



Judiciary of Guam Open Enrollment

Fiscal Year 2020

CALVO'S
***Select
Care***
HEALTH PLANS



Buenas yan Hafa Adai!

We would like to welcome the Judiciary of Guam employees and dependents to our health plan. We look forward to servicing you for FY2020. The landscape of healthcare continues to evolve and we will continue to improve the benefits, services and medical networks available to you.

You are able to choose from two (2) plans: the PPO750 and the HSA2000. Below are some key features of the plans that will be available to you.

- A comprehensive and extensive medical network
- Fitness Rewards program
- Wellness Rewards program
- 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
- Access to our gym partners: Custom Fitness, Paradise Fitness, Synergy Studios, and Unified, and a discounted rate from Steel Athletics
- Membership in the Calvo's LifeStyle Club that provides you numerous savings and discounts at popular merchants on Guam
- 50% Air Ambulance discount (pre-approval and limitations apply)
- \$500 Travel Benefit to Participating Providers in the Philippines (pre-approval and limitations apply)
- 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 be ready to provide you with quality services when needed. Through our website calvos.net, you are able to obtain claim payments, explanation of benefits, schedule of benefits, 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 support and for the trust that you and your family have placed with us.

Si Yu'os 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 The Judiciary of Guam.

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 90 consecutive days.

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 are eligible for coverage so long as the domestic partner is a covered person.
- 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 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 the 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 deductible, 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 (includes deductible and co-payments) Per Individual member per policy year Per Family per policy year Medical and Prescription Out of Pocket Maximums are combined	\$4,000 \$11,900	No Maximum No Maximum
Off-Island Services Any services in the Philippines, Asia, Hawaii, U.S. Mainland and any other foreign participating providers	Prior Authorization from your doctor and approval from the Plan is required prior to services rendered at off-island facilities. Covered benefits at Participating Philippine Providers are payable 100% after deductible is met.	

Deductible does not apply to these benefits when you go to a Participating Provider	Participating Providers Deductible does not apply	Non-participating Providers after Deductible is met
Preventive Services (Out-Patient Only) Includes Annual Preventive Exams and Preventive Lab Services (Guam and Philippines only) In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations	Plan pays 100%	*Plan pays 70%, Member pays 30%
Outpatient Laboratory (Preventive & Diagnostic)	Plan pays 100%	*Plan pays 70%, Member pays 30%
Immunizations/Vaccinations In accordance with the guidelines established by the CDC Advisory Committee on Immunization Practices	Plan pays 100%	*Plan pays 70%, Member pays 30%
Pre-Natal Care Including Routine Labs and First Ultrasound	Plan pays 100%	*Plan pays 70%, Member pays 30%
Well-Child Care In accordance with Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care 1. Infancy (Newborn to 9 months) - Maximum 7 visits 2. Early Childhood (1 to 4 years old) - Maximum 7 visits 3. Middle Childhood/Adolescence (5 to 17 years old) - Maximum 1 visit per year	Plan pays 100%	*Plan pays 70%, Member pays 30%
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 Includes coverage for Breast Pumps	Plan pays 100%	*Plan pays 70%, Member pays 30%
Annual Eye Exam Once per member per plan year	\$20 Member Co-payment	*Plan pays 70%, Member pays 30%

Deductible must be met for the following services	Participating Providers after Deductible is met	Non-participating Providers after Deductible is met
Outpatient Physician Care & Services 1. Primary Care Visits 2. Specialist Care Visits 3. Voluntary Second Surgical Opinion 4. Urgent Care Visits 5. Mental Health Care and Substance Abuse Visits 6. Home Health Care Visit (Prior Authorization Required) 7. Hospice Care in Guam only, maximum of \$100 per day (Prior Authorization Required) 8. Routine Diagnostic Tests (X-ray, ultrasound, ECG, EEG, EMG & non-routine mammogram) 9. Injections (Does not include those on the Specialty Drugs List)	\$20 Member Co-Payment \$40 Member Co-Payment \$40 Member Co-Payment \$50 Member Co-Payment \$20 Member Co-Payment Plan pays 100% Plan pays 100% \$20 Member Co-Payment \$20 Member Co-Payment	*Plan pays 70%, Member pays 30%
Emergency Care (For an on and off-island emergencies, plan must be contacted and advised within 48 hours) The co-payment will be waived if you are admitted to the hospital from the emergency room. 1. On/Off-Island emergency facility, physician services, laboratory, X-Rays	\$75 Member Co-Payment	\$75 Member Co-payment plus any difference in Eligible charges and billed charges
Ambulance Services (Ground transportation only)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Acupuncture	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Airfare Benefit to Centers of Excellence only For members who meet qualifying conditions, Plan provides round trip airfare (Plan Approval Required)	Plan pays 100%	Not Covered
Allergy Testing \$500 per member per plan year	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Ambulatory Surgi-center Care (Prior Authorization Required) Includes medically necessary anesthesia	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%

* Plan pays 70% of eligible charges, Member pays 30% coinsurance of eligible charges plus any difference between eligible charges and billed charges. 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

This booklet is designed to provide general information about the Calvo's SelectCare plans offered to the Judiciary of Guam employees and dependents. In the event of a discrepancy between this booklet and the contract, the terms of the contract will prevail.



A full list of the Medical Exclusions can be found in the Judiciary of Guam FY2020 Member Handbook.

Deductible must be met for the following services	Participating Providers after Deductible is met	Non-participating Providers after Deductible is met
Autism Spectrum Disorder Coverage Referral from Primary Care Physician and Prior Authorization from Plan is required Coverage is limited to the following maximums per member per benefit year: <ul style="list-style-type: none"> \$25,000 per benefit year for ages 16-21 years old \$75,000 per benefit year for ages 0-15 years old Services are subject to Plans benefit coverage guidelines and medical necessity	\$50 Member Co-Payment	Not Covered
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) Includes medically necessary anesthesia	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Cardiac Surgery Includes medically necessary anesthesia	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Cardiac Rehabilitation (Inpatient) Up to 30 days following bypass surgery or myocardial infarction	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Cataract Surgery Includes lens implants. Outpatient Only. Includes medically necessary anesthesia	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	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Clinical Trials Includes phases I-IV outpatient or inpatient clinic trials that are conducted in relation to treatment of cancer or other life-threatening diseases or conditions as approved by the National Institute of Health or the National Cancer Institute	\$40 Member Co-Payment	*Plan pays 70%, Member pays 30%
Complex Diagnostic Testing MRI, CT scan, and other diagnostic procedures (Prior Authorization 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, CPAP machines, BPAP machines, insulin pumps, blood glucose monitors, oxygen and accessories when prescribed by a Physician (Prior Authorization Required)	Plan pays 80%, Member pays 20% of the total rental cost or purchase	*Plan pays 70%, Member pays 30%
Elective Surgery (Prior Authorization Required) Includes medically necessary anesthesia	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
End Stage Renal Disease / Hemodialysis	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Foot Care (subject to benefit limitations) Foot Care and Podiatry services	At Primary Care \$20 Member Co-Payment	*Plan pays 70%, Member pays 30%
	At Specialist Care \$40 Member Co-Payment	
Growth Hormone Therapy	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Hearing Aids Maximum \$1,000 per member per 24 months. Limited to 1 device every 3 years	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Hearing Services	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Hospitalization & Inpatient Benefits <ol style="list-style-type: none"> Room & Board for a semi-private room, intensive care, coronary care and surgery All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication Physician's hospital services Mental Health and Substance Abuse Admission 	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Hyperbaric Oxygen Therapy & Wound Care Medically necessary (Prior Authorization Required)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Implants, Orthotics & Prosthetic Devices Cardiac pacemakers, Intraocular lenses, artificial eyes, heart valves, orthopedic internal prosthetic devices, stents, stump hose, cochlear implants, corrective orthopedic appliances and braces. (Limitations apply, please refer to contract)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Inhalation Therapy	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Infertility Services Diagnosis of Infertility	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 (Prior Authorization Required)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Occupational Therapy (Prior Authorization Required)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Oral and Maxillofacial Surgery Oral surgical procedures, limited to: <ul style="list-style-type: none"> Reduction of fractures of the jaws or facial bones Surgical correction of cleft lip, cleft palate or severe functional malocclusion Removal of stones from salivary ducts Excision of leukoplakia or malignancies Excision of cysts and incision of abscesses when done as independent procedures Other surgical procedures that do not involve teeth or their supporting structures 	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%

* Plan pays 70% of eligible charges, Member pays 30% coinsurance of eligible charges plus any difference between eligible charges and billed charges. 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 Judiciary of Guam FY2020 Member Handbook.

Deductible must be met for the following services	Participating Providers after Deductible is met	Non-participating Providers after Deductible is met
Physical Therapy (Prior Authorization Required)	Plan pays 80% for the first 20 visits and 50% thereafter	*Plan pays 70%, Member pays 30%
Prescription Drugs Retail Pharmacy (30-day supply) 1. Formulary generic drugs per prescription unit 2. Formulary brand name drugs per prescription unit 3. Non-Formulary (Medically Necessary Only and Prior Authorization Required) 4. Specialty Drugs (Medically Necessary Only and Prior Authorization Required) Mail Order Pharmacy (90-day supply) 1. Formulary generic drugs per prescription unit 2. Formulary brand name drugs per prescription unit 3. Non-Formulary (Medically Necessary Only and Prior Authorization Required) 4. Specialty Drugs (Medically Necessary Only and Prior Authorization Required)	Member pays 10% Member pays 20% Member pays 30% Member pays 30% \$0 Member Co-Payment \$0 Member Co-Payment Member pays 30% Member pays 30%	Member pays 30% of Average Wholesale Price (AWP) plus any difference between eligible and billed charges
Radiation Therapy (Prior Authorization Required)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Reconstructive Surgery • Surgery to correct a functional defect • Surgery to correct a condition that existed at or from birth and is a significant deviation from the common form or norm. Examples of congenital anomalies are protruding ear deformities; cleft lip; cleft palate; birth marks; and webbed fingers and toes	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Skilled Nursing Facility Maximum 60 days per member per plan year (Prior Authorization Required)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Speech Therapy (Prior Authorization Required)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Sterilization Procedures (Prior Authorization Required) 1. Vasectomy (Outpatient Only) 2. Tubal Ligation (Traditional and with Fulguration)	Plan pays 100%	*Plan pays 70%, Member pays 30%
Diagnostic Sleep Study (Prior Authorization Required)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Travel Benefit • Prior authorization (written approval) and coordination is required from Plan prior to departure from Guam. • Applicable only to approved referrals for conditions not treatable on Guam. • Airfare and/or lodging expenses coverage for eligible members for approved specialty care visits, consultations, treatments and hospitalization services at Participating Philippine providers. • Executive check-ups, preventive services, primary care services and dental care <u>do not qualify</u> for this benefit. • Conditions and limitations apply as specified in the Member Handbook.	Member pays all costs above \$500 Limited to once per plan year	Not Covered

Additional Benefits: What the plan covers (Deductible does not apply)	Participating Providers	Non-participating Providers
WELLNESS BENEFITS 1. Wellness Programs at Guam SDA Wellness Center Free Programs • Nutrition Consultation • Diabetes Self-Management Training Program • Stop Smoking Program • Childbirth Preparation Class Discounted Programs • 7-day Shape Up Program • 7-day Detox Program • 7-day Advanced Detox Program • NEWSTART Program 2. Health and Wellness Rewards • Maximum of \$100 per plan year • Please refer to member brochure for Health and Wellness Rewards available	Plan pays 100% Discounts vary by program Plan Pays 100% at Participating Providers	Not Covered
Fitness Benefit 1. Access to Gym Partners 2. Fitness Rewards: Please refer to member brochure for Fitness Rewards available	Please refer to member brochures for gym partners and rewards	Not Covered
Vision Benefit Coverage for a pair of contact lenses or eyeglasses lens/frames – maximum of \$200 per member per 24 months	Plan pays 100% up to \$200 per member per 24 months	Plan pays 100% up to \$200 per member per 24 months through reimbursement, which needs to be submitted to Plan within 90 days from date of service

* Plan pays 70% of eligible charges, Member pays 30% coinsurance of eligible charges plus any difference between eligible charges and billed charges. 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 Judiciary of Guam FY2020 Member Handbook.

Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
Deductible Per Individual Member (Class 1)	\$750	**\$1,500
Deductible Per Family (Classes 2-4) If a member meets their \$750 deductible, the plan begins to pay for covered services for that individual	\$1,500	**\$4,500
Coverage Maximums Individual member annual maximum	None	None
Medical Out of Pocket Maximums (includes deductible and co-payments) Per Individual member per policy year Per Family per policy year	\$2,000 \$6,000	No Maximum No Maximum
Prescription Out of Pocket Maximums (includes co-payments) Per Individual member per policy year Per Family per policy year	\$1,500 \$3,000	No Maximum No Maximum
Off-Island Services Any services in the Philippines, Asia, Hawaii, U.S. Mainland and any other foreign participating providers	Prior Authorization from your doctor and approval from the Plan is required prior to services rendered at off-island facilities. Covered benefits at Participating Philippine Providers are payable 100% after deductible is met	

Deductible does not apply to these benefits when you go to a Participating Provider	Participating Providers Deductible does not apply	Non-participating Providers after Deductible is met
Preventive Services (Out-Patient Only) Includes Annual Preventive Exams and Preventive Lab Services (Guam and Philippines only) In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations	Plan pays 100%	*Plan pays 70%, Member pays 30%
Outpatient Laboratory (Preventive & Diagnostic)	Plan pays 100%	*Plan pays 70%, Member pays 30%
Immunizations/Vaccinations In accordance with the guidelines established by the CDC Advisory Committee on Immunization Practices	Plan pays 100%	*Plan pays 70%, Member pays 30%
Pre-Natal Care Including Routine Labs and First Ultrasound	Plan pays 100%	*Plan pays 70%, Member pays 30%
Well-Child Care In accordance with Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care 1. Infancy (Newborn to 9 months) - Maximum 7 visits 2. Early Childhood (1 to 4 years old) - Maximum 7 visits 3. Middle Childhood/ Adolescence (5 to 17 years old) - Maximum 1 visit per year	Plan pays 100%	*Plan pays 70%, Member pays 30%
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 • Contraceptives including Sterilization and Tubal Ligation if prescribed. • Includes coverage for Breast Pumps	Plan pays 100%	*Plan pays 70%, Member pays 30%
Sterilization Procedures (Prior Authorization Required) 1. Vasectomy (Outpatient Only) 2. Tubal Ligation (Traditional and with Fulguration)	Plan pays 100%	*Plan pays 70%, Member pays 30%

Deductible does not apply to these benefits when you go to a Participating Provider	Participating Providers Deductible does not apply	Non-participating Providers after Deductible is met
Annual Eye Exam Once per member per plan year	\$20 Member Co-payment	*Plan pays 70%, Member pays 30%
Outpatient Physician Care & Services 1. Primary Care Visits 2. Specialist Care Visits 3. Voluntary Second Surgical Opinion 4. Urgent Care Visits 5. Mental Health Care and Substance Abuse Visits 6. Home Health Care Visit (Prior Authorization Required) 7. Hospice Care in Guam only, maximum of \$100 per day (Prior Authorization Required) 8. Routine Diagnostic Tests (X-ray, ultrasound, ECG, EEG, EMG & non-routine mammogram) 9. Injections (Does not include those on the Specialty Drugs List)	\$20 Member Co-Payment \$40 Member Co-Payment \$40 Member Co-Payment \$50 Member Co-Payment \$20 Member Co-Payment Plan pays 100% Plan pays 100% \$20 Member Co-Payment \$20 Member Co-Payment	*Plan pays 70%, Member pays 30%
Emergency Care (For an on and off island emergencies, plan must be contacted and advised within 48 hours) The co-payment will be waived if you are admitted to the hospital from the emergency room 1. On/Off-Island emergency facility, physician services, laboratory, X-Rays	\$75 Member Co-payment	\$75 Member Co-payment plus any difference in Eligible charges and billed charges
Ambulance Services (Ground transportation only)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%

* Plan pays 70% of eligible charges, Member pays 30% coinsurance of eligible charges plus any difference between eligible charges and billed charges. 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.

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Deductible does not apply to these benefits when you go to a Participating Provider	Participating Providers Deductible does not apply	Non-participating Providers after Deductible is met
Prescription Drugs Retail Pharmacy (30-day supply) 1. Formulary generic drugs per prescription unit 2. Formulary brand name drugs per prescription unit 3. Non-Formulary (Medically Necessary Only and Prior Authorization Required) 4. Specialty Drugs (Medically Necessary Only and Prior Authorization Required) Mail Order Pharmacy (90-day supply) 1. Formulary generic drugs per prescription unit 2. Formulary brand name drugs per prescription unit 3. Non-Formulary (Medically Necessary Only and Prior Authorization Required) 4. Specialty Drugs (Medically Necessary Only and Prior Authorization Required)	Member pays 10% Member pays 20% Member pays 30% Member pays 30% \$0 Member Co-Payment \$0 Member Co-Payment Member pays 30% Member pays 30%	Member pays 30% of Average Wholesale Price (AWP) plus any difference between eligible and billed charges
Travel Benefit <ul style="list-style-type: none"> Prior authorization (written approval) and coordination is required from Plan prior to departure from Guam Applicable only to approved referrals for conditions not treatable on Guam Airfare and/or lodging expenses coverage for eligible members for approved specialty care visits, consultations, treatments and hospitalization services at Participating Philippine providers Executive check-ups, preventive services, primary care services and dental care <u>do not qualify</u> for this benefit Conditions and limitations apply as specified in the Member Handbook 	Member pays all costs above \$500 Limited to once per plan year	

Deductible must be met for the following services	Participating Providers after Deductible is met	Non-participating Providers after Deductible is met
Acupuncture	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Allergy Testing \$500 per member per plan year	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Airfare Benefit to Centers of Excellence only For members who meet qualifying conditions, Plan provides round trip airfare (Prior Authorization Required)	Plan pays 100%	Not Covered
Ambulatory Surgi-center Care (Prior Authorization Required)	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Autism Spectrum Disorder Coverage Referral from Primary Care Physician and Prior Authorization from Plan is required Coverage is limited to the following maximums per member per benefit year: <ul style="list-style-type: none"> \$25,000 per benefit year for ages 16-21 years old \$75,000 per benefit year for ages 0-15 years old Services are subject to Plans benefit coverage guidelines and medical necessity	\$50 Member Co-pay	Not Covered
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) Includes medically necessary anesthesia	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Cardiac Surgery Includes medically necessary anesthesia	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Cardiac Rehabilitation (Inpatient) Up to 30 days following bypass surgery or myocardial infarction	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Cataract Surgery Includes lens implants. Outpatient Only. Includes medically necessary anesthesia	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	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Clinical Trials Includes phases I-IV outpatient or inpatient clinic trials that are conducted in relation to treatment of cancer or other life-threatening diseases or conditions as approved by the National Institute of Health or the National Cancer Institute	\$40 Member Co-Payment	*Plan pays 70%, Member pays 30%
Complex Diagnostic Testing MRI, CT scan, and other diagnostic procedures (Prior Authorization 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, CPAP machines, BPAP machines, insulin pumps, blood glucose monitors, oxygen and accessories when prescribed by a Physician (Prior Authorization Required)	Plan pays 80%, Member pays 20% of the total rental cost or purchase	*Plan pays 70%, Member pays 30%
Elective Surgery (Prior Authorization Required) Includes medically necessary anesthesia	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
End Stage Renal Disease / Hemodialysis	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Foot Care (subject to benefit limitations) Foot Care and Podiatry services	At Primary Care \$20 Member Co-Payment	*Plan pays 70%, Member pays 30%
	At Specialist Care \$40 Member Co-Payment	
Growth Hormone Therapy	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%
Hearing Aids Maximum \$1,000 per member per 24 months. Limited to 1 device every 3 years	Plan pays 80%, Member pays 20%	*Plan pays 70%, Member pays 30%

* Plan pays 70% of eligible charges, Member pays 30% coinsurance of eligible charges plus any difference between eligible charges and billed charges. 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 Judiciary of Guam FY2020 Member Handbook.

What the Plan covers: Subject to the Specific limitations which are contained in the Group Health Certificate	Participating Providers	Non-participating Providers
Diagnostic & Preventive Care 1. Caries Susceptibility Test 2. Exams – Includes Treatment Plan; once every 6 months 3. Fluoride Treatment – Annually for children up to age 19 4. Prophylaxis – Cleaning & polishing of teeth; once every 6 months 5. Sealants – For permanent molars & pre-molars for children up to age 16 6. Space Maintainers - For children up to age 16 years; 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 charges (Member pays excess above Eligible Expenses)
Basic & Restorative Care General Services 1. Emergency Care (during office hours) 2. Pulp Treatment 3. Routine Fillings <ul style="list-style-type: none"> • Amalgam & Composite Resin • Synthetic & Plastic (other than gold & porcelain) Oral Surgery 1. Simple Extractions 2. Complicated Extractions 3. Tooth Impactions Periodontal Care 1. Periodontal Prophylaxis; Cleaning and polishing once every six months 2. Periodontal Treatment General Anesthesia <ul style="list-style-type: none"> • Includes Conscious Sedation and Nitrous Oxide • Covered when recommended by attending physician Pulpotomy & Root Canals/ Endodontic Surgery & Care	80% of Eligible Expenses	70% of eligible charges (Member pays excess above Eligible Expenses)
Major & Replacement Care Fixed Prosthetics 1. Crowns and Bridges 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration; limited once every 5 years Removable Prosthetics 1. Full Dentures; once every 5 years 2. Partial Dentures; once every 5 years 3. Each Additional Tooth 4. Relines 5. Denture Repair	50% of Eligible Expenses	35% of eligible charges (Member pays excess above Eligible Expenses)
Coverage Maximums Individual member annual maximum	\$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 or the usual, customary and reasonable charge in the geographic location where the service was rendered, unless otherwise provided in the agreement.
3. The covered member pays any excess above Eligible Charges.
4. Plan has no deductible.
5. There are no registration fees for visits to participating providers.



A full list of the Dental Exclusions can be found in the Judiciary of Guam FY2020 Member Handbook.

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



133 Route 3,
Dededo

Phone: 645-5500
Fax: 645-5501



850 Gov. Carlos G. Camacho Rd,
Tamuning

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



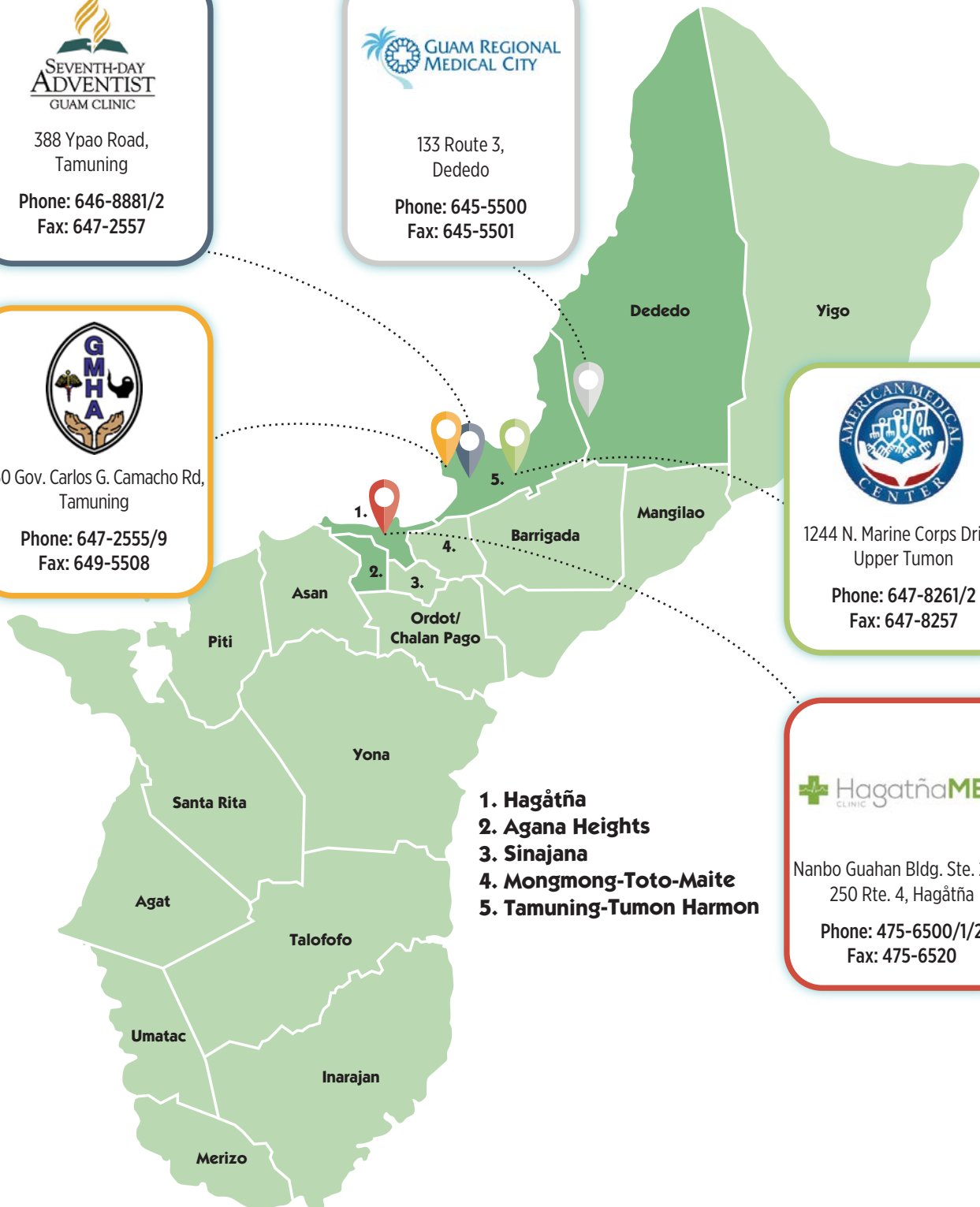
1244 N. Marine Corps Drive,
Upper Tumon

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



Nanbo Guahan Bldg. Ste. 203,
250 Rte. 4, Hagåtña

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



1. Hagåtña
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
Sharp Chula Vista Medical Center
Sharp Coronado Hospital and Medical Center
Sharp Memorial Hospital
Sharp Grossmont Hospital
South Coast Global Medical Center
St. John's Health Center
USC Norris Cancer Center and Hospital
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 Medical Center for Women & Children
Shriners Hospitals for Children
Straub Clinic and Hospital
The Cancer Center of Hawaii
University Clinical Education Research Associates

Hong Kong

Gleneagles Hong Kong Hospital
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



U.S. PPO

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

Cardiology

Giambartolomeo, Alessandro*
Inaba, Yoichi*
Kim, Byungsoo*
Prieto, Alejandro*
Quiros, Juan - VISITING*
Wiedermann, Joseph*
Woska, David
Yousufi, Umair*

Dermatology

LaTour, Donn - VISITING*
Prodanovic, Edward - VISITING*

E.N.T.

(Otorhinolaryngology)
Castro, Jerry*

Endocrinology

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

Family Practice

Adolphson, Arania*
Akimoto, Vincent*
Akoma, Ugochukwu*
Anderson, Mark*
Arnott, Timothy*
Biewenga, Melissa
Bryson, Julie*
Campus, Hieu*
Cook-Hyunh, Mariana
Cruz, Luis*
Flores, Lisa*
Frickel, Wendy
Galgo, Geoffrey
Gerling, William*
Hartmann, Daniel
Lee, Delores*
Loder, Bryce
Lom, Jitka
Lujan, Davina*
Lyons, Clifford
Mariano, Maria*
Marzullo, William*
Miyagi, Shishin*
Namm, Julie*
Nguyen, Hoa Van*
Nguyen, Luan*
Richardson, Ian
Robinson, Michael*
Samaniego, Maria
Santos, Patrick

Schroeder Jr., Edmund*
Terlaje, Ricardo*
Thanapandian, Kamala

Gastroenterology

Frank Farrell - VISITING

Geriatrics

Liu, Pei-Chang*
Ouhadi, Faraz*
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
Duenas, Vincent A.*
Gilbert, Russell*
Granada, Wilfredo*
Guzman, Pablo
Inaba, Yoichi*
Kang, Jiyeong*
Lim, Doris*
Lim Jr., Johnny*
Lizama, Florencio Larry T.*
Magcalas, Edgardo*
Nerves, Robert C.*
Osman, Sharleen*
Ouhadi, Faraz*
Preston, Donald*
Rubio, Joel*
Safa, Saied*
Samonte, Romeo*
Sistoza, Lilybeth*
Taitano, John Ray*
Trinh, Tien*
Ursales, Anna Leigh*
Villa, Eden
Yamamoto, Michelle*

Nephrology

Dissadee, Mana*
Nerves, Robert C.*
Osman, Sharleen*
Philips, Sherif*
Safa, Saied*

Neurology

Carlos, Ramel*
Hale, Justin*
Slattery, Michael

OB/GYN

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

Oncology

Au, Kin-Sing*
Coty, Paul*
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
Parks, David - VISITING*
Ng, Eugene - VISITING*
Smith, Anthony
Wresh, Robert*

Orthopedics

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

Pain Management

De Guzman, Fernan*
Gaerlan, Maria Stella

Pediatrics

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

Physical Medicine & Rehabilitation

Gaerlan, Maria Stella

Podiatry

Borja, Teresa*
Prins, Dustin*
Sangalang, Melinda*
Silan, Noel*
Tutnauer, Philip*

Pulmonology/Critical Care

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

Radiology

Allen, Scott*
Berg, Nathaniel*
Bocobo, George*
Khandelwal, Ashish*
Lizama, Vincent
Mallikarjunappa, M.K.*
Martinez, Roberto*
Nguyen, Tuan*
Packianathan, Xavier
Piana, Peachy
Pomeranz, Steven*
Schneider, Michael
Shay, Jeffery*
Spak, Eric*

Tan, Kenneth*
Taylor, Laura*
Thorisson, Hjalti
Young, John*

Sleep Medicine

Barthlen, Gabriele*
Lin, Shin Hao*
Schumann, Richard
Slattery, Michael

Surgery- Cardiac/ Thoracic

Yap, Alexander

Surgery- General

Cruz, Michael*
Eusebio, Christian*
Eusebio, Ricardo B.*
Go, Peter*
Helm, Joseph*
Im, Sunggeun*
Kobayashi, Ronald*
Li, Doris Sophia*
Rahmani, Kia*
Sandy, Gisella*
Saw, Eng *

Surgery- Hand & Microsurgery

Landstrom, Jerone*

Surgery- Neurological

Hayashida, Steven*
Nyame, Verrad*
Weingarten, David*

Surgery- Plastic & Reconstructive

Fegurgur, John*

Surgery- Oral & Maxillofacial

Boice, Joseph

Surgery- Vascular

Eusebio, Ricardo*
Kobayashi, Ronald*

Urology

Fenton, Ann*
Petero, 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

Isa Dental Clinic
Island Dental
Lee, Thomas K.
Malabanan Jr., Ben
Mangilao Dental Clinic
Ordot Dental Clinic
Paradise Smiles Dental Clinic

Premier Dentistry
Reflection Center Dental Care
Seventh Day Adventist Dental
Vloria, Tom S.
Yang, Robert J.
Yasuhiro, Stanley

Endodontics

Premier Dentistry

Pediatric Dentistry

Ko, Hee Soo
Isa Dental Clinic

Kim, Backhabwha
Pediatric Dental Center

Periodontics

Gatewood, Robert
Rhim, Song

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*	Guam Medical Health Care Center	Isla Pediatrics	OmniHealth Wound Care & Hyperbaric Medicine	St. Anthony's Clinic
American Medical Center*	Guam Medical Imaging Center*	Island Cancer Center*	One Love Pediatrics	St. Lucy's Eye Clinic*
American Pediatric Clinic, LLC	Guam Nursing Services*	Island Eye Center*	Pacific Cardiology Consultants*	The Doctor's Clinic*
Byungsoo Kim, M.D.*	Guam Orthopedic Clinic*	Island Foot Specialists*	Pacific Hand Surgery Center*	The Neurology Clinic*
Cancer Center of Guam, LLP*	Guam Radiology Consultants*	Island Surgical Center*	Pacific Medical Group*	The Pediatric and Adolescent Clinic
Central Medical Clinic*	GRMC Specialty Care Center*	Latte Stone Cancer Care*	Pacific Radiology, Inc.	The Weingarten Institute for Neuroscience*
Center for Women's Health	Guam SDA Clinic*	Leopoldo Arcilla, M.D.*	Pacific Retina Group, LLC*	The Women's Clinic
Dededo Polymedic Clinic	Guam Sleep Center*	Lombard Health*	Pacific Retina Specialists*	Thomas Shieh, M.D.
Express Care Health & Skin Care Center	Guam Specialist Group, PLLC*	Marianas Footcare Clinic*	Pacific Sleep Care	Tumon Kidney Center*
Guam Adult & Pediatric Clinic	Guam Surgical Group*	Marianas Physicians Group	Pacific Sleep Center	Tumon Medical Office
Guam Behavioral Health & Wellness Center*	Guam Surgicenter, LLC*	MDX Imaging*	Pediatric & Asthma Clinic, PC	Tumon Pediatric Clinic
Guam Dialysis Clinic*	Guam Urology, LLC*	Micronesia Medical and Anesthesia Assoc., PLLC*	Renal Centers of Guam*	U.S. Renal Care
Guam E.N.T., LLC*	Hagatna MED Clinic*	MPG Pediatrics, PC	Romeo Samonte, M.D.*	Finegayan Dialysis*
Guam Foot Clinic*	Harmon Pediatrics	Northern Region	Sagua Managu	U.S. Renal Care Sinajana Dialysis*
Guam Hearing Doctors*	Health Partners, LLC*	Community Health Center	SDA Wellness Center	United Family Medical Center
Guam Medical Care	Hepzibah Family Medicine Clinic*	Olivia Cruz, M.D.	Southern Region	Young Chang, M.D.
	IHP Medical Group*		Community Health Center	

Allied Services

Acupuncture

Baik, Jong Sun
Chong, Richard
Yu, Jong

Audiology

Koffend, Renee*

Chiropractic

Arthur, Steve
Beckwith, Nicholas
Dimalanta, Albert J.
Gates, Amy
Gregory, Barbara
Gregory, Robert W.
Larkin, Gary
Larkin, Lani F.
Larkin, Scott
Martin, Francoise
Martinez, Roger
Miller, Gregory J.*
Niddao, Placido
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*
- American Medical Center*
- Dededo Polymedic Clinic*
- Express Care Health & Skin Care*
- GITC Bldg*
- Guam Adult & Pediatric Clinic*
- Guam Medical Health Care Center*
- Guam Medical Plaza*
- IHP Medical Group*
- PeMar Place*
- Sagan Amot Pharmacy*
- The Doctor's Clinic*
- Young Chang, M.D.*

Mental Health

Aguon, Risha
Aquino, JoBeth
Baleta, Jesse
Baza, Lisa
Bellis, Kirk

Bordallo, Sandra
Calvo, Reyna
Chargualaf, Melissa
Cristobal, Hope
Hunterspeaks Organization
Kallingal, George
Kane, Stephen
Leitheiser, Andrea
Lizama, Tricia
Natividad, LisaLinda
Pangelinan, Russell
Perez, Lilli
Rapadas, Juan
Rosario-Sanchez, Katrina
Santos, Jamela
Swaddell, Joan
Tolentino, Doris

Optical

Agahan Optical
FHP Vision Center*
Garcia Optical
Ideal Optical
Ideal Vision Center
Island Eye Center*
Lombard Health*
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*
Health Services of the Pacific*
Kim, Justin*
O'Connor, Shannon
Panepucci, Christopher
Pagaduan, Marc
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

Day, Regina

In-Area Hospitals

**Guam Memorial
Hospital Authority**

**Guam Regional
Medical City**

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
- IHP Medical Group
- Oka Payless

Benefits provided by:



Pharmacy Benefits Manager
BIN: 003650 Processor Control: 64

Providers marked with an asterisk (*) are Medicare Providers

\$500 Travel Benefit

To be applied toward the cost of round trip airfare between Guam and Manila, Philippines or ground transportation between the airport and the hospital or lodging in Manila.

The following requirements apply:

- Calvo's SelectCare will reimburse members up to the \$500 allowance under this travel benefit.
- One time, per member, per year.
- For pre-authorized, specialty care visits, consultations, treatments and hospitalization at participating providers in the Philippines. Applicable only to approved referrals for conditions not treatable on Guam.
- Excludes emergencies, Preventive Services/Executive Check-ups, home health, hospice, maternity and dental-related services.
- Cannot be used in conjunction with the Airfare Benefit.
- Members are responsible for making their travel arrangements. Members are also responsible for any transportation and lodging expenses in excess of \$500 and any penalties/fees incurred due to member changes.

Air Ambulance Discount

**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, if medically necessary

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



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!



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.

Go to **calvos.net** and 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



THE WEEKDAY WORKOUT

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, Kids Kickboxing, 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

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 Management Program, Stop Smoking, Childbirth Preparation Class

Free classes on a first come, first serve basis!

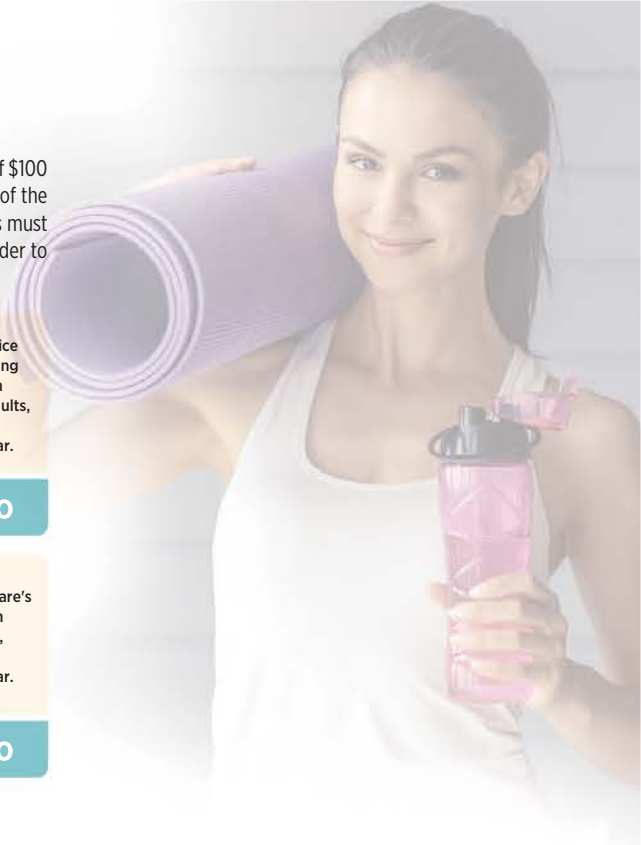
Programs at 50% Discount: Newstart, Seven-day Detox, 7-Day Shape Up



Health and Wellness Rewards

Members can participate in multiple wellness incentive programs that will allow them to earn up to a maximum of \$100 per member (age 18 and over) 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 HgbA1c 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



Fitness Reward

Subscribers will be rewarded \$75 for each Judiciary of Guam quarter by working out 10 days per month for three (3) consecutive months.



To earn the Fitness Reward, subscribers must complete the following requirements:

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

Rewards will be paid within 120 days from the end of each quarter if a properly filed Fitness Validation Card is submitted.

Fitness Partners

Free access for Judiciary of Guam Subscribers



Paradise Fitness Center
Hagåtña
 Tel: 475-2100/1
Dededo
 Tel: 635-2100/1



Custom Fitness
Anigua
 Tel: 989-0436



Synergy Studio
Hagåtña
 Tel: 472-9642
East Hagåtña
 Tel: 472-7674



Unified
Tamuning
 Tel: 969-8641

Discounted Rate
 for Judiciary of Guam
 Subscribers



Tamuning
 Tel: 922-8888

\$40 a Month
 No Enrollment Fee

CALVO'S Lifestyle CLUB



Get the latest discounts and offers from our Lifestyle Club partners!

Advanced Auto Care Guam • Ajisen Ramen • Alfredo's Steakhouse • Applebee's
Guam Aqua • Bambu Bar • Bayside BBQ • Beachin' Shrimp • Bestseller Bookstore
Brewed Awakenings • Bubba Gump Shrimp Co. • Burger King • Café at Rootz
California Pizza Kitchen • Capricciosa Saipan • Caraudioimage
Caravel Restaurant & Grill • Carrier Guam, Inc. • Chandan Spa
Chiropractic Clinic of Dr. Gregory Miller • Costa Restaurant Crossfit Latte Stone, LLC
Delmonico Kitchen & Bar • Devarana Spa • Docomo Pacific Inc.
Don Steven's Interiors • Dr. Horinouchi Wellness Clinic • Drop • Dusit Gourmet
Elegant Reflections • ERC Trading Inc. • Esprit • Froot's • Gabriel's Restaurant
Great Harvest • Guam Chocolate • Guam Dry Cleaners, Inc.
Guam Hearing Doctors • Guam Seawalker Tours • Hard Rock Café
Hardt Eye Clinic & Diabetes Education Center • Heaven Scent
Herman's Modern Bakery, Inc. • Hertz • Honolulu Coffee Co. • Hotel Santa Fe Guam
Hyatt Regency Saipan • I Love Marine Drive Total Cosmetics by System 4 U Guam
iSagua Spa • Ihop • Island Business Systems & Supplies • Island Color & Copy
Jeff's Pirates Cove • JP Superstore • Kevin's Restaurant • KFC/Taco Bell
La Cascata • La Seine • Latte Built- 24hr. Fitness and Nutrition • Le Premier
Linda's Coffee Shop • Lobby Lounge • Manhattan Steakhouse
Marianas Vet Care • Meskla Chamoru Fusion Bistro
Micronesia Mall and Agana Shopping Center Stadium Theatres • Nana's Café
Navasana Spa • Newgen • North Island Tinting / East Island Tinting • Nova
Ohana Beach Cluboutback Steakhouse • Pacific Star Café • Palm Cafe
Paradise Auto Spa • Pay-less Supermarkets • Pitshop Rental • Poki-fry • Proline
Puntan Dos Amantes (Two Lovers Point) • Quick Lane Service Center
Rainbow Automotive Paint & Supply • Rainbow Paint Supply • Rootz Hill's Grillhouse
Royal Bics • Safety 1st Systems, Inc. • Sagano Japanese Restaurant
Sea Grill Restaurant • Shell Stations of Guam and Saipan • Sherwin Williams Store
Soi • Sunset BBQ • Surf Club • Synergy Studios • Tasi Grill • Terraza at Dos Amantes
The Door Store • The Grille Restaurant & Bar • The Magellan Restaurant
The Lounge & Deli • The Point • The President Nippon • The Whispering Palms
Tony Roma's Saipan • Tove's Flowers & Boutique • Town House Furniture & Appliance
Town House Mattresses • Triple J Auto Group • Triple J Commercial Tire Center
Triple J Ford Service and Triple J Honda Service • Truong's Vietnamese Restaurant
Ture' Cafe • Wine Cellar Yamaha Music

it's more than a Club, it's a Lifestyle!
Download today!



You must be 18 years old or older to avail of the Lifestyle Club.



Frequently Asked Questions

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?

Lodging and transportation are not covered by the plan with the exception of those benefits specifically allowed by the \$500 Travel Benefit and the AirFare Benefit. These two benefits also have certain limits and conditions.

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?

We have contracted with the MultiPlan network to extend services to children attending college in the U.S. Mainland. For access, go to the MultiPlan website at multiplan.com, choose a provider, and advise us of provider's name so we can issue a verification and authorization to access the provider.

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.

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 choosing Calvo's SelectCare
Healthcare that's always 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
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The Medical City Pasig City

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Pasig City, Philippines
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