Dental Center
222 Chalan Sto. Papa, Ste. 301
Hagatna, 477-6235

SanNicolas, Francisco,"Koko",
D.D.S.,MSD

Reflection Dental

Kim, Backhabwha, D.D.S.
304, 222 Chalan Santo Papa
Hagatna, 472-6824

PERIODONTICS

Gatewood, Robert R., D.D.S.
Reflection Center
Hagatna, 477-2379/2380

Off-island Services

CNMI MEDICAL NETWORK

FAMILY/GENERAL PRACTICE

Marianas Medical Center
JKR Bldg.
Beach Road
Garapan, Saipan
(670) 234-3926

Allen, Sarah, CNM, FNP
Brennfleck, Shawna MSN, NPC
Grove, Claire D., M.D., OB/GYN
Pangelinan, Lucy, M.S., FNP-C
Rogoyawa, Losana, CNM, MidWifery
Sohn, Kwon, NP-C
Stearns, Anthony, M.D.
Steinkuller, Christine, PA-C
Willis, Tiffany, M.D.

Medical Associates of the
Pacific, LLC
MH-II Bldg., Suite 100
Marina Heights Business Park
Puerto Rico, Saipan MP 96950
(670) 323-9000

Ada, Norma S., M.D.
Borja, Leticia P., M.D.
Fergurgur, John, M.D.
Hofschneider, James, M.D.
Sablan, Roca, CNM
Tudela, John, M.D.
Van Gils, Amanda, PA-C
Winegardener, Jacob, PA-C

Pacific Medical Center
(670) 233-1613/8100/8101

Al-Alou, Ahmad, M.D.

AUDIOLOGY

Mister, Angela, C., Au. D.
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Marina Heights Business Park
Puerto Rico, Saipan MP 96950
(670) 323-9000

BEHAVIORAL HEALTH

Brenn, Adrian, Ph.D.
Erhard, Anne, Ph.D.
Pacific Clinical and Consulting
Saipan, (670) 322-1925

DME

Marianas Medical Supplies
M&H Building, Middle Road
Saipan, (670) 233-6671

DERMATOLOGY

Medical Associates of the Pacific, LLC
Suite 100 MHII Bldg.
Marina Heights Business Park,
Saipan, MP 96950
(670) 323-9000

Prodanovic, Edward M., M.D.

HOME HEALTH/ OUTPATIENT PHYSICAL THERAPY

Eucon Medical Health Services
Pamela A. Carhill, MPT
Lauren E. Ferre, DPT
Chalan Pale Arnold Road,
Gualo Rai Saipan, (670)233-3647

Marianas Health Services
Saipan Plaza Bldg., Ste 7 Saipan,
(670) 233-4647
Pagsuyuin, Ronald, P.T.
Saygo, Evangeline F., P.T.

Marianas Visiting Nurses
Kim's Bldg., Suite 102
Middle Road
Garapan, Saipan
(670) 323-6877
PT Rehab
Dotimas, Carlo R., B.S.P.T.
Solano, Winnie E., P.T.
Saipan, (670) 323-6780

HOSPITAL

Commonwealth Health Center
Hospital Drive
Garapan, Saipan MP 96950
(670) 234-8950

Kagman Community Health Center
Kagaman, Saipan
(670) 256-5242/3

Rota Health Center
Songsong, Rota
(670) 532-9461

Tinian Health Center
San Jose, Tinian
(670) 433-9233

LABORATORY SERVICES

Diagnostic Laboratory Services
Inc. (DLS) 2nd Floor, TSL Plaza
Beach Road, Garapan Saipan,
(670) 235-0233

NEUROLOGY

Pacific Sleep Center

Hutchinson, Kimberly, M.D.
Saipan, (670)322-6302

Saipan Sleep Care

Schumann, Richard, M.D.
Unit 102, Mango City,
Middle Road, (670) 233-0240

OPHTHALMOLOGY

Hardt Eye Clinic
Beach Road,
Garapan, Saipan 96950
(670) 235-2030

Marianas Eye Institute
Khorram, David, M.D.
Williams, Dennis Lee, M.D.
Beach Road, Garapan Saipan
(670) 235-9090

OPTOMETRY

Hardt Eye Clinic
Hardt, David, O.D.
Hardt, Donald, O.D.
Beach Road,
Garapan, Saipan 96950, (670)
235-2030

Marianas Eye Institute
Khorram, David, M.D.
Robertson, Mark, O.D.
Beach Road, Garapan
Across 13 Fisherman Monument
Saipan,
(670) 235-9090

PHARMACY

Brabu Pharmacy
101 Akari Bldg.
Chalan Pale Arnold Rd.
Saipan, CNMI, (670) 233-2668

Phi Pharmacy I
1 Navy Hill Rd.
Commonwealth Health Center
Saipan, (670) 323-5000

Phi Pharmacy II
Joeten Dandan Center
Mnsgr Guerrero Rd.
Dandan, (670) 235-6174

CNMI DENTAL NETWORK

GENERAL DENTISTRY

Dental Care
Middle Road, Garapan
Saipan 96950
(670) 233-1100

Van Zant, David, DMD

New Wave Dental Clinic
Middle Road, Garapan Saipan 96950
(670) 233-3300

Hall, Michael E., D.D.S.

Paradise Dental Center
Wakins Building, Middle Rd.
Gualo Rai, Saipan
(670) 234-4040

Nelson C. Krum, D.D.S.

Saipan Seventh-Day Adventist Clinic
Quartermaster Road
Chalan Laulau, Saipan
(670) 234-6323

Toothworks Dental Clinic
Kulot De Rosa St.
Chalan Kiya, Saipan 96950 (670)
234-3810

Markoff, Alan, D.D.S.

ORTHODONTICS

Saipan Adventist Clinic
Quarter Master Rd., Saipan (670)
234-6323

Creed, Warren L., D.D.S.

PERIODONTICS

Saipan Adventist Clinic
Quarter Master Road, Chalan
Laulau, Saipan 96950
(670) 234-6323

Gatewood, Robert, D.D.S., M.D.
Ko, Hee Soo, D.M.D.

POHNPEI

Genesis Island Family
Clinic & Hospital
(691) 320-8660

Berysins Community
Health Center
(691) 320-6115/7740

PALAU

PRIMARY CARE AND GENERAL SURGERY

Belau National Hospital
P.O. Box 6027
Koror, Republic Of Palau 96940
(680) 488-2552/3
Roberts, Emais, M.D.
Family Surgical Clinic
P.O. Box 1652,
Koror, Republic Of Palau
(680) 488-6920/21/22

Capili, Wendy, M.D.
Yano, Victor M., M.D.
Belau Medical Clinic
P.O. Box 822
Koror, Republic Of Palau (680)
488-2688/87

GENERAL DENTISTRY

Belau National Hospital
P.O. Box 6027
Koror, Republic Of Palau 96940
(680) 488-2552/3

OPTOMETRY

Belau National Hospital
P.O. Box 6027
Koror, Republic Of Palau 96940
(680) 488-2552/3

Pacific Family Medical Supplies
P.O. Box 1523
Koror, Republic Of Palau
(680) 488-6655

PHARMACY & MEDICAL SUPPLIES

Pacific Family Medical Supplies
P.O. Box 1523
Koror, Republic Of Palau (680)
488-6655

HAWAII

Gentle Dental Aiea/Pearlridge
98-211 Pali Momi St., Ste. 715
Aiea, Hawaii 96701
Tel:(808) 488-8119

Gentle Dental Kona
75-1028 Henry St., Ste. 203
Kailua-Kona, Hawaii 96740
Tel: (808) 329-4425

Gentle Dental Makakilo/Kapolei
92-605 Makakilo Dr.
Kapolei, Hawaii 96707
Tel: (808) 672-0397

Gentle Dental Mililani
95-1249 Meheula Pkwy. Ste. 115
Mililani, Hawaii 96789
Tel: (808) 623-2888

Gentle Dental Waianae Coast
86-078 Farrington Hwy. Ste. 210
Waianae, Hawaii 96792
Tel: (808) 697-1310

Kapi'olani Medical Center at
PaliMomi 98-1079 Moanalua
Road Aiea, Hawaii 96701
Tel: (808) 486-6000

Kapi'olani Medical Center for
Women and Children
1319 Punahou Street
Honolulu, Hawaii 96826
Tel:(808) 983-6000

Straub Clinic and Hospital
888 South King Street
Honolulu, Hawaii 96813
Tel: (808) 522-4000

MAINLAND UNITED STATES

Good Samaritan Hospital★
1225 Wilshire Blvd.
Los Angeles, CA 90017
Tel: (213) 977-2121

Long Beach Memorial
Medical Center
2801 Atlantic Ave.
Long Beach, CA 90804
Tel:(562) 933-2000

Miller Children's Hospital
2801 Atlantic Ave.
Long Beach, CA 90806
Tel: (562) 933-5437

UCLA Medical Center
10920 Wilshire Blvd. Ste.1800
Los Angeles, CA 90024 Tel:(310)
794-8759

Santa Monica-UCLA
Medical Center
Tel:(310) 319-4000

Western Medical Center Santa Ana
1001 North Tustin Avenue
Santa Ana, CA 92705
Tel:(714) 953-3500

Please contact the Medical
Management or Customer Service
Departments for other available
providers.

★Preferred Provider:
A preferred provider is a participating provider that has entered into a written agreement with TakeCare to provide off-island care or treatment at a preferential or greater discounted rate which allows TakeCare to provide greater coverage to you. The participating providers which are identified herein as preferred providers are subject to change from time-to-time depending on the terms and rates for services of the written agreements. Please be sure to check with TakeCare's Medical Management Department to confirm the identity of preferred providers.

Asia Network

PHILIPPINES

Cardinal Santos Medical Center
10 Wilson Street, Greenhills West
1502 San Juan City
Philippines
Tel: (632) 727-0001

Cebu Doctor's University Hospital, Inc.
Osmena Blvd., Capitol Cebu City
Tel: (632) 253-7511

Makati Medical Center
No. 2 Amorsolo St., Legaspi Village
Makati City, Philippines 1229
Tel: (632) 8888999

St. Luke's Medical Center★
279 E. Rodriguez Boulevard Sr.
Quezon City, Philippines 1102
Tel: (632) 726-5770
(632) 726-6937

32nd St. Bonifacio Global City
Taguig City, Philippines
Tel: (632) 789-7700

The Medical City★
Ortigas Avenue, Pasig City
Tel: (632) 635-6789 or
(632) 631-8626

Angeles Clinic
76 Sto. Entierro, Sto. Cristo
Angeles City, Pampanga 2009
Tel: (63-45) 887-2882 or
(63-45) 887-2885

Iloilo
Locsin St. Brgy. Tap-oc
Molo, Iloilo City, Philippines
Tel: (63-33) 338-1505 to 1513
Please contact the TakeCare
Medical Referral Office at: Room
718 North Tower Cathedral
Heights Building
Tel: (632) 726-5770
(632) 726-6937

St. Luke's Trunkline:
(632) 723-0101 Local 5718

HealthWay Out Patient Clinics
Greenbelt 5
4th Floor Greenbelt 5

Ayala Center, Makati City
Alabang Town Center

2F Alabang Town Center,
Alabang Zapote Road

Festival Mall
2F Pixie Forest Entrance
Filinvest City, Muntinlupa

SM The Block
5th Level, The Block SM City
North Edsa, Quezon City
Manila
GF 8 Adriatico Building, Padre
Faura Corner J. Bocobo
Malate, Manila

Shangri-la Mall
5L Wellness Zone
Shangri-la Plaza Mall, Ortigas

Market Market
4th Level MarketMarket,
Bonafacio
Global City, Taguig City

Affinity Dental - Makati
2nd Floor, Plaza One Hundred
100 V.A. Rufino Street
Legaspi Village, Makati City

Affinity Dental – Alabang
2nd Floor, Civic Prime Condominium
Civic Drive, Filinvest Corp City
Alabang, Muntinlupa City

Affinity Dental
Bonifacio Global City
B6 2nd Floor, Bonifacio Stopover
Building, 32nd Street Corner
Rizal Drive, Bonifacio
Global City, Taguig

Affinity Dental - Cebu
Ground Floor, Knights of
Columbus Square, 36 Archbishop
Reyes Ave., Lahug, Cebu
(across Ayala Center Cebu)

Affinity Dental - Bacolod
Ground Floor, RL Jocson Bldg
B.S. Aquino Dr., Bacolod City
(across University of San Agustin)

JAPAN

Kameda Medical Center
929 Higashi-cho Kamogawa City
Chiba, Japan
Tel: 0470-92-2211

KOREA

Samsung Medical Center 50
Irwon-don, Kangnam-Ku, Seoul,
Korea
Tel: 82(2) 3410-0200/022

MALAYSIA

Sime Darby Healthcare 1, Jalan
SS 12/1A, 47500 Subang Jaya,
Selanger, Malaysia
Tel: +860.3.56391212

SINGAPORE

Raffles Hospital
585 North Bridge Road Raffles
Hospital, Singapore
Tel: (65) 6311-1666

TAIWAN

Taiwan Adventist Hospital 424 Pa
Te Road, Section 2 Taipei, Taiwan
Tel: (86) 2-27718151

THAILAND

Bumrungrad Hospital
33 Sukhumvit SOI (Nana Nua)
Klongtoey, Nua Sub District,
Wattana District Bangkok,
Thailand
Tel: (662) 677-1000

All network provider agreements automatically renew each year on the anniversary date unless otherwise indicated. It is important to know that when you enroll in this plan, services are provided through the plan's delivery system, but the continued participation of any one doctor, hospital or other provider cannot be guaranteed.

★Preferred Provider:
A preferred provider is a participating provider that has entered into a written agreement with TakeCare to provide off-island care or treatment at a preferential or greater discounted rate which allows TakeCare to provide greater coverage to you. The participating providers which are identified herein as preferred providers are subject to change from time-to-time depending on the terms and rates for services of the written agreements. Please be sure to check with TakeCare's Medical Management Department to confirm the identity of preferred providers.

Visiting Off-island Providers/specialists

Bollinger, Jan, M.D.
Orthopedic Surgeon
Guam Orthopedic Associates

Dam, Michael C., M.D.
Internal Medicine &
Cardiovascular Disease
Pacific Cardiovascular Associates

Ho, Jason, M.D.
Internal Medicine Hematology &
Medical Oncology

Ng, Eugene, M.D.*
Ophthalmology

Parks, David, M.D.
Pacific Retina Specialists
633 Governor Carlos Camacho Rd.,
Ste. 204, Guam Medical Plaza
Bldg., Tamuning

Quiros, Juan Carlos, M.D.*
Internal Medicine &
Cardiovascular Disease

Ruggio, Joseph, M.D.*
Cardiologist Pacific
Cardiovascular Associates

Saw, Eng, M.D.*
General Surgeon

Seneviratne, Lasika, M.D.
Hematology/Medical Oncology
L.A. Hematology and Oncology
Medical Center

Tan, Christopher, M.D.*
Pediatric Cardiologist
Pacific Cardiovascular Associates

This booklet is designed to provide general information about the **TakeCare plans** offered to Government of Guam employees, retirees and survivors. In the the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.

Travel Allowance Benefit

TakeCare will reimburse up to $500 US dollars for the purchase of an airline ticket and/or payment for lodging while accessing medical care in the Philippines. *Subject to deductible on HSA plan.

This benefit applies to eligible members who are being referred to the Philippines for approved off island care and services meeting qualifying criteria of medical necessity for the travel benefit and approved as well as coordinated by TakeCare's Medical Management Department.

Services are limited to approved referrals for specialty care visits and consultations, diagnostic testing and imaging, out patient surgery, rehabilitation therapy, out patient chemotherapy and radiotherapy that are not available on Guam. **Executive Check Ups, Primary Care, Dental Care and Preventive Care are not eligible for the travel allowance benefit**.

This benefit is in addition to the airfare benefit which is available for hospital-to-hospital transfer.

*Non-compliance with required treatment guidelines as defined by TakeCare's provider and Medical Management will result to non-eligibility under the travel benefit. TakeCare will cover one adult companion per patient, up to a maximum of two adult companions, for an approved travel benefit to accompany minors or disabled members. Approved companions are limited to legal parents or legal guardians. Other limitations may also apply.

TakeCare℠

SCHEDULE OF BENEFITS

GovGuam Fiscal Year 2018

This booklet is designed to provide general information about the **TakeCare plans** offered to Government of Guam employees, retirees and survivors. In the the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.

TakeCare℠

GOVGUAM PPO 1500

SCHEDULE OF BENEFITS

Your Benefits: What TakeCare covers	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Deductible Per Individual Member (Class 1)	$1,500	$3,000
Deductible Per Family (Class 2, 3, & 4) If a member meets their $1,500, the plan begins to pay for covered services for the individual	$3,000	$9,000
Coverage Maximums Individual member annual maximum	Unlimited	
Out of Pocket Maximums (including accumulated deductible, copayment, and co-insurance) Per Individual member per policy year Per Family per policy year	$3,000 $9,000	No Maximum No Maximum
Any Services in the Philippines, Hawaii & the U.S. Mainland, Japan, Taiwan and Foreign Participating Provider (Prior Authorization Required)	Requires a Referral from your Doctor and approval in advance from TakeCare	

Deductible and Co-Pay do not apply to these Benefits when you go to a Participating Provider	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS After deductible is met
Preventative Services (Out Patient Only) In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. ▪ Annual Physical Exam ○ Members may choose to receive age appropriate annual physical in the Philippines with no dollar limit ▪ Breast Pumps (In accordance with Women's Preventive Health guidelines) ▪ Includes preventive lab tests	Plan Pays 100%	Not Covered
Immunizations/Vaccinations In accordance with the guidelines established by the Advisory Committee on Immunization Practices of the CDC	Plan Pays 100%	Not Covered
Pre-Natal Care Including Routine Labs and First Ultrasound	Plan Pays 100%	Not covered
Well-Child Care ▪ Infancy (newborn to nine months) up to 7 visits per plan year ▪ Early childhood (one to four years old) up to 7 visits per plan year ▪ Middle Childhood/Adolescence (five to seventeen years old) up to one visit per plan year ○ In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care	Plan Pays 100%	Not Covered
Well-Woman Care (In accordance with the guidelines supported by the Health Resource and Service Administration (HRSA)) ▪ Contraceptive including Sterilization and Tubal Ligation if prescribed.	Plan Pays 100%	Not Covered

Deductible does not apply to these benefits when you go to a Participating Provider	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS After deductible is met
Annual Eye Exam (once per member per plan year)	Plan Pays 100%	Not Covered

Deductible does not apply to these benefits when you go to a Participating Provider	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS After deductible is met
Outpatient Physician Care & Services		
1. Primary Care Visits	$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider	Plan Pays 70% of Eligible Charges, Member pays 30%

Deductible does not apply to these benefits when you go to a Participating Provider	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS After deductible is met
2. Specialist Care Visits	$40 Member Co-Payment	Plan Pays 70% of Eligible Charges, Member pays 30%
3. Voluntary Second Surgical Opinion	$40 Member Co-Payment	Plan Pays 70% of Eligible Charges, Member pays 30%
4. Home Health Care Visit	Plan Pays 100%	Plan Pays 70% of Eligible Charges, Member pays 30%
5. Hospice Care in Guam only, maximum 180 days at a maximum of $150 per day **(Prior Authorization Required)**	$40 Member Co-Payment	Not Covered
6. Outpatient Laboratory		
6.1 Routine and Preventive Laboratory	Plan pays 100% (Not Subject to Deductible)	Plan Pays 70% of Eligible Charges, Member pays 30%
6.2 Specialty Laboratory	$20 Member Co-Payment	Plan Pays 70% of Eligible Charges, Member pays 30%
7. X-ray Services	$10 Member Co-Payment at FHP Clinic $20 Member Co-Payment outside FHP	Plan Pays 70% of Eligible Charges, Member pays 30%
8. Injections **(Does not include those on the Specialty Drugs Lists and Orthopedic injections)**	$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider	Plan Pays 70% of Eligible Charges, Member pays 30%
Outpatient Mental Health Care	$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider	Plan Pays 70% of Eligible Charges, Member pays 30%
Optical Benefit Coverage for pair of contact lenses or eyeglasses lens/frames – maximum of $150 per member per benefit year	Member Pays All Charges above $150 per benefit year	All Charges
Outpatient Executive Check-up Services are covered at Participating Providers in the Philippines up to the cost but not exceeding Php13,250 per member per plan year. Benefit is not convertible to cash if unused during a plan year and cannot be applied towards any other services.	Plan Pays Up to Php 13,250 Member Pays All Charges Above Plan Payment	Not Covered
Urgent Care		
1. Within the Service *(Available at Participating Urgent Care Providers.)*	$20 Member Co-payment	Not Covered
2. Outside the Service Area	Plan Pays 80% Member pays 20%	Plan Pays 80% of Eligible Charges, Member pays 20%
Prescription Drugs		
1. Formulary generic drugs per prescription unit	$10 Member Co-Payment at FHP Pharmacy, $15 Member Co-Payment outside FHP Pharmacy (30 day supply)	Plan pays 50% of Average Wholesale Price
2. Formulary brand name drugs per prescription unit	$30 Member Co-Payment (30 day supply)	
3. Formulary generic and brand mail order	$0 Member Co-Payment	Plan pays 50% of Average Wholesale Price
4. Non-Formulary **(Medically Necessary Only and Prior Authorization Required)**	$60 Member Co-Payment (30 day supply)	
5.Specialty Drugs **(Medically Necessary Only and Prior Authorization Required)**	$100 Member Co-payment (30 day supply)	Not Covered

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Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON-PARTICIPATING PROVIDERS After deductible is met
Acupuncture (Limited to 30 visits per member per benefit year)	Plan Pays 80% Member Pays 20%	Not Covered
AIDS Treatment (Prior Authorization Required) Exclusive of Experimental Drugs	Plan Pays 80% Member Pays 20%	Not Covered
Airfare Benefit to Preferred Providers only TakeCare provides emergency hospital to hospital transportation coverage (Prior Authorization Required)	Plan Pays 100%	Not Covered
Allergy Testing/Treatment $1,000 per member per plan year	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Ambulatory Surgi-center Care (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Blood & Blood Derivatives	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Breast Reconstructive Surgery (Prior Authorization Required) (In accordance with 1998 W.H.C.R.A)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Cardiac Surgery (Prior Authorization Required)	Play Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Cataract Surgery (Prior Authorization Required) Includes lens implants, Outpatient only	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Chemical Dependency	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Chemotherapy Benefit (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Chiropractic Care (Limited to 30 visits per member per benefit year)	Plan Pays 80% Member Pays 20%	Not Covered
Congenital Anomaly Disease Coverage (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Diagnostic Testing MRI, CT Scan, Sleep Apnea testing and other diagnostic procedure (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Durable Medical Equipment (DME) The lesser amount between Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, nebulizer machine, oxygen, CPAP (excluding disposable supplies), oxygen and accessories when prescribed by a Physician (Prior Authorization Required)	Plan Pays 80% Member Pays 20% of the total rental cost or purchase	Not Covered
Elective Surgery (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Emergency Care (For on and off island emergencies, Plan must be contacted and advised within 48 hours) 1 On/Off Island emergency facility, physician services, laboratory, x-rays 2. Ambulance Services (Ground Transportation only)	Plan Pays 80% Member Pays 20%	Plan Pays 80% Member Pays 20%
End Stage Renal Disease / Hemodialysis (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Hearing Aids Maximum $500 per member per plan year	Plan Pays 80% Member Pays 20%	Not Covered
Deductible must be met for the following services	**PARTICIPATING PROVIDERS** After deductible is met	**NON-PARTICIPATING PROVIDERS** After deductible is met
Hospitalization & Inpatient Benefits (Prior Authorization Required) 1. Room & Board for a semi-private room, intensive care, coronary care and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Mental Health Care services	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Implants (Prior Authorization Required) Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices; (Limitations apply, please refer to contract and certificate of insurance)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Inhalation Therapy	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Maternity Care Labor and Delivery	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Nuclear Medicine (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Occupational Therapy Limited to 20 visits per member per benefit year) (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Not Covered

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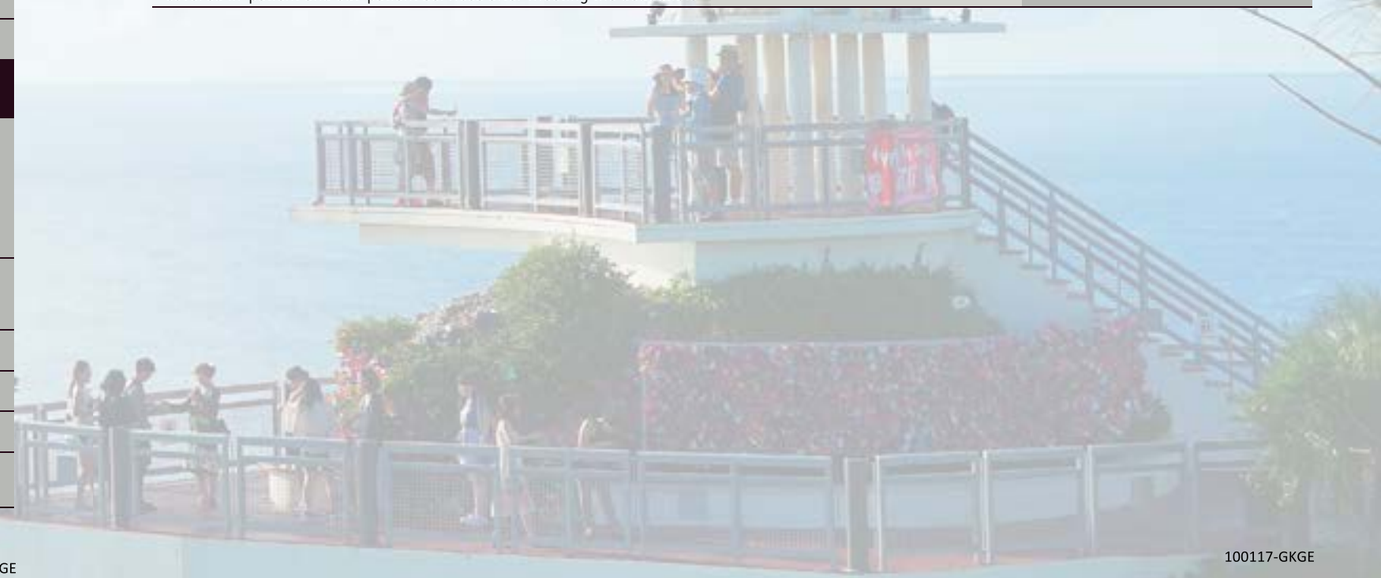
TakeCare℠ GOVGUAM PPO 1500

Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON-PARTICIPATING PROVIDERS After deductible is met
Organ Transplant – coverage based on Medicare including but not limited to the following organs. Includes coverage for donor expenses. 1. Heart 2. Lung 3. Liver 4. Kidney 5. Pancreas 6. Intestine 7. Bone Marrow 8. Cornea (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Orthopedic Conditions (Prior Authorization Required) Internal and External Prosthesis such as but not limited to artificial joints, limbs and spinals segments	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Physical Therapy (Prior Authorization Required)	Plan Pays 80% for the first 20 visits and 50% thereafter	Plan Pays 70% of Eligible Charges, Member pays 30%
Radiation Therapy (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Robotic Surgery/Robotic Suite (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Skilled Nursing Facility Maximum 60 days per member per plan year (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Sterilization Procedures (Prior Authorization Required) 1. Vasectomy (Outpatient Only)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Additional Benefits: What TakeCare covers		
Wellness & Fitness Benefit		
1. Wellness Benefits at TakeCare Wellness Center	Plan Pays 100%	Not Covered
2. TakeCare's Wellness and Disease Management Programs and Incentives	Plan Pays 100%	
3. Gym Benefit For list of gym partners, please contact TakeCare's Customer Service Department.	Plan Pays 100% for Gym Access Per Member Per Plan Year	Not Covered
Participating Provider Benefit in the Philippines (Prior Authorization is Required)		
Applicable copayment and co-insurance are waived for eligible and covered in-patient and out-patient services after meeting the deductible	Plan Pays 100%	Not Covered



100117-GKGE

This booklet is designed to provide general information about the **TakeCare plans** offered to Government of Guam employees, retirees and survivors. In the the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.

TakeCare℠

GOVGUAM HSA 2000

SCHEDULE OF BENEFITS

Your Benefits: What TakeCare covers	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Deductible Per Individual Member (Class 1)	$2,000	$4,000
Deductible Per Family (Class 2, 3 & 4) If an individual member of a family meets $2,600 in covered expenses, the plan begins to pay for covered services for that individual	$4,000	$12,000
Coverage Maximums Individual member annual maximum	Unlimited	
Out of Pocket Maximums (including accumulated deductible, copayment, and co-insurance) Per Individual member per policy year Per Family per policy year	$4,000 $12,000	No Maximum No Maximum
Any Services in the Philippines, Hawaii & the U.S. Mainland, Japan, Taiwan and Foreign Participating Providers (Prior Authorization Required)	Requires a Referral from your Doctor and approval in advance from TakeCare	

Deductible and Co-Pay do not apply to these Benefits when you go to a Participating Provider	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS After deductible is met
Preventive Services (Out Patient Only) In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. • Annual Physical Exam ○ Members may choose to receive age appropriate annual physical in the Philippines with no dollar limit • Breast Pumps (In accordance to Women's Preventive Health guidelines • Includes preventive lab tests	Plan Pays 100%	Not Covered
Immunizations/Vaccinations In accordance with the guidelines established by the Advisory Committee on Immunization Practices of the CDC	Plan Pays 100%	Not Covered
Pre-Natal Care Including Routine Labs and First Ultrasound	Plan Pays 100%	Not covered
Well-Child Care • Infancy (newborn to nine months) up to 7 visits per plan year • Early childhood (one to four years old) up to 7 visits per plan year • Middle Childhood/Adolescence (five to seventeen years old) up to one visit per plan year ○ In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care	Plan Pays 100%	Not Covered
Well-Woman Care (In accordance with the guidelines supported by the Health Resource and Service Administration (HRSA)) • Contraceptive including Sterilization and Tubal Ligation if prescribed.	Plan Pays 100%	Not Covered

Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON-PARTICIPATING PROVIDERS After deductible is met
Outpatient Laboratory		
1. Routine Laboratory	Plan pays 100%	Plan Pays 50% of Eligible Charges, Member pays 50%
2. Specialty Laboratory	$20 Member Co-Payment	Plan Pays 50% of Eligible Charges, Member pays 50%

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Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON-PARTICIPATING PROVIDERS After deductible is met
Acupuncture (Limited to 30 visits per member per benefit year)	Plan Pays 80% Member Pays 20%	Not Covered
AIDS Treatment (Prior Authorization Required) Exclusive of Experimental Drugs	Plan Pays 80% Member Pays 20%	Not Covered
Airfare Benefit to Preferred Providers only TakeCare provides emergency hospital to hospital transportation coverage (Prior Authorization Required)	Plan Pays 100%	Not Covered
Allergy Testing/Treatment $1,000 per member per plan year	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Ambulatory Surgi-center Care (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Annual Eye Exam (once per member per plan year)	$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider Covered in Guam only	Not Covered
Blood & Blood Derivatives	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Breast Reconstructive Surgery (Prior Authorization Required) (In accordance with 1998 W.H.C.R.A)	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Cardiac Surgery (Prior Authorization Required)	Play Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Cataract Surgery (Prior Authorization Required) Includes lens implants, Outpatient only	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Chemical Dependency	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Chemotherapy Benefit (Prior Authorization Required)	Plan Pays 80% Member pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Chiropractic Care (Limited to 30 visits per member per benefit year)	Plan Pays 80% Member Pays 20%	Not Covered
Congenital Anomaly Disease Coverage (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Not Covered
Diagnostic Testing MRI, CT Scan, Sleep Apnea (testing and other diagnostic procedure) (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Durable Medical Equipment (DME) The lesser amount between Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, nebulizer machine or oxygen, CPAP (excluding disposable supplies), oxygen and accessories when prescribed by a Physician (Prior Authorization Required)	Plan Pays 80% Member Pays 20% of the total rental cost or purchase	Not Covered
Elective Surgery (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Emergency Care (For on and off island emergencies, Plan must be contacted and advised within 48 hours) 1 On/Off Island emergency facility, physician services, laboratory, x-rays 2. Ambulance Services (Ground Transportation only)	Plan Pays 80% Member Pays 20%	Plan Pays 80% Member Pays 20%
End Stage Renal Disease / Hemodialysis (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Hearing Aids Maximum $500 per member per plan year	Plan Pays 80% Member Pays 20%	Not Covered

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This booklet is designed to provide general information about the **TakeCare plans** offered to Government of Guam employees, retirees and survivors. In the the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.

Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON-PARTICIPATING PROVIDERS After deductible is met
Hospitalization & Inpatient Benefits (Prior Authorization Required) 1. Room & Board for a semi-private room, intensive care, coronary care and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Mental Health Care services	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Implants (Prior Authorization Required) Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices; **(Limitations apply, please refer to contract and certificate of insurance)**	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Inhalation Therapy	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Maternity Care Labor and Delivery	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Outpatient Executive Check-up Services are covered at Participating Providers in the Philippines up to the cost but not exceeding Php13,250 per member per plan year. Benefit is not convertible to cash if unused during a plan year and cannot be applied towards any other services.	Plan Pays Up to Php 13,250 Member Pays All Charges Above Plan Payment	Not Covered
Outpatient Mental Health Care	$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider	Plan Pays 50% of Eligible Charges, Member pays 50%
Nuclear Medicine (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Occupational Therapy (Limited to 20 visits per member per benefit year) (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Not Covered
Organ Transplant – coverage based on Medicare including but not limited to the following organs. Includes coverage for donor expenses. 1. Heart 2. Lung 3. Liver 4. Kidney 5. Pancreas 6. Intestine 7. Bone Marrow 8. Cornea **(Prior Authorization Required)**	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Orthopedic Conditions (Prior Authorization Required) Internal and External Prosthesis such as but not limited to artificial joints, limbs and spinals segments	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Outpatient Physician Care & Services		
1. Primary Care Visits	$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider	Plan Pays 50% of Eligible Charges, Member pays 50%
2. Specialist Care Visits	$40 Member Co-Payment	Plan Pays 50% of Eligible Charges, Member pays 50%
3. Voluntary Second Surgical Opinion	$40 Member Co-Payment	Plan Pays 50% of Eligible Charges, Member pays 50%

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Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON-PARTICIPATING PROVIDERS After deductible is met
4. Home Health Care Visit	Plan Pays 100%	Plan Pays 50% of Eligible Charges, Member pays 50%
5. Hospice Care in Guam only, maximum 180 days at a maximum of $150 per day **(Prior Authorization Required)**	$40 Member Co-Payment	Not Covered
6. X-ray Services	$10 Member Co-payment at FHP Clinic $20 Member Co-payment outside FHP	Plan Pays 50% of Eligible Charges, Member pays 50%
7. Injections **(Does not include those on the Specialty Drugs Lists and Orthopedic injections)**	$5 Member Co-Payment at FHP Clinic, $10 Member Co-Payment at Preferred Provider, $20 Member Co-Payment at Non-Preferred Provider	Plan Pays 50% of Eligible Charges, Member pays 50%
Optical Benefit Coverage for pair of contact lenses or eyeglasses lens/frames – maximum of $150 per member per benefit year	Member Pays All Charges above $150 per benefit year	All Charges
Physical Therapy (Prior Authorization Required)	Plan Pays 80% for the first 20 visits and 50% thereafter	Plan Pays 50% of Eligible Charges, Member pays 50%
Prescription Drugs		
1. Formulary generic drugs per prescription unit	$10 Member Co-Payment at FHP Pharmacy, $15 Member Co-Payment outside FHP Pharmacy (30 day supply)	Plan pays 50% of Average Wholesale Price
2. Formulary brand name drugs per prescription unit	$30 Member Co-Payment (30 day supply)	
3. Formulary generic and brand mail order	$0 Member Co-Payment	
4. Non-Formulary **(Medically Necessary Only and Prior Authorization Required)**	$60 Member Co-Payment (30 day supply)	
Radiation Therapy (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Robotic Surgery/Robotic Suite (Prior Authorization Required)	Plan Pays 80% Member Pays 20%	Plan Pays 70% of Eligible Charges, Member pays 30%
Skilled Nursing Facility Maximum 60 days per member per plan year **(Prior Authorization Required)**	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Specialty Drugs (Medically Necessary Only and Prior Authorization Required)	$100 Member Co-payment (30 day supply)	Not Covered
Sterilization Procedures (Prior Authorization Required) 1. Vasectomy **(Outpatient Only)**	Plan Pays 80% Member Pays 20%	Plan Pays 50% of Eligible Charges, Member pays 50%
Urgent Care		
1. Within the Service Area *(Available at Participating Urgent Care Providers.)*	$20 Member Co-payment	Not Covered
2. Outside the Service Area	Plan Pays 80% Member pays 20%	Plan Pays 80% of Eligible Charges, Member pays 20%
Additional Benefits: What TakeCare covers		
Wellness & Fitness Benefit		
1. Wellness Benefit at TakeCare Wellness Center	Plan Pays 100%	Not Covered
2. TakeCare's Wellness and Disease Management Programs and Incentives	Plan Pays 100%	
3. Gym Benefit For list of gym partners, please contact TakeCare's Customer Service Department.	Plan Pays 100% for Gym Access Per Member Per Plan Year	Not Covered
Participating Provider Benefit in the Philippines (Prior Authorization is Required)		
Applicable copayment and co-insurance are waived for eligible and covered in-patient and out-patient services after meeting the deductible	Plan Pays 100%	Not Covered

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MEDICAL EXCLUSIONS

The following services are not covered by TakeCare:

1. No benefits will be paid for Injury or Illness, (a) when the Covered Person is entitled to receive disability benefits or compensation (or forfeits his or her right thereto) under Worker's Compensation or Employer's Liability Law for such Injury or Illness or (b) when Services for an Injury or Illness are rendered to the Covered Person by any federal, state, territorial, municipal or other governmental instrumentality or agency without charge, or (c) when such Services would have been rendered without charge but for the fact that the person is a Covered Person under the Plan.

2. No benefits will be paid if any material statement made in an application for coverage, enrollment of any Dependent or in any claim for benefits is false. Upon identifying any such false statement, Company shall give the Covered Person at least 30 day notice that his or her benefits have been suspended and that his or her coverage is to be terminated. If the false statement is fraudulent or is an intentional misrepresentation of a material fact, such termination shall be retroactive to the date coverage was provided or continued based on such fraudulent statement or intentional misrepresentation of material fact. If the false statement was not a fraudulent statement or intentional misrepresentation of material fact, termination of coverage shall be effective no earlier than the date of the suspension. The Covered Person may dispute any termination of coverage by filing a claim under the PPACA Claims Procedure for internal or external appeals, set out in §6.7 of this Certificate. If an appeal under §6.7 is filed, the resolution of the matter shall be in accordance with the outcome of the appeal proceedings. If no appeal is filed for any retroactive termination and the Company paid benefits prior to learning of any such false statement, the Subscriber must reimburse the Company for such payment. Terminations of coverage shall be handled in accordance with the applicable claims procedure requirements of Section 2719 of the PHSA, as added by PPACA. Retroactive terminations of coverage shall not violate the applicable prohibitions on rescissions of Section 2712 of the PHSA, as added by PPACA, and rescissions shall be handled in compliance with PPACA's applicable claim denial requirements.

3. No benefits will be paid for confinement in a Hospital or in a Skilled Nursing Facility if such confinement is primarily for custodial or domiciliary care. (Custodial or domiciliary care includes that care which consists of training in personal hygiene, routine nursing services and other forms of self care. Custodial or domiciliary care also includes supervisory services by a Physician or Nurse for a person who is not under specific medical or surgical treatment to reduce his or her disability and to enable that person to live outside an institution providing such care.) Company and not Covered Person shall be liable if the Company approves the confinement, regardless of who orders the service.

4. No benefits will be paid for nursing and home health aide services provided outside of the home (such as in conjunction with school, vacation, work or recreational activities)

5. No benefits will be paid for private Duty Nursing. This provision does not apply to Home Health Care.

6. No benefits will be paid for special medical reports, including those not directly related to treatment of the Member. (e.g., Employment or insurance physicals, and reports prepared in connection with litigation.)

7. No benefits will be paid for services required by third parties, including but not limited to, physical examinations, diagnostic services and immunizations in connection with obtaining or continuing employment, obtaining or maintaining any license issued by a municipality, state, or federal government, securing insurance coverage, travel, school admissions or attendance, including examinations required to participate in athletics, except when such examinations are considered to be part of an appropriate schedule of wellness services.

8. No benefits will be paid for court ordered services, or those required by court order as a condition of parole or probation.

9. No benefits will be paid for Services and supplies provided to a Covered Person for an Injury or Illness resulting from an attempted suicide by that Covered Person unless resulting from a medical condition (including physical or mental health conditions) or from domestic violence.

10. No benefits will be paid for Services and supplies provided in connection with intentionally self-induced or intentionally self-inflicted injuries or illnesses unless resulting from a medical condition (including physical or mental conditions) or from domestic violence.

11. No benefits will be paid for Services and supplies provided to a Covered Person for Injuries incurred while the person was committing a criminal act.

MEDICAL EXCLUSIONS cont.

12. Unless otherwise specifically provided in the Agreement, no benefit will be paid for, or in connection with, airfare and the Company will not pay for the transportation from Guam to any off-island facility, nor for any other non-medical expenses such as taxes, taxis, hotel rooms, etc. In no event will the Company pay for air ambulance or for the transportation of the remains of any deceased person.

13. No benefits will be paid for living expenses for Covered Persons who require, or who of their own accord seek, treatment in locations removed from their home.

14. No benefits will be paid for Services and supplies provided to a dependent of a non-Spouse Dependent. Dependents of non-Spouse Dependents are not eligible for coverage. For example, when a Dependent, other than a Spouse of the Subscriber, has a child, that child is a dependent of a non-Spouse Dependent and is not eligible to become covered under the Plan, unless such child otherwise becomes eligible for enrollment.

15. No benefits will be paid for home uterine activity monitoring.

16. No benefits will be paid for services performed by an immediate family member for which, in the absence of any health benefits coverage, no charge would be made. Immediate family member is defined as parents, spouses, siblings, or children of the insured member.

17. No benefits will be paid for treatment of occupational injuries and occupational diseases, including those injuries that arise out of (or in the course of) any work for pay or profit, or in any way results from a disease or injury which does. If a Member is covered under a Workers' Compensation law or similar law, and submits proof that the Member is not covered for a particular disease or injury under such law, that disease or injury will be considered "non-occupational" regardless of cause. The Covered Benefits under the Group Health Insurance Certificate for Members eligible for Workers' Compensation are not designed to duplicate any benefit to which they are entitled under Workers' Compensation Law. All sums payable for Workers' Compensation services provided under the Group Health Insurance Certificate shall be payable to, and retained by Company. Each Member shall complete and submit to Company such consents, releases, assignments and other documents reasonably requested by Company in order to obtain or assure reim bursement under the Workers' Compensation Law

18. No benefits will be paid for:
    a. Drugs or substances not approved by the Food and Drug Administration (FDA), or
    b. Drugs or substances not approved by the FDA for treatment of the illness or injury being treated unless empirical clinical studies have proven the benefits of such drug or substance in treating the illness or injury, or
    c. Drugs or substances labeled "Caution: limited by federal law to investigational use." or
    d. Any drug or substance which does not, by federal or state law, require a prescription order (i.e., an over-the-counter (OTC) drug).

19. No benefits will be paid for experimental or Investigational Procedures, or ineffective surgical, medical, psychiatric, or dental treatments or procedures, research studies, or other experimental or investigational health care procedures or pharmacological regimes, unless deemed medically necessary by the patient's physician and pre-authorized by the Company.

    Experimental and investigational treatments and procedures are those medical treatments and procedures that have not successfully completed a Phase III trial, have not been approved by the FDA and are not generally recognized as the accepted standard treatment for the disease or condition from which the patient suffers.

    Experimental and investigational treatments includes off label therapies. Off-label therapies are those medical therapies that use an FDA approved drug or procedure for a non-indicated use. Also, these experi mental or investigational medical and surgical procedures, equipment, and items or medications, are otherwise not covered by Medicare or covered under qualifying clinical trials.

20. No benefits will be paid for services or supplies related to Genetic Testing.

21. No benefits will be paid for any item or substance that is available without a Physician's prescription even if prescribed by a Physician, except as otherwise provided herein and except for medicines and supplies Medically Necessary for inpatient care.

MEDICAL EXCLUSIONS cont.

22. No benefits will be paid for Services and supplies provided to perform transsexual surgery or to evaluate the need for such surgery. Evaluations and subsequent medications and Services necessary to maintain trans sexual status are also excluded from coverage, as are complications or medical sequela of such surgery or treatment.

23. No benefits will be paid for injuries incurred by the operator of a motorized vehicle while such operator is under the influence of intoxicating alcoholic beverage, controlled drugs, or substances. If a blood alcohol level or the DRAEGER ALCO TEST is available and shows levels that are equal to or exceed 0.08 grams percent (gms%) or that exceed the amount allowed by law as constituting legal intoxication, no benefits will be paid.

24. No benefits will be paid for any medical Service or supply which is available to the Covered Person on Guam and which is paid by or reimbursable through a governmental agency or institution. However, notwithstanding the aforesaid, in no event will the Company consider the availability of benefits under Medicaid or Medically Indigent Program when paying benefits under this Agreement.

25. No benefits will be paid for dental services including but not limited to, services related to the care, filling, removal or replacement of teeth and treatment of injuries to or diseases of the teeth, dental services related to the gums, apicoectomy (dental root resection), orthodontics, dental splint and other dental appliances, root canal treatment, soft tissue impactions, alveolectomy, augmentation, and vestibuloplasty, treatment of periodontal disease, false teeth, prosthetic restoration of dental implants, maxillary and mandible implants (Osseo integration) and all related services, removal of impacted teeth, bite plates, orthognathic surgery to correct a bit defect. This exclusion does not apply to:

    a. Emergency Services to stabilize an acute injury to sound natural teeth, the jawbone or surrounding structures, if provided within 48 hours of the injury or as required by PPACA to stabilize and treat a PPACA Emergency.

    b. Surgical treatment of TMJ as described in the Covered Benefits Section "Temporomandibular Joint Syndrome (TMJ) Services".

    c. Dental anesthesia when provided according to the conditions described in the Covered Benefits Section, "Limited General Anesthesia for Dental Procedures".

    d. Procedures deemed medically necessary by patient's physician and pre-authorized by Company.

26. No benefits will be paid in connection with elective abortions unless Medically Necessary.

27. No benefits will be paid for vision care services, including orthoptics (a technique of eye exercises designed to correct the visual axes of eyes not properly coordinated for binocular vision), lasik, keratoplasty, and radial keratotomy, including related procedures designed to surgically correct refractive errors except as provided in the Covered Benefits section of the Group Health Insurance Certificate.

28. No benefits will be paid for Services in connection with surgery for the purpose of diagnosing or correcting errors in refraction

29. No benefits will be paid in connection with any injuries sustained while the Covered Person is operating any wheeled vehicle during an organized, off-road, competitive sporting event.

30. No benefits will be paid for personal comfort or convenience items, including those services and supplies not directly related to medical care, such as guest meals and accommodations, barber services, telephone charges, radio and television rentals, homemaker services, travel expenses, take-home supplies.

31. No benefits will be paid for hypnotherapy.

32. No benefits will be paid for religious, marital and sex counseling, including services and treatment related to religious counseling, marital/relationship counseling, and sex therapy.

MEDICAL EXCLUSIONS cont.

33. No benefits will be paid for cosmetic Surgery or other services intended primarily to improve the Member's appearance or treatment relating to the consequences of, or as a result of, Cosmetic Surgery. This exclusion does not apply to:

    a. Medically Necessary reconstructive surgery as described in the Covered Benefits sections Mastectomy and Reconstructive Breast Surgery or Reconstructive Surgery.

    b. surgery to correct the results of injuries causing an impairment.

    c. surgery as a continuation of a staged reconstruction procedure, including but not limited to post-mastectomy reconstruction;

    d. surgery to correct congenital defects necessary to restore normal bodily functions, including but not limited to, cleft lip and cleft palate.

34. No benefits will be paid for routine foot/hand care, including routine reduction of nails, calluses and corns.

35. Except as otherwise provided in this agreement, no benefit will be paid for specific non-standard allergy services and supplies, including but not limited to, skin titration (wrinkle method), cytotoxicity testing (Bryan's Test), treatment of non-specific candida sensitivity, and urine autoinjections.

36. No benefits will be paid for Services and supplies associated with growth hormone treatment unless the Covered Person is proven to have growth hormone deficiency using accepted stimulated growth hormone analyses and also shows an accelerated growth response to growth hormone treatment. Under no circumstances will growth hormone treatment be covered to treat short stature in the absence of proven growth hormone deficiency.

37. No benefits will be paid for Services and supplies provided for liposuction.

38. No benefits will be paid for weight reduction programs, or dietary supplements, except as pre-authorized by Company for the Medically Necessary treatment of morbid obesity.

39. No benefits will be paid for any drug, food substitute or supplement or any other product, which is primarily for weight reduction unless medically necessary.

40. Except as provided in this Agreement, or unless medically necessary for the treatment of Morbid Obesity or other disease, no benefit will be paid for gastric bypass, stapling or reversal if for the purpose of weight reduction or aesthetic purposes.

41. No benefits will be paid for surgical operations, procedures or treatment of obesity, except when pre-authorized by Company.

42. No benefits will be paid for the treatment of male or female Infertility, including but not limited to:

    a. The purchase of donor sperm and any charges for the storage of sperm;

    b. The purchase of donor eggs and any charge associated with care of the donor required for donor egg retrievals or transfers or gestational carriers;

    c. Charges associated with cryopreservation or storage of cryopreserved embryos (e.g. office, hospital, ultrasounds, laboratory tests, etc.);

    d. Home ovulation prediction kits;

    e. Injectable Infertility medications, including but not limited to, menotropins, hCG, GnRH agonists, IVIG;

    f. Artificial Insemination, including in vitro fertilization (IVF), gamete intrafallopian tube transfer (GIFT), zygote intrafallopian tube transfer (ZIFT), and intracytoplasmic sperm injection (ICSI), and any advanced reproductive technology ("ART") procedures or services related to such procedures;

    g. Any charges associated with care required for ART (e.g., office, Hospital, ultrasounds, laboratory tests, etc.);

MEDICAL EXCLUSIONS cont.

h. Donor egg retrieval or fees associated with donor egg programs, including but not limited to fees for laboratory tests;

i. Any charge associated with a frozen embryo transfer including but not limited to thawing charges;

j. Reversal of sterilization surgery; and

k. Any charges associated with obtaining sperm for ART procedures.

43. Except as provided in this Agreement, no benefits will be paid for the purchase or rental of durable or disposable medical equipment and supplies, other than for:

    a. Equipment and supplies used in a Hospital or Skilled Nursing Facility, or in conjunction with an approved Hospital or Skilled Nursing Facility confinement, or as otherwise noted in the Agreement or

    b. Items covered as preventive care under well-women coverage such as breastfeeding supplies in accordance with reasonable medical management techniques.

44. No benefits will be paid for household equipment, including but not limited to, the purchase or rental of exercise cycles, water purifiers, hypo-allergenic pillows, mattresses or waterbed, whirlpool or swimming pools, exercise and massage equipment, central or unit air conditioners, air purifiers, humidifiers, dehumidifiers, escalators, elevators, ramps, stair glides, emergency alert equipment, handrails, heat appliances, improvements made to a Member's house or place of business, and adjustments to vehicles.

45. No benefits will be paid for outpatient supplies (except diabetic supplies), including but not limited to, outpatient medical consumable or disposable supplies such as syringes, incontinence pads, and elastic stockings.

46. No benefits will be paid for Services and supplies provided for penile implants of any type.

47. No benefits will be paid for Services and supplies to correct sexual dysfunction.

48. Except as specifically provided, if a benefit is excluded, all Hospital, surgical, medical treatments, prescription drugs, laboratory services, and x-rays in relation to the excluded benefits are also excluded as of the time it is determined that the benefit is excluded.

49. Except as specifically provided in this Agreement, no benefits will be provided for Services and supplies not ordered by a Physician or not Medically Necessary.

50. No benefits will be paid for temporomandibular joint disorder treatment (TMJ) including treatment performed by prosthesis placed directly on the teeth except as covered in the Covered Benefits Section

51. Except as specifically provided in this Agreement, no benefits will be paid for corrective appliances, artificial aids and durable equipment.

52. No benefits will be paid for Services for which the Covered Person or Subscriber is not legally obligated to pay.

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MEDICAL EXCLUSIONS cont.

53. No benefit will be paid for ambulance services when used for routine and convenience transportation to receive outpatient or inpatient services, unless deemed medically necessary with prior authorization obtained from Company.

54. Elective or voluntary enhancement procedures, surgeries, services, supplies and medications including, but not limited to, hair growth, hair removal, hair analysis, sexual performance, athletic performance, anti-aging, and mental performance, even if prescribed by a Physician.

55. No benefits will be paid for hospital take-home drugs.

56. No benefits will be paid for fees for any missed appointments or voluntary transfer of records as requested by the Covered Person.

57. No benefits will be paid for educational services. Special education, including lessons in sign language to instruct a Member, whose ability to speak has been lost or impaired, to function without that ability, are not covered.

58. No benefits will be paid for Intelligence, IQ, aptitude ability, learning disorders, or interest testing not necessary to determine the appropriate treatment of a psychiatric condition.

59. No benefits will be paid for Psychoanalysis or psychotherapy credited toward earning a degree or furtherance of education or training regardless of diagnosis or symptoms or whether providing or receiving the Service.

60. No benefits will be paid for non-medically necessary services, including but not limited to, those services and supplies:

    a. Which are not Medically Necessary, for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services;

    b. That do not require the technical skills of a medical, mental health or a dental professional;

    c. Furnished mainly for the personal comfort or convenience of the Member, or any person who cares for the Member, or any person who is part of the Member's family, or any Provider;

    d. Furnished solely because the Member is an inpatient on any day in which the Member's disease or injury could safely and adequately be diagnosed or treated while not confined;

    e. Furnished solely because of the setting if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office or other less costly setting.

61. As required by HIPAA, no source-of-injury exclusion, such as exclusion 29 for off-road sporting events, will apply if the accident resulted from an act of domestic violence or a medical condition (including both physical and mental health conditions).

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SCHEDULE OF BENEFITS

Your Benefits: What TakeCare covers	**PARTICIPATING PROVIDERS** Plan Pays	**NON-PARTICIPATING PROVIDERS** Plan Pays
Diagnostic & Preventive Care 1. Caries Susceptibility Test 2. Exams (Once every 6 months) 3. Fluoride Treatment (Annually for children age 19 & under) 4. Prophylaxis (Cleaning of teeth once every 6 months) 5. Sealants (For permanent molars and children age 15 & under) 6. Space maintainers (For children age 15 & under) includes adjustments within 6 months of installation 7. Study Models 8. Treatment Plan 9. X-rays (Bite Wing Maximum of 4 per Plan Year) 10. X-rays (Full mouth, once every 3 years)	**100% of Eligible Expenses**	**70% of Eligible Expenses** (Covered Person pays excess above Eligible Expenses)
Basic & Restorative Care **General Services** 1. Emergency Care (During office hours) 2. Pulp Treatment 3. Routine Fillings (Silver & composite resin) **Oral Surgery** 1. Simple Extractions 2. Complicated Extractions 3. Extraction of impacted teeth **Periodontal Care** 1. Periodontal Prophylaxis (Cleaning once every 6 months) 2. Periodontal Treatment Conscious Sedation and Nitrous Oxide for children under the age of 13.	**80% of Eligible Expenses**	**70% of Eligible Expenses** (Covered Person pays excess above Eligible Expenses)
Pulpotomy & Root Canals/Endodontic Surgery Care	**80% of Eligible Expenses**	**70% of Eligible Expenses** (Covered Person pays excess above Eligible Expenses)
Major & Replacement Care **Fixed Prosthetics** 1. Crowns 2. Gold Inlays & Onlays 3. Bridges (Fixed) 4. Replacement of Crown Restoration (Once every 5 years) **Removable Prosthetics** 1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. Each anesthesia, but only if medically or dentally necessary 4. Relines 5. Denture Repair **Periodontics** Treatment of soft tissue and bones supporting the teeth	**50% of Eligible Expenses**	**35% of Eligible Expenses**
Deductible	**None**	**None**
Registration Fee Per Visit To Dentists	**None**	**None**
Coverage Maximums Per Member per Plan Year	**$1,000**	

TERMS:

1. Unused balances are not transferrable to the following year.
2. Charges for Non-participating Providers are limited to the lesser actual charges of the Company's determination of 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 the Eligible Charges.

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DENTAL EXCLUSIONS

No benefits will be paid for:

1. Work in progress on the effective date of coverage. Work in progress is defined as:
   a) A prosthetic or other appliance, or modification of one, where an impression was made before the patient was covered.
   b) A crown, bridge, or cast restoration for which the tooth was prepared before the patient was covered.
   c) Root canal therapy, if the pulp chamber was opened before the patient was covered.
2. Services not specifically listed in the Agreement, Services not prescribed, performed or supervised by a Dentist, Services which are not medically or dentally necessary or customarily performed, Services that are not indicated because they have a limited or poor prognosis, or Services for which there is a less expensive, professionally acceptable alternative.
3. Any Service unless required and rendered in accordance with accepted standards of dental practice.
4. A crown, cast restoration, denture or fixed bridge or addition of teeth to one, if work involves a replacement or modification of a crown, cast restoration, denture or bridge installed less than five years ago or one that replaces a tooth that was missing before the date of the Covered Person became eligible for Services under the plan (including previously extracted missing teeth).
5. Replacement of existing dentures, crowns or fixed bridgework if the existing dentures, crowns or fixed bridgework can be made serviceable
6. Precision attachments, Interlocking device, one component of which is fixed to an abutment or abutments the other is integrated into a fixed or removable prosthesis in order to stabilize and/or retain it; or stress breakers, part of a tooth borne and/or tissue-borne prosthesis designed to relieve the abutment teeth and their supporting tissues from harmful stresses.
7. Replacement of any lost or stolen appliance, or replacement of any appliance damaged while not in the mouth.
8. Any Service for which the Covered Person received benefits under any other coverage offered by the Company.
9. Spare or duplicate prosthetic devices.
10. Services included, related to, or required for:
    a) Implants;
    b) Cosmetic purposes;
    c) Services or appliances to change the vertical dimension or to restore or maintain the occlusion, including but not limited to, equilibrium, full mouth rehabilitation and restoration for malalignment of teeth;
    d) Temporomandibular joint (TMJ) or craniomandibular disorders, myofunctional therapy or the correction of harmful habits;
    e) Experimental procedures; and
    f) Intentionally self inflicted injury unless resulting from a medical condition (including physical or mental conditions) or from domestic violence.

TERMS:

1. Unused balances are not transferrable to the following year.
2. Charges for Non-participating Providers are limited to the lesser actual charges of the Company's determination of 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 the Eligible Charges.

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DENTAL EXCLUSIONS cont.

11. Any over the counter drugs or medicine.
12. Fluoride varnish.
13. Charges for finance charges, broken appointments, completion of insurance forms or reports, providing records, oral hygiene instruction, pit and fissure sealants and dietary instruction, or lack of cooperation on the part of the patient.
14. Charges in excess of the amount allowed by the Plan for a Covered Service.
15. Any treatment, material, or supplies which are for orthodontic treatment, including extractions for orthodontics.
16. Services for which no charge would have been made had the Agreement not been in effect.
17. All treatments not specifically stated as being covered.
18. Surgical grafting procedures.
19. General anesthetic, conscious sedation, and other forms of relative analgesia, except as otherwise specifically provided herein.
20. Services paid for by Workers' Compensation.
21. Charges incurred while confined as an inpatient in a Hospital unless such charges would have been covered had treatment been rendered in a dental office.
22. Treatment and/or removal of oral tumors.
23. All surgical procedures except for surgical extractions of teeth and periodontal surgeries Performed by a Dentist. Surgical procedure is defined as the surgical and adjunctive treatment of diseases, injuries, and deformities of the oral and maxillofacial region.
24. Panoramic x-ray if provided less than three (3) years from the Covered Person's last full mouth x-rays; and full mouth x-rays if provided less than three (3) years from the Covered Person's last panoramic x-ray.

TERMS:

1. Unused balances are not transferrable to the following year.
2. Charges for Non-participating Providers are limited to the lesser actual charges of the Company's determination of 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 the Eligible Charges.

100117-DGNPGGO

MEMBER HANDBOOK

GovGuam Fiscal Year 2018

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ELIGIBILITY AND ENROLLMENT

Eligibility. An individual is eligible for Enrollment and benefits only if he or she satisfies the definition of Covered Person and has not previously had coverage under the Plan which was terminated for cause.

- **Dependent.** A Dependent is either a:

  - **Spouse.** The Spouse of the Subscriber includes: (i) a lawful wedded spouse; or (ii) 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 this Plan, provided that no Subscriber can enroll more than one (1) person as a spouse at a time unless one spouse is covered pursuant to a court order.

  - **Domestic Partner.** The Domestic Partner of the Subscriber shall be defined as a person who: (1) is 18 years of age or older; (2) is of the same or opposite sex as the Subscriber; (3) is in an exclusive mutually committed relationship with the Subscriber and intends to remain the Subscriber's sole domestic partner; (4) is not married to any other person; (5) is not related to the Subscriber by blood to a degree that would prohibit marriage; and (6) has cohabitated with the Subscriber for the two (2) consecutive years immediately preceding the proposed Enrollment.

  - **Children.** The following are eligible for coverage as children under the Plan.

    - Subscriber's biological or adopted children or children placed for adoption. Eligible children include the Subscriber's biological or adopted children or children placed with the Subscriber for adoption by the Subscriber, and children under legal guardianship of the Subscriber; and children of the Subscriber's lawfully married Spouse. The Plan may not deny enrollment of a child on the grounds that the child is not claimed as a Dependent on the Subscriber's Guam Tax Return or on the grounds that the child does not reside with the Subscriber or in the Plan's Service Area. If a Subscriber is required, by a court or administrative order, to provide health care for a child, as defined above, the Plan shall permit the Subscriber to enroll, under family coverage, the child and himself/herself, provided the child is otherwise eligible, without regard to any open enrollment season or open enrollment restriction; or

    - Incapacitated child. An unmarried, dependent biological child, adopted child, or child placed for adoption with the Subscriber or the Subscriber's lawfully wedded spouse, which child is over the age of twenty-six (26) years, and incapable of self-sustaining employment by reason of mental retardation or physical handicap, and is therefore primarily dependent on the Subscriber for support and maintenance and has been continuously dependent since reaching age twenty-six (26); or

    - Child under court order. A biological child, adopted child, or child placed for adoption with the Subscriber who does not reside with the Subscriber, provided that a court having jurisdiction over the parties and the subject matter has issued an order re quiring the Subscriber to provide such child with health coverage. If such coverage is effected through this Plan, such coverage shall continue only so long as the order remains in effect, and such child is and remains otherwise eligible; or
    - Child of Domestic Partner. A child of an eligible Domestic Partner who is not the biological child, adopted child or child placed with the Subscriber for adoption if (i) a court having jurisdiction over the parties and the subject matter has issued an order granting the guardianship of such child to the Subscriber; and (ii) such child is and remains otherwise eligible; or

    - Child under guardianship. A child for whom (i) a court having jurisdiction over the parties has issued an order granting the guardianship of such child to the Subscriber; and (ii) such child is and remains otherwise eligible. Children under guardianship will only remain eligible until the guardianship terminates but no later than up to age 26. An unborn child does not qualify as a child under guardianship. Any such retroactive termination shall be handled in compliance with PPACA regulations.

    - Adult Child up to Age 26. As required by PPACA, a child having a relationship to the Subscriber or the Subscriber's lawfully married spouse as provided in section 5.2.1 and 5.2.3.1 shall be eligible until the child's 26th birthday, regardless of whether the child is married, dependent on the Subscriber, or a student. The spouse of a married adult child shall not be eligible and the child of an adult child shall not be eligible for coverage under this section 5.2.3.6. The adult child shall receive coverage on the same terms as other children except for any special rights designed for individuals below the age of 19 and any other differences permitted by PPACA. Any adult child who was previously covered by the plan and excluded due to age, marital status, or cessation of dependency or student status, and any adult child who was previously denied cover age due to age, marital status, or lack of dependency or student status, shall be notified of the ability to enroll under this provision, and shall be given at least 30 days to elect to enroll. Any such child electing to enroll under this provision shall be treated as a HIPAA special enrollee.

    - Child Not Denied Coverage. In accordance with Title 10 GCA Section 95101, and notwithstanding any other provision of this Agreement, no child whose parent is a Subscriber or Spouse shall be denied coverage solely for any of the following reasons:
      - The child was born out of wedlock;
      - The child is not claimed as a dependent on the parent's Guam tax return;
      - The child does not reside with the parent or in the Service Area;
      - The child has a pre-existing or excluded medical condition;
      - The child is adopted or the subject of adoption proceedings.

Residency Requirement. Except as otherwise specifically stated in this Agreement, Enrollment in the Plan shall be limited to only those Covered Persons who are Domiciled in the Service Area and do not reside out of the Service Area for more than 182 days per Plan Year. Company shall be entitled to prior notice from the Covered Person concerning his/her residency status and the failure of the Covered Person to provide this prior notice may result in a denial of benefits under this Agreement. Company shall also be entitled to require substantiation from a Covered Person to determine the Covered Person's Domicile and may deny benefits under this Agreement for lack thereof. Covered Persons outside the Service Area must coordinate their care and obtain Prior Authorization from the Company for Services, excluding Emergency services. For a Covered Person who is Domiciled in the Service Area, time spent receiving continuous medical Services out of the Service Area shall not count toward the 182 day maximum provided the receipt of such Services precludes returning to the Service Area. Further, time spent by a parent or spouse of such Covered Person shall not count toward the 182 day maximum, provided the parent or spouse is providing necessary assistance to the Covered Person and further provided that under no circumstance can there be more than one such caregiver hereunder for any incident out of the Service Area. Company shall use its best efforts, to include making available written forms and materials, to inform Subscribers of the requirements of this Section during enrollment period, in its marketing materials and on its website.

Enrollment documentation. The following documents are required prior to enrolling the following Dependents:

- Overage child. For a Dependent child over the limiting age:

  - Eligible Dependent Children residing outside the Service Area are eligible for coverage up to but not including their twenty-sixth (26th) birthday, provided proof of eligibility such as but not limited to a legal birth certificate being submitted to the Company. The Eligible Dependent Children must select a Participating Provider as provided in §2.1.1 of this Certificate. To obtain coverage, all care must be provided or coordinated with the Participating Primary Care Provider and Prior Authorization must be obtained from the Company for Specialty and Hospital Services excluding Emergency and covered Primary Care Services.

  - Proof of incapacity. For continuing dependency resulting from incapacity, satisfactory proof of such continuing incapacity and dependency, within thirty-one (31) days of such child attaining the limiting age and annually thereafter.

  - Child under court order. For a Dependent child under court order requiring the Subscriber to provide health coverage for such child, a certified copy of the court order requiring such coverage.

  - Child under guardianship. For a Dependent child under guardianship, a certified copy of the court order granting the guardianship of such to the Subscriber.

- Non-resident child. For a Dependent child not residing with the Subscriber, and is not under court order and is not covered as an adult child up to age 26, and is over the of 26, is a dependent of the Subscriber and an incapacitated child as stated under Section 5.2.3.2:

  - Affidavit. A notarized affidavit of support executed by the Subscriber.

  - Any other documentation as required by the Company to show the Dependent Child's relationship to Subscriber.

- Child under court order. For a Dependent child under court order requiring the Subscriber to provide health coverage for such child, a certified copy of the court order requiring such coverage.

- Child under guardianship. For a Dependent child of an eligible Domestic Partner and a Dependent child otherwise under guardianship, a certified copy of the court order granting the guardianship of such child to the Subscriber. The Subscriber shall also be required to provide such evidence as to the qualification of the Dependent for legal guardianship as Company may require.

- Domestic Partner of the Subscriber. A Domestic Partner may only be enrolled during an open enrollment period. At the time that a Subscriber attempts to enroll a Domestic Partner, the Company may require an affidavit from said Subscriber and Domestic Partner in order to establish the person's eligibility as a Domestic Partner. If the affidavit contains any material factual matters which later prove to be untrue as a result of fraud or intentional misrepresentation of material fact, the Domestic Partner shall be retroactively terminated to the effective date of the Plan, and the Subscriber and Domestic Partner shall be liable to reimburse the Company for the costs of all Services which have been provided for

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the Domestic Partner. If any material factual matters were not the result of fraud or intentional misrepresentation of material fact, termination of coverage of the Domestic Partner shall be prospective.

- o Affidavit. A notarized affidavit executed by both the Subscriber and the Domestic Partner in a form acceptable to the Company verifying, among other facts, that the Subscriber and Domestic Partner have cohabitated for the two (2) consecutive years immediately preceding the proposed Enrollment of such Domestic Partner.

- o Proof of eligibility. Satisfactory proof to the Company that the Domestic Partner and Subscriber meet the requirements of a domestic partnership as defined for purposes of this Agreement.

Institutionalized applicant. Any individual shall be entitled to the full benefits of this Plan beginning on his or her effective date regardless of any pre-existing medical condition and regardless of whether he or she is confined as an inpatient in any institution. In the event the individual is confined in an inpatient facility covered under this Agreement and incurring costs covered under this Plan, Company will make best efforts to coordinate with the individual's prior carrier, if any, to minimize disruption in the individual's medical care and to minimize cost to the Plan.

Enrollment.

- Enrollment during an open Enrollment period. An eligible individual may enroll in the Plan and may cause his or her Dependents to become Enrolled, during an open Enrollment period.

- Enrollment after open Enrollment period. Persons be coming eligible for Enrollment after completion of the open Enrollment period under this Agreement may elect to enroll within thirty (30) days of the date of first becoming eligible.

- After thirty (30) Day Enrollment.

  - o Subscriber. Subject to §5.6.3.3, an individual eligible to enroll as a Subscriber who does not make written election for Enrollment within thirty (30) days after first becoming eligible shall not be permitted to enroll hereunder until the next open Enrollment period unless entitled to special enrollment rights under HIPAA or PPACA.

  - o Dependents. Subject to §5.6.3.3, a Subscriber with Dependents eligible for Enrollment who does not make written election for Enrollment of such Dependents within thirty (30) days after their first becoming eligible shall not be permitted to enroll such Dependents hereunder until the next open Enrollment period unless entitled to special enrollment rights under HIPAA or PPACA.

  - o HIPAA and PPACA Enrollment requirements. If an individual eligible to Enroll as a Subscriber loses other employer coverage or acquires a Dependent through marriage, birth, adoption of a child under nineteen (19) years of age, or placement for adoption of a child under nineteen (19) years of age, then the special Enrollment requirements of HIPAA may be applicable. If a Subscriber becomes eligible for a HIPAA special enrollment, such Subscriber and Spouse and children, if applicable, shall be entitled to change from Class I or Class II to Class III during such special Enrollment. A child previously excluded, or whose coverage ceased, because of age, shall have special enrollment rights to enter or reenter the Plan upon receipt of notice of the right to do so, to the extent required by Section 2714 of the PHSA, as added by PPACA, and the regulations thereunder.

Commencement of coverage. After fulfilling all conditions of Enrollment as set out in this Agreement, coverage under the Plan shall commence:

- Previously Enrolled. As of the Effective Date of this Agreement, for a Subscriber and his or her Covered Dependents who are Enrolled on such Effective Date.

- Not yet Enrolled. As of the first day following the pay period in which the individual satisfies the Enrollment requirements set forth in this Agreement and Company becomes entitled to receive the appropriate Premium for a Subscriber and his or her Covered Dependents who become Enrolled subsequent to the Effective Date of this Agreement.

- Except as provided in §5.8, coverage of a Dependent of a Subscriber who becomes eligible after such Subscriber has been Enrolled hereunder shall commence as of the first day of the pay period following the timely filing of an application for Enrollment and liability for the appropriate Premium accrues. Coverage for a child born, adopted (if under nineteen (19) years), placed for adoption (if under nineteen (19) years), or for whom legal guardianship has taken place after the Subscriber has been enrolled hereunder shall commence from the date of birth, date of adoption, date of placement for adoption, or for child under guardianship, from the date at which custody commences, whichever is applicable; provided that the Subscriber applies to Enroll the child within the first thirty (30) days of that date and the applicable Premium is paid.

- Open Enrollment period. For any eligible individual and his or her eligible Dependents who apply for Enrollment or re-Enrollment during GovGuam's open Enrollment period, coverage shall commence as of the Plan effective date first following the open Enrollment.

Continuing Enrollment. Subscribers and Covered Dependents enrolled under this Plan on the last day of a Plan Year shall be automatically enrolled for the following Plan Year unless they change to some Other Plan during open Enrollment or unless this Plan is not renewed.

Medical term. Covered Persons must continue medical coverage under this Agreement for a minimum of twelve (12) months or for the balance of the Plan Year, except when terminating GovGuam employment, or when termination of Enrollment is approved by GovGuam's Director of Administration and by Company. A rate increase during the Plan Year is not grounds for disenrollment.

Dental eligibility and term

- Covered Persons may enroll in the Company's dental plan only if they are enrolled in Company's medical plan. Covered Persons in the medical and dental Plan must continue their medical and dental coverage under this Agreement for a minimum of twelve (12) months or for the balance of the Plan Year, except when terminating GovGuam employment, or when termination of Enrollment is approved by GovGuam's Director of Administration and by Company. A rate increase during the Plan Year is not grounds for disenrollment.

Leave without pay, reduction in force, sabbatical and related status. A Subscriber, who enters the status with GovGuam of leave without pay, sabbatical leave, educational leave of absence or a faculty exchange program as approved by GovGuam, or is laid off due to a reduction in the workplace by GovGuam, and all enrolled Dependents of such Subscriber, can remain covered under this Agreement if such Subscriber self-pays both the Subscriber's and GovGuam's share of the premium for such coverage directly to the Company. Within 10 business days following commencement of the leave without pay, reduction in force, sabbatical and related status, the Subscriber must provide Company (i) proof, in a form satisfactory to Company, that he or she has been approved by GovGuam for such status and (ii) written notice of his or her intention to continue coverage during the leave. Such notice must be accompanied by the first month's Premium. Subsequent Premium payments must be made by the 15th day of the month preceding the month for which coverage is being paid. Subscribers who do not make their Premium payments when due shall have their coverage terminated as of the last day for which payment was made and shall not be allowed to reenroll in the Plan until the next Enrollment period following the return to work. In no case, however, can such continued membership in the Plan extend for a period in excess of 12 months. If Company does not receive the full amount of Premium due at least 15 days in advance, it shall make a good faith effort to notify the Subscriber that Coverage shall terminate on the last day of the month for which Premium was paid. Notwithstanding the aforesaid, laid off Subscribers may not remain in the Plan beyond the end of the current Plan Year.

- Notwithstanding the aforesaid, if the leave is taken pursuant to the Family and Medical Leave Act of 1993, Company shall fully cooperate in assisting GovGuam in complying with this Act.

- Active employees required to live out of the Service Area pursuant to their employment by GovGuam or GovGuam sponsored training status and their eligible Dependents shall be eligible for coverage under the Plan.

Military leave. Company shall be given prior written notice if a Subscriber shall take a military leave of absence ("Military Leave"). Coverage for such Subscriber shall continue for the shorter of eighteen (18) months or the duration of the Military Leave up to a cumulative length of no longer than five (5) years unless otherwise agreed upon with Company, provided Premiums are paid. Even if the Subscriber elects not to continue coverage for himself or herself or any Dependent during the Subscriber's Military Service, the Subscriber and all Dependents shall be eligible to re-enroll immediately after such Military Leave terminates, without a waiting period or health statement, upon the Subscriber's return to employment by GovGuam if the Subscriber satisfies applicable requirements that were in the Plan prior to such Military Leave and no discharge from Military Service is less than fully honorable. Company shall not provide coverage for any Injury or Illness determined by the Secretary of Veterans' Affairs to have been incurred or aggravated during Military Service. The provisions of this paragraph are notwithstanding any other section of this Agreement.

Reduction in hours. If a Subscriber's work hours are reduced below 30 per week due to a GovGuam cost-saving program, such Subscriber and his/her enrolled Dependents shall be eligible to remain in the Plan in accordance with all other terms of the Plan. Alternatively, such Subscriber shall have the option to disenroll within 30 days of the effective date on which the reduction in hours occurs provided that, within 10 business days following such effective date, the Subscriber shall have provided notice to Company of his/her intent to disenroll. Further, he/she shall not be eligible to reenroll until a future open Enrollment or until his/her work hours are increased to at least 30 hours per week.

Procedure upon retirement. A newly retired Subscriber, and all of his/her enrolled Dependents, may remain in the Plan by paying the full amount of the Premium due to the Company, in accordance with the time frames applicable to GovGuam, until such Subscriber's status change from active to retired employee is fully processed by GovGuam. However, within 10 business days of separation of active employment, GovGuam must certify in writing to the Company that such Subscriber is eligible for retiree health coverage. Further, within 10 business days of separation from active employment, the Subscriber must provide the Company with written notice of his/her separation from active employment and intention to continue coverage.

Termination for cause. Company may terminate a Covered Person from the Plan for:

- o Misuse of card. A Covered Person knowingly al lowing his or her Plan identity card to be used by

another person or falsely representing the relation between himself or herself and another in order that the other person can obtain Services hereunder; or

- Non-payment. A Covered Person's failure to pay or arrange to pay applicable Deductibles, Co-Payments, or Co-Insurance as soon as practicable, and in no case later than the next Enrollment period.

- To the extent required by PPACA, terminations for cause (other than for non-payment of premiums) shall be handled as required by the applicable PPACA Claims Procedure Requirements provided in §6.7 and as reflected in the Company's Appeal Procedures attached as Exhibit F.

Termination other than for cause. Other terminations of benefits, not for cause, are as follows:

- Termination by a Covered Person. Except as otherwise provided in this Agreement or applicable law, if the Covered Person terminates his or her rights under this Agreement then all rights to benefits shall cease as of the effective date of such termination. If a Subscriber's coverage so terminates, his or her Covered Dependents' coverage shall terminate on the same date. However, Company shall pay Eligible Charges for all Covered Services incurred prior to the date of termination.

- Marriage terminated or no longer eligible spouse. If the spouse of a Subscriber ceases to be a Spouse as defined herein, coverage for such person under this Agreement shall terminate on the first (1st) day of the pay period following termination of eligibility.

- Domestic Partnership terminated. If the domestic partner of a subscriber ceases to be a Domestic Partner as defined herein, coverage for such person under this Agreement shall terminate on the first (1st) day of the pay period following termination of eligibility.

- Children no longer eligible as Dependents. Coverage shall terminate as to a Dependent child who attains age twenty-six (26), or who enters the Military Service, on the date of such occurrence. However, a Dependent child who has attained the limiting age (26), and who is incapable of self-sustaining employment by reason of developmental disability or physical handicap, and who is primarily dependent upon the Subscriber for support and maintenance, may continue to be covered under this Plan as an enrolled Dependent during the continued disability or handicap provided proof of such incapacity and dependency is furnished to Company within thirty (30) days of the child's attainment of the limiting age and annually thereafter.

- Rebate of Premium. In the event of termination of coverage, GovGuam or the Subscriber, as applicable, shall receive a pro rata rebate of the Premium paid to Company for such Covered Person.

- Effective date of termination. Except as otherwise provided herein, termination of coverage shall take effect on the first (1st) day of the pay period following the event causing termination.

- To the extent required by PPACA, disputed terminations (other than for non-payment of premiums) shall be handled as required by the applicable PPACA claims procedure rules. A Covered Person can appeal a disputed termination pursuant to the PPACA Claims Procedure for internal and external review appeals provided in §6.7 and set out and reflected in Exhibit F.

- HlPAA compliance. Company shall provide the certifications required by HlPAA for terminated Subscribers and their Covered Dependents, upon notification by GovGuam of the Subscriber's termination. Company shall also provide certifications for all other terminated Covered Persons, such as Dependent children reaching the limiting age, divorce of a Spouse, or end of domestic partnership, without notification by GovGuam, but after receipt of actual notice of the triggering event.

DEDUCTIBLE, COPAYMENT, CO-INSURANCE AND OUT OF POCKET MAXIMUM

Deductible: Shall be defined as the amount paid by a Covered Person or Family for Covered Services during a Plan Year before Covered Services shall be paid by the Company under this Agreement. No deductible shall apply to preventive services as defined by PPACA, annual refraction eye exam, primary physician care, prescription drugs, routine lab, urgent care, out-patient executive check-up and routine x-ray under the PPO plan and preventive services as defined by PPACA, routine laboratory and out-patient executive check-up under the HSA plan.

Under this Plan, there is no Deductible for Dental Benefits (as defined in Article 7 of this Certificate), and there is no Deductible when Participating Providers are utilized for PPACA Preventive Care Services, but there is a Deductible for other Medical Benefits (as defined in Article 2 of this Certificate). Payments by a Covered Person for Dental Benefits shall not be applied to the Deductible for Medical Benefits. Any costs paid towards the Deductible applicable to Participating Providers do not accumulate towards the Deductible applicable to Non-Participating Providers.

The Deductible shall be accumulated by each Covered Person during the Plan Year.

The Deductible for the PPO plan is $1,500 for Covered Services received through Participating Providers per Covered Person, with a Family maximum of $3,000 for Covered Services received through Participating Providers. There is a separate Deductible of $3,000 per Covered Person, with a Family maximum of $9,000 for Covered Services received through Non-Participating Providers. The Deductible for Class I is $1,500, and $3,000 for Class II through IV. If a Covered Person meets their $1,500 deductible, the Plan begins to pay for Covered Services.

The Deductible for the HSA plan is $2,000 for Covered Services received through Participating Providers per Covered Person, with a Family maximum of $4,000 for Covered Services received through Participating Providers. There is a separate Deductible of $4,000 per Covered Person, with a Family maximum of $12,000 for Covered Services received through Non-Participating Providers. The Deductible for Class I is $2,000, and $4,000 for Class II through IV. If an individual member enrolled in Classes II, III or IV of a family plan meets $2,600 in covered expenses, the Plan begins to pay for covered expenses for that individual.

Co-Payment: Shall be defined as the predetermined (flat) dollar amount that a Covered Person must pay for certain Covered Services as stated in this Agreement and Certificate and after the Deductible, when applicable, has been met.

Co-Insurance: Shall be defined as the percentage of Eligible Charges that a Covered Person must pay for certain Covered Services as stated in this Agreement, and after the Deductible has been met and before the Out of Pocket Maximum has been met. The Out-of-Pocket Maximum provision does not apply to Non-Participating Providers. Subject to the terms of this Agreement, a Covered Person shall be required to pay, as Co-Insurance, the amounts shown on the Schedule of Benefits.

Co-Insurance shall be in addition to the Deductibles. The Co-Insurance shall be paid by each Covered Person, if applicable, during each Plan Year, subject to the maximum amounts provided in the Plan as indicated in the charts in Exhibits A and B. No Co-insurance shall be imposed when Participating Providers are utilized for preventive care as required by PPACA.

Exceptions to Out of Pocket Maximums. The following payments do not accumulate towards the Out of Pocket Maximums: (a) payments for Services which are not covered; (b) payments for otherwise Covered Services that exceed the Plan's maximums; (c) payments for Services of Non-Participating Providers; and (d) payments for Dental Benefits under the optional dental plan. All other out-of-pocket expenses for covered benefits shall count towards the deductible and out-of-pocket maximum.

Deductibles, Co-Payments and Co-Insurance for Participating and Non-Participating Provider Charges. The Deductibles, Co-Payments and Co-Insurance for Covered Persons shall, in most cases, be separate for Participating Providers and for Nonparticipating Providers. Subject to the limitations set forth in this Certificate, including Exhibits A and B, the Covered Person shall pay Deductibles, Co-Payments and Co-Insurance for Covered Services for Medical Benefits and Dental Benefits indicated in Exhibits A and B. Deductibles, Co-Payments and Co-Insurance shall be based on the Eligible Charges for Covered Services. Out of Pocket Maximums for Covered Services, including Deductibles, Co-Insurances and Co-Payments for Participating Providers, regardless of whether the costs were incurred in Guam or outside Guam, shall be $3,000 per Covered Person and $9,000 per Family under the PPO plan and $4,000 per Covered Person and $12,000 per Family under the HSA plan. Only payments for Covered Services rendered by Participating Providers will accumulate towards the Out of Pocket Maximums. No Deductibles, Co-Payments or Co-Insurance shall be imposed when Participating Providers are utilized for PPACA Preventive Care Services only. The Out-of-Pocket Maximum for Class I is $3,000; and $9,000 for Class II through IV under the PPO plan and the Out-of-Pocket Maximum for Class I is $4,000; and $12,000 for Class II through IV under the HSA plan. Co-payments and co-insurances do not accumulate towards the deductible, but accumulate towards the out of pocket maximum. There are no Out of Pocket Maximums for Non-Participating Providers.

LIMITATIONS ON BENEFITS. A COVERED PERSON UTILIZING A NON-PARTICIPATING PROVIDER SHALL BE RESPONSIBLE FOR ANY AMOUNT BY WHICH SUCH PROVIDER'S CHARGES EXCEED ELIGIBLE CHARGES.

However, and not withstanding any other provision of this Agreement, in no event will a Covered Person's Co-Payment or total Out-of-Pocket Expense, due to Out-of-Service Area Emergency Services rendered by a Non-Participating Provider, exceed what they would have been if the Service had been rendered by a Participating Provider, provided the Covered Person's medical condition precluded receiving care from a Participating Provider. Covered Person shall not be responsible for any amount by which the Non-Participating Provider exceeds eligible charges for Emergency cases only. In the case of a PPACA Emergency, the Covered Person's Co-Payments or Co-Insurance for PPACA Emergency Services rendered by a Non-Participating Provider shall not exceed what they would have been if the PPACA Emergency Service had been rendered by a Participating Provider, whether or not the Emergency Care could have been received from a Participating Provider.

BENEFIT LIMITATIONS

Dollar limitations. The medical benefits available under this Agreement are subject to the following specific dollar limitations per Covered Person, in addition to all other exclusions and limitations set forth in the Agreement and this Certificate:

Maximum Annual Benefit. The total benefits payable to or on behalf of a Covered Person shall be unlimited per Plan Year.

Cardiac surgery. Benefits for cardiac surgery, including, but not limited to catheterization, angioplasty, valve replacement/repair, bypass and pacemaker are included.

- **Non-Spouse Dependent.** Maternity benefits for a non-Spouse Dependent are covered. Except that Newborn care shall not be covered for a child born to a non-Spouse Dependent. A child born to a non-Spouse Dependent shall not be covered unless such child specifically meets the requirements for coverage as a Dependent of an employee (such as the employee becoming the guardian of such child).
- **Nuclear medicine.** Coverage for nuclear medicine and all Covered Services related thereto are included.
- **Orthopedic conditions.** Coverage for orthopedic conditions and related internal and external prosthetic devices, are included.
    - Except as specifically limited under this Agreement, Services, supplies and devices related to the treatment of chronic or acute orthopedic conditions are covered. This includes, but is not limited to:
        - Prosthetic devices. Devices, including artificial joints, limbs and spinal segments
        - Orthotic devices. Orthotic devices, which are defined as appliances or apparatus that support or align movable parts of the body, correct deformities or improve the functioning of movable parts of the body.
- **Radiation therapy.** Coverage for radiation therapy and all Services related thereto shall be included.
- **Allergy testing.** A maximum benefit of One Thousand Dollars (1000) per Plan Year for charges for allergy testing that are not considered essential benefits under PPACA. Benefits for Allergy testing and treatment that constitute essential benefits under PPACA are subject only to the PPACA Annual Limit.
- **Annual refraction eye examination.** Coverage for annual eye examination is once per member per Plan Year.
- **Blood and blood products and derivatives.** Coverage for blood and blood products/derivatives and services related thereto shall be included.
- **Hearing aids.** Coverage for hearing aids is limited to Five Hundred Dollars ($500) per Plan Year. Replacements for hearing aids are allowed once every two years.
- **Acupuncture.** Coverage for Acupuncture Services is up to a maximum of thirty (30) visits per Plan Year as stated in Exhibit A.
- **Chemical dependency treatment.** Coverage for the diagnosis and necessary treatment of chemical dependency shall not be subject to a dollar limit other than being included under the PPACA Annual Limit.
- **Chiropractic.** Coverage for Chiropractic Services is up to a maximum of thirty (30) visits per Plan Year as stated in Exhibit A.
- **Occupational Therapy.** Coverage for Occupational therapy is up to a maximum of twenty (20) visits per Plan Year as stated in Exhibit A.
- **Respiratory Assist Devices.** Coverage for Respiratory Assist Devices (RAD) is based upon medical necessity and will be in accordance with published Medicare Guidelines of coverage at the time of service.

Other benefit limitations. The medical benefits available under this Agreement are subject to the following other benefit limitations, in addition to all other exclusions and limitations set forth in the Agreement and this Certificate, Per Covered Person.

- **Emergency Services.** Coverage for Emergency Services is generally limited to those Services required for diagnosis and treatment of an Emergency immediately after onset, no later than twenty-four (24) hours. PPACA Emergency Services shall be provided as necessary to stabilize the Covered Person, without regard to such time limit.
- **Hospital and Surgical authorization.** Prior Authorization must be obtained from the Company before a Covered Person is admitted to a Hospital or has one of the Surgeries or Medical Procedures listed in §3.2.2.2. Prior Authorization will be handled in accordance to the Milliman Healthcare Guidelines.
    - **Responsibility for Prior Authorization.** The Participating Provider ordering the hospitalization or Surgery for a Covered Person shall obtain Prior Authorization. The Covered Person shall not be responsible for obtaining Prior Authorization and shall not be liable for any penalty.
      The Non-Participating Provider or the Covered Person shall be responsible for obtaining Prior Authorization required by the Company prior to the hospitalization or Surgery. In the event a Covered Person is admitted to a Hospital for an Emergency, required authorization consists of notifying Company (i) within forty eight (48) hours of the admission if it occurs on a day other than a Saturday, Sunday or holiday; or (ii) within seventy-two (72) hours if it occurs on a Saturday, Sunday or holiday, and, in either case, receiving Company's authorization for the admission. PPACA Emergency Services shall not require Prior Authorization, and such services provided by Non-Participating Providers shall not require any notification or other administrative requirement other than what is required when provided by Participating Providers.

      Prior Authorization denials shall be handled pursuant to the PPACA Claims Procedure Requirements provided in §6.7, to the extent required by PPACA.

- **Reduced benefit without Prior Authorization.** If a required Prior Authorization is not obtained in accordance with this §3.2.2, Company shall pay fifty percent (50%) of the Eligible Charges incurred in connection with the confinement or Surgery. If the Participating Provider is the person required to obtain the Prior Authorization, the reduction in benefits shall not be charged to the Covered Person. No penalty for failure to obtain Prior Authorization shall be imposed for a PPACA Emergency, whether Participating or Non-Participating Providers are utilized.

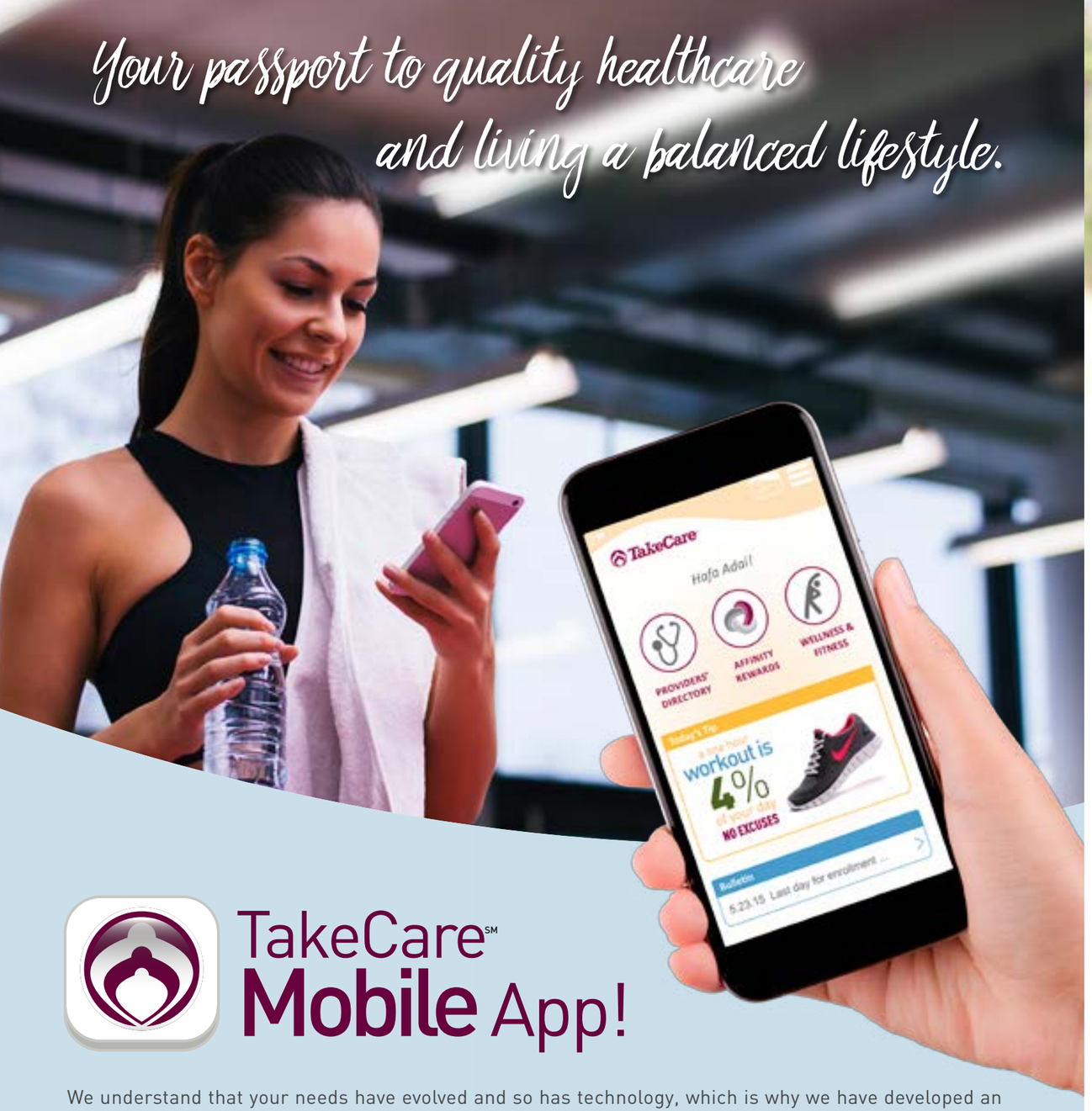
List of outpatient and inpatient procedures requiring authorization (unless a PPACA Emergency). If the following procedures are not pre-certified by plan, payment may be denied.

- AIDS treatment
- All elective outpatient surgical procedures requiring use of surgical facilities
- All out of service area services and procedures
- Any and all diagnostics in excess of $300.00 including specialty laboratory
- Any back or disc surgery
- Any knee surgery
- Any procedure requiring implants
- Any procedure requiring orthopedic devices and/or prosthetics
- Any varicose veins surgery
- Breast reconstruction surgery
- Carpal Tunnel Release
- Durable Medical Equipment: Standard hospital bed, wheelchairs, walkers, crutches, oxygen, suction machine, CPAP machine
- EMG/NCT (upper extremities)
- End Stage Renal Disease treatment /Hemodialysis
- Gall Bladder Surgery
- Heart By-Pass Surgery
- Cardiac surgery
- Chemotherapy
- Heart catheterization
- Hernia surgery
- Hysterectomy
- Mastectomy
- MIBI Scan, Thallium Stress Test, Exercise Stress Test
- MRI (All)
- Non-Routine Endoscopies and Colonoscopies
- Pain Management Studies
- Physical Therapy requiring more than five (5) out-patient visits
- Prostatetectomy
- Radiological and nuclear diagnostic procedures performed or ordered by the same provider on any one patient two or more time
- Ultrasounds (All with the exception of the first OB ultrasound & first FNST)
- Upper GI Endoscopy
- Robotic Suite and Robotic Surgery
- Clinical trials
- Congenital treatment
- Hyperbaric Oxygen treatment

    - **Excess Non-Participating Provider charges.** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except (a) Out-Of-Service Area emergency, or (b) when the Non-Participating Provider is a Sole Source Provider as defined in §7.9 of the Agreement. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. The Company shall pay an amount for PPACA Emergency Services computed as provided in this Agreement.
    - **Excessive Participating Provider charges**. Neither the Covered Person nor the Company shall be liable for charges by a Participating Provider in excess of the Eligible Charges. These charges shall be the responsibility of the Participating Provider.
    - **Physical therapy**. Charges for the first twenty (20) visits to a licensed physical therapist for physical therapy, including neuromuscular re habilitation. After twenty (20) visits in a Plan Year, Company shall pay fifty percent (50%) of Eligible Charges.
    - **Pregnancy termination**. Charges for the termination of Pregnancy is covered only when Medically Necessary.
    - **Skilled Nursing Facility care**. Coverage for Skilled Nursing Facility Services is limited to sixty (60) days maximum per Plan Year.
    - **Well Child Care**. Well Child Care is covered only as set forth in §2.7 and as required by PPACA (as a PPACA Preventive Care Services or otherwise).
    - **Case Management**. Company may, in its discretion, assign Nurses or other qualified health professionals for the purpose of Case Management. Payment for alternative Services in one instance does not obligate the Company to provide the same or similar benefits for the same or any other Covered Person in any other instance. Payment of these alternative benefits is made as an exception and in no way changes or voids the benefits, terms or conditions of this Agreement.

MEMBER HANDBOOK

This booklet is designed to provide general information about the **TakeCare plans** offered to Government of Guam employees, retirees and survivors. In the the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.



TakeCare℠ Mobile App!

We understand that your needs have evolved and so has technology, which is why we have developed an app for your convenience. You now have the ability to access TakeCare at the convenience of your mobile device! Our mobile app gives you access to our network of providers, your member ID card, TakeCare wellness programs, fitness schedule, Affinity Rewards and wellness partners. It also helps you manage your wellness and fitness incentives!

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GovGuam Open Enrollment

Fiscal Year 2018 PLAN RATES

ACTIVE EMPLOYEE SHARE **(Bi-Weekly)**

CLASS	PPO1500	HSA 2000	DENTAL 1000
I: EMPLOYEE	$ 23.78	$ 1.94	$ 6.99
II: EMPLOYEE+SPOUSE	$ 73.98	$ 26.63	$ 24.07
III: EMPLOYEE & CHILDREN	$ 62.19	$ 22.63	$ 18.94
IV: EMPLOYEE & FAMILY	$102.76	$ 36.76	$ 32.03

RETIREE EMPLOYEE SHARE **(Semi-Monthly)**

CLASS	PPO1500	HSA 2000	DENTAL 1000
I: EMPLOYEE	$ 25.76	$ 2.10	$ 7.57
II: EMPLOYEE+SPOUSE	$ 80.15	$ 28.85	$ 26.08
III: EMPLOYEE & CHILDREN	$ 67.37	$ 24.51	$ 20.52
IV: EMPLOYEE & FAMILY	$111.32	$ 39.83	$ 34.70

CLASS
I - Employee/Retiree/Survivor - No Dependents
II - Employee/Retiree/Survivor + Spouse Only
III - Employee/Retiree/Survivor + Child(ren) Only - No Spouse or Common Law
IV - Employee/Retiree/Survivor and Family - Spouse or Common Law + Child(ren)

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NOTES

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