



We've got you

Government of Guam Vision Benefits At-a-Glance

Plan Year: 10/01/2020 – 09/30/2021

Benefit	Coverage
Routine eye exam	One routine eye exam provided by an ophthalmologist or optometrist every 12 months, including refraction and glaucoma testing
Hardware: frames, lenses, contact lenses identified by a vision provider	\$150 allowance every plan year
Aphakic lenses	If prescribed after cataract surgery
Contact lenses	If required to correct visual acuity to 20/40 or better in the better eye, if such correction cannot be made with conventional lenses

Note: Vision provider bills Aetna for frames, lenses and contact lenses. Aetna pays up to \$150; the member is responsible for any remaining balance after the \$150 allowance

Not covered

- Office visits to an ophthalmologist, optometrist or optician related to the fitting of prescription contact lenses
- Eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes

Contact Lens Fitting

Exams

- During your stay in a hospital or other facility for medical care
- For the fitting of contact lenses
- Because a third party requires the exam (i.e. to get or keep a job, required under a labor agreement or other contract, etc.)
- Because a law requires it
- To buy insurance or to get or keep a license
- To travel, go to a school, camp, sporting event, or other recreational activity

Services and supplies

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Aniseikonic lenses
- Medical and/or surgical treatment of the eyes or supporting structures
- Any vision exam or corrective eyewear required by a policyholder as a condition of employment, including safety eyewear
- Services provided because of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
- Plano (non-prescription) lenses
- Non-prescription sunglasses
- Services rendered after the date a member ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the insured member are within 31 days from the date of the order
- Services or materials provided by any other group benefit plan providing vision care

Other

- Laser in-situ keratomileusis (LASIK)
- Orthoptics (a technique of eye exercises designed to correct the visual axes of eyes not properly coordinated for binocular vision)
- Payment for a portion of the charge that Medicare or another party is responsible for as the primary payer
- Personal care, comfort or convenience items
- Services provided by a family member
- Treatment in a federal, state, or governmental entity

For more information



On-island office hours:

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



24/7 service

Toll free: 877-248-3610
Direct or collect: 813-775-0190

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