



CNMI Government

Group Health & Life Insurance Trust | Plan Year 2026
Health plan options for employees, retirees and surviving spouses

Welcome to more health and well-being

Visit AetnaInternational.com/cnmi-ghli
today for more information.

Plan Year 2026

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.

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.

Airfare reimbursement benefit

All plans include an airfare reimbursement benefit up to \$500 for an economy round-trip ticket. Qualifying conditions when care is not available in the CNMI will apply. Please refer to details included in this brochure for more information.

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.

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 that will allow you to 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.

Deliver completed forms to:

Employees:

Human Resources Department of your agency

Retirees/surviving spouses:

Department of Finance or GHLI Office

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	<ul style="list-style-type: none">• A person to whom you are legally married• Photocopy of government-issued marriage certificate
Domestic partner	<ul style="list-style-type: none">• Please refer to Domestic Partner Affidavit• Children of a domestic partner, who are not your own children, are not eligible for coverage
Divorced spouse	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• A biological son or daughter of the subscriber• Photocopy of birth certificate showing subscriber's name
Adopted child	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Certain eligible foster children• Photocopy of the certified foster care documents with name of the child and name of the employee
Disabled child	<ul style="list-style-type: none">• 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 summaries

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
<i>(Includes accumulated deductible, copays and member coinsurance)</i>		
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

Exceptions apply to the following services: hospital emergency room for true emergency only, prescription drug, and telehealth (mental health & substance abuse). In-network inside the U.S. only. In-network plan benefit applies.

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 <i>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)</i>	Plan pays 100%	Plan pays 100%
Routine Adult Physical Exams <i>Adults age 22–65 and 65+: 1 exam every 12 months</i>	Plan pays 100%	Plan pays 100%
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	Plan pays 100%	Plan pays 100%
Mammograms <i>Unlimited visits per calendar year</i>	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) <i>MRI, CT, PET scan, and other diagnostic procedures (precertification required)</i>	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 <i>150 visits per calendar year, includes private-duty nursing</i>	Member pays 20%	Plan pays 100%
Hospice Care Facility Outpatient <i>Unlimited days per calendar year</i>	Member pays 20%	Plan pays 100%
Hospital Inpatient and Outpatient <i>Semi-Private Room Limit</i>	Member pays 20%	Plan pays 100%
Mental Health and Substance Abuse, Inpatient and Outpatient <i>Unlimited visits per calendar year</i>	Member pays 20%	Plan pays 100%
Physician and Specialist Office Visit	Member pays 20%	Plan pays 100%
Short Term Rehabilitation <i>Includes coverage for occupational, physical and speech therapies; 20 combined visits per calendar year</i>	Member pays 20%	Plan pays 100%
Spinal Disorder Treatment (Chiropractic Services) <i>15 visits per calendar year</i>	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
<i>(Includes accumulated deductible, copays and member coinsurance)</i>		
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

Exceptions apply to the following services: hospital emergency room for true emergency only, prescription drug, and telehealth (mental health & substance abuse). In-network inside the U.S. only. In-network plan benefit applies.

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 <i>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)</i>	Plan pays 100%	Plan pays 100%
Routine Adult Physical Exams <i>Adults age 22–65 and 65+: 1 exam every 12 months</i>	Plan pays 100%	Plan pays 100%
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	Plan pays 100%	Plan pays 100%
Mammograms <i>Unlimited visits per calendar year</i>	Plan pays 100%	Plan pays 100%

(Low Plan continued)

Prostate Specific Antigen (PSA) <i>Unlimited tests per calendar year</i>	Plan pays 100%	Plan pays 100%
Digital Rectal Exam (DRE) <i>Unlimited exams per calendar year</i>	Plan pays 100%	Plan pays 100%
Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years</i>	Plan pays 100%	Plan pays 100%
Routine Eye Exam <i>Includes one routine exam every 12 months</i>	Plan pays 100%	Plan pays 100%
Vision Supplies <i>Per member, once every 12 months</i>	Plan pays 100% up to \$100 maximum	
Routine Hearing Exam <i>Includes one routine exam every 24 months</i>	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) <i>MRI, CT, PET scan, and other diagnostic procedures (precertification required)</i>	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 <i>150 visits per calendar year, includes private-duty nursing</i>	Member pays 20%	Plan pays 100%
Hospice Care Facility Outpatient <i>Unlimited days per calendar year</i>	Member pays 20%	Plan pays 100%
Hospital Inpatient and Outpatient <i>Semi-Private Room Limit</i>	Member pays 20%	Plan pays 100%
Mental Health and Substance Abuse, Inpatient and Outpatient <i>Unlimited visits per calendar year</i>	Member pays 20%	Plan pays 100%
Physician and Specialist Office Visit	Member pays 20%	Plan pays 100%
Short-Term Rehabilitation <i>Includes coverage for occupational, physical and speech therapies; 20 combined visits per calendar year</i>	Member pays 20%	Plan pays 100%
Spinal Disorder Treatment (Chiropractic Services) <i>15 visits per calendar year</i>	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
<i>(Includes accumulated deductible, copays, and member coinsurance)</i>		
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 <i>Deductible + coinsurance applies to most services</i>	\$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 <i>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)</i>	Plan pays 100%	Plan pays 100%
Routine Adult Physical Exams <i>Adults age 22-65 and 65+: 1 exam every 12 months</i>	Plan pays 100%	Plan pays 100%
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	Plan pays 100%	Plan pays 100%
Mammograms <i>Unlimited visits per calendar year</i>	Plan pays 100%	Plan pays 100%

Prostate Specific Antigen (PSA) <i>Unlimited tests per calendar year</i>	Plan pays 100%	Plan pays 100%
Digital Rectal Exam (DRE) <i>Unlimited exams per calendar year</i>	Plan pays 100%	Plan pays 100%
Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years</i>	Plan pays 100%	Plan pays 100%
Routine Eye Exam <i>Includes one routine exam every 12 months</i>	Plan pays 100%	Plan pays 100%
Vision Supplies <i>Per member, once every 12 months</i>	Plan pays 100% up to \$100 maximum	
Routine Hearing Exam <i>Includes one routine exam every 24 months</i>	Plan pays 100%	Plan pays 100%
MinuteClinic® and CVS Virtual Care* <i>Applicable in the U.S. only</i>	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) <i>MRI, CT, PET scan, and other diagnostic procedures (Precertification required)</i>	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 <i>150 visits per calendar year, includes private-duty nursing</i>	Member pays 20%	Plan pays 100%
Hospice Care Facility Outpatient <i>Unlimited days per calendar year</i>	Member pays 20%	Plan pays 100%
Hospital Inpatient and Outpatient <i>Semi-Private Room Limit</i>	Member pays 20%	Plan pays 100%
Mental Health and Substance Abuse, Inpatient and Outpatient <i>Unlimited visits per calendar year</i>	Member pays 20%	Plan pays 100%
Physician and Specialist Office Visit	Member pays 20%	Plan pays 100%
Short-Term Rehabilitation <i>Includes coverage for occupational, physical and speech therapies; 20 combined visits per calendar year</i>	Member pays 20%	Plan pays 100%
Spinal Disorder Treatment (Chiropractic Services) <i>15 visits per calendar year</i>	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 <i>Prescription required</i>	Plan pays 100%	Plan pays 100%
Preferred Generic Drugs <i>(365-day maximum supply)</i>	Member Pays 20% Includes mail-order drugs	Plan pays 100%
Preferred Brand-Name Drugs <i>(365-day maximum supply)</i>	Member Pays 20% Includes mail-order drugs	Plan pays 100%
Non-Preferred Generic and Non-Preferred Brand-Name Drugs <i>(365-day maximum supply)</i>	Member Pays 50% Includes mail-order drugs	Plan pays 100%

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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 HealthSM 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

As an Aetna International member, you have access to care around the world. When you visit an Aetna International participating 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 and you will not 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 will directly bill Aetna for the balance.

We recommend our members request a Guarantee of Payment (GOP) before their international appointment. Although 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 international provider may ask you for full payment at time of service. You will then be able to submit a claim for reimbursement.

Appointments for international care are subject to provider and facility availability. Requests for appointments should be made at least 3 weeks before the preferred date of service. Requests for a GOP should be initiated no less than 2 weeks before the planned date of service.

To obtain a GOP, you may use our member website at AetnaInternational.com or

- Contact Pacifica Insurance to speak with a representative who will facilitate your health care journey.
- Using our member website, select:
 - 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.
 - 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.
 - 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.

Common in-network facilities in the Philippines include Asian Hospital and Medical Center, St. Luke's Medical Center (Global City and Quezon City) and The Medical City (Ortigas). Visit your Aetna member website to view more facilities across the Philippines, South Korea, Taiwan and Japan.

Airfare benefit

For qualifying conditions where care is not be available in the CNMI and pre-approval has been authorized by Aetna; the Airfare Benefit may provide reimbursement up to USD \$500 for a round-trip economy airfare for the insured patient, up to \$500 for a companion (if medically required) and up to \$500 for a medical escort (if medically required) to one of our in-network facilities in Philippines, Taiwan, South Korea and the USA.

Qualifying conditions when care is not available in CNMI:

Included, but not limited to: Acute leukemia treatment, Aneurysmectomy, Gamma knife surgery, Intracranial surgery, Oncology surgery performed by a surgical oncologist, Open heart surgery, Neurosurgery, NICU Level III services, Pneumonectomy, Transplants, and Inpatient services expected to exceed USD \$25,000. Transplants follow plan policy which require transplants be obtained at an approved Institute of Excellence (IOE) in the USA (for plans which include US access) or Joint Commission International (JCI) facility Outside the USA, for the transplant in need. Plan limitations apply and qualifying conditions are subject to change.

Approved facilities (subject to change)

All plans:

- Aetna participating providers/in-network facilities in Philippines, Taiwan and South Korea
- [AetnaInternational.com](https://www.aetna.com)

High plan only:

- United States: Aetna Institutes of Excellence and Institutes of Quality designated facilities
- [**Aetna Institutes of Excellence \(IOE\) and Institutes of Quality \(IOQ\)**](#)

Policy:

Aetna International must be your Primary Insurer; or Secondary to Medicare

Services needed meet qualifying conditions:

- Prior Authorization/approval by Aetna is required, prior to departure from the CNMI. Review may take up to two weeks from receipt of required information.

- Submit Prior Authorization request to AetnaInternationalCaseManagement@aetna.com and include:
 - Complete and legible Prior Authorization Request for Airfare Reimbursement Form
 - Medical referral by an Aetna participating provider including need for care off-island and confirmation that health services needed are not available in the CNMI, pertinent medical records, proposed travel dates and airline
- Originating airport must be in the CNMI.
- Members referred for consultation do not qualify for the Airfare Benefit unless the consultation results in service for one of the qualifying conditions.
- Benefit does not apply to medical plan deductible and/or coinsurance limit.

Request for reimbursement requirements:

Required documents include:

- Completed and signed Aetna claim form
- Signed Prior Authorization Request Form
- Aetna Prior Authorization approval
- Copy of receipt for airfare (proof of payment)
- Airline ticket, boarding pass and itinerary
- Submit all documents no earlier than 12 months from date of service (CNMI departure date) to aiservice@aetna.com
- Requests will be reviewed and processed within 60 days of receipt of required documents

Exclusions and limitations:

- Benefit is limited to once per year.
- This benefit does not cover diagnostic procedures, second opinions, air ambulance, ground transportation, meals, lodging or repatriation of mortal remains, unless otherwise noted for Transplant Services.
- Tickets will only be reimbursed in monetary value. Tickets purchased using airline credit, frequent flyer miles and/or points are not reimbursable.

Note:

Policy provisions, qualifying conditions and approved facilities may be subject to change.

Plan benefits and geographical access limitations provided by the insureds patient health plan still apply.

For more information:

Aetna International

24/7 Member Services: **800-231-7729**

[AetnaInternational.com/cnmi-ghli](https://www.AetnaInternational.com/cnmi-ghli)

For local support, contact

Pacifica Insurance Underwriters, Inc.

Monday through Friday, 8 AM to 5 PM

Tel: **670-234-6267**, Option #3



Plans and programs are underwritten or administered by Aetna Life & Casualty (Bermuda) Ltd. or Aetna Life Insurance Company (Aetna). Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies.

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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.

[AetnaInternational.com](https://www.AetnaInternational.com)

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