TakeCare℠
A Tan Holdings Company

Fiscal Year 2022
Updated 08.16.2021

GOVGUAM
Open Enrollment Booklet

Our Island, Your Health Plan℠

Member Benefits Handbook

GOVERNMENT OF GUAM

TABLE OF CONTENTS

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℠
A Tan Holdings Company

P.O. Box 6578 | Tamuning, Guam 96931
T (671) 647-3526 F (671) 647-3542

Hafa Adai GovGuam Employees and/or Retirees!

Welcome to TakeCare's Health Plan!

Thank you for considering TakeCare Insurance Company, Inc. ("TakeCare") for your health care needs. At TakeCare, we are committed to delivering quality and affordable health care benefits and services that focuses on you and your family needs. We work in collaboration with your medical provider to ensure that you receive the island's best health care.

We encourage you to thoroughly read through this informational benefits booklet and the related member handbook to better understand your TakeCare's health plan and benefits. This booklet provides a summary of your benefit coverage, your payment responsibilities (co-payment, co-insurance, deductible, and/or charges for non-covered services), plan exclusions and benefit limitation specific to your TakeCare health plan option. You will also find a list of in-network/participating providers, including an exclusive access to the FHP Health Center services and TakeCare's wellness and fitness programs and offerings that were made available to you.

TakeCare encourages you to access electronic versions of our GovGuam materials or enroll virtually/online through TakeCare's 2022 GovGuam page at **http://tiny.cc/TCGovGuamOpenEnrollment** or scan the QR code below.

For your convenience and our dedication to provide you with the timely and quality services, we have the following dedicated GovGuam specific phone lines for any of your healthcare needs:

- For health plan benefit coverage, eligibility & enrollment and/or provider network inquiries: **649-0468** (0GOV) (TakeCare Insurance)
- For FHP Health Center services, scheduling and appointments: **647-0468** (0GOV) (FHP Health Center)

We hope you find the information provided in this booklet useful to help you choose TakeCare health plans for your healthcare needs. If you need additional assistance, please contact our Customer Service Department at **1(671) 647-3526** or **1(877) 484-2411** (toll free), Monday through Friday 8am to 5pm ChST, or by email at: **CustomerService@takecareasia.com**.

Si Yu'us Ma'ase and Thank You!

Sincerely,

Arvin Lojo
Health Plan Administrator
TakeCare Insurance Company, Inc.

GOVGUAM

SCAN ME

The TakeCare Advantage

AUDITED NCQA HEDIS® COMPLIANCE AUDIT 2020 COMMERCIAL

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.

- Payroll deduction as low as **$2.04** bi-weekly[1]
- **$5 Primary Care Copay** at FHP Health Center[3]
- **$10 X-Ray Services** Copay at FHP Health Center. $20 at other in-network providers[3]
- **$10 Primary Copay** at AMC, Dr Shieh's Clinic, and MPG. $20 at other in-network providers[3]
- **$10 Generic Medication Copay** at K-Mart, Superdrug, MegaDrug III (FHP). $15 at other in-network pharmacies[3]
- **100% Coverage** of Preventive Services, Screenings, Immunizations
- **100% Coverage** for Routine Laboratory Services[2]
- **100% Coverage** for Disease Management and Wellness Programs[2]
- Access to expanded Guam provider network including **FHP Health Center**, **Guam SDA Clinic**, and **Guam Regional Medical City** (GRMC)
- **Access to expanded off-island provider network** including Cedars Sinai, Children's Hospital of Los Angeles, Shriners Hospital for Children, The Queen's Medical Center, Mayo Clinics, MD Anderson Cancer Centers, Bumrungrad Hospital in Thailand, Ascot/Mercy Hospitals in New Zealand
- **100% coverage** for prior authorized services from in-network providers in the Philippines including covered medications at select Mercury Drug & MedExpress Pharmacy locations
- **$500 Travel Allowance Benefit** available for each approved referral to the Philippines.[4] Other limitations may apply
- **Wellness and Fitness incentives** up to **$600** per individual /**$1,200** per family to reward and encourage you to live a healthy, balance lifestyle.
- **Dedicated Customer Service** (671) 647-3526 / 1(877) 484-2411 (Toll Free).
  TakeCare Hotline: **(671) 649-0468** (0GOV)
  FHP Hotline: **(671) 647-0468** (0GOV)
- **My TakeCare Member Portal** gives you access to your claims/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

[1]Employee Only, HSA2000
[2]Deductible waived on PPO1500, HSA2000
[3]Subject to deductible on HSA2000
[4]Deductible waived on PPO1500 only

For more information, call 671.647.3526.

New ENROLL ONLINE!
SCAN QR CODE OR VISIT LINK BELOW:
http://tiny.cc/TCGovGuamOpenEnrollment

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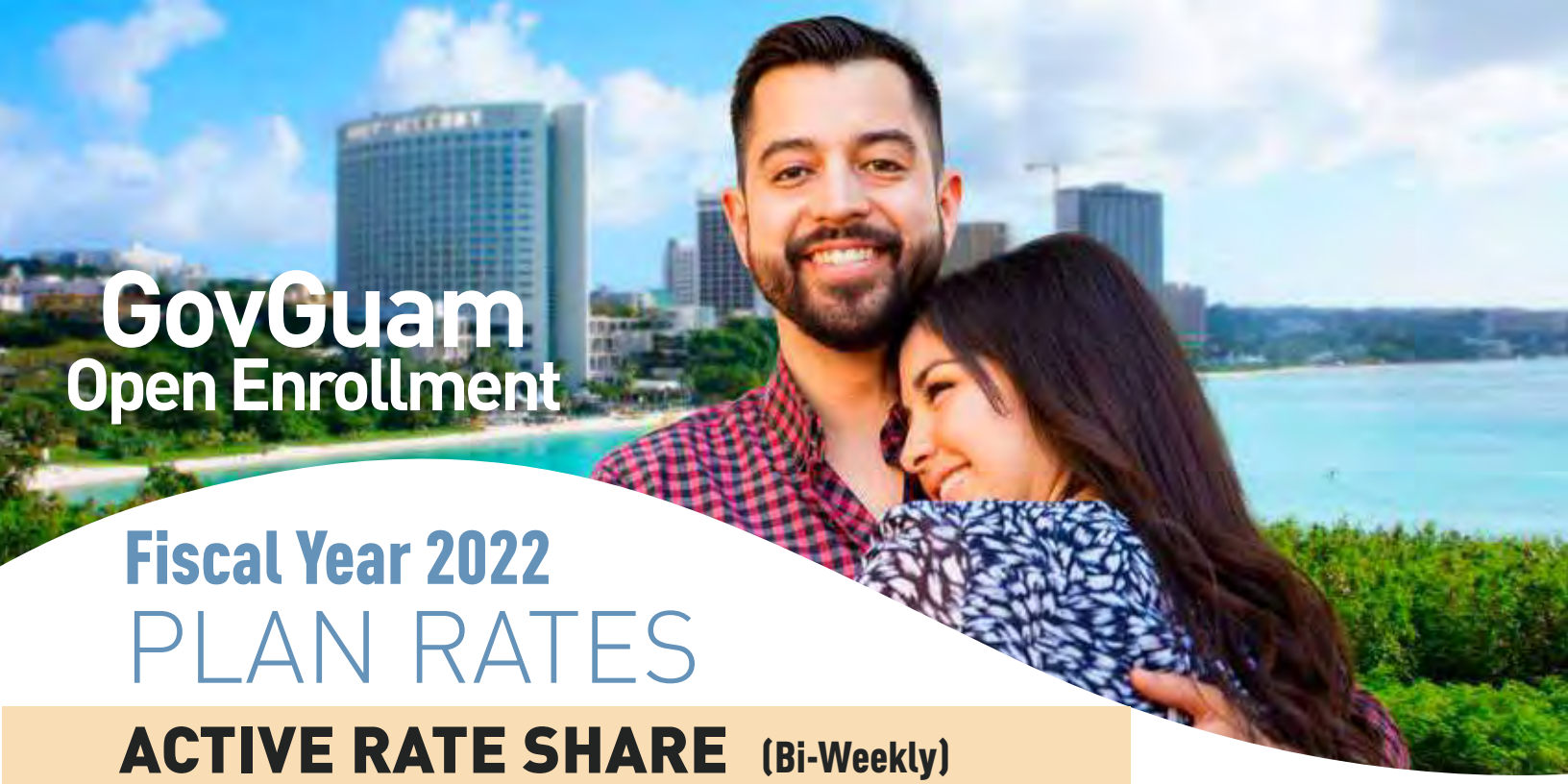

GovGuam
Open Enrollment

Fiscal Year 2022
PLAN RATES

ACTIVE RATE SHARE (Bi-Weekly)

CLASS	PPO1500	HSA 2000
I: EMPLOYEE	$ 72.12	$ 2.04
II: EMPLOYEE+SPOUSE/DOMESTIC PARTNER	$178.98	$ 39.02
III: EMPLOYEE & CHILD(REN)	$145.73	$ 32.53
IV: EMPLOYEE + FAMILY	$237.31	$ 54.31

RETIREE RATE SHARE (Semi-Monthly)

CLASS	PPO1500	HSA 2000
I: EMPLOYEE	$ 78.13	$ 2.21
II: EMPLOYEE+SPOUSE/DOMESTIC PARTNER	$193.90	$ 42.28
III: EMPLOYEE & CHILD(REN)	$157.87	$ 35.25
IV: EMPLOYEE + FAMILY	$257.09	$ 58.84

Deduction Classes

Class I - Subscriber Only (No Dependent/s)
Class II - Subscriber + Legal Spouse (Domestic Partner) / RSP Plan both enrolled in Medicare A & B
Class IIb - RSP Subscriber + Non Medicare Spouse/Domestic Partner
Class III - Subscriber + Child(ren) Only - No Spouse (Domestic Partner) / RSP Medicare enrolled RSP Subscriber + Non Medicare Child(ren)
Class IV - Subscriber + Family (Legal Spouse/Domestic Partner & Child/ren)
Class IVb - RSP Subscriber + Non Medicare Spouse/Domestic Partner & Child(ren)

ATTENTION

GOVGUAM EMPLOYEES and RETIREES!

New

ENROLL ONLINE!

SCAN QR CODE OR VISIT LINK BELOW:

http://tiny.cc/TCGovGuamOpenEnrollment

GOVGUAM

SCAN ME

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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SCHEDULE OF BENEFITS

GovGuam Fiscal Year 2022

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 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
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**
Annual Eye Exam (once per member every 12 months)	**Plan Pays 100%**	**Not Covered**
Cancer Screenings, including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
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**
Vision/Optical Hardware 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**	**Not Covered**

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TakeCare

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%**
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, maximum 120 visits	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
5. Hospice, maximum 180 days **(Prior Authorization Required)**	**Plan Pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
6. 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%**
7. Outpatient Laboratory		
Routine and Preventive Laboratory	**Plan pays 100%**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
Specialty Laboratory	**$20 Member Co-Payment**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
8. 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%**
9. Allergy/serum and Injections **(Does not include those on the Specialty Drugs Lists and Orthopedic injections)**	**Plan Pays 80% Member Pays 20%** (Not Subject to Deductible)	**Plan Pays 70% of Eligible Charges, Member pays 30%** (Not Subject to Deductible)
10. Urgent Care	**$50 Member Co-Payment**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
Prescription Drugs		
1. No Cost preventive drugs (specific list)	**$0 Member Co-Pay** (30 day supply)	**Plan pays 70% of billed amount, based upon the Claims Administrator's Maximum Plan Allowance (MPA)**
2. Preferred generic drugs	**$10 Member Co-Payment at Preferred Pharmacies, $15 Member Co-Payment at Non-Preferred Pharmacies** (30 day supply) **$0 Member Co-Payment** (90 day mail order)	
3. Preferred brand name drugs	**$30 Member Co-Payment** (30 day supply) **$30 Member Co-Payment** (90 day mail order)	

TakeCare

Deductible does not apply to these benefits when you go to a Participating Provider	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS** After deductible is met
Prescription Drugs		
4. Non-Preferred generic and brand name drug	**$100 Member Co-Payment** (30 day supply) **$100 Member Co-Payment** (90 day mail order)	**Plan pays 70% of billed amount, based upon the Claims Administrator's Maximum Plan Allowance (MPA)**
5. Specialty Drugs **(Medically Necessary Only and Prior Authorization Required)**	**$100 Member Co-payment** (30 day supply)	**Not Covered**
6. **Prescription in the Philippines**	**Plan pays 100%; Member pays Nothing**	

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%**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
Airfare Benefit to Preferred Providers only TakeCare provides emergency hospital to hospital transportation coverage. For members who meet qualifying conditions. Plan providers roundtrip airfare (Plan Approval Required). **(Prior Authorization Required)**	**Plan Pays 100%**	**Not Covered**
Allergy Testing/Treatment $1,000 maximum benefit 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%**
Autism Spectrum Disorder Diagnosis, treatment and behavioral therapy is limited per plan year to $75,000 up to age 15 years and $25,000 from ages 16 to 21 years. **(Referral from your Primary Care Physician is required and Prior Authorization from TakeCare.)**	**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) Outpatient only, including conventional lens	**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%**

TakeCare

Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON PARTICIPATING PROVIDERS After deductible is met
Chiropractic Care	**$40 Member Co-Payment** (Not Subject to Deductible)	**Plan Pays 70% of Eligible Charges, Member pays 30%**
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 and other diagnostic procedures (**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%**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
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%** (Not Subject to Deductible)	**Plan Pays 80% Member Pays 20%** (Not Subject to Deductible)
Non-emergency care in a hospital emergency room	**Plan Pays 50% Member Pays 50%**	**Plan Pays 50% Member Pays 50%**
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 benefit per member per plan year	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
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. Inpatient Hospice limited to 30 days	**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 a total of 60 visits per member per plan year combined with Speech and Physical Therapy. **(PCP referral required. Prior Authorization required only for off island referrals.)**	**$40 Member Co-Payment** (Not Subject to Deductible)	**Plan Pays 70% of Eligible Charges, Member pays 30%**
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%**	**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
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 Limited to a total of 60 visits per member per plan year combined with Occupational and Physical Therapy. **(PCP referral required. Prior Authorization required only for off island referrals.)**	**$40 Member Co-Payment** (Not Subject to Deductible)	**Plan Pays 70% of Eligible Charges, Member pays 30%**
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 70% of Eligible Charges, Member pays 30%**
Sleep Apnea Diagnostic and Therapeutic Procedure **(Prior Authorization Required)**	**Plan Pays 80% Member Pays 20%**	**Plan Pays 70% of Eligible Charges, Member pays 30%**
Speech Therapy Limited to a total of 60 visits per member per plan year combined with Occupational and Physical Therapy. **(PCP referral required. Prior Authorization required only for off island referrals.)**	**$40 Member Co-Payment** (Not Subject to Deductible)	**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	PARTICIPATING PROVIDERS	NON PARTICIPATING PROVIDERS
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 – TakeCare Preferred Fitness Partner For list of gym partners, please contact TakeCare's Customer Service Department. Be advised that several gyms have maximum enrollment caps and is on a first come first serve basis.	**Plan pays 100% for Gym Access per each eligible member while enrolled in a GovGuam medical plan offered by TakeCare.**	**Not Covered**
Outpatient Executive Check-up		
Services are covered at Participating Providers in the Philippines up to the cost but not exceeding Php17,050 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. Deductible does not apply.	**Plan Pays Up to Php 17,050 Member Pays All Charges Above Plan Payment**	**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**
Travel Benefit		
- Prior authorization (written approval) and coordination is required from Plan prior to departure from Guam. - Applicable only to approved referrals by TakeCare's Medical Management Department. - Airfare and/or lodging expenses coverage for eligible members for any approved specialty care visits, consultations, treatments and hospitalization services to Participating Philippine providers. - Executive check up, preventive services and/or primary care services do not qualify for this benefit.	**Plan pays up to $500 per occurrence for prior authorized and approved services**	**Not Covered**

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 $2,800 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**
Annual Eye Exam (once per member every 12 months)	**Plan Pays 100%**	**Not Covered**
Cancer Screenings, including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	**Plan Pays 100%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
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**
Vision/Optical Hardware 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**	**Member Pays All Charges above $150 per benefit year**

TakeCare

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%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
Airfare Benefit to Preferred Providers only TakeCare provides emergency hospital to hospital transportation coverage. For members who meet qualifying conditions. Plan providers roundtrip airfare (Plan Approval Required). **(Prior Authorization Required)**	**Plan Pays 100%**	**Not Covered**
Allergy Testing/Treatment $1,000 maximum benefit per member per 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%**
Autism Spectrum Disorder Diagnosis, treatment and behavioral therapy is limited per Plan Year to $75,000 up to age 15 years and $25,000 from ages 16 to 21 years. **(Referral from your Primary Care Physician is required and Prior Authorization from TakeCare.)**	**Plan Pays 80% Member Pays 20%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
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)** Outpatient only, including conventional lens	**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 50% of Eligible Charges, Member pays 50%**
Chemotherapy Benefit **(Prior Authorization Required)**	**Plan Pays 80% Member pays 20%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
Chiropractic Care	**$40 Member Co-Payment**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
Congenital Anomaly Disease Coverage **(Prior Authorization Required)**	**Plan Pays 80% Member Pays 20%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
Diagnostic Testing MRI, CT Scan and other diagnostic procedures (**Prior Authorization Required**)	**Plan Pays 80% Member Pays 20%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
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%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
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%** (Not Subject to Deductible)	**Plan Pays 80% Member Pays 20%** (Not Subject to Deductible)
Non-emergency care in a hospital emergency room	**Plan Pays 50% Member Pays 50%**	**Plan Pays 50% Member Pays 50%**
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 benefit per member per year	**Plan Pays 80% Member Pays 20%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**

TakeCare

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. Inpatient Hospice limited to 30 days	**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 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 a total of 60 visits per member per plan year combined with Speech and Physical Therapy. **(PCP referral required. Prior Authorization required only for off island referrals.)**	**$40 Member Co-Payment**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
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%**	**Not Covered**
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%**
4. Home Health Care Visit, maximum 120 visits	**Plan Pays 80% Member Pays 20%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
5. Hospice Care, maximum 180 days (**Prior Authorization Required**)	**Plan pays 100%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**

TakeCare

Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON-PARTICIPATING PROVIDERS After deductible is met
Outpatient Physician Care & Services		
6. 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%**
7. Outpatient Laboratory		
Routine and Preventive Laboratory	**Plan pays 100%** (Not subject to deductible)	**Plan Pays 50% of Eligible Charges, Member pays 50%**
Specialty Laboratory	**$20 Member Co-Payment**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
8. 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%**
9. Allergy testing /serum and Injections **(Does not include those on the Specialty Drugs Lists and Orthopedic injections)**	**Plan Pays 80% Member Pays 20%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
10. Urgent Care	**$50 Member Co-payment**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
Physical Therapy Limited to a total of 60 visits per member per plan year combined with Occupational and Physical Therapy. **(PCP referral required. Prior Authorization required only for off island referrals.)**	**$40 Member Co-Payment**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
Prescription Drugs		
1. No Cost preventive drugs (specific list)	**$0 Member Co-Pay** (30 day supply)	**Plan pays 50% of billed amount, based upon the Claims Administrator's Maximum Plan Allowance (MPA)**
2. Preferred generic drugs	**$10 Member Co-Payment at Preferred Pharmacies, $15 Member Co-Payment at Non-Preferred Pharmacies** (30 day supply) **$0 Member Co-Payment** (90 day mail order)	
3. Preferred brand name drugs	**$30 Member Co-Payment** (30 day supply) **$30 Member Co-Payment** (90 day mail order)	
4. Non-Preferred generic and brand name drug	**$100 Member Co-Payment** (30 day supply) **$100 Member Co-Payment** (90 day mail order)	
5. Specialty Drugs **(Medically Necessary Only and Prior Authorization Required)**	**$100 Member Co-payment** (30 day supply)	**Not Covered**
5. **Prescription in the Philippines**	**Plan pays 100%; Member pays Nothing**	
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 50% of Eligible Charges, Member pays 50%**
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%**

Deductible must be met for the following services	PARTICIPATING PROVIDERS After deductible is met	NON-PARTICIPATING PROVIDERS After deductible is met
Sleep Apnea Diagnostic and Therapeutic Procedure **(Prior Authorization Required)**	**Plan Pays 80% Member Pays 20%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
Speech Therapy Limited to a total of 60 visits per member per plan year combined with Occupational and Physical Therapy. **(PCP referral required. Prior Authorization required only for off island referrals.)**	**$40 Member Co-Payment**	**Plan Pays 50% of Eligible Charges, Member pays 50%**
Sterilization Procedures (Prior Authorization Required) 1. Vasectomy **(Outpatient Only)**	**Plan Pays 80% Member Pays 20%**	**Plan Pays 50% of Eligible Charges, Member pays 50%**

Additional Benefits: What TakeCare covers	PARTICIPATING PROVIDERS	NON PARTICIPATING PROVIDERS
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 – TakeCare Preferred Fitness Partner For list of gym partners, please contact TakeCare's Customer Service Department. Be advised that several gyms have maximum enrollment caps and is on a first come first serve basis.	**Plan pays 100% for Gym Access per each eligible member while enrolled in a GovGuam medical plan offered by TakeCare.**	**Not Covered**
Outpatient Executive Check-up		
Services are covered at Participating Providers in the Philippines up to the cost but not exceeding Php17,050 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. Deductible does not apply.	**Plan Pays Up to Php 17,050 Member Pays All Charges Above Plan Payment**	**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**
Travel Benefit		
- Prior authorization (written approval) and coordination is required from Plan prior to departure from Guam. - Applicable only to approved referrals by TakeCare's Medical Management Department. - Airfare and/or lodging expenses coverage for eligible members for any approved specialty care visits, consultations, treatments and hospitalization services to Preferred Philippine providers. - Executive check up, preventive services and/or primary care services do not qualify for this benefit.	**Plan pays up to $500 per occurrence for prior authorized and approved services**	**Not Covered**

TakeCare

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

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 reimbursement 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 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.

    Per PHSA sec. 2709(a)(2), added by PPACA sec 10103(c), the plan must pay for items and services furnished in connection with approved clinical trials, and cannot exclude such items and services based on an exclusion for experimental or investigational treatments. The requirement mandates coverage of all medically necessary charges associated with the clinical trial, such as physician charges, labs, X-rays, professional fees and other routine medical costs.

MEDICAL EXCLUSIONS

An approved clinical trial is defined as:

- Phase I, Phase II, Phase III, or Phase IV clinical trial,
- Being conducted in relation to the prevention, detection or treatment for Cancer or other life threatening disease or condition, and
- Is one of the following:
    1. A federally funded or approved trial.
    2. A clinical trial conducted under an FDA investigational new drug application.
    3. A drug trial that is exempt from the requirement of an FDA investigational new drug application.

20. No benefits will be paid for services or supplies related to Genetic Testing except as may be required by PPACA.

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.

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 transsexual 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 that provides medical and healthcare services to low-income or indigent persons, provided, however, this exclusion shall not apply to the treatment of any communicable disease as defined in Article 3 of Chapter 3, Title 10, Guam Code Annotated, and for which the Company shall pay for medical services and supplies as is medically necessary for the treatment of Covered Person. 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 in connection with elective abortions unless Medically Necessary.

26. 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.

27. No benefits will be paid for eyeglasses or contact lenses or for Services and supplies in connection with surgery for the purpose of diagnosing or correcting errors in refraction except as provided in the Schedule of Benefits.

28. 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.

29. 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.

30. No benefits will be paid for hypnotherapy.

31. 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.

32. 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:

MEDICAL EXCLUSIONS

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.

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

34. 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.

35. 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.

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

37. 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.

38. No benefits will be paid for any drug, food substitute or supplement or any other product, which is primarily for weight reduction even if it is prescribed by a Physician.

39. 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.

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

41. 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.);

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.

42. 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.

43. 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.

44. 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.

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

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

47. 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.

48. 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.

49. 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

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

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

52. 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.

53. 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.

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

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

56. 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.

57. 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.

58. 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.

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

MEDICAL EXCLUSIONS

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 or mental health 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.

60. As required by HIPAA, no source-of-injury exclusion, such as exclusion 4.29 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).

Member Handbook

AUDITED NCQA HEDIS® COMPLIANCE AUDIT 2020 COMMERCIAL

Health Plan Accredited by

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

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Connect with us

Our Island, Your Health Plan℠

How your plan works

How your medical plan works while you are covered in-network

You're in-network/participating coverage:

- Helps you get and pay for a lot of – but not all – health care services. Your cost share is lower when you use a network provider.

Providers

Our provider network is there to give you the care you need. You can find network providers and see important information about them most easily on our online provider directory. Just log in to the TakeCare's website **www.takecareasia.com**

Service area

Your plan generally pays for covered services only within a specific geographic area, called a service area. There are some exceptions, such as for emergency services, urgent care, and transplant services. Your service area under this plan is Guam, CNMI and Palau

See the Who provides the care section below.

How your medical plan works while you are covered out-of-network

With your out of network/non-participating coverage:

- You can get care from providers who are not part of the TakeCare's network without a PCP referral
- You may have to pay the full cost for your care, and then submit a claim to be reimbursed
- You are responsible to get any required prior authorization/pre-certification
- Your cost share will be higher

Keeping a provider you go to now (continuity of care)

You may have to find a new provider when:

- You join the plan and the provider you have now is not in the network
- You are already a TakeCare's member and your provider stops being in our network

However, in some cases, you may be able to keep going to your current provider to complete a treatment or to have treatment that was already scheduled. This is called continuity of care.

If this situation applies to you, contact us for details. If we approve your request to keep going to your current provider, we will tell you how long you can continue to see the provider. If you are pregnant and have entered your second trimester, this will include the time required for postpartum care directly related to the delivery.

We will authorize coverage only if the provider agrees to our usual terms and conditions for contracting providers.

Who provides the care?

Network providers

We have contracted with providers in the service area to provide covered services to you. These providers make up the network for your plan.

A select number of network providers are considered "preferred" with a lower copay/visit for you. These providers have entered into a written agreement with TakeCare to provide care or treatment at preferential or better rates compared to other network providers and have demonstrated better outcomes based on a standard measurement set (HEDIS) by the National Committee for Quality Assurance ("NCQA"). The network providers identified in our directory as preferred in-network providers are subject to change. Please check with us to confirm the preferential status of network providers.

To get network benefits, you must use network providers. There are some exceptions:
Emergency services – see the description of emergency services in the Coverage and exclusions section.
Urgent care – see the description of urgent care in the Coverage and exclusions section.
Transplants – see the description of transplant services in the Coverage and exclusions section.

You may select a network provider from the online directory through the TakeCare's website.

You will not have to submit claims for services received from network providers. Your network provider will take care of that for you. And we will pay the network provider directly for what the plan owes.

Primary Care Provider (PCP)

We encourage you to get covered services through a PCP. They will provide you with primary care.

How you choose your PCP

You can choose a PCP from the list of PCPs in our directory.

Each covered family member is encouraged to select a PCP. You may each choose a different PCP. You should select a PCP for your covered dependent if they are a minor or cannot choose a PCP on their own.

What your PCP will do for you

Your PCP will coordinate your medical care or may provide treatment. They may send you to other network providers.

Changing your PCP

You may change your PCP at any time by contacting us.

Medical necessity, referral and Prior Authorization/ Prior Certification requirements

Your plan pays for its share of the expense for covered services only if the general requirements are met. They are:

- The service is medically necessary.
- For in-network benefits, you get the service from a network provider.
- You or your provider preauthorize the service when required.

Medically necessary/medical necessity
The Medically necessary/medical necessity requirements are in the Glossary section, where we define "medically necessary/medical necessity" That is where we also explain what our medical directors or a physician they assign consider when determining if a service is medically necessary.

Important note:
We cover medically necessary, sex-specific covered services regardless of identified gender.

Prior authorization/Pre-certification
You need pre-approval from us for some covered services. Pre-approval is also called preauthorization.

In-network/Participating
Your network physician is responsible for obtaining any necessary preauthorization before you get the care. Network providers cannot bill you if they fail to ask us for preauthorization. But if your physician requests preauthorization and we deny it, and you still choose to get the care, you will have to pay for it yourself.

Out of Network/Non-Participating
When you go to an out-of-network provider, you are responsible to get any required preauthorization from us. If you don't preauthorize:

- Your benefits may be reduced, or the plan may not pay. See your schedule of benefits for details.
- You will be responsible for the unpaid bills.
- Your additional out-of-pocket expenses will not count toward your deductible or maximum out-of- pocket limit.]

Notification is required to TakeCare within 48 hours after receiving emergency and urgent care services otherwise these services are not covered.

An urgent admission is a hospital admission by a physician due to the onset of or change in an illness, the diagnosis of an illness, or injury.

We will tell you and your physician in writing of the preauthorization decision, where required by state law. An approval is valid for 2 months as long as you remain enrolled in the plan.

For an inpatient stay in a facility, we will tell you, your physician and the facility about your preauthorized length of stay. If your physician recommends that you stay longer, the extra days will need to be preauthorized. You, your physician, or the facility will need to call us as soon as reasonably possible, but no later than the final authorized day. We will tell you and your physician in writing of an approval or denial of the extra days.

If you or your provider request preauthorization and we don't approve coverage, we will tell you why and explain how you or your provider may request review of our decision. See the Complaints, claim decisions and appeal procedures section.

Types of services that require Prior Authorization/ Prior Certification
Preauthorization is required for the following types of services and supplies:

- Inpatient services and supplies
  - o Stays in a hospital
  - o Stays in a skilled nursing facility
  - o Stays in a rehabilitation facility
  - o Stays in a hospice facility
  - o Stays in a residential treatment facility for treatment of mental disorders and substance related disorders
  - o Obesity surgery (bariatric)

- Outpatient services and supplies
  - o Cosmetic and reconstructive surgery

Contact us to get a list of the services that require preauthorization or see your schedule of benefits.

Sometimes you or your provider may want us to review a service that doesn't require precertification before you get care. This is called a predetermination, and it is different from precertification. Predetermination means that you or your provider requests the pre-service clinical review of a service that does not require precertification.

Certain prescription drugs are covered under the medical plan when they are given to you by your doctor or health care facility. The following precertification information applies to these prescription drugs:

For certain drugs, your provider needs to get approval from us before we will cover the drug. The requirement for getting approval in advance guides appropriate use of certain drugs and makes sure they are medically necessary.

Step therapy is a type of precertification where we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Coordination of benefits

Some people have health coverage under more than one health plan. If you do, we will work with your other plan to decide how much each plan pays. This is called coordination of benefits ("COB").

Key Terms
Here are some key terms we use in this section. These will help you understand this COB section.
Allowable expense means a health care expense that any of your health plans cover.

In this section when we talk about "plan" through which you may have other coverage for health care expenses we mean:

- Group or non-group, blanket, or franchise health insurance policies issued by insurers, HMOs, or health care service contractors
- Labor-management trustee plans, labor organization plans, employer organization plans, or employee benefit organization plans
- An automobile insurance policy
- Medicare or other government benefits

Contact us to get the most up-to-date preauthorization requirements and list of step therapy drugs.

Requesting a medical exception

Sometimes you or your provider may ask for a medical exception for drugs that are not covered or for which coverage was denied. You, someone who represents you or your provider can contact us. You will need to provide us with clinical documentation. Any exception granted is based upon an individual and is a case-by-case decision that will not apply to other members.

You, someone who represents you or your provider may seek a quicker medical exception process to get coverage for non-covered drugs in an urgent situation. An urgent situation happens when you have a health condition that may seriously affect your life, health, or ability to get back maximum function or when you are going through a current course of treatment using a non-preferred drug.

We will make a coverage determination within 24 hours after we receive your request and will tell you, someone who represents you and your prescriber of our decision.

- Any contract that you can obtain or maintain only because of membership in or connection with a particular organization or group

How Coordination of Benefits (COB) works

- When this is your primary plan, we pay your medical claims first as if there is no other coverage.
- When this is your secondary plan:
  - o We pay benefits after the primary plan and reduce our payment based on any amount the primary plan paid.
  - o Total payments from this plan and your other coverage will never add up to more than 100% of the allowable expenses.
  - o Each family member has a separate benefit reserve for each year. The benefit reserve balance is:
    - -The amount that the secondary plan saved due to COB
    - -Used to cover any unpaid allowable expenses
    - -Erased at the end of the year

Determining who pays

The basic rules are listed below. Reading from top to bottom the first rule that applies will determine which plan is primary and which is secondary. Contact us if you have questions or want more information.

A plan that does not contain a COB provision is always the primary plan.

COB rule	Primary Plan	Secondary Plan
Non-dependent or dependent	Plan covering you as an employee, retired employee or subscriber (not as a dependent)	Plan covering you as a dependent
Child – parents married or living together	Plan of parent whose birthday (month and day) is earlier in the year (Birthday rule)	Plan of parent whose birthday is later in the year
Child – parents separated, divorced, or not living together	• Plan of parent responsible for health coverage in court order • Birthday rule applies if both parents are responsible or have joint custody in court order • Custodial parent's plan if there is no court order	• Plan of other parent • Birthday rule applies (later in the year) • Non-custodial parent's plan
Child – covered by individuals who are not parents (i.e., stepparent o grandparent)	Same rule as parent	Same rule as parent
Active or inactive employee	Plan covering you as an active employee (or dependent of an active employee)	Plan covering you as a laid off or retired employee (or dependent of a former
Longer or shorter length of coverage	Plan that has covered you longer	Plan that has covered you for a shorter period of time
Other rules do not apply	Plans share expenses equally	Plans share expenses equally

How COB works with Medicare

If your other coverage is under Medicare, federal laws explain whether Medicare will pay first or second. COB with Medicare will always follow federal requirements. Contact us if you have any questions about this.

When you are eligible for Medicare, we coordinate the benefits we pay with the benefits that Medicare pays. Sometimes, this plan pays benefits before Medicare pays. Sometimes, this plan pays benefits after Medicare or after an amount that Medicare would have paid if you had been covered. You are eligible for Medicare if you are covered under it.

Effect of prior plan coverage
If you are in a continuation period from a prior plan at the time you join this plan you may not receive the full benefit paid under this plan. See the schedule of benefits for more information.

Your current plan must be offered through the policyholder.

Other health coverage updates – contact information
You should contact us if you have any changes to your other coverage. We want to be sure our records are accurate so your claims are processed correctly.

Our rights
We have the right to:

- Release or obtain any information we need for COB purposes, including information we need to recover any payments from your other health plans
- Reimburse another health plan that paid a benefit we should have paid
- Recover any excess payment from a person or another health plan, if we paid more than we should have paid

Benefit payments and claims

A claim is a request for payment that you or your health care provider submits to us when you want or get covered services. There are different types of claims. You or your provider may contact us at various times, to make a claim, to request approval, or payment, for your benefits. This can be before you receive your benefit, while you are receiving benefits and after you have received the benefit.

It is important that you carefully read the previous sections within How your plan works. When a claim comes in, we review it, make a decision and tell you how you and we will split the expense. The amount of time we have to tell you about our decision on a claim depends on the type of claim.

Claim type and timeframes

Urgent care claim
An Urgent Care Claim means any claim for medical care or treatment that, if not quickly decided outside of standard time periods for making non-urgent care determinations, (1) could seriously jeopardize the life or health of the individual or the ability of the individual to regain maximum function; or (2) in the opinion of a physician with knowledge of the individual's medical condition, would subject the individual to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.

If you are pregnant, an urgent claim also includes a situation that can cause serious risk to the health of your unborn baby.

Pre-service claim
A Pre-service Claim means any claim for a benefit for which the terms of the plan condition receipt of the benefit, in whole or in part, on approval of the benefit in advance of obtaining medical care, or a determination of no coverage under the plan.

Post-service claim
A post-service claim is a claim that involves health care services you have already received.

Concurrent care claim extension
A concurrent care claim extension occurs when you need us to approve more services than we already have approved. Examples are extending a hospital stay or adding a number of visits to a provider. You must let us know you need this extension 24 hours before the original approval ends.

Concurrent care claim reduction or termination
A concurrent care claim reduction or termination occur when we decide to reduce or stop payment for an already approved course of treatment. We will notify you of such a determination. You will have enough time to file an appeal. Your coverage for the service or supply will continue until you receive a final appeal decision from us.

During this continuation period, you are still responsible for your share of the costs, such as copayments, coinsurance and deductibles that apply to the service or supply. If we uphold our decision at the final internal appeal, you will be responsible for all of the expenses for the service or supply received during the continuation period.

Filing a claim
When you see a network provider, that office will usually send us a detailed bill for your services. If you see an out-of-network provider, you may receive the bill (proof of loss) directly. This bill forms the basis of your post- service claim. If you receive the bill directly, you should send it to within 90 days from the date of service with a claim form that you can either get online or contact us to provide. You should always keep your own record of the date, providers and cost of your services.

The benefit payment determination is made based on many things, such as your deductible or coinsurance, the necessity of the service you received, when or where you receive the services, or even what other insurance you may have. We may need to ask you or your provider for some more information to make a final decision. You can always contact us directly to see how much you can expect to pay for any service.

We will pay the claim within 30 days from when we receive all the information necessary. Sometimes we may pay only

some of the claim. Sometimes we may deny payment entirely. We may even rescind your coverage entirely.
We will give you our decision in writing. You may not agree with our decision. There are several ways to have us review the decisions. Please see the Complaints, claim decisions and appeal procedures section for that information.

Complaints, claim decisions and appeal procedures

The difference between a complaint and an appeal

Complaint
You may not be happy about a provider or an operational issue, and you may want to complain. You can contact us at any time. This is a complaint. Your complaint should include a description of the issue. You should include copies of any records or documents you think are important. We will review the information and give you a written response within 30 calendar days of receiving the complaint. We will let you know if we need more information to make a decision.

Appeal
When we make a decision to deny services or reduce the amount of money we pay on your care or out-of- pocket expense, it is an adverse benefit determination. You can ask us to re-review that determination. This is an appeal. You can start an appeal process by contacting us.

Claim decisions and appeal procedures
Your provider may contact us at various times to make a claim, or to request approval for payment based on your benefits. This can be before you receive your benefit, while you are receiving benefits and after you have received the benefit. You may not agree with our decision. As we said in Benefit payments and claims in the How your plan works section, we pay many claims at the full rate, except for your share of the costs. But sometimes we pay only some of the claim. Sometimes we deny payment entirely.

Any time we deny even part of the claim, it is an "adverse benefit determination" or "adverse decision." For any adverse decision, you will receive an explanation of benefits in writing. You can ask us to review an adverse benefit determination. This is the internal appeal process. If you still don't agree, you can also appeal that decision.

Appeal of an adverse benefit determination

Urgent care or pre-service claim appeal
If your claim is an urgent claim or a pre-service claim, your provider may appeal for you without having to fill out an appeal form. We will give you an answer within 36 hours for an urgent appeal and within 15 calendar days for a pre-service appeal. A concurrent claim appeal will be addressed according to what type of service and claim it involves.

Any other claim appeal
You must file an appeal within 180 calendar days from the time you receive the notice of an adverse benefit determination.

You can appeal by sending a written appeal to the address on the notice of adverse benefit determination, or by contacting us. You need to include:
Your name
- The policyholder's name
- A copy of the adverse benefit determination
- Your reasons for making the appeal
- Any other information you would like us to consider

We will assign your appeal to someone who was not involved in making the original decision. You will receive a decision within 30 calendar days for a post-service claim.

If you are still not like us answer, you may make a second internal appeal. You must present your appeal within 60 calendar days from the date you receive the notice of the first appeal decision.

Another person may submit an appeal for you, including a provider. That person is called an authorized representative. You need to tell us if you choose to have someone else appeal for you (even if it is your provider). You should fill out an authorized representative form telling us you are allowing someone to appeal for you. You can get this form on our website or by contacting us. The form will tell you where to send it to us. You can use an authorized representative at any level of appeal.

At your last available level of appeal, we will give you any new or additional information we may find and use to review your claim. There is no cost to you. We will give you the information before we give you our decision.
This decision is called the final adverse benefit determination. You can respond to the information before we tell you what our final decision is.

Exhaustion of appeal process
In most situations, you must complete the two levels of appeal with us before you can take these other actions:
- Contact the Guam Department of Revenue and Taxation to request an investigation of a complaint or appeal

File a complaint or appeal with the Guam Department of Revenue and Taxation.
- Pursue arbitration, litigation or other type of administrative proceeding

Sometimes you do not have to complete the two levels of appeal

before you may take other actions. These situations are:

- You have an urgent claim or claim that involves ongoing treatment. You can have your claim reviewed internally and through the external review process at the same time.
- We did not follow all of the claim determination and appeal requirements of the state. But you will not be able to proceed directly to external review if:
  - o The rule violation was minor and not likely to influence a decision or harm y o u
  - o The violation was for a good cause or beyond our control
  - o The violation was part of an ongoing, good faith exchange between you and us

Utilization review

Prescription drugs covered under this plan are subject to misuse, waste or abuse utilization review by us, your provider or your network pharmacy. The outcome of the review may include:

-Limiting coverage of a drug to one prescribing provider or one network pharmacy

-Quantity, dosage or day supply limits

Requiring a partial fill or denial of coverage

Recordkeeping

We will keep the records of all complaints and appeals for at least 10 years.

Fees and expenses

We do not pay any fees or expenses incurred by you in pursuing a complaint or appeal.

Eligibility, starting and stopping coverage

Eligibility

* Government of Guam Employee, Retiree, or Survivor
* Maintain Residency in Guam/CNMI
* GovGuam employee working 30 hours or more per week
* For RSP Plan, continuous enrollment in both Medicare Part A and B

Who is eligible

The policyholder decides and tells us who is eligible for health care coverage.

Residency requirement

For purposes of this requirement, Service Area is defined as Guam and CNMI and Covered Persons excludes covered dependent children. 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 consecutive days per plan year. TakeCare 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. TakeCare 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 TakeCare for Services, excluding Emergency services. For a Covered Person who is Domiciled in the Service Area, time spent receiving continuous medical Services 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.

When can you join the plan

You can enroll:

- During an open enrollment period.
- After open enrollment period. Persons becoming eligible for enrollment after open enrollment may elect to enroll within (31) thirty days of the date of first becoming eligible.

Who can be a dependent on this plan

You can enroll the following given that you submit required documentations:

- The subscriber's legal spouse. A copy of official marriage certificate must be submitted.
- The subscriber's domestic partner. A notarized affidavit must be submitted.The subscriber's domestic partner who is (1) 18 years of age or older, (2) of the same or opposite sex as the Subscriber, (3) in an exclusive mutually committed relationship with the Subscriber and intends to remain the Subscriber's sole domestic partner, (4) not married to any other person, (5) and 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. A notarized affidavit and proof of domestic partner status.

- The subscriber's children up to age 26; unmarried:
  - **Natural children**. A copy of an official certificate listing the subscriber as a parent must be submitted.
  - **Adopted children** including those placed with you for adoption. A copy of the court document signed by a judge ordering legal adoption.
  - **Stepchildren.** A copy of an official birth certificate and official marriage certificate listing the subscriber's legal spouse as a parent must be submitted.
  - **Disabled children over age (26) twenty-six years** A copy of disability enrollment form signed by a licensed physician must be submitted.
  - **Children under court order.** A copy of court document signed by a judge requiring such coverage must be submitted.
  - **Children under legal guardianship**. A copy of the court document signed by a judge ordering legal guardianship and legal guardian enrollment form must be submitted.

Adding new dependents

You can add new dependents during the year. Coverage begins on the date of the event for new dependents that join your plan for the following reasons:

- Birth
- Adoption or placement for adoption
- Marriage
- Legal guardianship
- Court or administrative order

TakeCare must receive completed enrollment form and required documentation not more than 31 days after the event date and premium must be paid.

Special times you and your dependents can join the plan

You can also enroll in these situations:

- Enrollment in both Medicare A & B, date of retirement, change in employment status (work hours increase - 30 hours or more)
- You didn't enroll before because you had other coverage and that coverage has ended.
- A court orders that you cover a dependent on your health plan.
- When your dependent moves outside the service area for your employee plan.

TakeCare must receive completed enrollment form and required documentation not more than 31 days after the event date and premium must be paid.

Notification of change in status

Tell us of any changes that may affect your benefits. Please contact us as soon as possible when you have a:

- Change of address
- Change in employment status (i.e. change in work hours, leave without pay, military leave)
- Dependent status change. Overage dependents: enrollment forms reflecting any class change would need to be submitted (ex. Class 3 to Class 1)
- Dependent who enrolls in Medicare or any other health plan

Starting Coverage

Your coverage under this plan has a start and end date. You start coverage after you complete the eligibility and enrollment process.

Stopping Coverage

Your coverage typically ends when you leave your job, but it can happen for other reasons. Ending coverage doesn't always mean you lose coverage with TakeCare. There will be circumstances that will still allow you to continue coverage.

TakeCare will send you notice if your coverage is ending. This notice will tell you the end date that your coverage ends.

When will your coverage end?

Your coverage under this plan will end if:

- This plan is no longer available.
- Reduction in work hours below 30 hours
- The policyholder asks to end coverage.
- You are no longer eligible for coverage, including when you move out of the service area.
- Your work ends.
- You stop making required premium contributions, if any apply.
- TakeCare end your coverage.
- Coverage should be for whole plan year regardless if you meet your maximum benefit.
- You have reached your overall maximum benefit under your plan.

When will the dependent's coverage end?

Dependent coverage will end if:

- A dependent is no longer eligible for coverage.
- You stop making required premium contributions, if any apply.
- Your coverage ends for any of the reasons listed above except:
  - o Exhaustion of your overall maximum benefit.
  - o You enroll under a group Medicare plan TakeCare offer. However, dependent coverage will end if your coverage under the Medicare plan.
- Your dependent has exhausted the maximum benefit under your medical plan.
- The date this plan no longer allows coverage for domestic partners or civil unions.
- The date the domestic partnership or civil union ends.

What happens to your dependents if you die?

Coverage for dependents may continue for some time after your death. See the Special coverage options after your coverage ends section for more information.

Why would we end your coverage?

We may immediately end your coverage if you commit fraud or you intentionally misrepresented yourself when you applied for or obtained coverage. You can refer to the General provisions – other things you should know section for more information on rescissions.

On the date your coverage ends, we will refund to your employer any prepayment for periods after the date your coverage ended.

Special coverage options after your coverage ends
When coverage may continue under the plan
This section explains options you may have after your coverage ends under this plan. Your individual situation will determine what options you will have. Contact the policyholder to see what options apply to you.

In some cases, premium payment is required for coverage to continue. Your coverage will continue under the plan as long as the policyholder and we have agreed to do so. It is the policyholder's responsibility to let us know when your work ends. If the policyholder and we agree in writing, we will extend the limits.

How can you extend coverage if you are totally disabled when coverage ends?

Your coverage may be extended if you are totally disabled when coverage ends.
Only the medical condition which caused the total disability is covered during your extension.

You are "totally disabled" if you cannot work at your occupation or any other occupation for pay or profit.
Your dependent is "totally disabled" if that person cannot engage in most normal activities of a healthy person of the same age and gender.

You may extend coverage only for services and supplies relatedto the disabling condition until the earliest of:

- When you or your dependents are no longer totally disabled
- When you become covered by another health benefits plan
- 12 months of coverage

How can you extend coverage for your disabled child beyond the plan age limits?

You have the right to extend coverage for your dependent child beyond plan age limits, if the child is not able to be self-supporting because of mental or physical disability and depends mainly (more than 50% of their income) on you for support.

The right to coverage will continue only as long as a physician certifies that your child still is disabled.

We may ask you to send us proof of the disability within 90 days of the date coverage would have ended.

We may ask you to send proof that your child is disabled after coverage is extended. We need this once every benefit period. You must send it to us within 31 days of our request. If you don't, we can terminate coverage for your dependent child. We will continue to provide coverage for disabled children over 26 years old provided they submit the requirements for enrollment.

How can you extend coverage when getting inpatient care when coverage ends?

Your coverage may be extended if you are getting inpatient care in a hospital or skilled nursing facility
when coverage ends.

Benefits are extended for the condition that caused the hospital or skilled nursing facility stay or for complications from the condition. Benefits aren't extended for other medical conditions. You can continue to get care for this condition until the earliest of:

- When you are discharged
- When you no longer need inpatient care
- When you become covered by another health benefits plan
- 12 months of coverage

How can you extend coverage for hearing services and supplies when coverage ends?

If you are not totally disabled when your coverage ends, coverage for hearing services and supplies may be extended for 30 days after your coverage ends:

- If the prescription for the hearing aid is written during the 30 days before your coverage ends
- If the hearing aid is ordered during the 30 days before your coverage ends

How can you extend coverage for a child in college on medical leave?

You have the right to extend coverage for your dependent college student who takes a medically necessary leave of absence from school. The right to coverage will be extended until the earlier of:

- One year after the leave of absence begins, or
- The date coverage would otherwise end.
- GovGuam's plan covers dependent children up to age 26 regardless of student status.

To extend coverage the leave of absence must:

- Begin while the dependent child is suffering from a serious illness or injury, and
- Be certified by the treating doctor as medically necessary due toa serious illness or injury.

The doctor treating your child will be asked to keep us informed of any changes.

Your health information

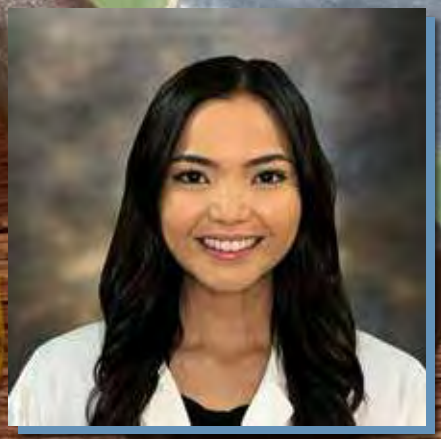
We will protect your health information. We will only use or share it with others as needed for your care and treatment. We will also use and share it to help us process your claims and manage your plan.

You can get a free copy of our Notice of Privacy Practices. Just contact us.

When you accept coverage under this plan, you agree to let your providers share information with us. We need information about your physical and mental condition and care.

To access the full GovGuam Member Handbook kindly visit TakeCare's website at http://tiny.cc/TCGovGuamOpenEnrollment.

TakeCare's Wellness Programs



Jonei Delgado, RDN

The only nationally recognized wellness program on island with a proven track record. TakeCare's Prevent T2 diabetes prevention program is fully recognized by the CDC.

"I was able to lose weight, lower my A1C, and stop a handful of medications. I am really thankful for this program and the support I have from the other participants and coaches"

– Debbie Duenas

- Cardiac Risk Management
- Children's Health Improvement Program
- Diabetes Management
- Diabetes Prevention - Prevent T2
- Nicotine Cessation
- Nutrition Education & Counseling★
- TakeCare Group Fitness Classes
- Teen Talk Workshop
- Well Mommy, Well Baby
- Worksite Wellness

For more information or to register for our health education classes, please contact our TakeCare Wellness Team at (671)646-6956 ext 7161/7621/7180, Monday through Friday from 8am-5pm or email wellness@takecareasia.com.

★Includes additional services and programs we will offer.

*** All health education 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**

Our Island, Your Health Plan™

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ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE, INC.

TC_WFINCENTIVES_GOVGUAM_REV07192021

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.

Wellness Incentives

WELLNESS, DISEASE MANAGEMENT, AND PREVENTIVE INCENTIVE PROGRAM

TakeCare provides wellness and disease management incentives up to $250 per eligible individual or $500 per eligible family per benefit period provided they met the following criteria stated under this incentive program. Health Check, Health Education Workshops and Disease Management programs must be completed and done through TakeCare to be eligible for these incentives. Likewise, members must participate in the Plan for at least three (3) months of continuous coverage within the benefit period and are an active member by the end of the benefit period and must have paid all premiums due for the benefit period.

Wellness incentives are calculated end of every quarter within the benefit period and payment will be made within thirty (30) business days. Incentives will only be paid under the member's primary insurance if the member is covered under multiple TakeCare plans. If the same member is covered under multiple TakeCare plans, this benefit is only extended under the member's primary insurance. Incentives are payable to the subscriber. The member is responsible to submit valid proof and documentation for incentives related to any reportable physical activities and/or sponsored TakeCare wellness and fitness events and payment of incentives is subject to TakeCare's review and approval.

CRITERIA/REQUIREMENT		
Preventive	If Completed at **FHP Health Center**	If Completed within **TakeCare's Participating Network**
Completion of TakeCare's Online Health Check by eligible members 18 years and older once per benefit year paid by Virgin Pulse	$5	
Completion of a Biometric Screening through a TakeCare participating primary care provider or TakeCare's Wellness team or by eligible members 18 years and older 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 between 45 to 75 years of age 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 35 to 74 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 65 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 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	Not Applicable	$10
Sustained controlled HbA1c (< 8 HbA1c) in a benefit year for insulin dependent patient members enrolled under Wellness and Disease Management Program.	$10	Not Applicable
Achieving a 75% medication adherence to any one of the following – antidiabetic, antihypertentsive, antihyperlipidemic or asthma medication in a benefit year for eligible patients/members diagnosed with diabetes, hypertention, dyslipidemia and asthma (respectively) as prescribed by a TakeCare participating primary care provider	Not Applicable	$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	Not Applicable

- **Wellness and Preventive Incentives**
  - For eligible members 18 years old and older
  - Health Check, 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.
  - 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.

TTC_WFINCENTIVES_GOVGUAM_REV08122021

Wellness Incentives

OUTCOME BASED INCENTIVE PROGRAM

TakeCare provides fitness and outcome based incentives up to $350 per eligible individual and $700 per eligible family per benefit period provided they met the following criteria stated under this incentiv Health Check must have been completed within three (3) months from the time of the incentive payout and should be done through TakeCare. Likewise, members must participate in the Plan for at least three (3) months of continuous coverage within the benefit period and are an active member by the end of the benefit period and must have paid all premiums due for the benefit period. Health Check must be completed within the same benefit year of the incentive payout.

Under the outcome based incentive program, Wellness incentives are calculated end of every quarter within the benefit period and payment will be made within thirty (30) business days. This benefit is only extended to members with TakeCare as their primary insurance. Likewise, members must have paid all premiums due for the period.

CRITERIA/REQUIREMENT	MEMBER INCENTIVE
10% Improvement or sustained blood pressure reading of lower than 140 over 90 if member completed Cardiac Risk Management (CRM) or Diabetes Management (DM) Program and was diagnosed with Hypertension prior to enrollment of the program. Initial screening and final screening must be at least (3) months apart within the benefit period. Screening must be performed by TakeCare's Wellness Team, primary care provider or chosen participating gym/fitness partner. Results must be submitted to TakeCare (tc.incentives@takecareasia.com).	Initial Screening - **$100** Final Screening - **$100**
10% Improvement or sustained cholesterol screening results for LDL-C less than 100md/dl or Triglycerides less than 150mg/dl if member completed Cardiac Risk Management (CRM) or Diabetes Management (DM) Program and was diagnosed with Hyperlipidemia prior to enrollment of the program. **Initial screening and final screening must be at least (3) months apart within the benefit period. Screening must be performed by TakeCare's Wellness Team, primary care provider or chosen participating gym/fitness partner. Results must be submitted to TakeCare (tc.incentives@takecareasia.com).**	Initial Screening - **$100** Final Screening - **$100**
10% Improvement or sustained HBA1C result of 7% or lower if member completed Cardiac Risk Management (CRM) or Diabetes Management (DM) Program and was diagnosed with Diabetes prior to enrollment of the program. **Initial screening and final screening must be at least (3) months apart within the benefit period. Screening must be performed by TakeCare's Wellness Team, primary care provider or chosen participating gym/fitness partner. Results must be submitted to TakeCare (tc.incentives@takecareasia.com).**	Initial Screening - **$100** Final Screening - **$100**

- **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 Check 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 at least (3) months prior to 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.

TC_WFINCENTIVES_GOVGUAM_REV08042021

FITNESS/GYM INCENTIVE PROGRAM

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 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. If the same member is covered under mu plans, this benefit is only extended under the member's primary insurance. Incentives are payab bers 18 years old and older. You must be registered in MyTakeCare and complete a Health Check before redeeming your fitness rewards.

All initial/baseline and improvement result measurement for the outcome based incentives calculated every three (3) month within the member's current benefit year. These measurements may be completed by the member'sprimary care provider, TakeCare's Wellness Team or TakeCare fitness partn by the member to TakeCare.

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.

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.

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 has chosen and enrolled under a TakeCare participating gym/fitness partner. **Initial screening and final screening must be at least (3) months apart within the benefit period. Screening must be performed by TakeCare's Wellness Team, primary care provider or chosen participating gym/fitness partner. Results must be submitted to TakeCare (tc.incentives@takecareasia.com).**	Initial Screening - **$100** Final Screening - **$100**
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 Check 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.
- $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.

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TC_WFINCENTIVES_GOVGUAM_REV07272021

Fitness Partners*

GUAM PARTNERS

TakeCare Wellness Center
- Free, unlimited access to fitness classes
- View calendar at www.TakeCareAsia.com
- Contact Information: (671) 646-6956 ext 7161/7621/7180

Chamorri Crossfit
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 14 years old
- Contact Information: (671) 929-6046

Crossfit Hita
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 5 years old
- Contact Information: (671) 989-2448

Crossfit Latte Stone
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 16 years old
- Contact Information: (671) 633-2357

Custom Fitness
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 3 years old
- Contact Information: (671) 989-0436

Guam Muay Thai
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 6 years old
- Contact Information: (671) 487-7718

Guam Taekwondo Center
- Annual registration Fee: $40 (single) or $100 (Family)
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 6 years old
- Contact Information: (671) 637-7000

Hilton Wellness Center
- Membership Includes:
  - ♦Unlimited Access to Wellness Center and Group Classes
- Minimum Age: 16 years old
- Contact Information: (671) 646-1835 x5886

International Sports Center
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 13 years old
- Contact Information: (671) 477-9885

PFC
- Membership Includes:
  - ♦Dual Club Access: Hagatna & Dededo Locations
- Minimum Age: 13 years old
- Contact Information: (671) 475-2100

SKIP Entertainment Company
- Membership Includes:
  - ♦Access to One (1) Class Per Week
- Minimum Age: 3 - 17 years old
- Contact Information: (671) 472-4241

Synergy Studios
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 7 years old
- Contact Information: (671) 472-9642

The Bridge Fitness Guam
- Member Share: $30 per month
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: years old
- Contact Information: (671) 969-3786

The Pound Academy
- Membership Includes:
  - ♦Access to One (1) Program:
  - ♦Brazilian Jiu-Jitsu, Muay Thai, Group Fitness Classes, or Open Gym
- Minimum Age: 6 years old, Other Services: 13 years old
- Contact Information: (671) 687-4229

Tribe Guam
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 4 years old
- Contact Information: (671) 788-5719

Unified Fit
- Membership Includes:
  - ♦Unlimited Access to Select Programs
    - -GPP Lifestyle & Performance,
    - -BURN(HER) & BUILD(HER)
- Minimum Age: 15 years old
- Contact Information: (671) 969-8641

University of Guam: Triton Fitness Center
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 16 years old
- Contact Information: (671) 735-2861

Urban Fitness
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 10 years old
- Contact Information: (671) 969-7308

SAIPAN FITNESS PARTNERS

Gold's Gym
- Membership Includes:
  - ♦Unlimited Access
- Minimum Age: 16 years old
- Contact Information: (670) 233-4000

Latte Built Fitness
- Membership Includes:
  - o Unlimited Access
- Minimum Age: 15 years old
- Contact Information: (670) 235-2265

Important: Please call TakeCare Customer Service at 647-3526 for more information or if your preferred fitness partner is not listed.

Note: Age restrictions may apply. *Additional fees may apply: enrollment, uniform, etc., please contact facility for more information. Fees and partner listing are subject to changes.
**Fitness Partner located on Saipan. TC Fitness Partner Rate Sheet_Commercial_rev07222021

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Updated on 08/10/2021

TakeCare Self-Report Fitness Activity

To earn fitness stamps through self-reported fitness activities, TakeCare Members must:

1. Be eligible for fitness incentives through TakeCare's Wellness and Fitness Incentives Program OR have a gym benegfit through TakeCare.

2. Complete at least 30-minutes of an approved activity:

   - Walk | Jog | Run
   - Bike
   - Swim
   - Row (ocean)

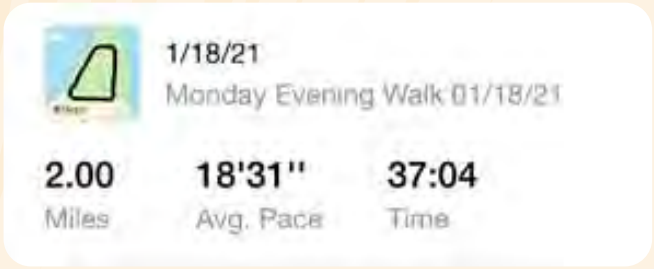
3. Track your activity using one of the approved fitness apps:

Apple Fitness | **Strava** | **Nike Run Club** | **Garmin** | **Peloton** | Map My Run by Under Armour

4. Upload a screenshot of your activity to http://tiny.cc/TCActivityReport and complete the validation form. *Program Restriction Apply

Screenshots should include:

- Clearly show exact date and time. Date listed as "TODAY", "YESTERDAY", etc will not be accepted.
- Show type of activity.
- Display duration of activity.
- Include GPS mapping/tracing of activity



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

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TakeCare℠ A Tan Holdings Company

takecareasia.com

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YOUR EXCUSE TO HAVE **FUN**

Sign up for Virgin Pulse to join **fun health challenges**, get the friendly competition going, and to complete your health check.

Complete an online Health Check and **earn $5!***

Effective February 8, 2021, TakeCare Insurance Company, Inc., switched to Virgin Pulse to help you improve your health and help you earn exciting incentives to keep you on track.

YOUR NEW WELL-BEING PROGRAM STARTS NOW!

What this switch means for you:

- Your **Health Risk Assessment** is now called **Health Check**. Complete your health check once per benefit year to unlock additional fitness incentives (**must be eligible through Wellness and Fitness Incentive program**).
- Whether you want to lose weight, feel energized, or live healthier than ever — TakeCare is offering a free, easy-to-use well-being program to help you accomplish your goals.
- Join TakeCare's free program to get active and live healthier. The best part? It's rewarding and you can participate with friends ... a great excuse to join and have fun!

*Paid by Virgin Pulse

TWO WAYS TO SIGN UP.

1. Visit https://join.virginpulse.com/takecare to register. As a TakeCare member, you can contact Member Services with any questions about registering or navigating the platform.

Phone: **888-671-9395** – representatives available 8am-9pm ET Monday – Friday
Email: support@virginpulse.com

2. Visit the App Store or Google Play and download the mobile app depending on your mobile device.

Download on the App Store | GET IT ON Google play

Virgin Pulse will provide you health tips, help you live them, and help you accomplish your goals so you can be the best you possible!

Sign up today.

Visit https://join.virginpulse.com/takecare or scan QR Code to register.

SCAN ME

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Virgin Pulse

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 Check 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.

FHP®
Our Island, Your Clinic℠

When the UNEXPECTED happens...

Emergency Room or Urgent Care?

For illness or injuries that are not life-threatening but still needs immediate medical care, consider the FHP Urgent Care Center for individuals of all ages.

ER EMERGENCY ROOM

- Severe Abdominal or Chest Pain
- Babies Needing Immediate Care
- Serious Eye or Head Injuries
- Severe Burns
- Stroke Symptoms (Numbness, Paralysis, Slurred Speech, etc.)
- Significantly Difficulty Breathing
- Heart Attack Symptoms
- High Fevers
- Suspected Drug Overdose or Poisoning

URGENT CARE UC

- Allergic Reactions
- Broken Bones
- Sprains & Strains
- Cuts Requiring Stitches
- Mild Fevers
- Minor Burns
- Pink Eye
- Animal or Insect Bite
- Cold & Flu Symptoms

When in Doubt, Dial 911

During this Covid-19 crisis, FHP Medical and Urgent Care services are open to serve the public, **Mon-Sat 8:00am** to **8:00pm, Sun Closed**. FHP Medical services are Urgent Care, Adult Medicine, Pediatric, Radiology and Cancer Center. Pharmacy and laboratory services are also available on site.

New
FHP GovGuam Hotline: (671) 647-0468 (0GOV)

Don't have TakeCare Insurance? Most insurances accepted.
We welcome all on a self-pay basis. Call for details.

FHP UrgentCare
WALK-IN MEDICAL SERVICES
Open Mon-Sat* 8am to 8pm

The Island's Best Clinic

Pika BEST OF GUAM 2019 Best Medical Clinic on Guam

Pika BEST OF GUAM 2020 Best Dental Clinic on Guam

Pika BEST OF GUAM 2020 Best Eye Clinic on Guam

FHP Health Center
Remained Open for You During PCOR1

- **Medical Care**
  - Adult Medicine
  - Laboratory
  - Occupational Health Services
  - Pediatrics
  - Radiology
  - Urgent Care
- **Cancer Care**
- **Dental Care**
- **Home Health**
- **Hospice Care**
- **Pharmacy**
- **Vision Care**
- **Nephrology** COMING SOON!
- **Hemodialysis**

Please note FHP Health Center's New Temporary Hours of Operation:

MONDAYS to **SATURDAYS** **8:00am – 8:00pm**

SUNDAYS **ALL CLOSED** (Effective September 6, 2020)

DLS laboratory at FHP Health Center will mirror FHP's hours of operation. **Mega Drug III** at FHP is open from **8:00am – 6:00pm, Monday thru Friday. 8:00am – 2:00pm, Saturdays. Closed on Sundays.**

For a detailed schedule for each department, please visit our website at **takecareasia.com**

Call **(671) 646-5825** Press **1** for appointments or scan QR Code with your mobile device to request an appointment via email or visit **http://tiny.cc/FHPAppointments.**

SCAN ME

New **FHP GovGuam Hotline: (671) 647-0468 (0GOV)**

FHP UrgentCare WALK-IN MEDICAL SERVICES

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fhpguam.com

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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.

FRESENIUS MEDICAL CARE

COMING SOON!

FHP Hemodialysis Center

- FHP Hemodialysis Center partnering with Fresenius to deliver quality and superior care to our patients
- Fresenius is the worldwide leader in the treatment of renal disease and innovative leader in kidney diseases research
- Through this partnership, TakeCare & FHP will be able to offer value-based programs to GovGuam members with either Chronic Kidney Disease (CKD) or End Stage Renal Disease (ESRD)
- Full access to state-of-the-art FHP Hemodialysis Center and all other Fresenius facilities on Guam
- FHP Facility slated to open soon!

New

FHP GovGuam Hotline: (671) 647-0468 (0GOV)

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GOVGUAM

Customer-Focused Services

- Information Hotline: **(671) 649-0468 (0GOV)**
- Onsite Licensed Service Representative at DOA
- Concierge Assistance at FHP Health Center
- Online Enrollment Portal
- Dedicated Webpage
- Medical Referral Service ("MRS")
- TeleHealth "Ask a Nurse"

Customer Service Department

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

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

NEW! Ask TIVA

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Chat with Us!
Scan QR Code or visit link to get started.
https://takecareasia.com/tiva

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 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 eligible legal parents or legal guardians. Other limitations may also apply.

AFFINITY REWARDS from TakeCare

Simply present your TakeCare 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]

Caffé Cino
15% off cardholder's purchase[5]

Cafe de Sirena
20% off Cafe de Sirena signature drink (Sirena Tea, Coconut Cold Brew, Sirena Slush)

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
15% off coffee & gelato [1]

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

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

NEW **Fountain Lobby Lounge (at Hotel Nikko Guam)**
10% off card holder's over $15 purchase[1]

Haagan-Dazs
10% off all shop purchases every Monday, Tuesday, and Wednesday[5]

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

Guam Reef
Club Infinity One Year Membership for $10

NEW **Magellan Restaurant (at Hotel Nikko Guam)**
15% off card holder's meal and beverage[1]

Nuts & Grains
1 off any size smoothie[5]

Onward Mangilao Golf Club
10% Off at ProShop and Restaurant

Onward Talofofo Golf Club
10% Off at ProShop and Restaurant

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]

Tumon Bay Lobster & Grill
10% off on your entire bill[5]

ENTERTAINMENT/SERVICES

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

Ballers Gym
1 free bottled water for each TakeCare Insurance cardholder. Must present TakeCare Insurance member card.

The Bead Hive
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
10% OFF JBL / SKAR Audio / Phoenix Gold Brands

Carrier
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.

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).

FHP Vision
10% OFF on all non-prescription eye wear and over the counter items. (excludes ophthalmic frames and lenses)

Mega Drug I,II,III
5% off when purchased $10 or more on over the counter items.

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

Guam Meditation Center
10% OFF monthly membership fee.[5]

Ina Wellness Collective
10% off events and retreats- use promotional code: takecare. $20 off health coaching programs- mention TakeCare when booking a consultation

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
10% off all regular priced facials, massages and waxes

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

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

MGKM Kooling Services
15% off AC Cleaning[5]

Project Matrix
10% off All VR Purchases [5]

Natural Ginger Spa
15% off the following Signature Treatments
- Ginger Oil Body Treatment, reg. $70 for 60 mins.
- Lymphatic Drainage Massage, reg. $85 for 60 mins.
- Fresh Ginger Healing for Deep Body Detox, reg. $90 for 50 mins.

Spa Bali
30% off all services [5]

Spa Ayualam
35% off Spa Treatment [5]

Sugar Hut
10% off all services[5]
ADDITIONAL PROMO: Download Sugar Hut Affinity Loyalty Card for exclusive offers. https://loyalty.is/f1mps0

Tango Theatres
Medium Drink and Kids Popcorn for $7.00 [4]

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

Zephyr Cooling
10% discount off all basic AC cleaning[5]

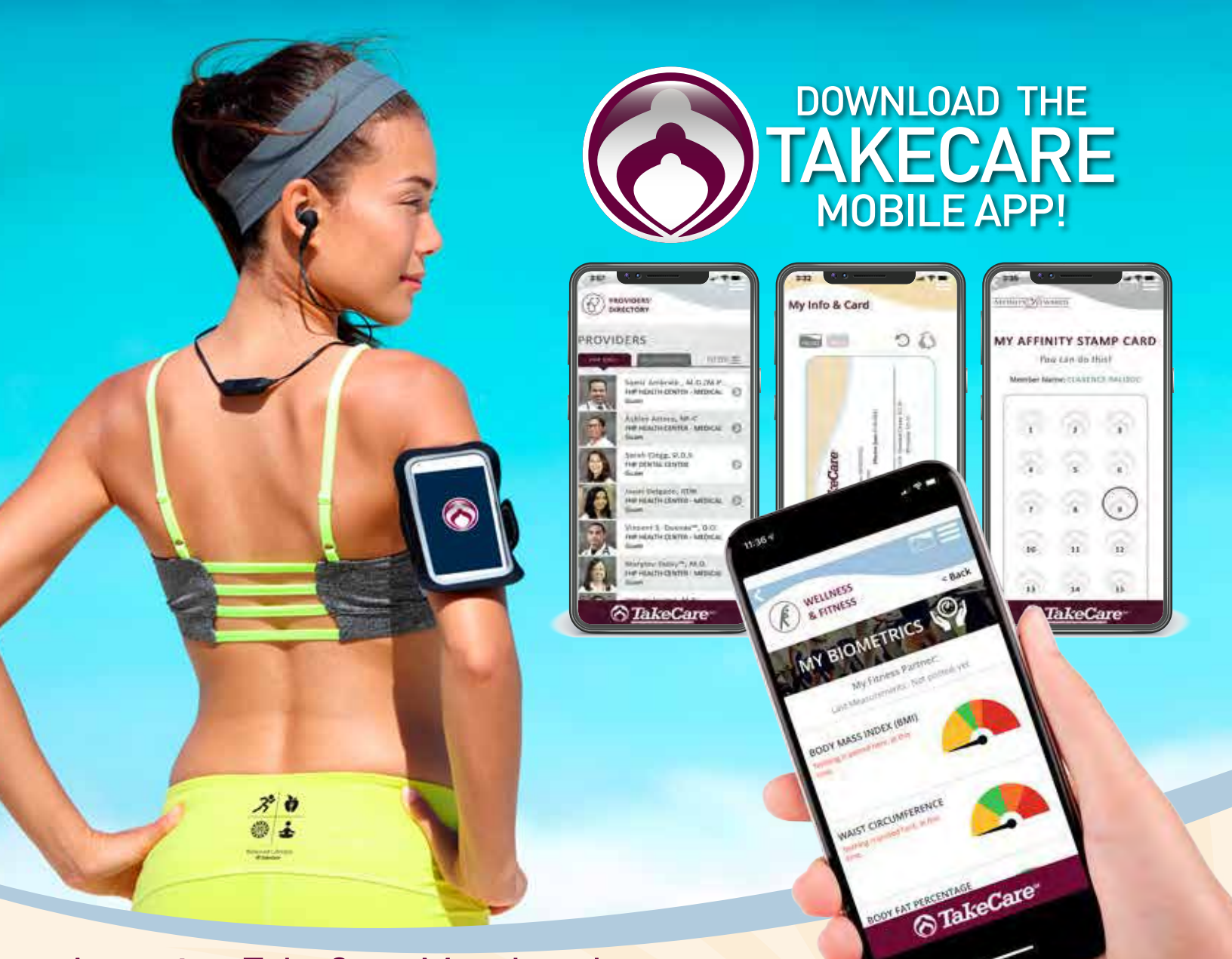
Conditions apply. For more information about the Affinity Rewards Program, please contact us at affinityrewards@takecareasia.com.

[1] RESTRICTIONS APPLY: Excludes alcohol. May not be combined with any other offer, promotion, or discount. Dine in only. Valid only 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.

*Partners and/or discount offering is subject to change.

TakeCare℠
takecareasia.com
Connect with us

RVSD 05182021



Attention TakeCare Members!

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 you and your family's member ID card, our network of providers, TakeCare wellness programs, fitness schedule, Affinity Rewards, and wellness partners. It also helps you manage your wellness and fitness incentives and track your fitness progress through biometrics!

Features Include:

- Access to Affinity Rewards Partner listing and discounts
- Submit and Access your biometric data to track your fitness progress*
- Digital TakeCare Member ID card
- Find a provider or clinic nearby or search by location
- Access to Fitness Stamp cards
- Automatic Submission of Completed Fitness Card
- Alerts for TakeCare sponsored events and promotions
- Incentives paid quarterly

*Available for select plans

Download the TakeCare mobile app today.

Download on the App Store | ANDROID APP ON Google play

Our Island, Your Health Plan℠

Getting started is simple.

1. Search by typing '**TakeCare app**' in the Apple iOS App Store (iPhone) or the Google Play App Store (Android)
2. Download the App for your Apple or Android phone
3. Open app and select "I AM A TAKECARE MEMBER, BUT IT'S MY FIRST TIME HERE"
4. Enter your information and TakeCare member ID number
   (note: **Use 11-digit Member ID number on your TakeCare insurance card)**

AUDITED NCQA HEDIS® COMPLIANCE AUDIT 2020 COMMERCIAL

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

TakeCare℠
A Tan Holdings Company
takecareasia.com
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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.

Network Providers

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

TakeCare℠

takecareasia.com

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TCPD_rev08012021

Our Island, Your Health Plan℠

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 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 TakeCare Customer Service Department, Monday-Friday, 8am-5pm in Guam (671) 647-3526 or, toll free 1-(877) 484-2411 or Palau (680) 488-4715.

Medicare Healthcare Provider[M]

[M]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.

Telemedicine™

™This Telemedicine marker identifies those in-network primary care facilities and specialists, including behavioral health professionals, who offer consultation visits via phone, audio and video services using a computer, tablet or smartphone.

***Provider Listing is subject to change.**

FHP Health Center Providers

FHP®
A Tan Holdings Company


Wendy **FRICKEL**, MD


Crystal **INGRAM,** DO


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


Mo-Ping **THAM**, DO


Ashley **ARTERO**, NP-C


Vincent "Vinnie" Ⓜ **DUENAS**, DO


Karyn **KAUFMAN**, PA-C


Walter **STRATTON**, PA-C


Helene **TUNCAP**, PA-C


Jonei **DELGADO**, RDN


Marylou Ⓜ **DULAY**, MD


Edwin J. **SUPIT**, MD


Vera **BECKA**, MD


Edna **SANTOS**, MD


Dennis **SARMIENTO**, MD


James **ANGLIM**, OD


Marlene Ⓜ **SAN NICOLAS**, OD


Lena **LEISHMAN**, NP-C


Nancy **LENTZ**, MD


Trenton J. **SCHEIBE**, MD


Andrew Ⓜ **GRAVES**, MD


Samir **AMBRALE**, MD

MEDICAL-Urgent Care
MEDICAL-Family Practice
MEDICAL-Internal Medicine
MEDICAL-Specialty
MEDICAL-Pediatrics
MEDICAL-Radiology
OPTOMETRY
DIETARY Services
MEDICAL-Locum Tenens

Ⓜ Medicare Healthcare Provider*

rev_08162021

Primary Care Providers

FAMILY PRACTICE

Adolphson, Arania, M.D.[M]
IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, (671) 633-4447

Akimoto, Vincent, M.D.[M★]
American Medical Center
Upper Tumon, (671) 647-8262

Anderson, Mark, M.D.[M]
IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, (671) 633-4447

Arkless, Tyler, M.D.
Premise Health Employers
Solutions, LLC
Tamuning, (671) 645-8359/60

Arnott, Timothy, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Artero, Ashley, NP-C[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Ballares, Victoria, FNP
The Doctor's Clinic
Tamuning, (671) 649-5018

Bamba-Ada, Meagan, NP-C[M]
Pacific Medical Group
Sinajana, (671) 649-7232

Berthiaume, Norman, FNP-C[M★]
American Medical Center
Upper Tumon, (671) 647-8262

Bryson, Julie, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Campus, Hieu M.D.[M]
IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, (671) 633-4404

Claassens, Evangeline, MSN, NP-C[M]
Pacific Medical Group
Dededo, (671) 649-7232

Cook-Huynh, Mariana, M.D.
Marianas Physician Group[™]
Tamuning, (671) 647-1830

Cruz, Luis, M.D.[M]
American Medical Center
Upper Tumon, (671) 647-8262

Cruz, Teofila, NP-C
Premise Health Employer
Solutions, LLC
Tamuning, (671) 645-8359

Cruz, Rhodora, MSN, APRN, NP-C[M]
American Medical Center
Upper Tumon, (671) 647-8262

Cruz, Anna, FNP-BC
Premise Health Employer
Solutions, LLC
Tamuning, (671) 645-8359

Flores, Lisa, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Frickel, Wendy, M.D.
Premise Health Employer
Solutions, LLC
Tamuning, (671) 645-8359/60

Galgo, Geoffrey, M.D.[M]
Guam Medical Care Clinic
Upper Tumon, (671) 647-4174

Ganacias-Acuna, Edna, M.D.[M]
Omni Health Systems, LLC
Tamuning, (671) 647-4325

Haddock, Carla, MSN, APRN, FNP-C
Marianas Physicians Group
Tamuning, (671) 647-1830
Pacific Medical Group
Sinajana, (671) 649-7232

Hughes, Scott, M.D.
Premise Health Employer
Solutions, LLC
Tamuning, (671) 645-8359/60

Ingram, Crystal, DO[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Kaufman, Karyn, PA-C[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

King, Krystal, PA-C[M]
Pacific Medical Group
Sinajana, (671) 649-7232

La, Tia, PA-C[M]
American Medical Center
Upper Tumon, Mangilao
(671) 647-8262

Lee, Delores J., M.D.[M]
Evergreen Health Center
520 Route 8, Ste 106
Maite, 922-0118

Leishman, Lena, FNP-C[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Loder, Bryce, M.D.
Premise Health Employer
Solutions, LLC
Tamuning, 645-8359/60

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

Mariano, Maria Chela, MD
Central Medical Clinic
Dededo, (671) 637-8112

Mark, Thora, FNP[M]
The Doctor's Clinic
Tamuning, (671) 649-5018

Miyagi, Shishin, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Namm, Julie, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Neil, Kelly, FNP-C, DNP[M]
American Medical Center
Upper Tumon, Mangilao
(671) 647-8262

Nguyen, Hoa Van, M.D.[M★]
American Medical Center
Upper Tumon, 647-8262

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

Ostberg, Dawn, NP[M]
IHP Medical Group
Dededo, (671) 633-4447

Raab, Jeremy, M.D.[M]
American Medical Center
Upper Tumon, 647-8262

Robinson, Michael, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Samaniego, Ma. Melissa, MD
Guam Medical Care Clinic
Upper Tumon, (671) 647-4174

Santos, Patrick C., M.D.[M]
Tumon Medical Office
Upper Tumon, (671) 649-5052

Scheibe, Trenton, M.D.[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Schroeder, Edmund F., Jr., M.D.[M]
Health Services of the Pacific[™]
Tamuning, (671) 647-5355

Stratton, Walter, PA-C[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Tham, Mo-Ping, DO[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Tuncap, Helene, PA-C[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

INTERNAL MEDICINE

Alford, Erika M., M.D.[M]
American Medical Center
Upper Tumon, (671) 647-8262

Ally, Insaf, M.D.
Premise Health Employer
Solutions, LLC
Tamuning, (671) 645-8359/60

Arcilla, Leopoldo, Jr., M.D.[M]
Samonte Medical Clinic[™]
Guam Business Center Ste. 105,
1757 Army Drive
Harmon, (671) 647-4533

Chang, Young, M.D.[M]
Good Samaritan Clinic
Photo Town Plaza
Tamuning, (671) 646-2984

Chenet, Alix, M.D.[M]
Guam Adult Pediatric Clinic
Dededo, (671) 633-4272

Dissadee, Mana, M.D.[M]
Pacific Medical Group & Nephrology
736 Route 4 Ste. 103 Sinajana,
Guam 96910, (671) 649-7232

Duenas, Vincent A., M.D.[M]
The Doctors' Clinic
Tamuning, (671) 649-5018/23

Duenas, Vincent S., M.D.[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Dulay, Marylou, M.D.[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Farrell, Frank, M.D.[M]
Evergreen Health Center
520 Route 8, Ste 106
Maite, (671) 922-0118

Go, Peter, M.D.[M]
Samonte MD Clinic
Dededo, (671) 647-4533

Lentz, Nancy, M.D.[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Lim, Doris, M.D.[M]
Micronesia Medical &
Anesthesia Associates
241 Farenholt Ave., Oka Building
Ste. 208 Tamuning, Guam 96913,
(671) 646-8844

Lim, Johnny Jr., M.D.[M]
Adult Health Care Clinic
2211 Army Drive, Suite 105
Dededo, (671) 647-5546

Lin, Shih Hao, M.D.
Guam Sleep Center[™]
Unit 1A 1st Floor,
535 Marine Corps Drive
Tamuning, (671) 647-6669

Lizama, Florencio T., M.D.[M]
IHP Medical Group
655 Harmon Loop Road, Suite 108
Dededo, (671) 633-4447

Magcalas, Edgar, M.D.[M]
Adult Health Care Clinc
2211 Army Drive, Suite 105
Dededo, (671) 647-5546

Nerves, Robert, M.D.[M]
Pacific Medical Group & Nephrology
736 Route 4 Ste. 103 Sinajana,
Guam 96910, (671) 649-7232

Osman, Sherleen, M.D.[M]
Pacific Medical Group & Nephrology
736 Route 4 Ste. 103 Sinajana,
Guam 96910, (671) 649-7232

Ouhadi, Faraz, M.D.[M]
Evergreen Health Center
520 Route 8, Ste 106
Maite, (671) 922-0118

Preston, Donald C., M.D.[M]
Guam Adult Pediatric Clinic
Tamuning, (671) 633-4272

Samonte, Romeo, M.D.[M]
Samonte Medical Clinic [™]
Guam Business Center Ste. 105,
1757 Army Drive
Harmon, (671) 647-4533

Supit, Edwin J., M.D.[M]
FHP Health Center[™]
Tamuning, (671) 646-5825

Taitano, John R., M.D.[M]
The Doctors' Clinic
Tamuning, (671) 649-5018/23

Thorp, Jonathon, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Trinh, Tien, M.D.[M]
American Medical Center
Upper Tumon, (671) 647-8262

Villa, Eden E., M.D.[M]
Guam Medical Health Care
600 Harmon Loop Road, Ste. 105
Dededo, (671) 647-4174

OB/GYN

Bordallo, Annie U., M.D.[★]
Marianas Physicians Group[™]
Tamuning, (671) 647-1830

Brown, Elaine, M.D.
Marianas Physicians Group[™]
PeMar Place
Tamuning, (671) 647-1830

Edstrom, Kenneth, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Gabel, Jeffrey, M.D.
Dr. Gabel's Clinic
Tamuning, (671) 649-4496

Hirata, Greigh, M.D.
Thomas Shieh's MD, FACOG Clinic
380 Gov. Carlos G Camacho Rd.
Tamuning, Guam 96913
(671) 648-2229

Nightingale, Janet, FNP
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Shieh, Thomas, M.D.[★]
Thomas Shieh's MD, FACOG Clinic
380 Gov. Carlos G Camacho Rd.
Tamuning, Guam 96913
(671) 648-2229

Swena, Deborah, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Underwood, Teresa-Tram, M.D.
Center for Women's Health
744 N. Marine Corps Dr.
Tamuning, Guam 96913
(671) 588-2394

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

PEDIATRICS

Becka, Vera, M.D.
FHP Health Center[™]
Tamuning, (671) 646-5825

Blancaflor, Maria, M.D.[★]
MPG Pediatrics[™]
Tamuning, (671) 648-5437

Carrera, Yolanda, M.D.
Harmon Pediatrics
Harmon, (671) 649-1058/9

Del Rosario, Amanda M.D.
American Medical Center
Upper Tumon, (671) 647-8262

Domalanta-Villaluna, Dina, M.D.
Pediatric and Adolescent Clinic[™]
Tamuning, (671) 647-7337/7336

Fojas, Milliecor, M.D.
American Medical Center
Upper Tumon, (671) 647-8262

Garcia, Antonio, M.D.
Pediatric and Asthma Clinic, PC
Tamuning, (671) 647-4121

Garrido, John, M.D.
American Medical Center
Upper Tumon, (671) 647-8262

Linsangan, Gladys, M.D.
Polymedic Clinic/Primary
Pediatric Clinic
Dededo, (671) 637-9661/
3/646-2185

Manaloto, Ma. Cristina, M.D.
American Pediatric Clinic[™]
Tamuning, (671) 647-2721/22

Santos, Edna, M.D.
FHP Health Center[™]
Tamuning, (671) 646-5825

Sarmiento, Dennis, M.D.
FHP Health Center[™]
Tamuning, (671) 646-5825

Walker, Jasmine, M.D.
Seventh Day Adventist Clinic
388 Ypao Road,
Tamuning, (671) 646-8881

Primary Care Providers by Clinic

FHP HEALTH CENTER[M★™]
548S. Marine Corps Drive
Tamuning, 646-5825

Family Practice
Artero, Ashley, NP[M]
Kaufman, Karyn , PA-C[M]
Leishman, Lena, NP-C[M]
Stratton, Walter, PA-C[M]
Tuncap, Helene A., PA-C[M]

Internal Medicine
Duenas, Vincent S., D.O.[M]
Dulay, Marylou, M.D.[M]
Lentz, Nancy, M.D.[M]
Scheibe, Trenton, M.D.[M]
Supit, Edwin J., M.D.[M]

Oncology
Ambrale, Samir M.D.[M]

Pediatrics
Becka, Vera, M.D.
Santos, Edna, M.D.
Sarmiento, Dennis, M.D.

Urgent Care[M★™]
Frickel, Wendy, M.D.[M]
Ingram, Crystal, D.O.[M]
Stanley, W. Ed, PA-C[M]
Tham, Mo-Ping, D.O.[M]

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

Adult Gerontology
Fruge, Carolyn, MSN, AGNP-C[M]
Endocrinology
Alford, Erika M., M.D.[M]
Family Practice
Akimoto, Vincent, M.D.[M]
Berthiaume, Norman, FNP-C[M]
Cruz, Luis, M.D.[M]
Cruz, Rhodora, MSN. APRN.
La, Tia, PA-C[M]
Neil, Kelly , FNP-C, DNP[M]
Nguyen, Hoa Van, M.D.[M]
Nguyen, Luan P., M.D.[M]
RAAB, Jeremy, M.D.[M]
Internal Medicine
Alford, Erika M., M.D.[M]
Trinh, Tien, M.D.[M]
Pediatrics
Del Rosario, Amanda S., M.D.
Fojas, Milliecor, M.D.
Garrido, John, M.D.
Pulmonology
Aguon, Joleen, M.D.[M]

ADULT HEALTH CARE CLINIC[M]
2211 Army Drive, Suite
105Dededo, (671) 647-5546

Internal Medicine
Lim, Johnny Jr., M.D.[M]
Magcalas, Edgar, M.D.[M]

AMERICAN PEDIATRIC CLINIC[™]
Oka Bldg., Suite 106
Tamuning, (671) 647-2721/22
Pediatrics
Manaloto, Ma. Cristina, M.D.

DEDEDO POLYMEDIC CLINIC
172E. Buena Vista Avenue
Dededo, (671) 637-9661
Pediatrics
Linsangan, Gladys, M.D.

THE DOCTORS' CLINIC[M]
851 Carlos Camacho Road
Tamuning, (671) 649-5018/23
Family Practice
Ballares, Victoria, FNP
Mark, Thora, FNP[M]
Internal Medicine
Duenas, Vincent A., M.D.[M]
Taitano, John R., M.D.[M]

EVERGREEN HEALTH CENTER
520 Route 8, Ste 106
Maite, (671) 922-0118
Family Practice
Lee, Delores J., M.D.[M]
Internal Medicine
Ouhadi, Faraz, M.D.[M]
Gastroenterology
Farrell, Frank, M.D.[M]

GOOD SAMARITAN CLINIC[M]
353 Chalan San Antonio #100
Photo Town Plaza
Tamuning, (671) 646-2984
Internal Medicine
Chang, Young, M.D.[M]

GUAM ADULT/PEDIATRIC CLINIC[M]
612 West Marine Drive
Dededo, (671) 633-4272
Internal Medicine
Chenet, Alix, M.D.[M]
Preston, Donald, M.D.[M]

GUAM MEDICAL CARE CLINIC
744 North Marine Corps Drive
Upper Tumon, (671) 647-4174
Family Practice
Galgo, Geoffrey, M.D.[M]
Samaniego, Melissa, M.D.

GUAM MEDICAL HEALTH CARE
600 Harmon Loop Road, Ste. 105
Dededo, (671) 647-4174
Internal Medicine
Villa, Eden E., M.D.[M]

GUAM SEVENTH-DAY ADVENTIST CLINIC
388 Ypao Road,
Tamuning, (671) 646-8881

Family Practice
Arnott, Timothy, M.D.
Bryson, Julie, M.D.
Flores, Lisa, M.D.
Miyagi, Shishin, M.D.
Namm, Julie, M.D.
Robinson, Michael, M.D.

General Surgery
Walker, Ronald Jr., DDS
Ward, Wayne, DDS
Oh, Daniel, M.D.
Im, Sunggeun, M.D.

Internal Medicine
Thorp, Jonathon, M.D.

OB/GYN
Edstrom, Kenneth, M.D.
Nightingale, Janet, FNP
Swena, Deborah, M.D.

Pediatrics
Walker, Jasmine, M.D.

HAGATNA MED CLINIC
Nanbo Guahan Bldg.
250 Route 4, Ste. 203
Hagatna, (671) 475-6500/01/02
Family Practice
Lujan, Davina, M.D.[M]

HARMON PEDIATRICS
Harmon, (671) 649-1058/9
Pediatrics
Carrera, Yolanda, M.D.

HEALTH PARTNERS, LLC.[M]
125 Jose Tun Tove Way
Tamuning, (671) 646-5227/8
Internal Medicine
Rubio, Joel M., M.D., FACE[M]

HEALTH SERVICES OF THE PACIFIC[™]
809 Chalan Pasahero Unit 2
Tamuning, (671) 647-5355
Family Practice
Schroeder, Edmund F., M.D.[M]

IHP MEDICAL GROUP[★]
655 Harmon Loop Road, Ste. 108,
Dededo, (671) 633-4447

Family Practice
Adolphson, Arania, M.D.[M]
Anderson, Mark, M.D.[M]
Campus, Hieu, M.D.[M]

Internal Medicine
Lizama, Florencio T., M.D.[M]

MARIANAS PHYSICIANS GROUP[M★™]
472 Chalan San Antonio
Tamuning, (671) 647-1830
Family Practice
Cook-Huynh, Mariana, M.D.
OB/GYN
Bordallo, Annie U., M.D.[★]
Brown, Elaine, M.D.[★]
Vercio, Willam, M.D.[★]

MICRONESIA MEDICAL & ANESTHESIA ASSOCIATES[M]
GITC Building, Ste.126 Tamuning,
(671) 646-8844

Internal Medicine
Lim, Doris, M.D.[M]

MPG PEDIATRICS[™★]
396 Chalan San Antonio, Ste.103
Tamuning, (671) 648-5437
Pediatrics
Blancaflor, Maria B., M.D.[★]

SAMONTE MEDICAL CLINIC - GUAM[M ™]
Business Center Ste 105,
1757 Army Drive
Harmon, (671) 647-4533
Internal Medicine
Arcilla, Leopoldo, Jr. M.D.[M]
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Samonte, Romeo, M.D.[M]

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428 Chalan San Antonio
Tamuning, (671) 647-4121
Pediatrics
Garcia, Antonio, M.D.

POLYMEDIC CLINIC/
PRIMARY PEDIACTRIC CLINIC
172 Buena Vista Avenue Unit 5
Dededo, (671) 637-9661/3 or
(671) 646-2185
Pediatrics
Linsangan, Gladys, M.D.

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Tamuning, (671) 645-8359/60
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Bamba-Ada, Meagan J., M.D.
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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.M

THOMAS SHIEH'S MD, FACOG CLINIC[★]
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Hirata, Greigh, M.D.
Shieh, Thomas, M.D.[★]

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Tamuning, (671) 647-4325
Family Practice
Ganacias-Acuna, Edna, M.D.[M]

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

Providers by Specialty

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Guam Medical Plaza Ste. B1
Tamuning, (671) 646-3855 ext. 108

Hafa Adai Specialist Group
Tamuning, (671) 647-4542

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Hester, Mark Richard, CRNA[M]
Kang, Sangwook, CRNA[M]
Kimball, Page, CRNA[M]
McCrory, Shannon M., CRNA[M]
Sullivan, Kevin John, CRNA[M]

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Tumon, (671) 487-5493

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Canada, Jacklyn, BCBA
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Groen, Annette, Ph.D
Guanga, Crystally Heart, RBT
Gwak, Gina, RBT
Laney, Hannah, RBT
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Perez, Gabriela V., RBT
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Sunflower Villa Ste. 205
Tumon, (671) 777-7732
Baza, Lisa, PhD[TM]
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American Medical Center
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Bordallo, Sandra MA, LMFT, LPC, MAC[M]
Chargualaf, Melissa MSCP[M]
WestCare Pacific Islands
Hagatña, (671) 472-0218

Camacho, Lavina, MS, MFT, LPC
Duenas, Daniel, MSW

Cristobal-Lujan, Hope, Psy.D.
472 Chalan San Antonio STE 105,
PeMar Plaza Tamuning,
(671) 649-2080

Kallingal, George K., Ph.D.
Kallingal's Medical Clinic
Barrigada, (671) 632-7500

Leitheiser, Andrea Marie, PhD., M.A.
Para Oceana Behavioral Health Services, Ste. 214
Dededo, (671) 487-7747

Lizama, Tricia A., PhD, LCSW, LPC[TM]
GCIC Bldg 414 W Soledad Ave
Hagatna, 96910

Natividad, Lisalinda, PhD, LCSW, LMHC, LMFT, LPC
414 West Soledad Ave. GCIC
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Dededo, (671) 633-4447
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Baynum, Andri, LPC[M]
Baza, Joleen, MS[M]
Perez, LilliAnn, Ph.D., LCSW, RPT-S[M]

Rapadas, Juan, Ph.D.
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GCIC Building, Suite500x Hagatna,
(671) 988-4274/(671) 898-6744

Swaddell, Joan, MA, LPC, IMFT, MFT
144 Aspinall Ave., Ste. 202
Hagatña, (671) 969-8813
Santos, Jamela, MSW
Tolentino, Doris, MSW, MPH, IMFT

I'Gimata
167 Leon Guerrero Drive,
Tumon, (671) 646-5748

CARDIOLOGY

Quiros, Juan Carlos, M.D.[M TM]
(Visiting Cardiologist & Telemedicine)
675 N. Euclid Ste. 628, Anaheim,
CA 92801 Tel: (714) 591-0458
Pacific Cardiovascular Associates[TM] (Telemedicine)
3080 Bristol Street, Suite 150
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Makela, Leonora Beth, MS, RDN, LD
Marianas Physicians Group
Tamuning, (671) 647-1919

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Yang, Steve Hoseong, M.D., PhD[M]
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Ste. 102 Tamuning. Guam 96913,
(671) 588-5001

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Rubio, Joel M., M.D., FACE[M]
Health Partners, LLC[TM]
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Maite, (671) 922-0118

GERIATRICS

Ouhadi, Faraz, M.D.[M]
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NEPHROLOGY

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King, Krystal PA-C[M]
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Nerves, Robert, M.D.[M]
Osman, Sherleen M.D.[M]
Rosales, John Paul, M.D.[M]
Safabakhsh, Saied, M.D.[M]
Pacific Med & Nephrology
736 Rt 4 Ste. 103,
Sinajana, (671) 649-7232

Philips, Sherif, M.D.[M]
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Upper Tumon, (671) 646-3773

NEUROLOGY

Carlos, Ramel, M.D.[M]
Neurology Clinic
Tamuning, (671) 646-6463

Schumann, Richard J., M.D.
Pacific Sleep Care & Wellness
2221 Army Dr Ste 209
Manhattan Plaza
Dededo, (671) 647-5477

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396 Chalan San Antonio,
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Tamuning, (671) 649-3002 / (671) 647-1087

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Hafa Adai Specialist Group[M]
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280 Pale San Vitores
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FHP Health Center[TM]
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Tamuning, (671) 646-3363

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Guam Seventh-day Adventist Clinic[M]
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Tamuning, (671) 647-0235

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Sinajana, (671) 989-4747

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Smith, Anthony J., M.D.[M]
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633 Gov. Carlos Camacho Rd.
Ste 204, Guam Medical Plaza,
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Pacific Surgical Arts
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Tamuning, (671) 646-8881

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Hagatna, (671) 989-0436

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Campos, Leonard P., DPT
Chan, Keith, PT
Pagaduan, Marc, PT
New Gen Physical Therapy
263 Vietnam Veterans Memorial
Highway, Mangilao,
(671) 735-8000

Bright, Kim, M. P.T.
O'Connor, Shannon L., MPT
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Tamuning, (671) 645-8359/60

Chong, Dae Eli, PT
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388 Ypao Road,
Tamuning, (671) 646-8881

Aquino, Megan, D.P.T.
Duenas, Julienne, P.T.
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S.O.A.R. Physical Therapy
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Tamuning, (671) 647-0110/1

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Prins, Dustin B., DPM, MA, FACFAS[M]
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Tamuning, (671) 649-3338

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Tamuning, (671) 633-3668

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Tumon, (671) 646-4757/67

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263 Vietnam Veterans Memorial
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Bumps, Sarah, M.D.
Fenton, Michael, M.D.
Lizama, Vincent, M.D.[M]
Pomeranz, Stephen, M.D.
Young, John, M.D.
MDx Imaging Center [*]
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Cruz, Luis, M.D.[M]
IHP Medical Group
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Eusebio, Ricardo, M.D., F.A.C.S.[M]
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Tamuning, (671) 646-0443/4

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Seventh Day Adventist Clinic
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Tamuning, (671) 646-8881

Kobayashi, Ronald, M.D.[M]
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ITC Building, Ste.211
Tamuning, (671) 649-7588

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Leon Guererro, Alexandria, M.D.[M]
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Sunflower Villa,
280 Pale San Vitores
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Oh, Daniel, M.D.
Seventh Day Adventist Clinic
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Hernandez, Elizabeth, M.D.
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Pacific Hand Surgery Center[M]
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Ste. 104
Tamuning, (671) 646-4263

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American Medical Center
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Petero, Virgilio G. Jr., M.D.
Guam Urology, LLC
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Suite 104
Tamuning, (671) 646-8765

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Corps Dr., Unit A 10
Tamuning, (671) 653-1408

Medical Services

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Baik Acupuncture Clinic
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Tamuning, (671) 685-7870

Chong, Richard
HME Oriental Medical
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Guam Chiropractic Wellness
Center
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1023 N. Marine Corp Dr.,
Suite A4
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Beckwith, Nicholas, D.C.
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Chiropractic Offices of
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Nicdao Chiropractic
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Tamuning, (671) 989-8378

Triolo, Dennis, AuD[M]
Audiological Associates
545 Chalan San Antonio, Ste. 305
Tamuning, (671) 649-2902

Ross Hearing Aids
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Tamuning, (671) 647-5357

HOSPITALS

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Authority[M]
850 Governor Carlos G. Camacho
Street, Oka, Tamuning
(671) 647-2330/(671) 647-2552

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(GRMC)[M]
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(671) 645-5500

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590 S. Marine Drive, Tamuning,
(671) 646-5770

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

Agana Clinic
Agana Shopping Center, Ste. 206
Hagatna, (671) 472-5770

Dededo Clinic
Rosvel Building Suite 3
Dededo, (671) 632-0043

FHP Health Center
#548 S. Marine Corps Drive
Tamuning, (671) 646-5825

PeMar Place
472 Chalan San Antonio
Tamuning, (671) 649-5079

The Doctors' Clinic
#851 Carlos Camacho Road
Tamuning, (671) 649-5022 ext.136

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San Nicolas, Marlene, O.D.[M]
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Baltej Pavilion Ste. 111
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Archer, Julian, O.D.[M]
Advanced Eyecare LLC dba
Lombard Health
736 Route 4 Ste. 2020
Sinajana, (671) 989-4747

Huynh, Cuong O.D.
Ran-Care Commercial Bldg.,
20/20 Vision Center BDU 101 761
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Tamuning, (671) 646-3001

Kalsoom, Sadia, O.D.
Storey, Jeannette, O.D.
Seventh Day Adventist Clinic
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Tamuning, (671) 646-8881

Charlton, Wesley W., O.D.[M]
St. Lucy's Eye Clinic
Guam Medical Plaza, Ste. 103
Tamuning, (671) 647-5829

PHARMACIES

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Tamuning, (671) 646-6160

Community Pharmacy II
472 Chalan San Antonio
Tamuning, (671) 646-6160

Community Pharmacy III
612 N. Marine Corps Dr.
Dededo, (671) 637-3323

Express Med Pharmacy
136 Kayen Chando
Dededo, (671) 922-2000

Express Med Pharmacy
263 Vietnam Veteran's Highway
Mangilao, (671) 648-3972

Guam Rexall Drugs
646 S. Marine Corps Drive
Tamuning, (671) 646-4827

Harmon Drugs
Route16
Harmon (671) 637-1473

ITC Pharmacy I
1st Floor, ITC Bldg.
Tamuning, (671) 646-6395

ITC Pharmacy II
Good Samaritan Clinic
Tamuning, (671) 649-1977

Kmart Pharmacy[★]
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(671) 649-7843/44

Mega Drug I[★]
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Tamuning, (671) 646-5355

Mega Drug II[★]
Suite A6, Daily Plaza Bldg.
Dededo, (671) 632-3385

Mega Drug III[★]
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Tamuning, (671) 646-5825

Minutes RX Pharmacy
736 Route 4
(671) 472-4780

Oka Pharmacy Inc.
241 Farenholt Ave.,
Tamuning, (671) 647-1193

Pacific HealthCare Pharmacy
Guam Business Center Ste. 108
Harmon, (671) 649-6831

Perezville Pharmacy
851 Governor Carlos Camacho Road
Tamuning, (671) 649-5018 /
(671) 649-5023

Polymedic Pharmacy
172 Buena Vista Avenue
Dededo, (671) 637-9683

The Doctors' Clinic
Tamuning, (671) 649-5018/23;
(671) 649-9400 (direct line)

Sagan Amot Pharmacy
875 N. Rt. 2
Agat, (671) 565-3043

Super Drugs Maite★
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Maite, 671) (671) 477-3627

Super Drugs Dededo★
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Dededo, (671) 637-9793

Super Drugs Harmon★
IHP Medical Clinic Ste. 108, 655 27
Harmon, (671) 633-4447

Super Drugs Oka★
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Tamuning, (671) 646-6183

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Guam Medical Plaza Bldg.
633 Gov. Carlos G. Camacho Rd
Tamuning, (671) 646-3855

URGENT CARE CENTERS

FHP Health Center[M★]
548S. Marine Corps Drive
Tamuning, (671) 646-5825

Guam Memorial Hospital Authority[M]
850 Governor Carlos G. Camacho
Street, Oka, Tamuning
(671) 647-2330/(671) 647-2552

American Medical Center[M★]
1244 N. Marine Corps Drive, Suite. 101
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Lamar, Daniel, M.D.
Long, Aurelia, FNP
Reyes, Leticia D., NP

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JKR Bldg. Beach Road
Garapan, Saipan
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Brennfleck, Shawna, MSN, NP-C
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Hofschneider, James, M.D.
Sablan, Roca, CNM

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Al-Alou, Ahmad, M.D.

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Gonzaga, Nina, MS
Maratita, Jennifer, Ph.D.
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McCullough, Janet (Solo Practice)

DME

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Saipan, (670) 233-6671

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Carhill, Pamela A., MPT
Figueroa, Aljay Ryan P., PT
Westmoreland, Charlotte, D.P.T.
Chalan Pale Arnold Road,
Gualo Rai Saipan, (670)233-3647

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Pagsuyuin, Ronald, P.T.

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Garapan, Saipan
(670) 323-6877

HOSPITAL

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

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

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

INTERNAL MEDICINE
Marianas Medical Center
JKR Bldg. Beach Road
Garapan, Saipan, (670) 234-3926
Shafransky, Dore, D.O.

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

Marianas Eye Institute
Allen, Keri F., M.D.
Khorram, David, M.D.
Beach Road, Garapan Saipan
(670) 235-9090
OPTOMETRY

Hardt Eye Clinic
Hardt, David, O.D.
Hardt, Donald, O.D.
Lombard, Peter N., M.D.
Beach Road,
Garapan, Saipan 96950,
(670) 235-2030
Marianas Eye Institute
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

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

HOSPITAL

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

PHARMACY & MEDICAL SUPPLIES

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

HAWAII

HOSPITAL

Adventist Health Castle*
640 Ulukahiki St.
Kailua, HI 96734
Tel:(808) 263-5500

Shriners Hospital for Children*
1310 Punahou St.
Honolulu, HI 96826
Tel:(808) 941-4466

The Queen's Medical Center*
1301 Punchbowl St.
Honolulu, HI 96813
Tel:(808) 538-9011

Wahiawa General Hospital*
128 Lehua St
Wahiawa, HI 96786
Tel:(808) 621-8411

*Available only through Multiplan, PHCS, and Star Provider Network

MAINLAND UNITED STATES

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

Wu, Eijean, M.D.
GYN Oncology Specialists
200 E. Sandpointe, Ste. 725 Santa
Ana Los Angeles, CA 92707
(323) 472-5499

iRythm Technologies, Inc.
Dept. CH 16837
Palantine, IL 60055-6837
Tel: (888) 693-2401

5775 North Sam Houston Parkway
West Suite 200
Houston, TX 77086

2 Marriott Drive
Lincolnshire, IL 60069

699 8th Street, Suite #600
San Francisco, CA 94103

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

Pacific Cardiovascular Associates[™]
3080 Bristol Street, Suite 150
Costa Mesa, CA 92626
(714) 445-0220

PIH Health Downey Hospital
11500 Brookshire Ave.
Downey, CA 90241
Tel: (562) 904.5000

PIH Health Whittier Hospital
12401 Washington Blvd.
Whittier, CA 90602
Tel: (562) 698-0811

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

PIH Urgent Care Center Downey
12214 Lakewood Blvd. #110
Downey,CA 90242
Tel: (562) 904-4430

PIH Urgent Care Center Hacienda Heights
1850 S. Azusa Ave. #88
Hacienda Heights, CA 91745
Tel: (626) 225-4900

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

***Also available only through Multiplan,PHCS, and Star Provider Network**
-Cedars Sinai Hospital*
-Children's Hospital of Los Angeles*
-Mayo Clinic Health System*
-MD Anderson Cancer Centers*

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

Pharmacy Network in the Philippines
-MedExpress
-Mercury Drug

JAPAN

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

KOREA
Kang Dong Hospital
145 Dadae-Ro, Saha-Gu
Busan, S. Korea
Tel: 82(2) 3410-0200/022

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
No. 424, Ba De Road, Section 2,
Songshan District 10556,
Taipei, Taiwan
Tel: 886-2-2771-815

THAILAND

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

New Zealand Network

Acute Care Hospitals
- Ascot Hospital
- Mercy Hospital
- Ormiston Hospital
- Southern Cross Hospital,

Brightside
- Gillies Hospital

Cancer Care Facilities
- Canopy Cancer Care
- Auckland Radiation Oncology
- Breast Associates

Cardiac Facilities
- Auckland Heart Group
- Auckland Cardiology Group
- Ascot Angiography
- Ascot Cardiology

Skin Services
- Auckland Dermatology
- Auckland Plastic Surgical Centre
- Auckland Skin Care
- Bruce Peat Plastic Surgery

Ear Nose and Throat Services
- Auckland ENT Group
- St Marks Surgical Centre
- The ENT Clinic

Ophthalmology Services
- Auckland Eye Limited
- Eye Institute
- City Eye Specialists
- Oasis Surgical

Oral and Maxillofacial Services
- Cathro Surgical Limited
- Auckland Oral and Maxillofacial Surgery Group
- Oral Surgery Associates
- Quay Park Health

General Surgical Services
- Auckland Surgical Centre
- Domain Surgery
- Laparoscopy Auckland
- Quay Park Surgical Centre

Gastroenterology Services
- Endoscopy Auckland
- MacMurray Centre
- Mercy Ascot Endoscopy

Diagnostic Facilities
- Mercy Radiology
- Auckland Radiology
- Biopsy Solutions
- Insight and Ascot Radiology
- Trinity MRI Limited
- Ultravision Cardiac Imaging

There are approx. 350 specialists affiliated with these medical practices in New Zealand.

In addition, there are 7 primary care providers in New Zealand under contract.

Note: Listing subject to change. Continued participation of any one doctor, hospital or other provider cannot be guaranteed.

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.

Visiting Off-island Providers/specialists

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.[M]
Ophthalmology
2999 Kalakana Ave. H604
Honolulu, HI

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

Quiros, Juan Carlos, M.D.[M TM]
Internal Medicine &
Cardiovascular Disease

Ruggio, Joseph, M.D.[M TM]
Cardiologist
Pacific Cardiovascular Associates

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

Tan, Christopher, M.D.[M]
Pediatric Cardiologist
Pacific Cardiovascular Associates

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A Tan Holdings Company