



Judiciary of Guam Open Enrollment

Fiscal Year 2024



www.calvos.net



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Buenas yan Hafa Adai!



We look forward to the opportunity to service you as your health plan for FY2024. Tokio Marine Pacific Insurance insures the medical and dental plans. The information in this packet will help you learn about the benefits available to you, how to use them, and how to enroll.

During FY2024, employees will be able to choose from two medical (2) plans: the HSA2000 and the PPO1000. Below are some key features of these plans:

- A comprehensive and extensive medical network, featuring access to the UnitedHealthCare Network of providers in the Continental U.S. with over 1 million providers
- \$500 Travel Benefit to Participating Providers in the Philippines or in Taiwan (pre-approval and limitations apply)
- Discounted rates with our gym partners: Custom Fitness, Paradise Fitness, Synergy Studios, and Unified, for you and your domestic partner:
- Wellness and Fitness Rewards program
- 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

We have worked to make enrollment as easy as possible for you during open enrollment with our new online enrollment tool. Visit enroll.calvos.net/jog to submit your enrollment information and upload any pertinent enrollment documentation (birth certificates, domestic partner affidavits, legal guardianship, etc.), from the convenience of your desktop or mobile device.

Through our website, www.calvos.net, you will be able to download your member ID card, view your claims, upload document submissions, download forms and handbooks, and manage your deductible. You can also manage your prescription medications through the OptumRx website and use the Provider Finder Tool through the United HealthCare website, both links can be found on www.calvos.net

We hope that you will notice the many improvements we have made and we look forward to meeting you during open enrollment and working with you in the upcoming year. We thank you in advance for your continued support and for the trust that you and your family have placed with us.

**Si Yu'os Ma'ase.
We look forward to servicing you.**

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 when the guardianship ends or the Child reaches the age of majority.
- 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.

Becoming a Member (cont.)

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.
- Marriage.
- Legal Guardianship.

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.

Other Insurance

Please submit a copy of your other health or dental insurance ID card for coordination of benefit purposes (to Include Medicare).

Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
DEDUCTIBLE PER INDIVIDUAL MEMBER (CLASS 1)	\$2,000	\$4,000**
DEDUCTIBLE PER INDIVIDUAL MEMBER (CLASSES 2-4) If a member meets their \$3,200 deductible, the plan begins to pay for covered services for that individual	\$4,000	\$12,000**
COVERAGE MAXIMUMS Individual member lifetime 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 Philippines Providers are payable 100% after deductible is met	

Deductible does not apply to these Benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
PREVENTIVE SERVICES (Out-Patient Only) Includes Annual Exams and 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/VACCINATION 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 the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care Infancy (Newborn to nine months) Maximum seven visits Early Childhood (One to four years old) Maximum seven visits Middle Childhood / Adolescence (Five to attainment of 18 years old) Maximum one per plan 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%
ANNUAL EYE EXAM One exam per plan year	Member pays \$20 copay	Plan pays 70%*, Member pays 30%
ANNUAL EYE REFRACTION One visit per plan year	Plan pays 100%	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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

 A full list of the Medical Exclusions can be found in the Judiciary of Guam FY2024 Member Handbook. Visit www.calvos.net to download the PDF.

Deductible <u>does not apply</u> to these Benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
<p>TRAVEL BENEFIT</p> <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 Providers in the Philippines or in Taiwan - Executive check-ups preventive services, primary care services and dental care DO NOT QUALIFY for this benefit - Conditions and limitations apply as specified in the Member Handbook 	Member pays all cost above \$500 Limited to once per plan year	Not Covered
Deductible <u>must be met</u> for the following services	Participating Providers	Non-participating Providers after Deductible is met:
<p>OUTPATIENT PHYSICIAN CARE & SERVICES</p> <p>Primary Care Visits</p> <hr/> <p>Specialist Care Visits</p> <hr/> <p>Voluntary Second Surgical Opinion</p> <hr/> <p>Urgent Care Visits</p> <hr/> <p>Mental Health Care and Substance Abuse Visits</p> <hr/> <p>Home Health Care Visit (Prior Authorization Required)</p> <hr/> <p>Hospice Care in Guam only, maximum of \$100 per day (Prior Authorization Required)</p> <hr/> <p>Routine Diagnostic Tests (X-ray, ultrasound, ECG, EEG, EMG & non-routine mammogram)</p> <hr/> <p>Injections (Does not include those on the Specialty Drugs List)</p>	<p>Member pays \$20 copay</p> <p>Member pays \$40 copay</p> <p>Member pays \$40 copay</p> <p>Member pays \$50 copay</p> <p>Member pays \$20 copay</p> <p>Plan pays 100%</p> <p>Plan pays 100%</p> <p>Member pays \$20 copay</p> <p>Member pays \$20 copay</p>	<p>Plan pays 70%* Member pays 30%</p>
<p>EMERGENCY CARE For 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 emergency room 1. On/Off-island emergency facility, physician services, laboratory, X-rays</p>	Member pays \$75 copay	\$75 Member Co-payment plus any difference in Eligible charges and billed charges***
<p>AMBULANCE SERVICES (Ground transportation only)</p>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<p>ACUPUNCTURE</p>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<p>AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip airfare (Prior Authorization Required)</p>	Plan pays 100%	Not Covered

* 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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

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Deductible must be met for the following services	Participating Providers	Non-participating Providers after Deductible is met:
ALLERGY TESTING \$500 per member per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AMBULATORY SURGI-CENTER CARE Includes medically necessary anesthesia (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AUTISM SPECTRUM DISORDER Referral from Primary Care Physician and Prior Authorization from Plan is required Coverage is limited to the following maximums per member per plan year: - \$25,000 per plan year for ages 16-21 years old - \$75,000 per plan year for ages 0-15 years old Services are subject to Plans benefit coverage guidelines and medical necessity	Member pays \$50 copay	Not Covered
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BREAST RECONSTRUCTIVE SURGERY Includes medically necessary anesthesia (In accordance with 1998 W.H.C.R.A.) (Pre-Certification Required)	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 implant. 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 clinical 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	Member pays \$40 copay	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 Includes medically necessary anesthesia (Prior Authorization Required)	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%

* 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 except for an Out-Of-Service Area emergency. (Certificate #3.2.3, Contract #2.1.27, Certificate #1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate #3.2.3, Contract #2.1.27, Certificate #1.9.4)

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Deductible must be met for the following services	Participating Providers	Non-participating Providers after Deductible is met:
FOOT CARE Foot Care and Podiatry services (subject to benefit limitations)	At primary care: \$20 member co-pay At specialist care: \$40 member co-pay	Plan pays 70%* Member pays 30%
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 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 4. 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: - 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%
PHYSICAL THERAPY (Prior Authorization Required)	Plan pays 80% for the first 20 visits and 50% thereafter	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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

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Deductible must be met for the following services	Participating Providers	Non-participating Providers after Deductible is met:
<p>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)</p> <p>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)</p>	<p>Member pays 10% Member pays 20% Member pays 30% Member pays 30%</p> <p>\$0 Member Co-pay \$0 Member Co-pay Member pays 30% Member pays 30%</p>	<p>Member pays 30% of Average Wholesale Price (AWP) plus any difference between any eligible and billed charges</p>
<p>RADIATION THERAPY (Prior Authorization Required)</p>	<p>Plan pays 80% Member pays 20%</p>	<p>Plan pays 70%* Member pays 30%</p>
<p>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</p>	<p>Plan pays 80% Member pays 20%</p>	<p>Plan pays 70%* Member pays 30%</p>
<p>SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Prior Authorization Required)</p>	<p>Plan pays 80% Member pays 20%</p>	<p>Plan pays 70%* Member pays 30%</p>
<p>SPEECH THERAPY (Prior Authorization Required)</p>	<p>Plan pays 80% Member pays 20%</p>	<p>Plan pays 70%* Member pays 30%</p>
<p>STERILIZATION PROCEDURES (Prior Authorization Required) 1. Vasectomy (Outpatient only) 2. Tubal Ligation (Traditional and with Fulguration)</p>	<p>Plan pays 100%</p>	<p>Plan pays 70%* Member pays 30%</p>
<p>DIAGNOSTIC SLEEP STUDY (Prior Authorization Required)</p>	<p>Plan pays 80% Member pays 20%</p>	<p>Plan pays 70%* Member pays 30%</p>

ADDITIONAL BENEFITS (Deductible does not apply)	Participating Providers	Non-participating Providers
<p>WELLNESS BENEFITS Free programs - Nutrition Consultant - Diabetes Self Management Training Program - Stop Smoking Program - Childbirth Preparation Class</p>	<p>Plan pays 100%</p>	
<p>Discounted Programs - 7-day Shape Up Program - 7-day Detox Program - 7-day Advanced Detox Program - NEWSTART Program</p>	<p>Discounts vary by program</p>	<p>Not Covered</p>
<p>Health and Wellness Rewards - Maximum of \$100 per plan year - Please refer to member brochure for Health and Wellness Rewards available</p>	<p>Plan pays 100% at Participating Providers</p>	
<p>VISION BENEFIT Coverage for a pair of contact lenses or eyeglasses lens/frames - maximum of \$200 per member per 12 months</p>	<p>Plan pays 100% up to \$200 per member per 12 months</p>	<p>Plan pays 100% up to \$200 per member per 12 months through reimbursement, which needs to be submitted to Plan within 90 days from date of service</p>

* 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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

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Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
DEDUCTIBLE PER INDIVIDUAL MEMBER (CLASS 1)	\$1,000	\$2,000**
DEDUCTIBLE PER INDIVIDUAL MEMBER (CLASSES 2-4) If a member meets their \$1,000 deductible, the plan begins to pay for covered services for that individual	\$2,000	\$6,000**
COVERAGE MAXIMUMS Individual member lifetime maximum	None	None
MEDICAL OUT OF POCKET MAXIMUMS (includes deductible and co-payments) Per Individual member per policy year Per Family per policy year	\$3,000 \$9,000	No Maximum No Maximum
PRESCRIPTION OUT OF POCKET MAXIMUMS (includes co-payments) Per Individual member per policy year Per Family per policy year	\$2,000 \$3,500	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 Philippines Providers are payable 100% after deductible is met	

Deductible <u>does not apply</u> to these Benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
PREVENTIVE SERVICES (Out-Patient Only) Includes Annual Exams and 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/VACCINATION 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 the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care Infancy (Newborn to nine months) Maximum seven visits Early Childhood (One to four years old) Maximum seven visits Middle Childhood / Adolescence (Five to attainment of 18 years old) Maximum one per plan 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%

* 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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-insurance in excess of Co-Payments and Co-insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

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Deductible does not apply to these Benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
ANNUAL EYE EXAM One exam per plan year	Member pays \$20 copay	Plan pays 70%*, Member pays 30%
ANNUAL EYE REFRACTION One visit per plan year	Plan pays 100%	Plan pays 70%*, Member pays 30%
OUTPATIENT PHYSICIAN CARE & SERVICES Primary Care Visits Specialist Care Visits Voluntary Second Surgical Opinion Urgent Care Visits Mental Health Care and Substance Abuse Visits Home Health Care Visit (Prior Authorization Required) Hospice Care in Guam only, maximum of \$100 per day (Prior Authorization Required) Routine Diagnostic Tests (X-ray, ultrasound, ECG, EEG, EMG & non-routine mammogram) Injections (Does not include those on the Specialty Drugs List)	Member pays \$20 copay Member pays \$40 copay Member pays \$40 copay Member pays \$50 copay Member pays \$20 copay Plan pays 100% Plan pays 100% Member pays \$20 copay Member pays \$20 copay	Plan pays 70%*, Member pays 30%
EMERGENCY CARE For 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 emergency room. 1. On/Off-island emergency facility, physician services, laboratory, X-rays	Member pays \$75 copay	\$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%
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-pay \$0 Member Co-pay Member pays 30% Member pays 30%	Member pays 30% of Average Wholesale Price (AWP) plus any difference between any eligible and billed charges
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 Providers in the Philippines or in Taiwan - Executive check-ups preventive services, primary care services and dental care DO NOT QUALIFY for this benefit - Conditions and limitations apply as specified in the Member Handbook	Member pays all cost above \$500 Limited to once per plan year	Not Covered

* 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 except for an Out-Of-Service Area emergency. (Certificate \$3.2.3, Contract \$2.1.27, Certificate \$1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate \$3.2.3, Contract \$2.1.27, Certificate \$1.9.4)

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Deductible must be met for the following services	Participating Providers	Non-participating Providers after Deductible is met:
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 roundtrip airfare (Prior Authorization 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 Includes medically necessary anesthesia (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AUTISM SPECTRUM DISORDER Referral from Primary Care Physician and Prior Authorization from Plan is required Coverage is limited to the following maximums per member per plan year: - \$25,000 per plan year for ages 16-21 years old - \$75,000 per plan year for ages 0-15 years old Services are subject to Plans benefit coverage guidelines and medical necessity	Member pays \$50 copay	Not Covered
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BREAST RECONSTRUCTIVE SURGERY Includes medically necessary anesthesia (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	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 implant. 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 clinical 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	Member pays \$40 copay	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%

* 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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

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Deductible must be met for the following services	Participating Providers	Non-participating Providers after Deductible is met:
ELECTIVE SURGERY Includes medically necessary anesthesia (Prior Authorization Required)	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 Foot Care and Podiatry services (subject to benefit limitations)	At primary care: \$20 member co-pay At specialist care: \$40 member co-pay	Plan pays 70%* Member pays 30%
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 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 4. 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%

* 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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

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Deductible must be met for the following services	Participating Providers	Non-participating Providers after Deductible is met:
ORAL AND MAXILLOFACIAL SURGERY Oral surgical procedures, limited to: - 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%
PHYSICAL THERAPY (Prior Authorization Required)	Plan pays 80% for the first 20 visits and 50% thereafter	Plan pays 70%* Member pays 30%
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%
DIAGNOSTIC SLEEP STUDY (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

ADDITIONAL BENEFITS: What the Plan covers (Deductible does not apply)	Participating Providers	Non-participating Providers
WELLNESS BENEFITS Free programs - Nutrition Consultant - Diabetes Self Management Training Program - Stop Smoking Program - Childbirth Preparation Class	Plan pays 100%	
Discounted Programs - 7-day Shape Up Program - 7-day Detox Program - 7-day Advanced Detox Program - NEWSTART Program	Discounts vary by program	Not Covered
Health and Wellness Rewards - Maximum of \$100 per plan year - Please refer to member brochure for Health and Wellness Rewards available	Plan pays 100% at Participating Providers	
VISION BENEFIT Coverage for a pair of contact lenses or eyeglasses lens/frames - maximum of \$200 per member per 12 months	Plan pays 100% up to \$200 per member per 12 months	Plan pays 100% up to \$200 per member per 12 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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

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What The Plan Covers: Subject to the Specific limitations which are contained in the Group Health Certificate	Participating Providers In-Network	Non-participating Providers Out-of-Network
<p>DIAGNOSTIC & PREVENTIVE CARE</p> <ol style="list-style-type: none"> 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 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; include 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)
<p>BASIC & RESTORATIVE CARE</p> <p>GENERAL SERVICES</p> <ol style="list-style-type: none"> 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) <p>ORAL SURGERY</p> <ol style="list-style-type: none"> 1. Simple Extractions 2. Complicated Extractions 3. Tooth Implications <p>PERIODONTAL CARE</p> <ol style="list-style-type: none"> 1. Periodontal Prophylaxis; Cleaning and polishing once every six months 2. Periodontal Treatment <p>GENERAL ANESTHESIA</p> <ul style="list-style-type: none"> - includes conscious sedation and nitrous oxide - covered when recommended by attending physician <p>Pulpotomy & Root Canals/Endodontic Surgery & Care</p>	80% of Eligible Expenses	70% of Eligible charges (Member pays excess above eligible expenses)
<p>MAJOR & REPLACEMENT CARE</p> <p>FIXED PROSTHETICS</p> <ol style="list-style-type: none"> 1. Crown and bridges 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration; limited once every 5 years <p>REMOVABLE PROSTHETICS</p> <ol style="list-style-type: none"> 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 MAXIMUM PER MEMBER PER PLAN YEAR	\$1,000	

TERMS:

1. Unused balance are not transferrable to the following year
2. Charges for Non-participating Providers are limited to the lesser of actual charges or the usual, customary and reasonable charges 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 FY2024 Member Handbook. Visit www.calvos.net to download the PDF.

What The Plan Covers: Subject to the Specific limitations which are contained in the Group Health Certificate	Participating Providers <small>In-Network</small>	Non-participating Providers <small>Out-of-Network</small>
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 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; include 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 - Amalgam & Composite Resin - Synthetic & Plastic (other than gold & porcelain) ORAL SURGERY 1. Simple Extractions 2. Complicated Extractions 3. Tooth Implications PERIODONTAL CARE 1. Periodontal Prophylaxis; Cleaning and polishing once every six months 2. Periodontal Treatment GENERAL ANESTHESIA - 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. Crown 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 MAXIMUM PER MEMBER PER PLAN YEAR	\$2,000	
ORTHODONTIC BENEFIT	Reimbursable to member/provider based on actual usage and to its maximum of \$2,000 for the benefit year	

TERMS:

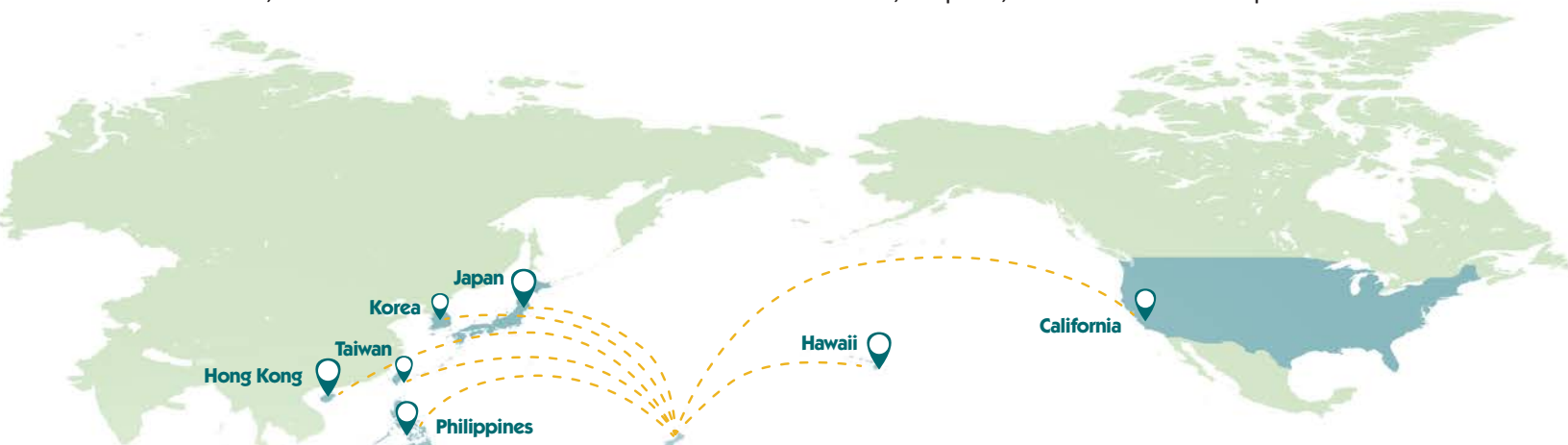
1. Unused balance are not transferrable to the following year
2. Charges for Non-participating Providers are limited to the lesser of actual charges or the usual, customary and reasonable charges in the geographic location where the service was rendered, unless otherwise provided in the agreement
3. The covered member pays any excess above Eligible Charges
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- **National Kidney and Transplant Institute**
- **St. Luke's Medical Center: Global City**
- **St. Luke's Medical Center: Quezon City**
- **The Medical City: Clark Freeport Zone, Pampanga**
- **The Medical City: Molo, Iloilo City**
- **The Medical City: Pasig City**

Hong Kong

- **Hong Kong Adventist Hospital - Stubbs Road**
- **Gleneagles Hospital**

Taiwan

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

Japan

- **Kameda Medical Center, Chiba**
- **Kameda Kyobashi Clinic, Tokyo**

Korea

- **Samsung Medical Center**

U.S. Direct Contracted Providers

California

- **Doctor's Medical Center of Modesto**
- **Good Samaritan Hospital**
- **Keck Hospital of USC**
- **Long Beach Memorial Medical Center**
- **PIH Health Downey Hospital**
- **PIH Health Whittier Hospital**
- **St. Vincent Medical Center**
- **USC Norris Cancer Center**
- **USC Verdugo Hills Hospital**
- **White Memorial Medical Center**
- **Anaheim Global Medical Center**
- **Cedars-Sinai Medical Center**
- **Chapman Global Medical Center**
- **Children's Hospital of Los Angeles**
- **Orange County Global Medical Center**
- **Sharp Chula Vista Medical Center**
- **Sharp Coronado Hospital and Medical Center**
- **Sharp Grossmont Hospital**
- **Sharp Memorial Hospital**
- **South Coast Global Medical Center**
- **St. John's Health Center**

Hawaii

- **Kapiolani Women & Children's Hospital**
- **Pali Momi Medical Center**
- **Shriners Hospital for Children**
- **Straub Clinic and Hospital**
- **The Cancer Center of Hawaii**
- **University Clinical Education Research Associates**

Bold Teal Text = Center of Excellence Black Text = Other Participating Provider



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Facility/Provider Finder

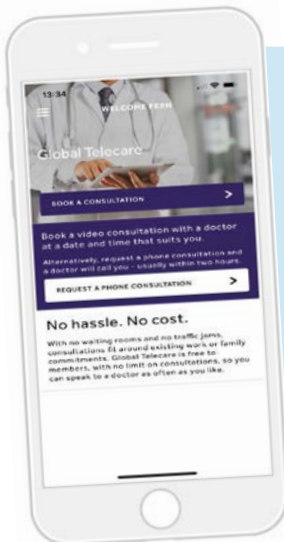
- Find the nearest provider in the area of the U.S. you are in
- Find providers by category (people, places, services, conditions)



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Guam Providers:

Participating Guam Doctors and Dentists

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

Doctors

Cardiology

ElBebawy, Bishoy*
Fernandez, Jose
Giambartolome, Alessandro*
Inaba, Yoichi*
Kim, Byungsoo*
Palusinski, Robert*
Prieto, Alejandro*

Dermatology

LaTour, Donn - VISITING*
Prodanovic, Edward - VISITING*
Kim, Sang
Yang, Hoseong Steve*

E.N.T. (Otolaryngology)

Castro, Jerry*
Williams, Lawrence*

Endocrinology

Alford, Erika*
Rubio, Joel*

Family Practice

Adolphson, Arania*
Akimoto, Vincent*
Akoma, Ugochukwu*
Anderson, Mark*
Bryson, Julie*
Campus, Hieu*
Cook-Hyunh, Mariana
Flores, Lisa*
Frickel, Wendy*
Fox, Eric Russel
Galgo, Geoffrey*
Holmes, Cody
Lee, Delores*
Loder, Bryce
Lom, Jitka
Lujan, Davina*
Manlucu, Luella*
Mariano, Maria*
McDermott, Kevin
Miyagi, Shishin*
Nguyen, Hoa Van*
Nguyen, Luan*
Raab, Jeremy*
Richardson, Ian
Samaniego, Maria
Santos, Patrick
Schroeder Jr., Edmund*
Taitano-Ritter, Denise*

Terlaje, Ricardo*
Wilkens, Keith

Gastroenterology

Farrell, Frank - VISITING*

Geriatrics

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

Hematology

Coty, Paul*
Friedman, Samuel*
Huang Chen*
Ryan, William

Infectious Disease Medicine

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

Internal Medicine

Agustin, Michael*
Alford, Erika*
Arcilla, Leopoldo*
Chang, Young
Chenet, Alix
Duenas, Vincent A.*
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*
Samonte, Romeo*
Taitano, John Ray*
Thorp, Jonathan*
Trinh, Tien*
Ursales, Anna Leigh*
Villa, Eden
Yamamoto, Michelle*

Nephrology

Dissadee, Mana*
Mesbah, Anita*

Nerves, Robert C.*
Osman, Sharleen*
Philips, Sherif*
Rosales, John*

Neurology

Adewumi, Dare
Carlos, Ramel*
Hale, Justin*
Hattori, Naho
Ming, Sue

OB/GYN

Bieling, Friedrich*
Bordallo, Annie U.
Brown, Elaine
Hirata, Greigh - VISITING
Jyung, Jin*
Miller, Vanessa - VISITING
Nesbitt, Shayla
Sidell, Jonathan*
Shieh, Thomas
Swena, Deborah*
Underwood, Teresa
von Walter, Astrid (Telemedicine)
Walton, Kimberly

Oncology

Ambrale, Samir*
Au, Kin-Sing*
Coty, Paul*
Friedman, Samuel*
Gomez, Gilda*
Hou, Wei Hsein
Huang, Chen*
Kim, Stanley
Ko, Song-Chu*
Strowbridge, Amy
Tahn, Carl*

Ophthalmology

Burton, Gregory P.*
DeBenedictis, Marjorie*
Flowers, Charles
Jack, Robert*
Klocek, Matthew*
Lombard, Peter*
Moore, Luke*
Margalit, Eyal
Ng, Eugene - VISITING*
Parks, David - VISITING*
Smith, Anthony

Orthopedics

Arafiles, Ruben*
Cunningham, Glenn*
Galang, Carmelino*
Long, Raymond*

Pain Management

Jaffe, Todd

Pediatrics

Blancaflor, Maria
Del Rosario, Amanda
Domalanta, Dina
Fojas, Milliecor
Garcia, Antonio
Garrido, John
Linsangan, Gladys
Manaloto, Cristina
Sarmiento, Dennis
Um, Michael

Physical Medicine & Rehabilitation

Gaerlan, Maria Stella*

Podiatry

Borja, Teresa*
Kim, Sungwook*
Silan, Noel*

Pulmonology/Critical Care

Agustin, Michael*
Aguon, Joleen*
Biberston, Jeffrey
Hernandez, Mary Elizabeth*
Ivanov, Rada

Radiology

Berg, Nathaniel*
Boles, Matthew
Fenton, Michael*
Hum, Barbara*
Khandelwal, Ashish*
Lizama, Vincent
Mallikarjunappa*
Packianathan, Xavier*
Piana, Peachy*
Pomeranz, Steven*
Shay, Jeffery*
Spak, Eric*
Taylor, Laura*
Thorisson, Hjalti
Young, John*

Rheumatology

Terrakanok, Jirapat

Sleep Medicine

Barthlen, Gabriele*
Lin, Shih Hao*
Schumann, Richard

Surgery - General

Bandy, Nicholas*
Cruz, Mariana Vigiola*
Cruz, Michael*
Eusebio, Christian*
Eusebio, Ricardo B.*
Helm, Joseph*
Im, Sunggeun*
Kelley, Katherine*
Kobayashi, Ronald*
Leon Guerrero, Alexandra*
Medina, Daniel*
Oh, Daniel*
Rahmani, Kia*
Sandy, Gisella*

Surgery - Hand & Microsurgery

Landstrom, Jerone*

Surgery - Neurological

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

Surgery - Plastic & Reconstructive

Fegurur, John*

Surgery - Vascular

Eusebio, Ricardo*
Kobayashi, Ronald*

Urology

Fenton, Ann*
Rocco, Nicholas*
Petero, Virgilio*

Wound Care

Acuna, Edna*

Dentists

General Dentistry

Brady, Timothy
Dededo Dental Center
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 Dental
Seventh Day Adventist Dental

Veloria, Tom S.
Yang, Robert J.
Yasuhiro, Stanley

Endodontics

Premier Dentistry

Pediatric Dentistry

Isa Dental Clinic
Pediatric Dental Center
Reflection Dental

Periodontics

Perio Health Institute Pacific Rim
Premier Dentistry

Providers marked with an asterisk (*) are Medicare Providers

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

Allied Services

Acupuncture Baik, Jong Sun Vandevelde, Brennan Chong, Richard Yu, Jong	Rosario-Sanchez, Katrina Santos, Jamela Swaddell, Joan Tolentino, Doris	Health Services of the Pacific* Isla Home Infusion Paradise Home Care	Seventh Day Adventist Eye Clinic* Vision Express	Sibug, Mary Ann S.O.A.R. Physical Therapy
Audiology Koffend, Renee*	Chiropractic Arthur, Steve Beckwith, Nicholas Dimalanta, Albert J. Gregory, Barbara Gregory, Robert W. Larkin, Gary Larkin, Lani F. Larkin, Scott Miller, Gregory J.* Nicdao, Placido White, Roderick Yoon, Jinmo	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*	Physical Therapy Ada, Tasi AdBright, Kim Campos, Leonard Chan, Keith Chong, Dae-Il* Claros, Ryan Golez, Rolan Guam Regional Medical City* Kim, Justin* O'Connor, Shannon Pagaduan, Marc Santos, Isaias*	Radiology Guam Medical Imaging Center* Guam Radiology Consultants* MDX Imaging* Pacific Radiology, Inc.* The Doctor's Clinic*
Behavioral Health Aguon, Risha Aquino, JoBeth Baletto, Jesse Baynum, Andri Baza, Joleen Baza, Lisa Bellis, Kirk Bordallo, Sandra Camacho, Lavina Chargualaf, Melissa Cristobal, Hope Iizuka, Koji Guilliot, Rosemarie Kallingal, George Leitheiser, Andrea Lizama, Tricia Natividad, LisaLinda Romero, Amy	Durable Medical Equipment Guam Med* Health Services of the Pacific* Healthcare Specialties* Home Health Depot Isla Home Infusion, Inc. Medquest Medical Supply	Optical Agahan Optical FHP Vision Center* Garcia Optical Ideal Optical Ideal Vision Center Lombard Health New 20/20 Vision Center		Sleep Center Guam Sleep Center Pacific Sleep Care Pacific Sleep Center
Home Health Care Guam Visiting Nurses*				Speech Pathology Dimla, Rowena Duenas, Nicole

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	Guam Medical Pharmacy*	- FHP Health Center - Oka Plaza Building	Sagan Amot Pharmacy*
Evergreen Pharmacy and Supplies*	Guam Rexall Drugs*	Minutes Rx Pharmacy*	Seventh Day Adventist Pharmacy*
Express Med Pharmacy* - American Medical Center (Mangilao) - Dededo	Harmon Drugs*	Oka Pharmacy*	Super Drug* - Dededo Pay-Less - IHP Medical Group - K-Mart - Maite Pay-Less - Oka Pay-Less - Yigo Pay-Less
	ITC Pharmacy* - ITC Building - Photo Town Plaza	Pacific Healthcare Pharmacy*	
	Mega Drugs* - Daily Plaza Bldg	Perezville Pharmacy*	
		Polymedic Pharmacy*	

Benefits provided by:



Pharmacy Benefits Manager
BIN: 003650
Processor Control: 64

Providers marked with an asterisk (*) are Medicare Providers

NurseLine



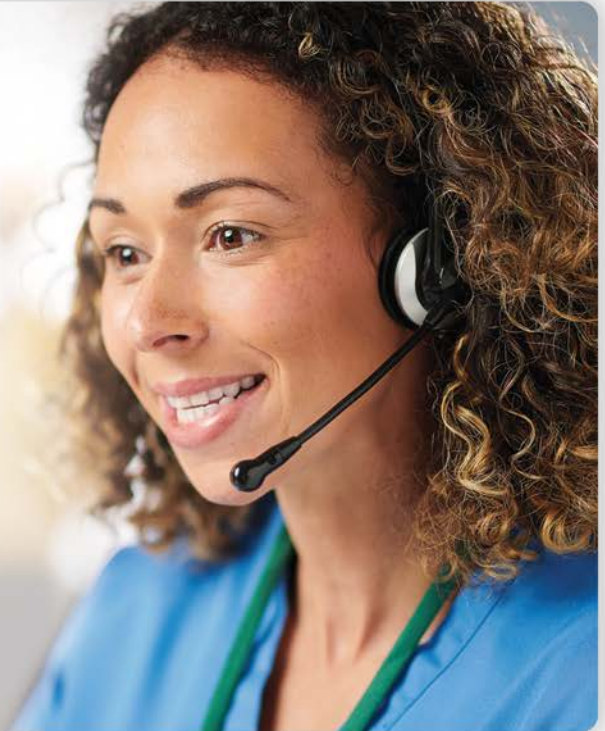
Nurse Triage and Advice Service

This is a free service to Judiciary of Guam members!

No co-payment! No deductible!

Our NurseLine Nurse Triage and Advice Service will help direct you to the right care, at the right time, based on the level of care you need.

**Call Toll Free:
866-874-3936**



24-hour Support:

Toll-free access to NurseLine nurses 24 hours a day, seven days a week for triage support and clinical guidance.

Triage Support:

NurseLine provides comprehensive clinical guidance to help you decide the most cost-effective levels of care, whether that is the emergency room, an urgent care center, their physician or even virtual care.

Health Education:

Supported by 700 triage guidelines and health education topics.

Experienced Nurses:

All member interactions are with a clinician. NurseLine nurses are registered nurses with an average tenure of 15 years. Our nurses have extensive experience providing culturally appropriate triage services to members.

Accessibility:

TTY service available for the hearing impaired.

NurseLine provided by  **OPTUM**

Life-Saving Benefits



The Philippines



\$500 Travel Benefit: The Philippines or Taiwan

To be applied toward the cost of either **(a)** round trip airfare between Guam and Manila, Philippines or Taiwan; **(b)** ground transportation between the airport and the hospital or; **(c)** lodging in Manila or in Taiwan.

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 or Taiwan. Applicable only to approved referrals for conditions not treatable on Guam.
- Excludes emergencies, Preventive Services/Executive Check-ups, home health, hospice, maternity and primary care 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.

Taiwan



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.

Air Ambulance Discount



**50% OFF
Air Ambulance Services!**

**Air Ambulance Carrier
and Plan approval required.**

Certain qualifying conditions apply.

Wellness & Fitness



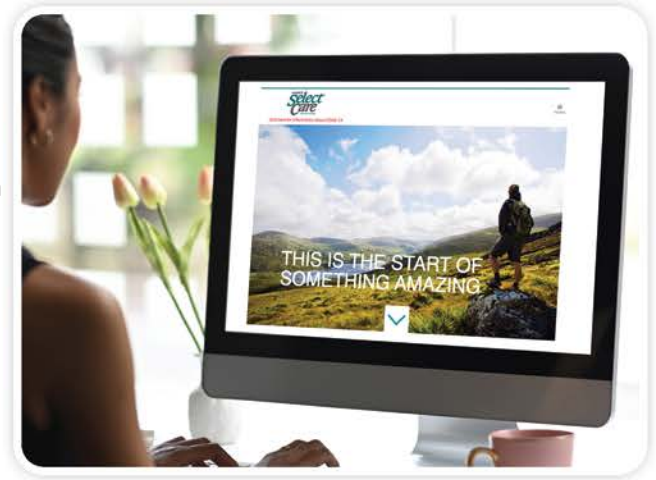
Our wellness programs provide a very dynamic and rewarding opportunity for our members to improve their lifestyle and become healthier.

Health Risk Assessments

You could be at risk for cancer or heart disease. Do you know how to reduce the risk? Find out how!

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 doctors
- Stay informed with the Monthly “WellNotes” Newsletter



Guam Seventh-day Adventist Clinic

Wellness and Disease Management Programs

Free Programs

- Wellness Consultation
- Diabetes Wellness Program
- Stop Smoking Class
- Childbirth Preparation Class
- Dietitian Consultations
- Optum Wellness Resources

Free classes on a first-come, first-served basis!

Programs at 50% coverage

- Newstart
- Seven-day Detox
- Shape-Up
- **Other 50% reimbursable upon completion**



THE WEEKDAY WORKOUT



Members have access to **EXCLUSIVE** group classes offered by our gym partners for Free!

- No membership required
- Classes are on a first come, first served basis

Fitness Partners

Free and Discounted Membership for Judiciary of Guam Subscribers and Spouses/Co-habiting Partners



**Free
Membership!**



**\$50
a Month**
No Enrollment Fee!



**\$30
a Month**
No Enrollment Fee!



**\$50
a Month**
No Enrollment Fee!



**\$20
a Month**
No Enrollment Fee!



\$22.50
1 Month
Limited Camp!



**\$50
a Month**
No Enrollment Fee!

Health and Wellness Rewards

Subscribers and spouses/co-habiting partners (18 years or older) can participate in multiple wellness incentive programs that will allow them to earn up to a maximum of \$100 per member for the plan year by completing any of the following actions:

- **Complete the online Health Risk Assessment**
Completion of the online HRA is a requirement to be eligible for any wellness rewards.
- **Get an annual USPSTF Exam**
- **Complete a Health Management Program with a participating Wellness Provider**
- **Gym enrollment with one of our Fitness Partners**

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.

Earn \$25.00

Complete the Online Health Risk Assessment (Required)

Earn \$25.00

Contact your primary care physician to schedule your USPSTF Exam

Earn \$25.00

Register with one of our wellness partners and complete the program

Earn \$25.00

Enroll with one of our fitness partners

Massage Benefits

Discounted Rates for Judiciary of Guam Subscribers and Spouses/Co-habiting Partners



Gym/Fitness Reward

Subscribers will be rewarded \$90 for each fiscal year quarter by working out 10 days per month for three (3) consecutive months



Get as much as
\$460
Annually!

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

- Enroll and complete the Calvo's SelectCare Health Risk Assessment
- Select one of our gym/fitness partners
- Work out at least ten (10) days per month at the selected gym/fitness partner
- For three consecutive months per fiscal year quarters:
October to December, January to March, April to June, July to September
- Open your Gym Check-In from your Lifestyle Club app and scan the QR code for validation 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

Digital Services



Providing digital tools and media to enhance the health and wellness initiatives of every member

Calvo's SelectCare online

- Enroll on desktop or mobile device
- View Claims Record:
Medical, Dental, and Prescription Drug claims
- View Deductible Status and monitor out-of-pocket accumulators
- Submit Claims or other documents
- Access your Provider Directory to find a doctor or facility
- Access Cost Estimators for medical services in the U.S., Guam, and Asia
- Download or print Schedule of Benefits
- Download or print Member Handbook
- View or print membership card
- Access links to UnitedHealth and OptumRx



Members and providers can get information and access from our website and our mobile app!



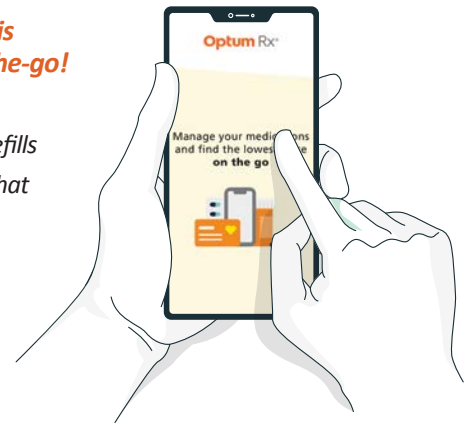
OPTUMRx® | Benefits

OptumRx.com is a fast, easy and secure way to get information you need to make the most of your pharmacy benefit.

- Compare medication prices at different pharmacies
- Locate a network pharmacy
- Manage medication covered dependents and spouses
- View real-time benefits and claims history

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

- Never miss dose
- 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



Save Time and Money using the **Optum Rx Mail Order Maintenance Program!**

Save as much as:

\$180 on Generic and Brand Name Drugs per year!

\$800 on Non-Preferred Drugs per year!



Special Offers for our members!

Download the app to view the many offers and display your card right on your mobile device to avail discounts when visiting our Lifestyle Club partners on Guam and Saipan!



Judiciary of Guam Members! Gym validation is now at your fingertips!

Judiciary of Guam subscribers who partake in the Gym/Fitness Reward have an easier validation method!

Click on the "Gym Check-In" button and scan the QR code at the gym/fitness partner location!



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.



Member Communications

Staying informed is important! We provide frequent communications, including Monthly Wellness Newsletters, Provider Updates, Benefit Updates, Healthcare News, and Member Satisfaction Surveys.

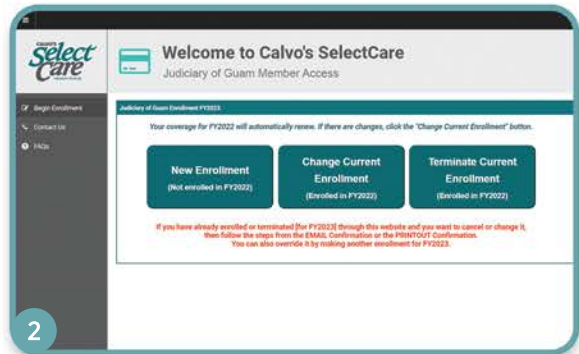


Judiciary of Guam FY2024 Open Enrollment Online Enrollment System

Visit www.calvos.net to use our online enrollment system!
It's fast and easy!



Go to www.calvos.net and click on the Judiciary of Guam Member button enroll.calvos.net/jog. You can also scan the QR Code below.



Select "Change Current Enrollment" if you have any changes for FY2024. Select "New Enrollment" if this is your first enrollment with Calvo's SelectCare. Select "Terminate Current Enrollment" if you wish to terminate.

If there are no changes to your plan you do not need to re-enroll. The plan will roll over.



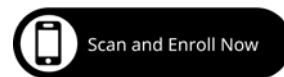
Submit enrollment information. You can also upload applicable documentation such as birth certificates, legal guardianship, etc.



Upon submission you will receive email confirmation.



Starting on October 1, 2023, you will be able to access your Member ID card, Member Handbook, Provider Directory and other Member Communications at www.calvos.net or on the Calvo's SelectCare Mobile App.



Frequently Asked Questions



Enrollment Questions

When is Open Enrollment?

- Open Enrollment starts on September 11, 2023 and ends on September 22, 2023.
- You may enroll online through the Judiciary of Guam Enrollment link on our website at www.calvos.net or submit your enrollment form to the Judiciary's HR Office.

Where can I get my Enrollment Packet?

You can obtain an Enrollment Packet from your HR office or on our website at www.calvos.net

Where do I send my Enrollment Form?

You may submit your enrollment form to your HR office or you can complete one online at www.calvos.net

I made a mistake on my Enrollment Form.

Can I submit a corrected form?

If you completed a physical form and would like to submit a correction, please fill out a new form and be sure to write "Supersede" at the top of the form. If you completed a digital form, go back into the digital enrollment link and select "Edit Enrollment" to make the necessary changes.

What information is available to me on Calvo's SelectCare's website and mobile app?

We're happy to provide you with digital tools that will allow you to access your account information at a click of a button, in the comfort and safety of your own home. Through your account on our website, www.calvos.net and our mobile app, you can do it all:

- Digitally enroll
- View and print your digital member ID cards
- Take your annual Health Risk Assessment
- Securely submit any necessary document
- View you and your family's deductible and out-of-pocket status

- View your coverage and benefits
- View or download Member Handbook
- View or download Provider Directory
- View or download Drug Formulary
- Access link to the Lifestyle Club and Calvo's Insurance website: www.calvos.com
- Access link to our Pharmacy Benefits Manager, OptumRX: www.optumrx.com
- Access link to the UnitedHealthcare Provider finder: www.us1.welcometouhc.com/find-a-doctor

When will I be receiving a member ID card?

By October 4, 2023, you can obtain your digital member ID card by registering on our website www.calvos.net or downloading and registering the Calvo's SelectCare mobile app on your Android or iPhone.

Member ID cards will be mailed to you around two weeks after October 1, 2023.

Benefits Questions

Who handles my HSA plan?

Please refer to any bank or company managing an HSA plan.

I am a new member. When are my benefits effective or when can I start using my insurance?

If you meet the Open Enrollment requirements, your coverage will become effective Oct. 1, 2023. You can use your benefits as of Oct. 1, 2023.

How do I access care without an ID card?

Your medical providers have access to eligibility information on our website and also through an automated fax recall system.

Frequently Asked Questions (cont.)

Pharmacy Questions

How does my provider request pre-certification for a medication?

Your provider can fax the pre-certification request to our office at 671-477-7304

How do I obtain a copy of the Plan's Drug Formulary?

Our drug formulary can be obtained through our website at www.calvos.net

How can I or my provider know if a medication requires pre-certification before I go to the pharmacy?

- You or your provider can reference our drug formulary to identify drugs that require pre-certification by the plan
- You or your provider can contact our Customer Service Department for assistance.

Coordination of Benefits Questions

Why does Calvo's SelectCare need to verify if I have other insurance coverage?

We need to know if there is more than one plan to provide benefits for a patient. It is necessary for us to identify which plan provides primary plan benefits and which plan provides secondary plan benefits. It is also important to update your COB record with the plan to avoid becoming responsible for any unpaid bills.

Claim Questions

How do I submit a claim to Calvo's SelectCare?

- Online by logging into our website at calvos.net
- Submit the claim via email to service@calvos.com
- Mail to: Calvos SelectCare,
P.O. Box FJ Hagatna Guam 96932
- Fax to: 1-671-477-4141
- Visit our main office in Hagatna

Off-Island Care Questions

What steps do I need to take to receive care Off-Island?

In order for our office to properly coordinate and authorize your off-island medical service, you must provide us with the referral from your primary doctor; all pertinent medical records and diagnostic images; your preferred appointment date and the location of the participating clinic or facility. Please see your Member Handbook for more information.

How do I locate a participating provider outside of Guam?

View or download the Provider Directory from www.calvos.net for direct contracted providers or access the Unitedhealthcare Provider Finder at www.us1.welcometouhc.com/find-a-doctor

Off-island services do require a referral from your primary care provider and pre-approval from Calvo's SelectCare.

FY2024 Insurance Rates



Bi-Weekly Rates	Judiciary of Guam HSA2000	Judiciary of Guam PPO1000	Judiciary of Guam Dental 1000	Judiciary of Guam Dental 2000
Class 1: EE	\$9.18	\$78.39	\$0.00	\$5.37
Class 2: EE and Spouse	\$44.48	\$170.58	\$0.00	\$21.73
Class 3: EE and Child(ren)	\$36.38	\$134.53	\$0.00	\$19.47
Class 4: EE and Family	\$60.64	\$235.77	\$0.00	\$31.80

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

Saipan Bank of Saipan Headquarters, Rm. 114, Beach Road
P.O. Box 500035 CK
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: +63-2-7759-2871
+63-2-8813-1989
Fax: +63-2-7759-3126

**St. Luke's
Medical Center
Global City** Rm. 1008 10th Floor
Medical Arts Building
32nd St. Bonifacio Global City
Taguig City, 1112 Philippines
Phone: +63-2-8555-0443
+63-2-8555-0448-51
Fax: +63-2-8555-0438

**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: +63-2-413-1312
Fax: +63-2-413-5721

**The Medical City
Pasig City** Business Center, 9th Floor
The Medical City, Ortigas Center
Pasig City, Philippines
Phone: +63-2-477-2109

Web www.calvos.net

