

GovGuam Open Enrollment

Fiscal Year 2018 Roll Over



CALVO'S
**Select
Care**
HEALTH PLANS



Buenas yan Hafa Adai!



Thank you for the continued support and patronage of the Calvo's SelectCare Health Plan. Over seventeen years ago, we started providing healthcare coverage to GovGuam employees and retirees, and today we continue providing uninterrupted and improved services. The landscape of healthcare continues to evolve and change, and we continue to innovate and improve the benefits, services, and medical networks available to you.

During FY2018, you will be able to choose from two (2) plans: the SC1500 and the HSA2000. Below are some key features of the plans that are available to you.

- Affordable Premium Rates
- A comprehensive and extensive medical network
- Fitness Reward program
- Wellness Rewards
- 100% coverage for Preventive Services without meeting the deductible in accordance with the United States Preventive Services Task Force (USPSTF), Grade A and B recommendations
- 100% Prenatal care coverage without having to meet the deductible
- 100% coverage with our gym partners: Custom Fitness, Paradise Fitness, Synergy Studios, and Unified for you and your eligible dependents
- Free membership in the Calvo's LifeStyle Club that provides you numerous savings and discounts at popular merchants on Guam
- 50% Air Ambulance discount
- Airfare to our Centers of Excellence for certain qualifying and pre-approved conditions

Our referral offices at the St. Luke's Medical Centers and The Medical City, Philippines, will continue providing superior services to our members. Through our website www.calvos.net, you are able to obtain claim payments, explanation of benefits, Summary of Benefits and Coverage (SBC), and other pertinent information.

We hope that you will notice the many improvements that will take effect during the upcoming year, and we encourage you to participate in our customer surveys as they are an important tool in evaluating and improving our services. We thank you in advance for your continued support and for the trust that you and your family have placed with us.

Si Yu'us Ma'ase

Thank you for enrolling with SelectCare!

Becoming a Member



Eligibility Information

In order to enroll in a Calvo's SelectCare health plan, you and your dependents must first meet the eligibility requirements defined in the agreement between Calvo's SelectCare and GovGuam.

You must complete an Enrollment Application and submit it with any other required documentation during an Open Enrollment period or within 30 days from the date you first become eligible for enrollment under the plan.

Subscriber Eligibility Requirements

- You must maintain legal residency in the Service Area. Calvo's SelectCare members must not be absent from the Service Area for more than 182 consecutive days.
- You must be working at least 30 hours or more per week.

Dependent Eligibility Requirements

Aside from meeting the eligibility requirements set forth by your employer, family members are eligible for coverage as dependents provided they are:

- Your legal spouse.
- Your domestic partner:
 - A domestic partner must be at least 18 years of age and must have lived with you for two consecutive years. A notarized affidavit is required.
 - A domestic partner may only be added during your employer's Open Enrollment Period or within 30 days from the date you first become eligible to enroll in the plan.
 - Children of a domestic partner, who are not your own children, are not eligible for coverage.
- Married or unmarried dependent children under the age of 26 years.
- Off-island Dependent children or children who reside outside the Service area who are between the ages of 19 thru 25 years.
 - Coverage for off-island dependent children will terminate upon reaching the age of 26 years.
- For natural children with a different last name from your own, you must provide the following:
 - A copy of the birth certificate which verifies you as a parent, or
 - A notarized government Paternity Form which verifies you as a natural parent.
- For other dependents such as step children, legally adopted children, and children you have been awarded legal guardianship, you must provide the following:
 - Birth Certificate.
 - Parents' marriage certificate (when required).
 - Legal Guardianship must be for "Full Guardianship" and not limited or shared. A copy of the guardian's latest income tax filing or an affidavit stating that the dependent will be included in the guardian's next tax filing.
 - Court documentation signed by a judge ordering adoption or legal guardianship.
 - Legal guardianship terminates no later than age 26.
 - Unborn children awarded for legal guardianship are not eligible for coverage.
- Your disabled dependent child who is beyond the limiting age may continue to be eligible provided they are incapable of self-sustaining employment due to mental retardation or physical disability.
 - Proof of total disability from a licensed medical physician is required upon enrollment.

- Proof of dependence, such as a copy of the subscriber's tax filing may be required.

- Q.M.C.S.O. or a copy of the qualified medical child support order must be provided. Children permanently residing outside the service area are only eligible to enroll in the plan if they qualify under the Q.M.C.S.O.

Enrollment Period

You may elect to enroll on any of these occasions.

- Initial Employment. You may enroll within 30 days from the date you first become eligible to enroll in the plan.
- Annual Open GovGuam Enrollment Period.
- Special Enrollment Periods: Full-time employees and their eligible dependent(s) may enroll outside of open enrollment as a result of a Qualifying Event as defined by H.I.P.A.A. Under H.I.P.A.A. a Qualifying Event is an event that causes you to lose coverage in another health plan due to:
 - Termination of spouse's coverage or death of your spouse.
 - Divorce, Annulment or Legal Separation from your spouse.
 - Medicare or Medicaid eligibility ends.

A Special Enrollment opportunity also occurs if you acquire a new dependent through:

- Birth or Adoption.
- Legal Guardianship.
- Marriage.

Enrollment Applications or Change of Status (COS) Forms and any required documents must be submitted within 30 days following a Qualifying Event. If you have lost coverage in another health plan due to a Qualifying Event, you are also required to submit a H.I.P.A.A. Certificate of Creditable Coverage from your previous plan. Your previous plan is required to issue a H.I.P.A.A. Certificate to you in a timely manner.

Your coverage will begin on the first day of the first Premium Period following receipt of your Enrollment Application by Calvo's SelectCare.

For more information, please refer to the "Summary of Federally Mandated Programs" section of your Member this Handbook.

Adding Dependents and Changes to your Coverage

You are able to enroll your new dependent(s), if you get married, obtain legal guardianship, adopt a child or have a newborn baby as long as they meet the eligibility requirements. Coverage begins on the first day of a Premium Period, however, coverage for newborn dependents begins at birth, and coverage for adopted dependents begins on the actual date of custody of the dependent.

If you do not enroll your dependents within the 30 day period from when they first become eligible, you would have to wait to enroll them during GovGuam's next Open Enrollment Period.

To add dependents, you, as the subscriber must notify Calvo's SelectCare in the following manner:

- Complete a "Change of Status" Form (COS),
- Complete a "Health Statement" Form (when required by the plan),
- Submit all Required Documentation as outlined above,
- Make your request within 30 days of your dependent first becoming eligible.

Updating Your Information

Your Enrollment Application contains pertinent information. This information is very important because it identifies you and your dependent(s) as eligible members. Please inform our Customer Service Department immediately of any error on your Member ID Card or any changes in name, address, phone numbers or email address.

Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
Deductible Per Individual Member (Class 1)	\$2,000	\$4,000**
Deductible Per Family (Classes 2-4) If a member meets their \$2,600, the plan begins to pay for covered services for that individual	\$4,000	\$12,000**
COVERAGE MAXIMUMS Individual member annual maximum	NONE	NONE
OUT OF POCKET MAXIMUMS (including deductible and co-pays) Per Individual member per policy year Per Family per policy year	\$4,000 \$12,000	No Maximum No Maximum
Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers (Pre-Certification Required)	Requires a Referral from your Doctor and approval in advance from the plan	

Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider	Participating Providers Deductible does not apply to this benefit	Non-participating Providers after Deductible is met:
PREVENTIVE SERVICES (Out-Patient Only) Includes Annual Preventive Exam and Preventive Lab Services In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations (Guam and Philippines only)	Plan pays 100%	Not Covered
IMMUNIZATIONS/VACCINATIONS In accordance with the guidelines established by the Advisory Committee on Immunization Practices.	Plan pays 100%	Not Covered
PRE-NATAL CARE including Routine Labs and 1st Ultrasound	Plan pays 100%	Not Covered
WELL-CHILD CARE Infancy (Newborn to nine months) Maximum 7 visits Early Childhood (One to four years old) Maximum 7 visits Middle Childhood / Adolescence (Five to seventeen years old) Maximum 1 visit per year In accordance with the Bright Futures / American Academy of Pediatrics recommendations for Preventive Pediatric Health Care	Plan pays 100%	Not Covered
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), and the Women's Health and Cancer Act	Plan pays 100%	Not Covered

Deductible must be met for the following services	Participating Providers after Deductible is met:	Non-participating Providers after Deductible is met:
ACUPUNCTURE 30 visits per member per plan year	Plan pays 80% Member pays 20%	Not Covered
AIDS TREATMENT Exclusive of Experimental drugs	Plan pays 80% Member pays 20%	Not Covered
AIRFARE BENEFIT to Centers of Excellence only For members who meet qualifying conditions, SelectCare provides roundtrip airfare (Plan Approval Required)	Plan pays 100%	Not Covered
ALLERGY TESTING \$1,000 per member per plan year	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
ANNUAL EYE EXAM Once Per Member per Plan Year	\$20 Member Co-Payment Covered in Guam only	Not Covered
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
BREAST RECONSTRUCTIVE SURGERY (In accordance with 1998 W.H.C.R.A)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CARDIAC SURGERY	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CATARACT SURGERY Outpatient Only (including conventional lens)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CHEMICAL DEPENDENCY	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CHEMOTHERAPY BENEFIT	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CHIROPRACTIC CARE 30 visits per member per plan year	Plan pays 80% Member pays 20%	Not Covered
CONGENITAL ANOMALY DISEASES COVERAGE	Plan pays 80% Member pays 20%	Not Covered
DIAGNOSTIC TESTING MRI, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
DURABLE MEDICAL EQUIPMENT (DME) The lesser amount between the Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, nebulizer machine or oxygen and accessories when prescribed by a Physician standard CPAP, suction machines, or oxygen and accessories when prescribed by a Physician (Pre-Certification Required)	Plan pays 80% Member pays 20% of the total rental cost or Purchase	Not Covered
ELECTIVE SURGERY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%

* Eligible Charges for Non-Participating Providers are limited to the lesser of actual charges or Medicare's participating provider fee schedule in the geographic location where the service was rendered, unless otherwise provided in the Agreement. The Covered Person pays any excess above Eligible Charges. ** A separate deductible applies for services rendered by non-participating providers



A full list of the Medical Exclusions can be found in the GovGuam FY2018 Member Handbook. Visit calvos.net to download the PDF.

Deductible must be met for the following services	Participating Providers after Deductible is met:	Non-participating Providers after Deductible is met:
EMERGENCY CARE 1. On/Off Island emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only) For off-island emergencies, plan must be contacted and advised within 48 hours	Plan pays 80% Member pays 20%	Plan pays 80%* Member pays 20%*
END STAGE RENAL DISEASE / HEMODIALYSIS	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
HEARING AIDS Maximum \$500 per member per plan year	Plan pays 80% Member pays 20%	Not Covered
HOSPITALIZATION & INPATIENT BENEFITS 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	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
IMPLANTS Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices (Limitations apply, please refer to contract)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
INHALATION THERAPY	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
MATERNITY CARE Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 70% Member pays 30%
NUCLEAR MEDICINE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
OCCUPATIONAL THERAPY 20 Visits per Plan Year. (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
ORGAN TRANSPLANT including, but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea. Donor expenses are covered. (Pre-Certification Required)	Plan pays 80% Members pay 20%	Plan pays 70%* Member pays 30%
ORTHOPEDIC CONDITIONS Internal and External Prosthesis	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
OUTPATIENT PHYSICIAN CARE & SERVICES 1. Primary Care visits 2. Specialist Care Visits 3. Urgent Care Centers 4. Voluntary Second Surgical Opinion 5. Mental Health Care 6. Home Health Care Visit (Pre-Certification Required) 7. Hospice Care in Guam only, maximum 180 days at a maximum of \$150 per day (Pre-Certification Required) 8. Outpatient Laboratory 9. X-Ray Services 10. Injections (Does not include those on the Specialty Drugs List and Orthopedic injections)	\$20 Member Co-Payment \$40 Member Co-Payment \$20 Member Co-Payment \$40 Member Co-Payment \$20 Member Co-Payment Plan pays 100% \$40 Member Co-Payment \$20 Member Co-Payment \$20 Member Co-Payment \$20 Member Co-Payment	Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Not Covered Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50%
PHYSICAL THERAPY (Pre-Certification Required)	Plan pays 80% for the first 20 visits and 50% thereafter	Plan pays 50%* Member pays 50%
PRESCRIPTION DRUGS 1. Formulary Generic Drugs per prescription unit 2. Prescribed Over-The-Counter Drugs (Guam only) 3. Formulary Brand Name Drugs per prescription unit 4. Mail Order (excluding Specialty Drugs) 5. Non-Formulary (Medically Necessary Only and Pre-Certification Required) 6. Specialty Drugs (Medically Necessary Only and Pre-Certification Required)	\$15 Member Co-Payment (30 day supply) \$15 Member Co-Payment (30 day supply) \$30 Member Co-Payment (30 day supply) Co-Payment waived \$60 Member Co-Payment (30 day supply) \$100 Member Co-Payment (30 day supply)	Plan pays 50% of Average Wholesale Price Not Covered
RADIATION THERAPY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
ROBOTIC SURGERY/ROBOTIC SUITE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
SLEEP APNEA Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
STERILIZATION PROCEDURES 1. Vasectomy (Outpatient Only)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
VISION CARE Hardware up to \$150	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%

Additional Benefits: What the plan covers	Participating Providers	Non-participating Providers after Deductible is met:
WELLNESS Wellness Benefit at a Wellness Center 1. Dr. Horinouchi's Wellness Clinic 2. Guam SDA Wellness Center	Plan pays 80% of the first \$200 Member pays 20% of the first \$200 Plan pays 50% of charges thereafter	Not Covered
Fitness Benefit: Deductible not required 1. Custom Fitness 2. Paradise Fitness Center 3. Synergy Studios 4. Unified	Plan pays 100%	Not Covered

* Eligible Charges for Non-Participating Providers are limited to the lesser of actual charges or Medicare's participating provider fee schedule in the geographic location where the service was rendered, unless otherwise provided in the Agreement. The Covered Person pays any excess above Eligible Charges. ** A separate deductible applies for services rendered by non-participating providers



A full list of the Medical Exclusions can be found in the GovGuam FY2018 Member Handbook. Visit calvos.net to download the PDF.

Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
Deductible Per Individual Member (Class 1)	\$1,500	\$3,000**
Deductible Per Family (Classes 2-4) If a member meets their \$1,500, the plan begins to pay for covered services for that individual	\$3,000	\$9,000**
COVERAGE MAXIMUMS Individual member annual maximum	NONE	NONE
OUT OF POCKET MAXIMUMS (including deductible and co-pays) Per Individual member per policy year Per Family per policy year	\$3,000 \$9,000	No Maximum
Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers (Pre-Certification Required)	Requires a Referral from your Doctor and approval in advance from the plan	

Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider	Participating Providers Deductible does not apply to this benefit	Non-participating Providers after Deductible is met:
PREVENTIVE SERVICES (Out-Patient Only) Includes Annual Preventive Exam and Preventive Lab Services In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations (Guam and Philippines only)	Plan pays 100%	Not Covered
IMMUNIZATIONS/VACCINATIONS In accordance with the guidelines established by the Advisory Committee on Immunization Practices	Plan pays 100%	Not Covered
PRE-NATAL CARE including Routine Labs and 1st Ultrasound	Plan pays 100%	Not Covered
WELL-CHILD CARE Infancy (Newborn to nine months) Maximum 7 visits Early Childhood (One to four years old) Maximum 7 visits Middle Childhood / Adolescence (Five to seventeen years old) Maximum 1 visit per year In accordance with the Bright Futures / American Academy of Pediatrics recommendations for Preventive Pediatric Health Care	Plan pays 100%	Not Covered
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), And the Women's Health and Cancer Act	Plan pays 100%	Not Covered

Deductible does not apply to these benefits when you go to a Participating Provider (co-payments do not accrue towards deductible)	Participating Providers Deductible does not apply to this benefit	Non-participating Providers after Deductible is met:
ANNUAL EYE EXAM Once Per Member per Plan Year	\$20 Member Co-Payment Covered in Guam only	Not Covered
OUTPATIENT PHYSICIAN CARE & SERVICES 1. Primary Care visits 2. Specialist Care Visits 3. Urgent Care Centers 4. Voluntary Second Surgical Opinion 5. Mental Health Care 6. Home Health Care Visit (Pre-Certification Required) 7. Hospice Care in Guam only, maximum 180 days at a maximum of \$150 per day (Pre-Certification Required) 8. Outpatient Laboratory 9. X-Ray Services 10. Injections (Does not include those on the Specialty Drugs List and Orthopedic injections)	\$20 Member Co-Payment \$40 Member Co-Payment \$20 Member Co-Payment \$40 Member Co-Payment \$20 Member Co-Payment Plan pays 100% \$40 Member Co-Payment \$20 Member Co-Payment \$20 Member Co-Payment \$20 Member Co-Payment	Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30% Plan pays 50%* Member pays 50% Plan pays 70%* Member pays 30% Not Covered Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30%
PRESCRIPTION DRUGS 1. Formulary Generic Drugs per prescription unit 2. Prescribed Over-The-Counter Drugs (Guam only) 3. Formulary Brand Name Drugs per prescription unit 4. Mail Order (excluding Specialty Drugs) 5. Non-Formulary (Medically Necessary Only and Pre-Certification Required) 6. Specialty Drugs (Medically Necessary Only and Pre-Certification Required)	\$15 Member Co-Payment (30 day supply) \$15 Member Co-Payment (30 day supply) \$30 Member Co-Payment (30 day supply) Co-Payment waived \$60 Member Co-Payment (30 day supply) \$100 Member Co-Payment (30 day supply)	Plan pays 50% of Average Wholesale Price Not Covered
VISION CARE Hardware up to \$150	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

Deductible must be met when you go to a Participating and Non-Participating Provider	Participating Providers after Deductible is met:	Non-participating Providers after Deductible is met:
ACUPUNCTURE 30 visits per member per plan year	Plan pays 80% Member pays 20%	Not Covered
AIDS TREATMENT Exclusive of Experimental drugs	Plan pays 80% Member pays 20%	Not Covered
AIRFARE BENEFIT to Centers of Excellence only For members who meet qualifying conditions, SelectCare provides roundtrip airfare (Plan Approval Required)	Plan pays 100%	Not Covered

* Eligible Charges for Non-Participating Providers are limited to the lesser of actual charges or Medicare's participating provider fee schedule in the geographic location where the service was rendered, unless otherwise provided in the Agreement. The Covered Person pays any excess above Eligible Charges. ** A separate deductible applies for services rendered by non-participating providers



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Deductible must be met when you go to a Participating and Non-Participating Provider	Participating Providers after Deductible is met:	Non-participating Providers after Deductible is met:
ALLERGY TESTING \$1,000 per member per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BREAST RECONSTRUCTIVE SURGERY (In accordance with 1998 W.H.C.R.A.)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CARDIAC SURGERY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CATARACT SURGERY Outpatient Only (including conventional lens)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHEMICAL DEPENDENCY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHEMOTHERAPY BENEFIT	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHIROPRACTIC CARE 30 visits per member per plan year	Plan pays 80% Member pays 20%	Not Covered
CONGENITAL ANOMALY DISEASES COVERAGE	Plan pays 80% Member pays 20%	Not Covered
DIAGNOSTIC TESTING MRI, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
DURABLE MEDICAL EQUIPMENT (DME) The lesser amount between the Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, nebulizer machine or oxygen and accessories when prescribed by a Physician standard CPAP, suction machines, or oxygen and accessories when prescribed by a Physician (Pre-Certification Required)	Plan pays 80% Member pays 20% of the total rental cost or Purchase	Not Covered
ELECTIVE SURGERY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
EMERGENCY CARE 1. On/Off Island emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only) For off-island emergencies, plan must be contacted and advised within 48 hours	Plan pays 80% Member pays 20%	Plan pays 80%* Member pays 20%*
END STAGE RENAL DISEASE / HEMODIALYSIS	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HEARING AIDS Maximum \$500 per member per plan year	Plan pays 80% Member pays 20%	Not Covered
HOSPITALIZATION & INPATIENT BENEFITS 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	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
IMPLANTS Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices (Limitations apply, please refer to contract)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
INHALATION THERAPY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
MATERNITY CARE Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 70% Member pays 30%
NUCLEAR MEDICINE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
OCCUPATIONAL THERAPY 20 Visits per Plan Year. (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
ORGAN TRANSPLANT including, but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea. Donor expenses are covered. (Pre-Certification Required)	Plan pays 80% Members pay 20%	Plan pays 70%* Member pays 30%
ORTHOPEDIC CONDITIONS Internal and External Prosthesis	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
PHYSICAL THERAPY (Pre-Certification Required)	Plan pays 80% for the first 20 visits and 50% thereafter	Plan pays 70%* Member pays 30%
RADIATION THERAPY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ROBOTIC SURGERY/ROBOTIC SUITE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SLEEP APNEA Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
STERILIZATION PROCEDURES 1. Vasectomy (Outpatient Only)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

Additional Benefits: What the plan covers	Participating Providers	Non-participating Providers after Deductible is met:
WELLNESS Wellness Benefit at a Wellness Center 1. Dr. Horinouchi's Wellness Clinic 2. Guam SDA Wellness Center	Plan pays 80% of the first \$200 Member pays 20% of the first \$200 Plan pays 50% of charges thereafter	Not Covered
Fitness Benefit: Deductible not required 1. Custom Fitness 2. Paradise Fitness Center 3. Synergy Studios 4. Unified	Plan pays 100%	Not Covered

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Your Benefits: Subject to the Specific limitations which are contained in the Group Health Certificate, SelectCare pays:	Participating Providers	Non-participating Providers
Diagnostic & Preventive Care 1. Caries Susceptibility Test 2. Exams (including Treatment Plan) (Once every 6 months) 3. Fluoride Treatment (Annually for children age 19 & under) 4. Prophylaxis (Cleaning of teeth) once every 6 months 5. Sealants (For permanent molars of children age 15 & under) 6. Space maintainers (For children age 15 & under) includes adjustments within 6 months of installation 7. Study Models 8. X-rays (Bite Wing Maximum of 4 per Plan Year) 9. X-rays (Full Mouth, once every 3 years)	100% of Eligible Expenses	70% of Eligible Expenses
Basic & Restorative Care General Services 1. Emergency Care (During office hours) 2. Pulp Treatment 3. Routine Fillings (Silver & composite resin) 4. Simple Extractions 5. Complicated Extractions 6. Extraction of impacted teeth 7. Periodontal Prophylaxis (Cleaning once every 6 months) 8. Periodontal Treatment 9. Pulpotomy & Root Canals/Endodontic Surgery and Care 10. Conscious Sedation and Nitrous Oxide for children under the age of 13	80% of Eligible Expenses	70% of Eligible Expenses
Major & Replacement Care Fixed Prosthetics 1. Crowns 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration (Once every 5 years) Removable Prosthetics 1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. Each anesthesia, but only if medically or dentally necessary 4. Relines 5. Denture Repair	50% of Eligible Expenses	35% of Eligible Expenses
Deductible	None	None
Registration Fee Per Visit To Dentist	None	None
Coverage Maximums Per Member per Plan Year	\$1,000	

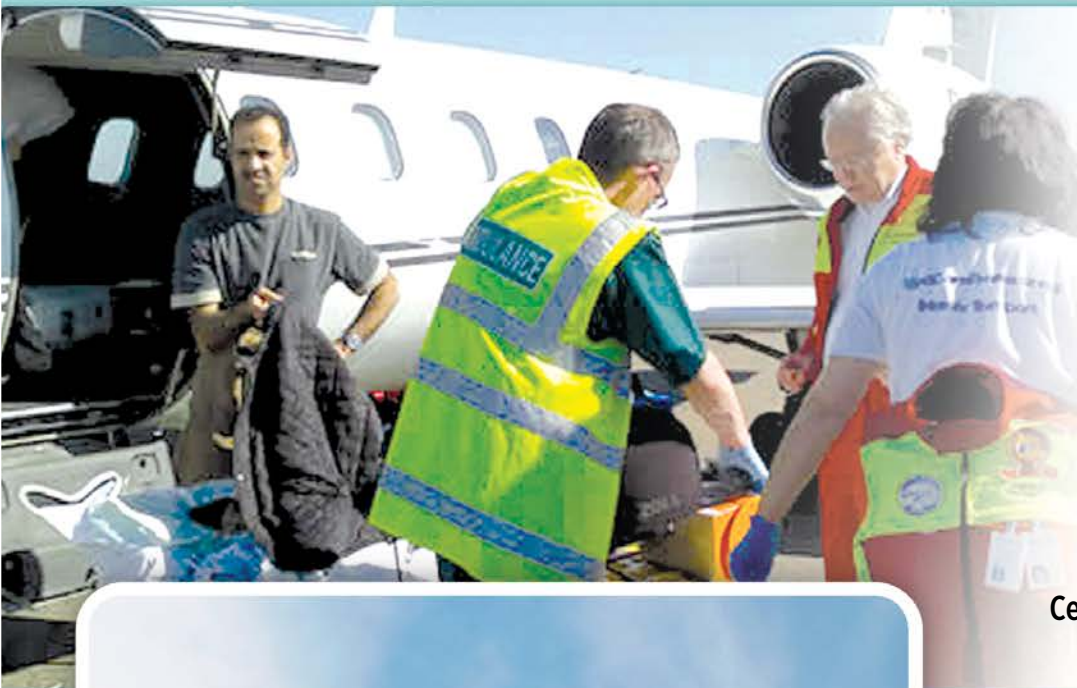
Terms:

1. Unused balances are not transferable to the following year.
2. Charges for Non-participating Providers are limited to the lesser of actual charges of the Company's determination of the usual, customary and reasonable charge in geographic location where the service was rendered, unless otherwise provided in the agreement.
3. The Covered member pays any excess above Eligible Charges.



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Life-Saving Benefits



Air Ambulance Services

**50% off
Air Ambulance
Services!**

Air Ambulance Carrier and
Plan approval required.
Certain qualifying conditions apply.



Airfare Benefit

When certain critical conditions occur, you may qualify for round trip airfare to include:

- The member needing care
- An escort to provide assistance
- A medical escort, is medically necessary

This benefit applies to our Center of Excellence Network only. Pre-certification and Pre-approval is required.

Wellness and Fitness

Our wellness programs provide a very dynamic and rewarding opportunity for our members to improve their LifeStyle and become healthier.

Health Risk Assessment

You could be at risk for cancer or heart disease. Do you know how to reduce this risk? Health Risk Assessments are an easy way to discover your potential risks.

Take our simple, secure, online health assessment. All answers are confidential. See questions about your health habits and history.

- Get reports uncovering risks you may not know about
- Identify health concerns that need your attention
- Find out your next steps to getting and staying healthy
- Share your reports with your doctor



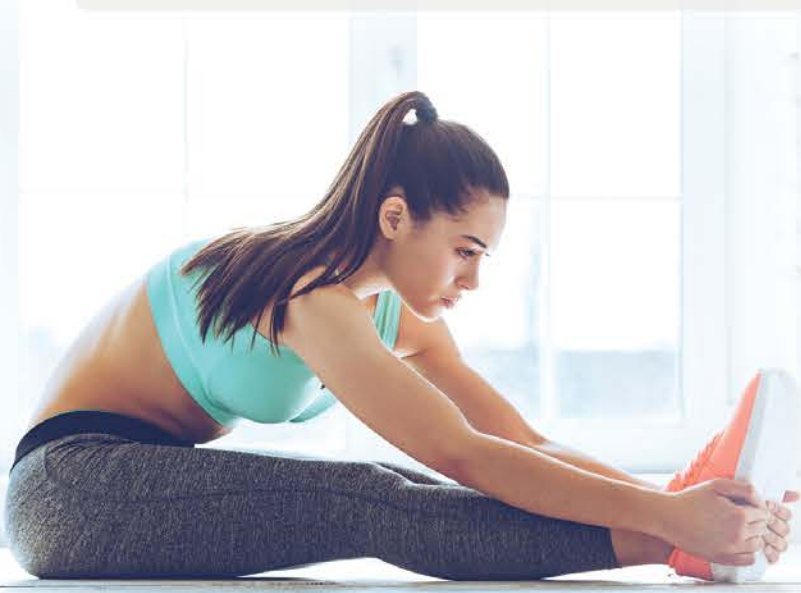
FREE to all Calvo's SelectCare Members!

Have fun and invigorate your body with one of our many fitness classes. With classes like Zumba, Hip Box, Barre Sweat, and Water Aerobics, you're guaranteed an exciting workout. Designed to suit all ages and abilities, all classes are delivered by high-quality, professionally certified instructors.

- Classes are on a First-Come, First-Served Basis
- Must present Calvo's SelectCare identification card at reception area

Classes held at Synergy East Hagåtña and Maite locations

For more information, please contact Customer Service
Phone: (671) 477-9808 Email: wellness@calvos.com



Healthy Coaching: Wellness Classes

Some programs require fees and/or co-pays and pre-approval by plan



Free Programs:

Wellness Consultation, Diabetes Wellness Program, Stop Smoking, Childbirth Preparation Class
Free classes on a first come, first serve basis!

Programs at 50% Discount

Newstart, Seven-day Detox, Intense Raw Juice Detox



Free Programs

Diabetes Clinic, Cholesterol and Hypertension Clinic, Weight Loss Clinic, Smoking Cessation, Stress Management
Free classes on a first come, first serve basis!

GovGuam On Site Wellness Activities

- Aerobics
- Body Combat
- Cardio Circuit
- CrossFit
- TRX
- Walking Sessions
- Yoga
- Mixed Fit

Health and Wellness Rewards

Members can participate in multiple wellness incentive programs that will allow them to earn up to a maximum of \$200 per self only enrollment or \$400 per self and family enrollment for the benefit year. Incentive amounts will be calculated 60 days after the end of the policy or contract period or year, and payment will be made within 30 days after the calculation date. Members must complete a claim reimbursement form and submit to Calvo's SelectCare along with proper documentation in order to claim benefit. Services must be provided by a participating provider.



Completion of the SelectCare Online Health Risk Assessment (HRA) by covered adults, age 18 and older, once per benefit year.	Completion of biometric screening (weight, blood pressure, glucose, cholesterol and BMI) by covered adults, age 18 and older, once per benefit year.	Annual physician office visit for diabetes with HgA1c testing by covered individuals with Diabetes Type 2, once per benefit year.	Annual physician office visit with LDL-C testing for conditions with high-cholesterol by adults, age 18 and older, once per benefit year.
Earn \$25.00	Earn \$25.00	Earn \$25.00	Earn \$25.00
Annual physician office visit for women, ages 42-69, for breast cancer and screening mammogram once per benefit year.	Annual physician office visit for colorectal cancer for ages 50 and above with any of the following services: colonoscopy or sigmoidoscopy, once per benefit year.	Annual physician office visit for cervical cancer for women, ages 21-64, with pap smear once per benefit year.	Completion of SelectCare's Smoking Cessation Program by adults, age 18 and older, once per benefit year.
Earn \$25.00	Earn \$25.00	Earn \$25.00	Earn \$25.00

Gym/Fitness Reward

Members will be rewarded \$75 for each GovGuam quarter by working out 10 days per month for three (3) consecutive months.

Members may enjoy exclusive no-cost memberships at several gym/fitness partners (Must be 18 yrs. or older)



To earn the Gym/Fitness Reward, members must complete the following requirements:

- Enroll and complete the Calvo's SelectCare Health Risk Assessment
- Select one of our gym/fitness partners and receive your validation card
- Work out at least ten (10) days per month at the selected gym/fitness partner for three consecutive months per GovGuam quarter
GovGuam Quarters: October to December, January to March, April to June, July to September
- Get your fitness card validated each day you work out
- Submit the completed validation cards to our administrative office no later than sixty (60) days after the end of each quarter

Rewards will be paid within sixty (60) days after the proper submissions of the fitness cards

Fitness Partners

100% Coverage for GovGuam Members



Paradise Fitness Center

Hagåtña
Tel: 475-2100/1

Dededo
Tel: 635-2100/1



Custom Fitness

Anigua
Tel: 989-0436



Synergy Studio

Maite
Tel: 472-9642

Hagåtña
Tel: 472-7674



Unified

Tamuning
Tel: 969-8641

Discounted Rate for GovGuam Members

STEEL
ATHLETICS
STEEL Athletics

Tamuning
Tel: 922-8888

\$40 a Month
No Enrollment Fee

Calvo's SelectCare on the Web

Members can get information and access via the internet:

- View Claims Information
- Find a Provider
- Look through your Benefits
- Review your Member Handbook
- View the Summary of Benefits Coverage

Visit calvos.net today!



The OptumRx Mobile App is designed for wellness on-the-go

- Stay on top of medication refills
- Show your doctor exactly what medications you are taking
- Pull up your medication history anytime
- Learn about medication side effects & interactions and much more
- Compare drug prices
- On-the-go access to your personalized health information

Download the app to take advantage of the benefits your pharmacy plan offers



Low Cost Mail-Order Prescription

Prescriptions Drug costs add up. Our mail service pharmacy can help you save money.

The convenient and cost-effective way to get your prescriptions filled!



The Calvo's Lifestyle Club Mobile App Is Here!

Download the app on your mobile device to find out the latest discounts and offers from our Lifestyle Club partners!

DINING

Partners in the Dining category include: Applebee's, aqua, BEACHBOP SHRIMP, BURGER KING, california PIZZA KITCHEN, CAPRICIOSA, CRUST, Delmonico kitchen & bar, DESPERADOS TEX-MEX, Hard Rock CAFE, The Deli, GERMANS BAKERY, HYATT REGENCY, IHOP, YAKAYA, LACASCATA, Loa Seine Stylish Buffet, Linda's COFFEE, LOBBY LOUNGE, FROOTS, The Deli, Mankattan, CANAL, OUTBACK STEAKHOUSE, PACIFIC STAR, PALM CAFE, POLIPIPI, TRUOGI'S, Tasi GRILL, gourmet, TERRAZZA, MATTY'S, Maske, The whispering Palms, PACIFIC STAR, TONYROMA'S RIBS · SEAFOOD · STEAKS, Onward Beach Resort, and taTe cafe.

LEISURE

Partners in the Leisure category include: ANNA SUI, I Marine Drive, chandara Spa, Bestseifer, GOPLAY, docomo pacific, ESPRIT, Heaven Scent, drop, GUM CHOCOLATE, islandphotobox, SANTA FE, j Saguá Spa, JOVA'S, S-STYLE, Royal Bics, and Micronesia Mall and Arena Center Stadium Theatres.

AUTO

Partners in the Auto category include: ELEGANT REFLECTIONS, ADVANCED AUTO CARE, proline, Quick Lane, CAR audio image, TRIPLE J TIRE & BATTERY, IP&E, TINTING, TINTING, PARADISE AUTO SPA, and TRIPLE J AUTO GROUP.

WELLNESS

Partners in the Wellness category include: YAMAHA, CHIROPRACTIC CLINIC, Wellness Clinic, NEWGEN, SYNERGY, HARDT EYE CLINIC, MARIANAS VET CARE, GLASS HEARING DOCTORS, CROSSFIT, and LATTE BULLY.

HOME

Partners in the Home category include: Carrier, ERC, ERC, Town House Furniture & Appliance, Tropical Living, Interiors, CLEAN CARE, and Town House Mattresses.

Pay-Less SUPERMARKETS

- 10% OFF All Natural & Organic Items and Produce
- 5% OFF All Produce (Saturdays only)
- 10% OFF Any Floral Arrangement with a minimum purchase of \$25.00

(As Advertised Items NOT included)



Get your Lifestyle Club card on your mobile device today!

You will now be able to display your card on your mobile device when shopping, dining, or relaxing!



Get your card on your mobile device! Download your app today!

Emergency and Urgent Care Facilities

When urgent or emergency care is needed, you have access to the following providers



388 Ypao Road,
Tamuning

Phone: 646-8881/2
Fax: 647-2557



655 Harmon Loop Road,
Ste. 108, Harmon

Phone: 633-4447
Fax: 633-4452



133 Route 3,
Dededo

Phone: 645-5500
Fax: 645-5501



850 Gov Carlos G Camacho Rd,
Tamuning

Phone: 647-2555/9
Fax: 649-5508



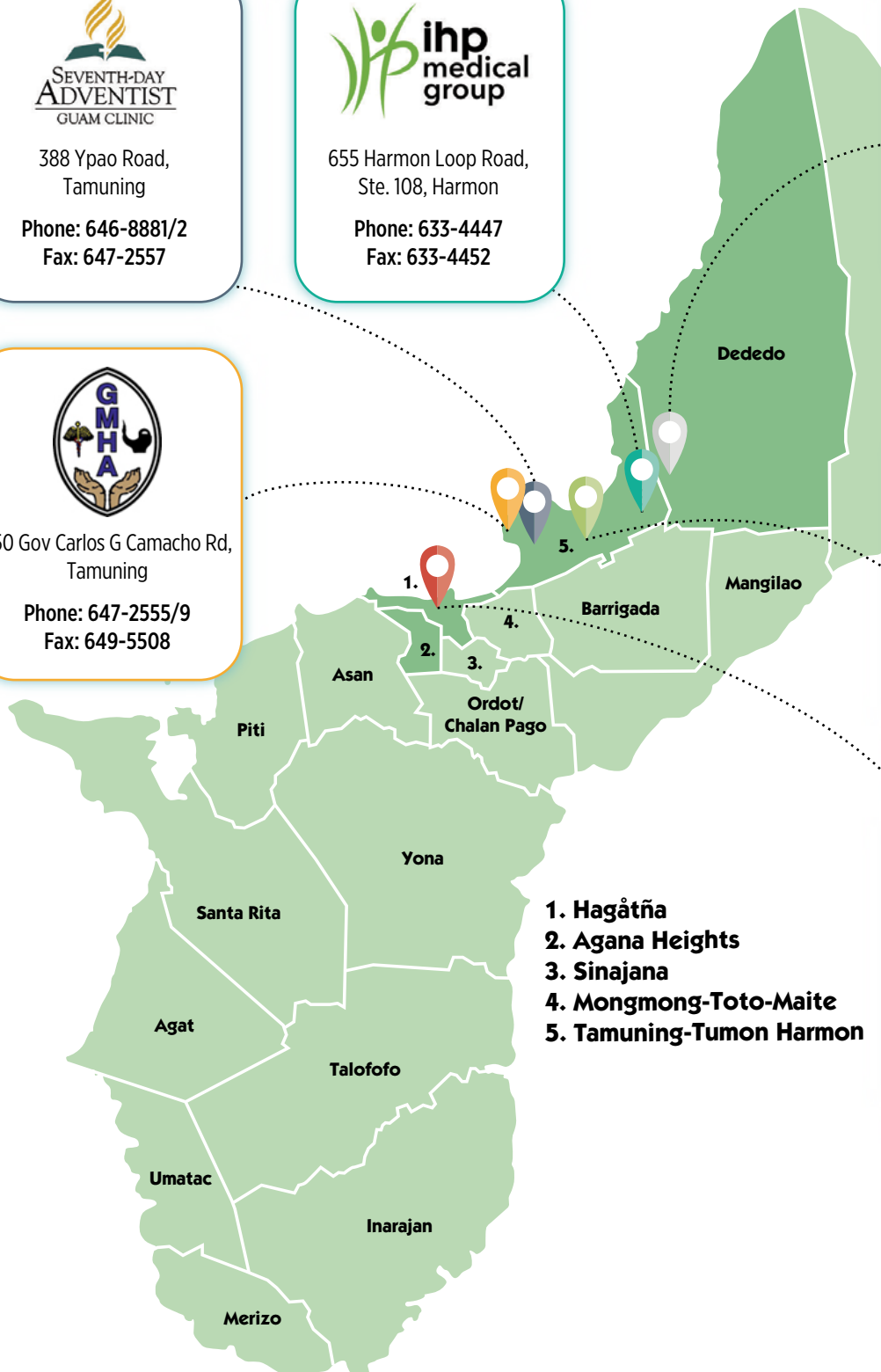
1244 N. Marine Corps Drive,
Upper Tumon

Phone: 647-8261/2
Fax: 647-8257



Nambo Guahan Bldg. Ste. 203,
250 Rte. 4, Hagatña

Phone: 475-6500/1/2
Fax: 475-6520



1. Hagatña
2. Agana Heights
3. Sinajana
4. Mongmong-Toto-Maite
5. Tamuning-Tumon Harmon

Our comprehensive provider network offers choices to quality providers for you!

Local, National, and International access to thousands of doctors, hospitals, dental and vision care providers



California

Doctor's Medical Center of Modesto
 Good Samaritan Hospital
 Long Beach Memorial Medical Center
 St. Vincent Medical Center
 White Memorial Medical Center

Advanced Urology Medical Group
 Anaheim Global Medical Center
 Cedars-Sinai Medical Center
 Chapman Global Medical Center
 Children's Hospital of Los Angeles
 Keck Hospital of USC
 Orange County Global Medical Center
 South Coast Global Medical Center
 St. John's Health Center
 USC Norris Cancer Center
 USC Verdugo Hills Hospital

Philippines

Cardinal Santos Medical Center
 Makati Medical Center
 Manila Doctor's Hospital
 National Kidney and Transplant Institute
 St. Luke's Medical Center: Global City, Manila
 St. Luke's Medical Center: Quezon City, Manila
 The Medical City: Clark Freeport Zone, Pampanga
 The Medical City: Molo, Iloilo City
 The Medical City: Pasig City, Manila

Taiwan

China Medical University Hospital
 Shin Kong Wu Ho-Su Memorial Hospital
 Taiwan Adventist Hospital

Hawaii

Kapiolani Women & Children's Hospital
 Straub Clinic and Hospital
 The Cancer Center of Hawaii
 University Clinical Education Research Associates

Hong Kong

Hong Kong Adventist Hospital - Stubbs Road

Japan

Kameda Medical Center
 Kameda Kyobashi Clinic

Korea

Samsung Medical Center

■ Off-Island Provider: Center of Excellence ■ Off-Island Provider 📍 Hospital Addition



U.S. PPO

Off-Island dependents have access to over **800,000 providers** in the U.S.A through the PHCS/MultiPlan network
www.multiplan.com

Care for Off-Island Services must be pre-approved by Calvo's SelectCare

Providers: Participating Guam Doctors and Dentists

Providers may change from time to time, we encourage you to call our customer service department.

Doctors

Anesthesia

De Guzman, Fernan*
Lim, Reynald
Lopez, Virgilio

Cardiology

Giambartolome, Alessandro
Inaba, Yoichi*
Kim, Byungsoo*
Quiros, Juan - VISITING*
Yousufi, Umair*

E.N.T. (Otorhinolaryngology)

Castro, Jerry*

Endocrinology

Alford, Erika
Arakawa, Timothy
Innerfield, Ronald
Rubio, Joel

Family Practice

Adolphson, Arania
Akimoto, Vincent*
Anderson, Mark*
Arkless, Tyler*
Beckett, Mary*
Biewenga, Melissa
Bryson, Julie*
Campus, Hieu*
Cook-Hyunh, Mariana
Cruz, Luis*
Esteba, April*
Flores, Lisa*
Frickel, Wendy
Galgo, Geoffrey
Gerling, William*
Lee, Delores*
Loder, Bryce
Lom, Jitka
Lombard, Gabriel*
Lujan, Davina*
Lyons, Clifford
Mariano, Maria*
Marzullo, William
Massey, Joel
McCreedy, Sam
Miyagi, Shishin*
Namm, Julie*
Nguyen, Hoa Van*
Nguyen, Luan

Nozaki, James K.*
Richardson, Ian
Samaniego, Maria
Santos, Patrick
Schroeder Jr., Edmund*
Silan, Rodolfo
Terlaje, Ricardo*
Thanapandian, Kamala

Geriatrics

Liu, Pei-Chang*
Ouhadi, Faraz*
Santos, Mary Grace*
Schroeder Jr., Edmund*

Hematology

Friedman, Samuel
Sanchez-Varela, Ana*

Infectious Disease Medicine

Magcalas, Edgardo*
Ursales, Anna Leigh*
Yamamoto, Michelle

Internal Medicine

Agustin, Michael
Alford, Erika*
Ally, Insaf*
Arcilla, Leopoldo*
Chang, Young
Chenet, Alix
Cruz, Jeffrey*
Cruz, Olivia
DeGuzman, Eugene*
Duenas, Vincent A.*
Gilbert, Russell*
Granada, Wilfredo*
Guzman, Pablo
Iampornpipopchai, Pichet
Inaba, Yoichi*
Kallingal, Matilda
Kang, Jiyeong*
Lim, Doris*
Lim Jr., Johnny*
Lizama, Florencio Larry T.*
Magcalas, Edgardo*
Nerves, Robert C.*
Ouhadi, Faraz*
Preston, Donald*
Rubio, Joel*
Safa, Saied*

Samonte, Romeo*
Santos, Mary Grace*
Taitano, John Ray*
Ursales, Anna Leigh*
Uy, Clarence*
Villa, Eden
Yamamoto, Michelle

Neonatology

Concina, Vanessa
Numpang, Ben

Nephrology

DeGuzman, Eugene*
Iampornpipopchai, Pichet
Nerves, Robert C.*
Phillips, Sherif*
Sanchez-Varela, Ana*
Safa, Saied*

Neurology

Carlos, Ramel*
Hale, Justin*
Slattery, Michael

OB/GYN

Bez, Ellen
Bieling, Friedrich*
Bordallo, Annie U.
Hirata, Greigh - VISITING
Jensen, Faye*
Miller, Vanessa*
Sidell, Jonathan*
Shieh, Thomas
Walton, Kimberly

Oncology

Au, Kin-Sing*
Friedman, Samuel
Guzman, Pablo
Huang, Chen*
Ko, Song-Chu
Sanchez-Varela, Ana

Ophthalmology

Burton, Gregory P.
DeBenedictis, Marjorie*
Flowers, Charles
Jack, Robert*
Lombard, Peter*
Margalit, Eyal
Ng, Eugene - VISITING*
Pang, Pierre - VISITING

Parks, David - VISITING
Smith, Anthony
Wresh, Robert*

Orthopedics

Arafiles, Ruben*
Cunningham, Glenn*
Galang, Carmelino
Kim, Andrew

Pain Management

De Guzman, Fernan*

Pediatrics

Blancaflor, Maria
Carrera, Yolanda
Concina, Vanessa
Del Rosario, Amanda
Domalanta, Dina
Fojas, Milliecor
Garcia, Antonio
Garrido, John
Linsangan, Gladys
Manaloto, Cristina
Numpang, Ben
Oiso, Akio
Santos, Edna
Sarmiento, Dennis
Shimabukuro, Kozue
Um, Michael

Podiatry

Borja, Teresa*
Mina, Sarah*
Prins, Dustin*
Sangalang, Melinda*
Silan, Noel*

Preventive Care

Horinouchi, Keith

Pulmonology/Critical Care

Agustin, Michael*
Aguon, Joleen*
Gilbert, Russell*
Gonzalez-Huertas, Jose*

Radiology

Berg, Nathaniel*
Hu, Ningmei
Khandelwal, Ashish*
Lizama, Vincent

Mallikarjunappa, M.K.
Martinez, Roberto*
Mudd, David Michael
Packianathan, Xavier
Schneider, Michael
Shay, Jeffery*
Tan, Kenneth
Taylor, Laura*
Thorisson, Hjalti
Young, John

Sleep Medicine

Barthlen, Gabriele*
Slattery, Michael

Surgery- General

Cruz, Michael*
Eusebio, Ricardo B.*
Go, Peter*
Hughes, Melany*
Im, Sunggeun*
Kobayashi, Ronald*
LeVeen, Eric*
Li, Doris Sophia*
Rahmani, Kia*
Sandy, Gisella*
Saw, Eng *

Surgery- Hand & Microsurgery

Landstrom, Jerone*

Surgery- Neurological

Hayashida, Steven
Powell, Neil Gary
Taniguchi, Raymond - VISITING*
Weingarten, David

Surgery- Plastic & Reconstructive

Fegurur, John*

Surgery- Vascular

Eusebio, Ricardo*
Kobayashi, Ronald*

Urology

Fenton, Ann*
Peters, Virgilio*
Pommerville, Peter

Wound Care

Acuna, Edna*

Dentists

General Dentistry

Brady, Timothy
Family Dental Center
Fernandez, Michael
GentleCare Dental Associates
Hafa Adai Family Dental, P.C.

Harmon Loop Dental Office
Hightower Dental Clinic
Isa Dental Clinic
Island Dental
Lee, Thomas K.
Malabanan Jr., Ben

Ordot Dental Clinic
Paradise Smiles Dental Clinic
Reflection Center Dental Care
Seventh Day Adventist Dental
Veloria, Tom S.
Yang, Robert J.
Yasuhiro, Stanley

Endodontics

Hightower Dental Clinic

Pediatric Dentistry

Ko, Hee Soo
Isa Dental Clinic
Pediatric Dental Center

Periodontics

Gatewood, Robert
Kim, Jongsung (SDA Dental)

Providers marked with an asterisk (*) are Medicare Providers

Providers: Participating Clinics, Hospitals, Pharmacies and Services

Providers may change from time to time, we encourage you to call our customer service department.

Participating Clinics

Adult Health Care Clinic*
 American Medical Center*
 American Pediatric Clinic, LLC
 Byungsoo Kim, M.D.*
 Cancer Center of Guam, LLP
 Central Medical Clinic
 Clarence Uy, M.D.*
 Dededo Polymedic Clinic
 Dr. Horinouchi's Wellness Clinic
 Express Care Health & Skin Care Center
 Guahan Behavioral Health Clinic*
 Guam Adult & Pediatric Clinic
 Guam Behavioral Health & Wellness Center*
 Guam Dialysis Center*
 Guam E.N.T., LLC*

Guam Foot Clinic*
 Guam Medical Care
 Guam Medical Health Care Center
 Guam Medical Imaging Center*
 Guam Nursing Services*
 Guam Orthopedic Clinic*
 Guam PolyClinic
 Guam Radiology Consultants*
 GRMC Specialty Care Center*
 Guam SDA Clinic*
 Guam Sleep Center*
 Guam Specialist Group, PLLC*
 Guam Surgical Group*
 Guam Surgicenter, LLC*
 Guam Urology, LLC*
 Hagatna MED Clinic
 Harmon Pediatrics

Health Partners, LLC*
 Health Services of the Pacific*
 IHP Medical Group*
 Isla Pediatrics
 Island Cancer Center*
 Island Eye Center*
 Island Foot Specialists*
 Island Surgical Center*
 Kallingal's Medical Clinic
 Latte Stone Cancer Care*
 Leopoldo Arcilla, M.D.*
 Lombard Health*
 Marianas Footcare Clinic
 Marianas Physicians Group
 MDX Imaging*
 Micronesia Medical and Anesthesia Assoc., PLLC*

MPG Pediatrics, PC
 Northern Region
 Community Health Center
 Olivia Cruz, M.D.
 One Love Pediatrics
 Pacific Cardiology Consultants*
 Pacific Hand Surgery Center*
 Pacific Medical Group*
 Pacific Radiology, Inc.
 Pacific Retina Group, LLC*
 Pacific Retina Specialists
 Pacific Sleep Care
 Pacific Sleep Center
 Pacific Urology Consultants*
 Pediatric & Asthma Clinic, PC
 Renal Centers of Guam*
 Retina Centers of Guam

Romeo Samonte, M.D.*
 Sagua Managu
 SDA Wellness Center
 Southern Region
 Community Health Center
 St. Anthony's Clinic
 St. Lucy's Eye Clinic*
 The Doctor's Clinic*
 The Neurology Clinic*
 The Pediatric and Adolescent Clinic
 The Women's Clinic
 Thomas Shieh, M.D.
 Tumon Kidney Center*
 Tumon Medical Office
 Tumon Pediatric Clinic
 U.S. Renal Care Sinajana Dialysis*
 United Family Medical Center
 Young Chang, M.D.

Allied Services

Acupuncture

Baik, Jong Sun
 Chong, Richard
 Yu, Jong

Audiology

Koffend, Renee*

Chiropractic

Arthur, Steve
 Dimalanta, Albert J.
 Gregory, Robert W.
 Larkin, Gary
 Larkin, Lani F.
 Larkin, Scott
 Martin, Francoise
 Martinez, Roger
 Miller, Gregory J.*
 Nicdao, Placido
 Onedera-Gregory, Barbara
 White, Roderick

Durable Medical Equipment

Guam Med*
 Health Services of the Pacific*
 Healthcare Specialties*
 Isla Home Infusion, Inc.
 Medquest Medical Supply

Home Health Care

Guam Nursing Services*
 Guam Visiting Nurses*
 Health Services of the Pacific*
 Isla Home Infusion
 Paradise Home Care

Laboratory

Diagnostic Laboratory Services & Bio Path*
 - Dededo Polymedic Clinic*
 - Express Care Health & Skin Care*
 - GITC Bldg*
 - PeMar Place*
 - The Doctor's Clinic*
 Labtech*
 - American Medical Center*
 - Guam Adult & Pediatric Clinic*
 - Guam Medical Plaza*
 - IHP Medical Group*
 - Young Chang, M.D.*

Mental Health

Aguon, Risha
 Aquino, JoBeth
 Babauta, Thomas
 Baleto, Jesse
 Baza, Lisa

Bellis, Kirk
 Bordallo, Sandra
 Calvo, Reyna
 Cristobal, Hope
 Ismael, Ariel
 Kallingal, George
 Kane, Stephen
 Leitheiser, Andrea
 Lizama, Tricia
 Natividad, LisaLinda
 Pangelinan, Russell
 Perez, Lilli
 Rapadas, Juan
 Reyes, Valerie
 Rosario-Sanchez, Katrina
 Smith, Crystal
 Swaddell, Joan
 Tolentino, Doris
 Toves, Louise

Optical

Agahan Optical
 FHP Vision Center*
 Garcia Optical
 Ideal Optical
 Ideal Vision Center
 Island Eye Center
 New 20/20 Vision Center

Seventh Day Adventist Eye Clinic*
 Vision Express

Physical Therapy

Bright, Kim
 Campos, Leonard
 Claros, Ryan
 Golez, Rolan
 Guam Regional Medical City*
 Kim, Justin*
 O'Connor, Shannon
 Santos, Isaias*
 Sibug, Mary Ann
 S.O.A.R. Physical Therapy

Radiology

Guam Medical Imaging Center*
 Guam Radiology Consultants*
 MDX Imaging*
 Pacific Radiology, Inc.*
 The Doctor's Clinic*

Sleep Center

Guam Sleep Center
 Pacific Sleep Care
 Pacific Sleep Center

Speech Pathology

Cristostomo, Sybil
 Day, Regina

In-Area Hospitals

Guam

Guam Memorial Hospital Authority
 Guam Regional Medical City

CNMI

Commonwealth Health Center

Participating Guam Pharmacies

Community Pharmacy

- American Medical Center (Tumon)
 - Guam Adult & Pediatric Clinic

Express Med Pharmacy

- American Medical Center (Mangilao)
 - Dededo

Guam Medical Pharmacy

Guam Rexall Drugs

Harmon Drugs

ITC Pharmacy

- ITC Building
 - Photo Town Plaza

K-Mart Pharmacy

Mega Drugs

- Daily Plaza Bldg
 - Oka Plaza Building

Minutes Rx Pharmacy

Oka Pharmacy

Pacific Healthcare Pharmacy

Perezville Pharmacy

Polymedic Pharmacy

Sagan Amot Pharmacy

Seventh Day Adventist Pharmacy

Super Drug

- Dededo Payless
 - Hagatna Payless
 - IHP Medical Group
 - Oka Payless

Benefits provided by:



Pharmacy Benefits Manager
 BIN: 003650 Processor Control: 64

Providers marked with an asterisk (*) are Medicare Providers

GovGuam FAQs



What do I need to do to schedule an appointment at a Participating Provider off-island, including Philippines?

Contact Customer Service to coordinate your appointment dates and travel dates at least 2 weeks before your preferred travel date. Please provide to Calvo's SelectCare a copy of your Referral for services along with your preferred travel dates. We recommend that you do not purchase your ticket until your appointment dates are set. Also, allow more time to arrange appointments during high demand seasons such as Summer, Christmas and Spring break.

When is Pre-Certification (prior approval) of a service or procedure required?

A Pre-Certification is required when your physician requests, for you, services such as diagnostic procedures, home health care, physical therapy, durable medical equipment, Brand name drugs not listed in the Drug Formulary or Specialty Drug list. Refer to the "List of Procedures & CPT Codes requiring Pre-Certification" section in your member handbook.

How long does it take to receive a reimbursement for a claim I filed?

If you submitted all required documentation, as indicated on the "Completing your Deductible / Reimbursement Claim Form" section in your member handbook, your claim will be processed within 10-12 working days for claims from local providers or 20-30 working days for claims from Off-island/Foreign providers. You will receive a reimbursement or an Explanation of Benefits in the mail.

Why am I receiving a bill from the lab for my Annual Exam labs that should be covered at 100%? What Preventive services are covered by the plan?

The plan covers Preventive labs in accordance with the U.S. Preventive Service Task Force Recommendations A and B. You can obtain a list of recommended services in the Additional Resources section on our website at www.calvos.net.

Will the plan pay for my lodging and transportation when I go to a Participating Provider off-island, including Philippines?

No, you are responsible for lodging and transportation expenses.

How do I know if my prescription medication is covered by the plan?

Medications covered by Calvo's SelectCare are listed in our Prescription Drug Formulary in the Additional Resources section on our website at www.calvos.net. Coverage or reimbursement for prescription drugs purchased outside of the service area is limited to a 30-day supply.

Can other individuals, such as family members, including the subscriber of my plan, obtain information on my Health Insurance account?

Your privacy is our priority. The plan will not release information to individuals not authorized on your account. You can obtain the HIPAA Privacy Authorization form in the Additional Resources section on our website at www.calvos.net. Note that authorization is limited and does not include disclosure of your personal claims information.

What if my member ID card is missing or stolen?

Please call us at 477-9808 or email service@calvos.com and request for a replacement card. You should receive it in the mail within 2 weeks.

Up to what age can I cover my dependent child in my plan?

Insured parents will be allowed to keep their children on their health plan until age 26.

How do I find Participating Providers in my plan network?

You can refer to your Calvo's SelectCare member handbook for a list of network providers. If you do not have a member handbook, you can retrieve it on our website at www.calvos.net. Please note that not all plans have access to the same provider network.

How can I add my newborn child to my insurance plan?

You must submit your child's birth certificate along with a completed Enrollment/Change of Status form within 30 days from the date of birth. You can obtain an Enrollment/Change of Status form on our website at www.calvos.net. If you miss the 30-day window, you will have to wait until next Open Enrollment to add your child.

What is needed to file a Deductible / Reimbursement claim?

Please refer to the "Deductible/Reimbursement Request Form" in the Additional Resources section on our website at www.calvos.net. All required information and documentation stated on the Form must be provided in order for the plan to accept, review and reimburse your claim.

Medicare Part A & B are my Primary insurance, am I liable for paying my Medicare deductible and/or co-payment? How about my Medicare D deductible and/or co-payment?

Your plan will cover the cost of your Medicare A & B deductible and/or co-payment, but you may still be liable for your Medicare D deductible and/or co-payment depending on your plan.

How long is a standard Preventive Exam at St. Luke's Medical Center or The Medical City (TMC) in Philippines?

For patients below 50 years old, you will only need up to 3 days to complete the Exam. The initial Exam procedures will only take a few hours and 3 days later, when your results are available, a Wellness physician will discuss them with you.

For patients 50 years old and above, you will need up to a week if additional procedures must be completed, such as a Colonoscopy.

What does the plan cover if I want to have an "Executive Check-up" package offered by St. Luke's Medical Center or The Medical City (TMC)?

The plan will cover only the costs of the items included in the U.S. Preventive Service Task Force Recommendations A and B. You will have to pay for the excess cost of the package you select.

How can my child attending college in the U.S. establish a Primary Care Physician?

Please submit your child's Student Verification along with your child's residential zip code. We will provide a list of Participating Providers to select from. Your child must contact our office to authorize all services. If the plan does not issue authorization, Non-Participating Provider benefits may apply.

Do I have to notify the plan if I have an Emergency off-island?

Yes, in order for the plan to cover your bona fide Emergency service, you will have to notify us within 48 hours of an Emergency. Failure to notify the Plan will result in a denial of benefits.

How much money should I bring when seeking treatment at a Participating Provider off-island, including Philippines?

Please bring enough money to cover your remaining deductible and out-of-pocket expenses for the plan year and remember to consider costs for lodging, food and transportation in your chosen area. Please refer to "Your Payment Responsibilities" section in your member handbook for additional information.

How long should I plan on staying when seeking treatment at a Participating Provider off-island, including Philippines?

For basic, outpatient procedures, you should plan to stay for at least a week. For more invasive procedures that require a longer recovery period or inpatient admission, you should plan to stay at least 2 weeks. However, we recommend that you consult your physician for your particular case.

Staying with **SelectCare is Simple!**

**You do not need to complete any forms!
Your plan will automatically roll over!**



Five Healthy Reminder Tips:

- Practice self care and get your annual check up
- Eat clean by consuming real, whole foods
- Exercise by choosing something fun
- Get 7-8 hours of sleep per night
- Think Positive! Start off your day on a positive note

Notes:

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Thank you for staying with Calvo's SelectCare
Healthcare that is there for you

Office locations to better serve you



Guam

115 Chalan Santo Papa
P.O. Box FJ
Hagåtña, Guam 96932
Phone: (671) 477-9808
Fax: (671) 477-4141

Saipan

Oleai Center Bldg., San Jose
P.O. Box 500035
Saipan, MP 96950-0035
Phone: (670) 234-5690/9
Fax: (670) 234-5696

Palau

JR Professional Bldg., Suite 2
P.O. Box 10248
Koror, Palau 96940
Phone: (680) 488-7222
Fax: (680) 488-7333

Philippines

5th Floor, First Life Center
174 Salcedo Street, Legaspi Village
Makati City, Philippines
Phone: (632) 759-2871/813-1989
Fax: (632) 759-3126

St. Luke's Medical Center Global City

Rm. 1008 10th Floor
Medical Arts Building
32nd St. Bonifacio Global City
Taguig City, 1112 Philippines
Phone: (632) 555-0443/0448
Fax: (632) 555-0438

St. Luke's Medical Center Quezon City

Rm. 716 7th Floor, North Tower
Cathedral Heights Building Complex
St. Luke's Medical Center Compound
#279 E. Rodriguez Sr. Avenue,
Quezon City, Philippines
Phone: (632) 413-1312
Fax: (632) 413-5721

The Medical City Pasig City

Business Center, 9th Floor
The Medical City, Ortigas Center
Pasig City, Philippines
Phone: (632) 650-0589

Web

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