

GOVGUAM Retiree Supplemental Plan (RSP) Booklet





RSP Member Benefits Handbook
GOVERNMENT OF GUAM

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Enrolling in the Government of Guam Retiree Supplemental Plan (RSP)



- To enroll in Class I of the RSP, a Retiree or Survivor must be 65 years of age or older, and **MUST** be continuously enrolled in Medicare Parts A (Hospital) & B (Medical) for the entire benefit year (October 1, 2021 to September 30, 2022), or acquired and have continuous enrollment in the Medicare Parts A (Hospital) and B (Medical) through disability or End Stage Renal Disease ("ESRD").
- To enroll in Class II, III or IV of the RSP, the Retiree or Survivor and the eligible spouse or domestic partner must be 65 years of age or older and **MUST** be continuously enrolled in the Medicare Parts A (Hospital) and B (Medical) for the entire benefit year, October 1, 2021 to September 30, 2022 or both retiree and spouse have acquired and were continuously enrolled in the Medicare Parts A (Hospital) and B (Medical) through disability or End Stage Renal Disease ("ESRD").
- To ensure continuous Medicare coverage, please pay your Parts A & B premiums on time! Your premium payments can be 100% reimbursed by submitting proof of payment to the Retirement Fund for processing of your reimbursement. Your Part D (Prescription) premiums are also 100% reimbursable by the Retirement Fund. Medicare premium reimbursements are available to GovGuam retirees or their survivor domiciled on Guam.
- Retiree or Survivor who enroll in the RSP **CANNOT** enroll in the PP01500 or HSA2000 plans during the benefit year (October 1, 2021 to September 30, 2022).
- Any individual who first becomes eligible to be a Covered Retiree or Survivor and Spouse outside Open Enrollment shall have thirty one (31) days after the date in which he/she became eligible to become a Covered Person. The effective date of such Enrollment shall be as specified on the Health Insurance Certificate.
- The RSP offers a Vision Coverage benefit of up to \$150 for glasses, contact lenses and other vision hardware.
- Access to healthcare in the Philippines is also available when prior approved by TakeCare.
- Please verify if your Provider(s) are listed in the Provider Network of your selected insurance carrier **BEFORE** you enroll in the RSP!
- Retiree or Survivor **MUST** show proof of enrollment, i.e. membership cards for Medicare Parts A & B, when turning in their RSP application.
- The RSP begins coverage after the Retiree or Survivor and spouse or domestic partner and/or eligible dependent child(ren), if applicable, have met the deductibles under the primary payer.
- The RSP is a secondary payer and will use the Medicare reimbursement fee schedule when processing claims.
- If you need further information on the RSP, please contact the Government of Guam Retirement Fund Benefits section at (671) 475-8902/25 or (671) 475-8903/21. You may also contact the Guam Medicare Assistance Program, within the Division of Senior Citizens, DPHSS at (671) 735-7421 or (671) 735-7415 for Medicare information and assistance.



GOVGUAM Retiree Plan

SCHEDULE OF BENEFITS

This supplemental plan is offered for all eligible retirees, spouses of retirees, and survivors, who are age 65 and older and who are enrolled in Medicare Parts A & B, and to eligible retirees and survivors who are under age 65 years of age with a disability or ESRD under Medicare. Non-Medicare dependents will be covered either under the PPO 1500 or HSA 2000 plan.

Your Benefits: What TakeCare covers

<p>Plan Description</p>	<p>Medicare A & B is primary. The GovGuam plan pays secondary. Medicare covered services should be incurred at a Medicare provider. Services not covered by Medicare, but covered by the plan, should be received at a carrier in-network provider. Carrier will pay primary in this circumstance.</p> <p>Out-of-Network services are not covered unless referred and pre-approved by an in-network provider.</p>
<p>Out of Area Service Any Services in the Philippines, Hawaii, U.S. Mainland, Japan, Taiwan, and any foreign participating providers. (Prior Authorization Required)</p>	<p>Requires a referral from your doctor and approval in advance from the plan; When Medicare is not payable (outside U.S.), covered services under the plan are paid at the copay or coinsurance listed and the Plan pays primary in this circumstance. There is no deductible under this plan.</p>
<p>Plan Maximum (Individual member annual maximum)</p>	<p>Unlimited</p>

Deductible and Co-Pay do not apply to these Benefits when you go to a Participating Provider

Retiree Supplemental Plan pays¹

<p>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.</p> <ul style="list-style-type: none"> • Annual Physical Exam <ul style="list-style-type: none"> ○ Members may choose to receive age appropriate annual physical in the Philippines with no dollar limit • Includes preventive lab tests • Counseling and health screenings 	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>
<p>Immunizations/Vaccinations In accordance with the guidelines established by the Advisory Committee on Immunization Practices of the CDC</p>	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>
<p>Well-Woman Care In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) and the Woman Health and Cancer Act</p> <p>Contraceptive including Sterilization and Tubal Ligation</p>	<p>Medicare covers; When Medicare is not primary, the plan pays 100%</p>

¹ If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.



Deductible and Co-Pay do not apply to these Benefits when you go to a Participating Provider **Retiree Supplemental Plan pays after Primary Insurance ¹**

Annual Eye Exam (one exam per member per plan year) **Plan Pays 100%**
Covered in Guam only

Outpatient Physician Care & Services

1. Primary Care Visits	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
2. Specialist Care Visits	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
3. Voluntary Second Surgical Opinion	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
4. Home Health Care Visit	Medicare covers; Member pays Nothing; Plan pays 80% when approved outside of Medicare
5. Hospice Care, maximum 180 days (Prior Authorization Required)	Plan pays 80%; Member pays 20%
6. Mental Health Care Visit	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing Plan pays 80% when approved outside of Medicare
7. Outpatient Laboratory (diagnostic or non-preventive labs)	Medicare covers; Member pays Nothing; Plan pays 80% when approved outside of Medicare
8. X-Ray Services	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare
9. Injections (Does not include those on the Specialty Drugs lists and Orthopedic injections)	Plan pays Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare
10. Urgent Care	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare

Prescription Drugs

1. No Cost preventive drugs (specific list)	\$0 Member Co-Payment
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 drugs	\$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)
6. Prescription in the Philippines	Plan pays 100%; Member pays Nothing

¹ If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.

Retiree Supplemental Plan pays after Primary Insurance ¹	
Acupuncture (Limited to 30 visits per member per benefit year)	Medicare Primary: Plan pays 100% per visit Outside of Medicare: Plan pays 80% per visit Member pays 20% per visit
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%
Allergy Testing/Treatment \$1,000 maximum benefit per member per plan year	Medicare Primary: Plan pays 100% per visit Medicare Secondary: Plan pays 80% per visit outside of Medicare, Member pays 20% per visit
Ambulatory Surgi-center Care (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Blood & Blood Derivatives	Plan pays 80%; Member pays 20%
Breast Reconstructive Surgery (Prior Authorization Required) (In accordance with 1998 W.H.C.R.A)	Plan pays 80%; Member pays 20%
Cancer Screenings , including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	Medicare covers; When Medicare is not primary, the plan pays 100%
Cardiac Surgery (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Cataract Surgery (Prior Authorization Required) Outpatient Only, including conventional lens	Plan pays 80%; Member pays 20%
Chemical Dependency	Plan pays 80%; Member pays 20%
Chemotherapy Benefit (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Chiropractic Care	Plan pays 80%; Member pays 20%
Congenital Anomaly Disease Coverage (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Diagnostic Testing MRI, CT Scan and other diagnostic procedure (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Durable Medical Equipment (DME) The lesser amount between Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, nebulizer machine, CPAP (excluding disposable supplies), oxygen and accessories when prescribed by a Physician (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Elective Surgery (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Emergency Care (Plan must be contacted and advised within 48 hours for on and off island emergencies) 1 On/Off Island emergency facility, physician services, laboratory, x-rays 2. Ambulance Services (Ground Transportation only)	Plan pays 80%; Member pays 20%
End Stage Renal Disease / Hemodialysis (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Hearing Aids Maximum \$500 benefit per member per plan year	Plan pays 80%; Member pays 20%
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	Medicare Primary: Plan pays 100% per admission Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission

¹ If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.

Retiree Supplemental Plan pays after Primary Insurance ¹

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%
Inhalation Therapy	Plan pays 80%; Member pays 20%
Nuclear Medicine (Prior Authorization Required)	Plan pays 80%; Member pays 20%
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.)	Medicare Primary: Plan pays 100% per admission Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission
Optical Benefit Coverage for pair of contact lenses or eyeglasses lens/frames – maximum of \$150 per member per benefit year	Member Pays All Charges above \$150 per benefit year
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)	Medicare Primary: Plan pays 100% Outside of Medicare: Plan pays 80%; Member pays 20%*
Orthopedic Conditions (Prior Authorization Required) Internal and External Prosthesis such as but not limited to artificial joints, limbs and spinal segments	Plan pays 80%; Member pays 20%
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.)	Medicare Primary: Plan pays 100% per admission Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission
Radiation Therapy (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Robotic Surgery/Robotic Suite (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Skilled Nursing Facility Maximum 60 days per member per plan year (Prior Authorization Required)	Plan pays 80%; Member pays 20%
Sleep Apnea Diagnostic and Therapeutic Procedure (Prior Authorization Required)	Plan pays 80%; Member pays 20%
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.)	Plan pays 80%; Member pays 20%
Sterilization Procedures (Prior Authorization Required) 1. Vasectomy (Outpatient Only)	Plan pays 80%; Member pays 20%

¹ If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.

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
Travel Benefit		
<ul style="list-style-type: none"> - 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



¹ If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.

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.

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.

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MEDICAL EXCLUSIONS

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:
 - 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.

MEDICAL EXCLUSIONS

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:
 - 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).



**Wellness & Fitness
Incentives**



Health Plan Accredited by





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, antihypertensive, antihyperlipidemic or asthma medication in a benefit year for eligible patients/members diagnosed with diabetes, hypertension, 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.

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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 incentive program. 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
<p>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).</p>	<p>Initial Screening - \$100 Final Screening - \$100</p>
<p>10% Improvement or sustained cholesterol screening results for LDL-C less than 100mg/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.</p> <p>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).</p>	<p>Initial Screening - \$100 Final Screening - \$100</p>
<p>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.</p> <p>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).</p>	<p>Initial Screening - \$100 Final Screening - \$100</p>

▪ 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.

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Fitness Incentives

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 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. 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 members 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 are evaluated and calculated every three (3) month within the member's current benefit year. These measurements 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.

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
<p>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.</p> <p>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).</p>	<p>Initial Screening - \$100 Final Screening - \$100</p>
<p>Completion of ten (10) visits every month by eligible member to any TakeCare's participating gym/fitness partner</p>	<p>\$10 per month for every month that member had ten (10) visits or more</p>

▪ 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.

Our Island, Your Health PlanSM



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.

*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.

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.



The Island's Best Clinic



FHP Health Center Remained Open for You During PCOR1

Medical Care

- Adult Medicine
- Laboratory
- Occupational Health Services
- Pediatrics
- Radiology
- Urgent Care

Cancer Care

Home Health

Pharmacy

Nephrology

Dental Care

Hospice Care

Vision Care

Hemodialysis

COMING SOON!



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 (OGOV)**



fhpguam.com



Connect with us


Our Island, Your ClinicSM




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 ^(M)




Karyn
KAUFMAN, PA-C



Walter
STRATTON, PA-C




Helene
TUNCAP, PA-C



Jonei
DELGADO, RDN



Marylou
DULAY, MD ^(M)



Edwin J.
SUPIT, MD




Vera
BECKA, MD



Edna
SANTOS, MD



Dennis
SARMIENTO, MD



James
ANGLIM, OD



Marlene
SAN NICOLAS, OD ^(M)



Lena
LEISHMAN, NP-C



Nancy
LENTZ, MD



Trenton J.
SCHEIBE, MD



Andrew
GRAVES, MD ^(M)



Samir
AMBRALE, MD

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

^(M) Medicare Healthcare Provider*

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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

^MList 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.

TelemedicineTM

TMThis 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.**

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

Artero, Ashley, NP-C^M
FHP Health CenterTM
Tamuning, (671) 646-5825

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

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

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

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

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

Ingram, Crystal, DO^M
FHP Health CenterTM
Tamuning, (671) 646-5825

Kaufman, Karyn, PA-C^M
FHP Health CenterTM
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 CenterTM
Tamuning, (671) 646-5825

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

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

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

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

Scheibe, Trenton, M.D.^M
FHP Health CenterTM
Tamuning, (671) 646-5825

Schroeder, Edmund F., Jr., M.D.^M
Health Services of the PacificTM
Tamuning, (671) 647-5355

Stratton, Walter, PA-C^M
FHP Health CenterTM
Tamuning, (671) 646-5825

Tham, Mo-Ping, DO^M
FHP Health CenterTM
Tamuning, (671) 646-5825

Tuncap, Helene, PA-C^M
FHP Health CenterTM
Tamuning, (671) 646-5825

INTERNAL MEDICINE

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

Arcilla, Leopoldo, Jr., M.D.^M
Samonte Medical ClinicTM
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 CenterTM
Tamuning, (671) 646-5825

Dulay, Marylou, M.D.^M
FHP Health CenterTM
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 CenterTM
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

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 Clinic
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 ClinicTM
Guam Business Center Ste. 105,
1757 Army Drive
Harmon, (671) 647-4533

Supit, Edwin J., M.D.^M
FHP Health CenterTM
Tamuning, (671) 646-5825

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

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

Primary Care Providers by Clinic

FHP HEALTH CENTER^{MTM}**
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

*Urgent Care^{M**TM}*
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
Frige, 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
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

THE DOCTORS' CLINIC^M
851 Carlos Camacho Road
Tamuning, (671) 649-5018/23

Family Practice
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

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

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

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

MICRONESIA MEDICAL & ANESTHESIA ASSOCIATES^M

GITC Building, Ste.126 Tamuning,
(671) 646-8844

Internal Medicine

Lim, Doris, M.D.^M

SAMONTE MEDICAL CLINIC - GUAM™

Business Center Ste 105,
1757 Army Drive
Harmon, (671) 647-4533

Internal Medicine

Arcilla, Leopoldo, Jr. M.D.^M

Go, Peter, M.D.^M

Samonte, Romeo, M.D.^M

TRINITY HEALTHCARE LLC

761 S. Marine Corp. Dr
Tamuning, (671) 647-4325

Family Practice

Ganacias-Acuna, Edna, M.D.^M

TUMON MEDICAL OFFICE

Upper Tumon, (671) 649-5052
Family Practice

Santos, Patrick C., M.D.^M

Providers by Specialty

ANESTHESIOLOGY

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

Domen, Ramona, CRNA^M

Hester, Mark Richard, CRNA^M

Kang, Sangwook, CRNA^M

Kimball, Page, CRNA^M

McCrory, Shannon M., CRNA^M

Sullivan, Kevin John, CRNA^M

BEHAVIORAL HEALTH

Baleta, Jesse, MSW, IMFT^M
Bordallo, Sandra MA, LMFT, LPC, MAC^M
Chargualaf, Melissa MSCP^M
WestCare Pacific Islands
Hagatña, (671) 472-0218

IHP Medical Group
655 Harmon Loop Road, Ste. 108
Dededo, (671) 633-4447

Aquino, JoBeth, L.P.C.^M

Aguon, Maria Teresa, L.P.C.^M

Baynum, Andri, LPC^M

Baza, Joleen, MS^M

Perez, LiliAnn, Ph.D., LCSW, RPT-S^M

CARDIOLOGY

Quiros, Juan Carlos, M.D.^{M™}
(Visiting Cardiologist & Telemedicine)
675 N. Euclid Ste. 628, Anaheim,
CA 92801 Tel: (714) 591-0458

Pacific Cardiovascular

Associates™ (Telemedicine)
3080 Bristol Street, Suite 150
Costa Mesa, CA 92626
(714) 445-0220

DIETARY SERVICES

Delgado, Jonei, R.D.N.^M
FHP Health Center™
Tamuning, (671) 646-5825

DERMATOLOGY

Yang, Steve Hoseong, M.D., PhD^M
Guam Dermatology Institute™
633 Gov Carlos G. Camacho Rd.
Ste. 102 Tamuning. Guam 96913,
(671) 588-5001

ENDOCRINOLOGY

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

Rubio, Joel M., M.D., FACE^M
Health Partners, LLC™
Tamuning, (671) 646-5227/8

GASTROENTEROLOGY

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

GERIATRICS

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

NEPHROLOGY

Dissadee, Mana, M.D.^M
King, Krystal PA-C^M
Mesbah, Azita, M.D.^M
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
Tumon Kidney Center
Upper Tumon, (671) 646-3773

NEUROLOGY

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

NEUROSURGERY

Hayashida, Steven F., M.D.^M
Hafa Adai Specialist Group^M
Sunflower Villa,
280 Pale San Vitores
Tamuning, (671) 647-4542/53

ONCOLOGY (Medical)

Ambrate, Samir M.D.^M
FHP Health Center™
Tamuning, (671) 646-5825

OPHTHALMOLOGY

Guam Seventh-day Adventist Clinic^M
388 Ypao Road,
Tamuning, (671) 647-0235

Klocek, Matthew, M.D.^M
Lombard, Peter N., M.D.^M

Lombard Health™
736 Route 4, Ste. 202
Sinajana, (671) 989-4747

Burton, Gregory P., M.D.^M
Flowers, Charles W., M.D.^M
Horio, Blake, M.D.^M
Jack, Robert S., M.D.^M
Margalit, Eyal, M.D., Ph.D.^M
Smith, Anthony J., M.D.^M
Island Eye Center^M
Tamuning, (671) 647-5381-4

DeBenedictis, Marjorie, M.D.^M
St. Lucy's Eye Clinic
633 Gov. Carlos Camacho Rd.
Ste 204, Guam Medical Plaza,
Tamuning, (671) 647-5829

ORTHOPEDIC SURGEON

Arafiles, Ruben P., M.D.^M
Guam Orthopedic Clinic
Guam Medical Plaza, Ste. 212
Tamuning, (671) 646-6610
Cunningham, Glenn, M.D.
Hafa Adai Specialist Group^M
Sunflower Villa,
280 Pale San Vitores
Tamuning, (671) 647-4542/53

OTOLARYNGOLOGY

Castro, Jerry R., M.D.^M
Ramos, Lowell, PA-C^M
Guam E.N.T.
341 S. Marine Corps Dr.
RK Plaza, Ste. 104
Tamuning, (671) 989-1368

PHYSICAL THERAPY

Dacuycuy, Reychelle, PT^M
Gascon, Erickson, PT^M
Rara, Allen, PT^M
FHP Health Center™
Tamuning, (671) 646-5825

PODIATRY

Borja, Teresa A., D.P.M.^M
Kim, Sungwook, D.P.M.^M
Prins, Dustin B., DPM, MA, FACFAS^M
Marianas Footcare Clinic
122 Tun Jose Way
Tamuning, (671) 649-3338

Silan, Noel, D.P.M.^M
The Guam FootClinic
458 S. Marine Corps. Dr.
Northwest Plaza, Ste. 207
Tamuning, (671) 633-3668

PULMONOLOGY

Aguon, Joleen, M.D.^{M*}
American Medical Center
263 Vietnam Veterans Memorial
Highway, Mangilao,
(671) 647-8262

RADIOLOGY

Graves, Andrew, M.D.^M
FHP Imaging Center™
Tamuning, (671) 646-5825

Lizama, Vincent, M.D.^M
MDx Imaging Center *
Tamuning, (671) 648-6390

SPORTS MEDICINE

Adolphson, Arania, M.D.^M
IHP Medical Group
Dededo, (671) 633-4404

Cruz, Luis, M.D.^M
IHP Medical Group
655 Harmon Loop Rd., STE 108
Dededo, (671) 633-4447

SURGERY (General)

Eusebio, Christian A., M.D.^M
Eusebio, Ricardo, M.D., F.A.C.S.^M
Island Surgical Center
171 Farenholt Avenue
Tamuning, (671) 646-0443/4

Kobayashi, Ronald, M.D.^M
Guam Surgical Group
ITC Building, Ste.211
Tamuning, (671) 649-7588

Medina, Daniel C., M.D.^M
Rahmani, Kia, M.D.^M
Leon Guererro, Alexandria, M.D.^M
Hafa Adai Specialist Group^M
Sunflower Villa,
280 Pale San Vitores
Tamuning, (671) 647-4542/53

SLEEP MEDICINE

Barthlen, Gabriele M., M.D.^M
Hernandez, Elizabeth, M.D.
Guam Sleep Center™
Tamuning, (671) 647-6669

SURGERY (Hand)

Landstrom, Jerone T., M.D.^M
Pacific Hand Surgery Center^M
633 Governor Carlos Camacho Rd.
Ste. 104
Tamuning, (671) 646-4263

SURGERY (Reconstruction & Plastic)

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

WOUND CARE AND HYPERBARIC MEDICINE

Ganacias- Acuna, Edna, M.D.^M
Trinity Healthcare, LLC
RanCare Bldg, 761 S. Marine
Corps Dr., Unit A 10
Tamuning, (671) 653-1408

Medical Services

DIALYSIS CENTERS

U.S. Renal Care Dededo Dialysis^M
600 Harmon Loop Rd.
Dededo, (671) 637-3068

U.S. Renal Care Finegayen Dialysis^M
781 Route 3 Ste 101
Dededo, (671) 633-0036

U.S. Renal Care Tumon Dialysis^M
1406 N. Marine Corps Drive
Upper Tumon, (671) 646-3773

U.S. Renal Care Sinajana Dialysis^M
736 Route 4, STE 101
Sinajana, (671) 475-3600

HEARING SERVICES

Koffend, Renee L.G., Aud.^M
Guam Hearing Doctors, LLC^M
R.K. Plaza Ste. 1001B
Tamuning, (671) 989-8378

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

HOME HEALTH

**FHP Health Center
Home Health^{M**TM}**

Tamuning, (671) 646-5825

HOSPITALS

**Guam Memorial Hospital
Authority^M**

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

**Guam Regional Medical Center
(GRMC)^M**

133 Route 3, Dededo, Guam 96929
(671) 645-5500

OPTOMETRISTS

**Anglim, James, O.D.
San Nicolas, Marlene, O.D.^M
FHP Health Center^{M**TM}**

Baltej Pavilion Ste. 111
Tamuning, (671) 646-5825

**Archer, Julian, O.D.^M
Advanced Eyecare LLC dba
Lombard Health**

736 Route 4 Ste. 2020
Sinajana, (671) 989-4747

**Charlton, Wesley W., O.D.^M
St. Lucy's Eye Clinic**

Guam Medical Plaza, Ste. 103
Tamuning, (671) 647-5829

SURGERY CENTERS

Guam Surgicenter, LLC^M

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

American Medical Center^{M}**

1244 N. Marine Corps Drive, Suite. 101
Upper Tumon, (671) 647-8262

**Visiting Off-island
Providers/specialists**

Ng, Eugene, M.D.^M

Ophthalmology
2999 Kalakana Ave. H604
Honolulu, HI

Quiros, Juan Carlos, M.D.^{MTM}**

Internal Medicine &
Cardiovascular Disease

Ruggio, Joseph, M.D.^{MTM}**

Cardiologist
Pacific Cardiovascular Associates

Tan, Christopher, M.D.^M

Pediatric Cardiologist
Pacific Cardiovascular Associates



NOTES





GovGuam Open Enrollment Fiscal Year 2022 PLAN RATES

RSP RETIREE/SURVIVOR SHARE (Semi-Monthly)

CLASS	RATE
I: SINGLE	\$ 0.00
II: SINGLE+SPOUSE/DOMESTIC PARTNER	\$ 0.00
III: SINGLE+CHILD(REN)	\$150.04
IV: SINGLE+FAMILY	\$348.41

SINGLE or Retiree Classes

Class I - Subscriber Only (No Dependent/s)

Class II - Subscriber + Legal Spouse (Domestic Partner) / RSP Plan both enrolled in Medicare A & B

Class IIIa - RSP Subscriber + Non Medicare Spouse/Domestic Partner

Class IIIb - 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)



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