Group Health and Life Insurance Trust

Health plan options for employees, retirees and surviving spouses

Welcome to more health and well-being

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Plan Year 2024

We're honored to continue delivering health insurance coverage and well-being resources to CNMI-GHLI active employees, retirees, survivors and families. Here's a few things you'll want to know.

Starting January 1, 2024, there will be changes to the three GHLI-offered plans. An overview of those changes are:

- All plans will have enhanced benefits for covered services received internationally, outside the United States, Guam and CNMI, from 80% to 100%.* This includes care received in the Philippines, Taiwan, South Korea and elsewhere.
- Individual and family deductibles and out-of-pocket maximum will go up for each of the three plans. Please refer to page 5 of this brochure for details.

DO NOT submit an enrollment form if you are satisfied with your current plan and coverage.
Your current plan selection will roll over into the new year. Keep using your current member ID card until you get a new one from us after open enrollment.

DO submit an enrollment form if:

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

Who's eligible to enroll?

To enroll in a CNMI-GHLI health plan, you and your dependents must first meet the eligibility requirements defined by GHLI and submit your enrollment form to your employer with any other required documentation during open enrollment or within 30 days from the date you first become eligible, or within 30 days from the date of a qualifying event.

Subscriber eligibility requirements

To be eligible, you must:

- Be a CNMI government or autonomous agency employee working at least 20 hours per week
- Be a retiree or survivor of the NMI Settlement Fund or NMI Retirement Fund

Benefit reminders

Applicable to all plans

Routine physical exams and eye exams are covered at 100% once every 12 months.

High and Low Plan only

Vision supplies such as frames, lenses and contacts are covered up to $100 per member every 12 months.

Coordination of Benefits (COB)

Please update Aetna should you and/or your dependents become eligible for other insurance coverage. By enrolling in another health plan at the same time, both insurers must be aware of your coverage to assign primary and secondary status for proper processing of claims. This includes enrollment into Medicare. Aetna may also request, at random, for a member to complete verification of other coverage. Failure to respond to these requests in a timely manner may result in claims processing delays. You may update us at any time by contacting our Member Services 24 hours a day.

Medicare Direct

If Medicare is your primary insurer, please be sure to contact Member Services and request to be enrolled into Medicare Direct. When Medicare receives and processes your claims from your provider, Medicare will directly submit the claims processed information directly to us for secondary processing.

*FOR 100% COVERAGE: 100% coverage applies to covered benefits only. It includes no deductible, no copay and no coinsurance for care received outside of the U.S. and U.S. Territories; other coverage limits apply.

Effective date of coverage

Your coverage begins on the effective date assigned by GHLI. This enrollment information is sent to us to enroll you and your eligible dependents in the plan.

Leave without pay

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

Military leave

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

Reduction of hours

If a member's work hours are reduced below 20 hours per week, the member will no longer be an eligible employee. The member will not be eligible to re-enroll until their work hours are increased to at least 20 hours per week.

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

You and your dependents may enroll or terminate outside the open enrollment period because of a qualifying event as defined by HIPAA or PPACA. A qualifying event is a specific situation like the ones listed on this page when you may make plan changes outside of an open enrollment period. You have 30 days to submit any plan changes resulting from a qualifying event to your employer. Qualifying events include, but may not be limited to:

- Changes in your household due to marriage, divorce, birth, adoption, legal guardianship or death
- Date of GHLI retirement status
- Enrollment or termination of Medicare
- Change of work status (e.g., from part-time to full-time)

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

Changes upon retirement

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

Up-to-date information

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

How to enroll or make changes to your benefits

Employees, retirees or survivors wishing to make changes to their benefits, or new hires intending to elect benefits for the first time, must fill out an enrollment form.

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

Employees: Completed enrollment forms are to be delivered to the human resources department of your agency for processing.

Retirees/surviving spouses: Please bring your completed forms to:
Pacifica Insurance Underwriters, Inc. located at
Joeten Shopping Center, Insatto St., Susupe

Dependent eligibility requirements

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

Dependents	
Legal spouse	• A person to whom you are legally married • Photocopy of government-issued marriage certificate
Domestic partner	• Please refer to Domestic Partner Affidavit • Children of a domestic partner, who are not your own children, are not eligible for coverage
Divorced spouse	• The divorced spouse of a subscriber who has been ordered by a court having jurisdiction over the parties to provide such spouse coverage under the plan, provided that no subscriber can enroll more than one person as a spouse at a time, unless one spouse is covered pursuant to a court order
Biological child	• A biological son or daughter of the subscriber • Photocopy of birth certificate showing subscriber's name
Adopted child	• A legally adopted son or daughter of the subscriber • Photocopy of the final adoption decree or photocopy of the child's birth certificate showing the employee as the adopting parent
Stepchild	• A stepson or stepdaughter of the subscriber by legal marriage • Photocopy of birth certificate showing employee's spouse's name as mother or father
Child under legal guardianship/custody	• A child for whom the employee has been appointed full legal guardian or granted legal custody • Photocopy of the final court order, with the presiding judge's signature and seal, affirming the employee as the child's legal guardian or custodian
Foster child	• Certain eligible foster children • Photocopy of the certified foster care documents with name of the child and name of the employee
Disabled child	• A child age 26 or older who is wholly dependent on the employee for support and maintenance due to a disability that occurred prior to age 26 • Photocopy of birth certificate showing employee's name as mother or father • Aetna disability certification form(s) completed by the subscriber and their physician and submitted directly to us

Plan comparison

Starting January 1, 2024, there will be changes to the three GHLI-offered plans. An overview of those changes are:

- All plans will have enhanced benefits for covered services received internationally, outside the United States, Guam and CNMI, from 80% to 100%. This includes care received in the Philippines, Taiwan, South Korea and elsewhere.
- **High Plan and Low Plan:** Deductibles will increase from $500 to $1,000 for individual coverage, times 3 for family coverage. The out-of-pocket maximum will increase from $6,500 to $15,000 for individual coverage, times 3 for family coverage.
- **Base Plan:** Deductibles will increase from $2,000 to $3,000 for individual coverage, times 3 for family coverage. Out-of-pocket maximum will increase from $6,500 to $15,000 for individual coverage, times 3 for family coverage.

Base Plan

Eligibility Provision	
Employee/Retiree/Survivor	Regular full-time active employees of the CNMI government working a minimum of 20 hours per week and retirees or surviving spouses of the CNMI government
Dependent	Spouse, domestic partner or eligible children up to age 26, regardless of student status

Please note: Base Plan does not include coverage in the U.S. and/or out of network.

Your benefits: What the plan covers	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding U.S.
Deductible Per Individual Member	$3,000	None
Deductible Per Family If a member meets their $3,000 individual deductible, the plan begins to pay for covered services for that member	$9,000	None
Coverage Maximum Individual member lifetime maximum	Unlimited	Unlimited
Out-of-Pocket Maximum		
Per individual member, per calendar year	$15,000	$15,000
Per family per calendar year	$45,000	$45,000
(Includes accumulated deductible, copays and member coinsurance)		
Payment for out-of-network/non-preferred providers	Not covered, except for hospital emergency room for true emergency only	
International Services (Outside Guam/CNMI, excluding U.S.)	Guarantee of Payment (GOP) required	
Coverage in the U.S.	Excluded, except for hospital emergency room for true emergency only	
Deductible and copay do not apply to these benefits When you go to a participating provider	**In-Network Participating Providers in CNMI/Guam**	**Outside the CNMI/Guam Excluding U.S.**
Routine Children Physical Exams *7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)*	Plan pays 100%	Plan pays 100%
Routine Adult Physical Exams *Adults age 22–65 and 65+: 1 exam every 12 months*	Plan pays 100%	Plan pays 100%
Routine Gynecological Exams *Includes 1 exam and pap smear per calendar year*	Plan pays 100%	Plan pays 100%
Mammograms *Unlimited visits per calendar year*	Plan pays 100%	Plan pays 100%

Prostate Specific Antigen (PSA) Unlimited tests per calendar year	Plan pays 100%	Plan pays 100%
Digital Rectal Exam (DRE) Unlimited exams per calendar year	Plan pays 100%	Plan pays 100%
Cancer Screening Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+, 1 colonoscopy every 10 years	Plan pays 100%	Plan pays 100%
Routine Eye Exam Includes one routine exam every 12 months	Plan pays 100%	Plan pays 100%
Routine Hearing Exam Includes one routine exam every 24 months	Plan pays 100%	Plan pays 100%
Deductible applies to each of these benefits	**In-Network** **Participating providers in CNMI/Guam**	**Outside the CNMI/Guam** **Excluding U.S.**
Complex Imaging (Diagnostic Testing) *MRI, CT, PET scan, and other diagnostic procedures (precertification required)*	Member pays 20%	Plan pays 100%
Diagnostic Outpatient Lab and X-ray Services	Member pays 20%	Plan pays 100%
Durable Medical Equipment (DME)	Member pays 20%	Plan pays 100%
Home Health Care *150 visits per calendar year, includes private-duty nursing*	Member pays 20%	Plan pays 100%
Hospice Care Facility Outpatient *Unlimited days per calendar year*	Member pays 20%	Plan pays 100%
Hospital Inpatient and Outpatient *Semi-Private Room Limit*	Member pays 20%	Plan pays 100%
Mental Health and Substance Abuse, Inpatient and Outpatient *Unlimited visits per calendar year*	Member pays 20%	Plan pays 100%
Physician and Specialist Office Visit	Member pays 20%	Plan pays 100%
Short Term Rehabilitation *Includes coverage for occupational, physical and speech therapies; 20 combined visits per calendar year*	Member pays 20%	Plan pays 100%
Spinal Disorder Treatment (Chiropractic Services) *15 visits per calendar year*	Member pays 20%	Plan pays 100%
Urgent Care	Member pays 20%	Plan pays 100%

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

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

Low Plan

Eligibility Provision	
Employee/Retiree/Survivor	Regular full-time active employees of the CNMI government working a minimum of 20 hours per week and retirees or surviving spouses of the CNMI government
Dependent	Spouse, domestic partner or eligible children up to age 26, regardless of student status

Please note: Low Plan does not include coverage in the U.S. and/or out of network

Your benefits: What the plan covers	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding U.S.
Deductible Per Individual Member	$1,000	None
Deductible Per Family If a member meets their $1,000 individual deductible, the plan begins to pay for covered services for that member	$3,000	None
Coverage Maximum Individual member lifetime maximum	Unlimited	Unlimited
Out-of-Pocket Maximum		
Per individual member, per calendar year	$15,000	$15,000
Per family per calendar year	$45,000	$45,000
(Includes accumulated deductible, copays and member coinsurance)		
Payment for out-of-network/non-preferred providers	Not covered, except for hospital emergency room for true emergency only	
International Services (Outside Guam/CNMI, excluding U.S.)	Guarantee of Payment (GOP) required	
Coverage in the U.S.	Excluded, except for hospital emergency room for true emergency only	

Deductible and copay do not apply to these benefits When you go to a participating provider	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding U.S.
Routine Children Physical Exams *7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)*	Plan pays 100%	Plan pays 100%
Routine Adult Physical Exams *Adults age 22–65 and 65+: 1 exam every 12 months*	Plan pays 100%	Plan pays 100%
Routine Gynecological Exams *Includes 1 exam and pap smear per calendar year*	Plan pays 100%	Plan pays 100%
Mammograms *Unlimited visits per calendar year*	Plan pays 100%	Plan pays 100%

Prostate Specific Antigen (PSA) *Unlimited tests per calendar year*	Plan pays 100%	Plan pays 100%
Digital Rectal Exam (DRE) *Unlimited exams per calendar year*	Plan pays 100%	Plan pays 100%
Cancer Screening *Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years*	Plan pays 100%	Plan pays 100%
Routine Eye Exam *Includes one routine exam every 12 months*	Plan pays 100%	Plan pays 100%
Vision Supplies *Per member, once every 12 months*	Plan pays 100% up to $100 maximum	
Routine Hearing Exam *Includes one routine exam every 24 months*	Plan pays 100%	Plan pays 100%

Deductible applies to each of these benefits	In-Network Participating Providers in CNMI/Guam	Outside the CNMI/Guam Excluding U.S.
Complex Imaging (Diagnostic Testing) *MRI, CT, PET scan, and other diagnostic procedures (precertification required)*	Member pays 20%	Plan pays 100%
Diagnostic Outpatient Lab and X-ray Services	Member pays 20%	Plan pays 100%
Durable Medical Equipment (DME)	Member pays 20%	Plan pays 100%
Home Health Care *150 visits per calendar year, includes private-duty nursing*	Member pays 20%	Plan pays 100%
Hospice Care Facility Outpatient *Unlimited days per calendar year*	Member pays 20%	Plan pays 100%
Hospital Inpatient and Outpatient *Semi-Private Room Limit*	Member pays 20%	Plan pays 100%
Mental Health and Substance Abuse, Inpatient and Outpatient *Unlimited visits per calendar year*	Member pays 20%	Plan pays 100%
Physician and Specialist Office Visit	Member pays 20%	Plan pays 100%
Short-Term Rehabilitation *Includes coverage for occupational, physical and speech therapies; 20 combined visits per calendar year*	Member pays 20%	Plan pays 100%
Spinal Disorder Treatment (Chiropractic Services) *15 visits per calendar year*	Member pays 20%	Plan pays 100%
Urgent Care	Member pays 20%	Plan pays 100%

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High Plan

Eligibility Provision	
Employee/Retiree/Survivor	Regular full-time active employees of the CNMI Government working a minimum of 20 hours per week and retirees or surviving spouses of the CNMI Government
Dependent	Spouse, domestic partner or eligible children up to age 26, regardless of student status

Please note: High plan includes coverage in the U.S. and out of network.

Your Benefits: What the plan covers	In-Network Participating Providers in CNMI/Guam/U.S.	Outside the CNMI/Guam/U.S.
Deductible Per Individual Member	$1,000	None
Deductible Per Family If a member meets their $1,000 individual deductible, the plan begins to pay for covered services for that member	$3,000	None
Coverage Maximum Individual member lifetime maximum	Unlimited	Unlimited
Out-of-Pocket Maximum		
Per individual member, per calendar year	$15,000	$15,000
Per family per calendar year	$45,000	$45,000
(Includes accumulated deductible, copays, and member coinsurance)		
Out of Network, Non-Preferred Providers	Applicable to CNMI/Guam/USA	
Payment for Non-Preferred Providers	Professional: 105% of Medicare Facility: 140% of Medicare	
Deductible (Individual/Family) per calendar year Out-of-Pocket Maximum (Individual/Family) per calendar year Coinsurance *Deductible + coinsurance applies to most services*	$3,000/$9,000 $15,000/$45,000 50%	
International Services (Outside CNMI/Guam/U.S.)	Guarantee of Payment (GOP) required	
Coverage in the U.S.	Included	

Deductible and copay do not apply to these benefits When you go to a participating provider	In-Network Participating Providers in CNMI/Guam/U.S.	Outside the CNMI/Guam/U.S.
Routine Children Physical Exams *7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)*	Plan pays 100%	Plan pays 100%
Routine Adult Physical Exams *Adults age 22-65 and 65+: 1 exam every 12 months*	Plan pays 100%	Plan pays 100%
Routine Gynecological Exams *Includes 1 exam and pap smear per calendar year*	Plan pays 100%	Plan pays 100%
Mammograms *Unlimited visits per calendar year*	Plan pays 100%	Plan pays 100%

(High Plan continued)

Prostate Specific Antigen (PSA) *Unlimited tests per calendar year*	Plan pays 100%	Plan pays 100%
Digital Rectal Exam (DRE) *Unlimited exams per calendar year*	Plan pays 100%	Plan pays 100%
Cancer Screening *Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years*	Plan pays 100%	Plan pays 100%
Routine Eye Exam *Includes one routine exam every 12 months*	Plan pays 100%	Plan pays 100%
Vision Supplies *Per member, once every 12 months*	Plan pays 100% up to $100 maximum	
Routine Hearing Exam Includes one routine exam every 24 months	Plan pays 100%	Plan pays 100%
MinuteClinic® and CVS Virtual Care* *Applicable in the U.S. only*	Plan pays 100%	Not applicable

Deductible applies to each of these benefits	In-Network Participating Providers in CNMI/Guam/U.S.	Outside the CNMI/Guam/U.S.
Complex Imaging (Diagnostic Testing) *MRI, CT, PET scan, and other diagnostic procedures (Precertification required)*	Member pays 20%	Plan pays 100%
Diagnostic Outpatient Lab and X-ray Services	Member pays 20%	Plan pays 100%
Durable Medical Equipment (DME)	Member pays 20%	Plan pays 100%
Home Health Care *150 visits per calendar year, includes private-duty nursing*	Member pays 20%	Plan pays 100%
Hospice Care Facility Outpatient *Unlimited days per calendar year*	Member pays 20%	Plan pays 100%
Hospital Inpatient and Outpatient *Semi-Private Room Limit*	Member pays 20%	Plan pays 100%
Mental Health and Substance Abuse, Inpatient and Outpatient *Unlimited visits per calendar year*	Member pays 20%	Plan pays 100%
Physician and Specialist Office Visit	Member pays 20%	Plan pays 100%
Short-Term Rehabilitation *Includes coverage for occupational, physical and speech therapies; 20 combined visits per calendar year*	Member pays 20%	Plan pays 100%
Spinal Disorder Treatment (Chiropractic Services) *15 visits per calendar year*	Member pays 20%	Plan pays 100%
Urgent Care	Member pays 20%	Plan pays 100%

*FOR MINUTECLINIC SERVICES: Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventative MinuteClinic services at no cost-share. However, such services are covered at negotiated contract rates. This benefit is not available in all states and on indemnity plans.

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Pharmacy benefit — all plans

Note: Members enrolled in any of the three plans have access to the Aetna® pharmacy benefit, including in the U.S.

Prescription Drug Coverage Advance Control Formulary	**In-Network Participating Pharmacies in CNMI/Guam/U.S.**	**Outside the CNMI/Guam/U.S.**
Health Care Reform Drug List — Preventive Rx *Prescription required*	Plan pays 100%	Plan pays 100%
Preferred Generic Drugs *(365-day maximum supply)*	Member Pays 20% Includes mail-order drugs	Plan pays 100%
Preferred Brand-Name Drugs *(365-day maximum supply)*	Member Pays 20% Includes mail-order drugs	Plan pays 100%
Non-Preferred Generic and Non-Preferred Brand-Name Drugs *(365-day maximum supply)*	Member Pays 50% Includes mail-order drugs	Plan pays 100%

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

The information you need … anytime, anywhere

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

On the web

Register and log in to your member website at **AetnaInternational.com** to:

- View your digital ID card and print it (if needed)
- Find doctors and hospitals inside and outside of the mainland United States
- Read your plan documents
- Submit and track your claims
- Find health and wellness tools and resources

With your **AetnaInternational.com** account, you can also use the Aetna.com member website (no separate sign-in needed) to:

- Estimate your out-of-pocket costs
- Compare costs and quality of area hospitals, medical procedures and prescriptions

On your phone

Aetna Health℠ app

Our Aetna Health app is a great on-the-go tool when you are in CNMI/Guam or within mainland U.S. and want to:

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

Aetna International app

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

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

Your GHLI website

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

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

Go to: **AetnaInternational.com/cnmi-ghli**

Getting care off-island

AVEGA is a leading health care administrator in the Philippines. Visit AetnaInternational.com/cnmi-ghli to find the facilities with AVEGA Hubs.

If you need to access care in the Philippines, Taiwan, South Korea or elsewhere internationally, here's what you need to know:

- You can find a local facility or doctor by logging into your member website at **AetnaInternational.com** and select "Find health care" to search for direct-pay facilities. Since they're all in our direct-pay network, they bill us, not you, for the covered services you receive.
- In the Philippines, our direct-pay network includes AVEGA so you can get walk-up support at AVEGA Hubs located in top facilities across the Philippines, including but not limited to Asian Hospital and Medical Center, St. Luke's Medical Center (Global City and Quezon City) and The Medical City (Ortigas).
  - Show your new Aetna® member ID card to an on-site customer service specialist to get started. They can even help get you a Guarantee of Payment (GOP), faster.
  - If you're visiting a facility without an AVEGA Hub, go to the HMO concierge, an industrial office or the reception area for assistance.

The AVEGA network access is provided through Allianz Partners. Aetna does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.

How to find care and make the most of direct pay and GOPs

As an Aetna International member, you have unrivaled access to care around the world. When you visit a hospital or clinic in our direct-pay provider network, you get more than just quality care. You also reduce your out-of-pocket expenses at the time of service.

Direct pay means when you receive health care services from any of our global providers, they bill us directly. You won't need to pay for the total cost of your care up front. If your plan requires a copay or coinsurance, you'll pay that at the time of your visit and the provider still bills us directly for the balance.

Here's how direct pay works:

1. **Find a provider:** Log in to your member website at **AetnaInternational.com** and select "Find health care" to search for providers in our global network.
2. **Make an appointment:** Schedule your visit by calling the provider directly. Providers in our network may even reach out to us on your behalf to get a Guarantee of Payment (GOP). This is an added advantage of staying in our direct-pay network.
3. **Request a Guarantee of Payment (GOP):** If you want to request a GOP yourself, click the "Apply for direct pay" button under the provider of your choice in the provider search results. If your provider isn't listed, use the link at the top of the page to submit your request online.

You can also call Member Services using the phone number on your member ID card for help finding a doctor or requesting a GOP. **It's best to request a GOP at least five business days before your appointment.** We'll send you the GOP as soon as it's ready.

Why it's a good idea to get a Guarantee of Payment (GOP)

Even though a GOP isn't required to receive routine or outpatient care, we can't guarantee a direct pay experience without it. So, there's a chance the provider might ask you for full payment at the time of service. Then you'll need to submit a claim for reimbursement for the services covered by your plan. If you should ever need inpatient care, in most cases your provider will take care of handling the GOP process.

In short, direct pay lets you take advantage of:

- No or low out-of-pocket costs at the time of service
- Better health care experiences
- Lower rates we negotiate with our direct-pay providers
- Easier admissions process when inpatient care is needed

For more information:

Aetna International
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For local support, contact
Pacifica Insurance Underwriters, Inc.
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Tel: **670-234-6267**, Option #3

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