

GovGuam FY2025 Open Enrollment

Self-Insured by the Government of Guam
Medical - Prescription Drugs & Vision



Administered by:



www.calvos.net



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Buenas yan Hafa Adai!

We look forward to the opportunity to service you as your health plan administrator for FY2025. The Plan is self-insured by the Government of Guam. The information in this packet will help you learn about the benefits available to you, how to use them, and how to enroll.

During FY2025, employees and retirees will be able to choose from two medical (2) plans: the HSA2000 and the PPO1500. Another option for retirees is the Retiree Supplemental Plan. Retirees with Medicare A and B must enroll in the Retiree Supplemental Plan (RSP). 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)
- Members may access gym benefits with our gym partners: Custom Fitness, Paradise Fitness, STEEL Athletics, Synergy Studios, and Unified Fit, 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 designated 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 online enrollment tool. Visit enroll.calvos.net/govguam or scan the QR code to submit your enrollment information and upload any pertinent enrollment documentation (birth certificates, domestic partner affidavits, court-approved 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 look forward to meeting you during open enrollment and to service you and your family as the Third Party Administrator of the GovGuam Self-Insured program in FY2025.

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

Becoming a Member

Eligibility Information

In order to enroll in the Government of Guam (GovGuam) Self-Insured Plan, you and your dependents must first meet the eligibility requirements defined in The Government of Guam Plan.

You must complete an Enrollment Application and submit it with any other required documentation during an Open Enrollment period or within 31 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. Members must not be absent from the Service Area for more than 182 consecutive days. Some exclusions apply. Please refer to the Plan documents for more information.

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.
 - Children of a domestic partner are not eligible for coverage.
- Married or unmarried dependent children under the age of 26 years.
- Biological Children
- Step-children
- Court-ordered:
 - Legally Adopted
 - Full Legal Guardianship

- 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 court-appointed legal guardianship, you must provide the following:
 - Birth Certificate.
 - Parents' marriage certificate (when required).
 - Legal Guardianship must be for "Full Guardianship" but not limited to "Shared Guardianship". 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. Children under guardianship will only remain eligible until the guardianship terminates but no later than up to 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, for approval by the TPA.
 - 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.

Being a Member (cont.)

Enrollment Period

You may elect to enroll on any of these occasions.

- Annual Open Enrollment Period.
- Initial Employment. You may enroll within 31 days from the date you first become eligible to enroll in the plan.
- Initial Retirement or Survivor of Retiree: You may enroll within 31 days from your effective date.
- 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 31 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.

Adding Dependents and Changes to your Coverage

You are able to enroll your new dependent(s), if you get married, obtain court-appointed 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 31 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 or your H.R. Department immediately of any error on your Member ID Card or any changes in name, address, phone numbers or email address.

If you receive a card and did not enroll, please report it to customer service and D.O.A./HR

Other Insurance

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

Dual Coverage

- Dual coverage under this policy is prohibited.
- Dual coverage allowed outside of GovGuam.

HSA2000

Schedule of Benefits

GovGuam FY2025

 A full list of the Medical Exclusions can be found in the GovGuam FY2025 Member Handbook. Visit calvos.net to download the PDF.

Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
DEDUCTIBLE PER INDIVIDUAL MEMBER	\$2,000	\$4,000**
DEDUCTIBLE PER FAMILY (Classes 2-4) If an individual member of a family meets their \$3,200 embedded individual deductible, the plan begins to pay for covered services for that individual	\$4,000	\$12,000**
COVERAGE MAXIMUMS Individual member lifetime maximum	Unlimited	Unlimited
OUT OF POCKET MAXIMUMS (including accumulated deductible, copays, & member coinsurance) Per Individual member per policy year Per Family per policy year	\$4,000 \$12,000	\$30,000** \$90,000**
Any Services in the Philippines, Hawaii, the U.S. Mainland, and any foreign participating providers (Pre-Certification Required)	Requires a referral from your doctor and approval in advance from the plan	

Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
PREVENTIVE SERVICES (Out-Patient Only) <ul style="list-style-type: none"> In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. Members may choose to receive age appropriate annual physical in the Philippines Annual exam includes preventive lab tests 		
ANNUAL PHYSICAL EXAM One exam every 12 months	Plan pays 100%	Not Covered
IMMUNIZATIONS/VACCINATIONS In accordance with the guidelines established by the CDC Advisory Committee on Immunization Practices	Plan pays 100%	Not Covered
PRE-NATAL CARE Including Routine Labs and 1st ultrasound	Plan pays 100%	Not Covered
WELL-CHILD CARE 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 17 years old) Maximum one visit/year	Plan pays 100%	Not Covered
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) Contraceptives including Sterilization and Tubal Ligation includes coverage of Breast Pumps (Limited to 1 per pregnancy up to \$100)	Plan pays 100%	Not Covered
ROUTINE CANCER SCREENINGS Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	Plan pays 100%	Plan pays 50%*, Member pays 50%
ANNUAL EYE EXAM One exam every 12 months including refraction and glaucoma testing	Plan pays 100%	Not Covered
VISION CARE SUPPLIES Frames, lenses, contact lenses, fitting	Plan pays 100% up to \$150 per member per plan year Member pays anything beyond \$150	
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip economy airfare (Plan Approval Required)	Plan pays 100%	Not Covered

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

HSA2000

Schedule of Benefits

GovGuam FY2025

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Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
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
Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
ACUPUNCTURE 30 visits per member per plan year	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
AIDS TREATMENT Exclusive of Experimental Drugs (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
ALLERGY TESTING Maximum \$1,000 per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
AUTISM SPECTRUM DISORDER (In compliance with Guam Law)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
BREAST RECONSTRUCTIVE SURGERY (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CARDIAC SURGERY	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CATARACT SURGERY Outpatient Only (including conventional lens)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CHEMICAL DEPENDENCY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHEMOTHERAPY BENEFIT (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CONGENITAL ANOMALY DISEASES COVERAGE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
DIAGNOSTIC TESTING MRI, Pathology Labs, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
DURABLE MEDICAL EQUIPMENT Standard Equipment (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
ELECTIVE SURGERY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%

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

HSA2000

Schedule of Benefits

GovGuam FY2025

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Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
EMERGENCY CARE For off-island emergencies, Plan must be contacted and advised within 48 hours 1. U.S. based and Out-of-U.S. emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only)	Plan pays 80% Member pays 20%	Plan pays 80%* Member pays 20%*
NON-EMERGENCY CARE In a hospital emergency room	Plan pays 50%* Member pays 50%	Plan pays 50%* Member pays 50%
END STAGE RENAL DISEASE / HEMODIALYSIS (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
HEARING AIDS Maximum \$500 per member per plan year	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
HOSPITALIZATION & INPATIENT BENEFITS 1. Room & Board for a semi-private room, intensive care, and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Inpatient Hospice (limited to 30 days)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
IMPLANTS (Limitations apply, please refer to contract) Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
INHALATION THERAPY	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
MATERNITY CARE Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
NUCLEAR MEDICINE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
ORGAN TRANSPLANT Including but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea. Benefits include organ donor. (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
ORTHOPEDIC CONDITIONS Internal and External Prosthesis (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
OUTPATIENT PHYSICIAN CARE & SERVICES		
Primary Office Visits	Member pays \$20 copay	Plan pays 50%* Member pays 50%
Specialist Office Visits	Member pays \$40 copay	Plan pays 50%* Member pays 50%
Outpatient Laboratory		
Routine Laboratory	Member pays \$20 copay	Plan pays 70%* Member pays 30%
Specialty/Diagnostic Laboratory	Plan pays 80%* Member pays 20%	Plan pays 70%* Member pays 30%
X-Ray Services	Member pays \$20 copay	Plan pays 50%* Member pays 50%
HOME HEALTH CARE 120 visits per plan year	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%

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

HSA2000

Schedule of Benefits

GovGuam FY2025

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Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
ALLERGY SERUM & INJECTIONS Does not include those on the Specialty Drugs List & Orthopedic injections	Plan pays 80%; Member pays 20%	Plan pays 50%* Member pays 50%
CHIROPRACTIC CARE 30 visits per member per plan year	\$40 copay after deductible is met	Plan pays 50%* Member pays 50%
MENTAL HEALTH AND SUBSTANCE ABUSE	Member pays \$20 copay	Plan pays 50%* Member pays 50%
SHORT TERM REHABILITATION Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year	Member pays \$40 copay	Plan pays 50%* Member pays 50%
URGENT CARE	Member pays \$50 copay	Plan pays 50%* Member pays 50%
VOLUNTARY SECOND SURGICAL OPINION	Member pays \$40 copay	Plan pays 50%* Member pays 50%
PRESCRIPTION FORMULARY DRUGS		
PREVENTIVE FORMULARY DRUGS (Deductible does not apply) In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations.	\$0 Member copay 30 day supply	
PREFERRED FORMULARY GENERIC DRUGS	\$15 copay per month supply \$0 copay for 90-day Mail Order Drugs	Plan pays 50% of billed amount not to exceed Average Wholesale Price (AWP)
PREFERRED FORMULARY BRAND NAME DRUGS	\$30 copay per month supply \$30 copay for 90-day Mail Order Drugs	
NON-PREFERRED FORMULARY GENERIC AND BRAND NAME DRUGS	\$100 copay per month supply \$100 copay for 90-day Mail Order Drugs	
SPECIALTY FORMULARY DRUGS (Medically Necessary Only and Pre-Certification Required)	\$100 Member Co-Pay (30 day supply)	Not Covered
PRESCRIPTION FORMULARY DRUGS OUTSIDE GUAM/CNMI/USA	Plan pays 80%; Member pays 20% not to exceed Average Wholesale Price (AWP)	
RADIATION THERAPY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
ROBOTIC SURGERY/ROBOTICS SUITE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
SLEEP APNEA Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
STERILIZATION PROCEDURES Vasectomy (Outpatient Only)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%

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

PPO1500

Schedule of Benefits

GovGuam FY2025

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Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
DEDUCTIBLE PER INDIVIDUAL MEMBER	\$1,500	\$3,000**
DEDUCTIBLE PER FAMILY If a member meets their \$1,500, the plan begins to pay for covered services for that member	\$3,000	\$9,000**
COVERAGE MAXIMUMS Individual member lifetime maximum	Unlimited	Unlimited
OUT OF POCKET MAXIMUMS (including accumulated deductible, copays, & member coinsurance) Per Individual member per policy year Per Family per policy year	\$3,000 \$9,000	\$30,000** \$90,000**
Any Services in the Philippines, Hawaii, the U.S. Mainland, and any foreign participating providers (Pre-Certification Required)	Requires a referral from your doctor and approval in advance from the plan	

Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
PREVENTIVE SERVICES (Out-Patient Only) <ul style="list-style-type: none"> In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. Members may choose to receive age appropriate annual physical in the Philippines Annual exam includes preventive lab tests 		
ANNUAL PHYSICAL EXAM One exam every 12 months	Plan pays 100%	Not Covered
IMMUNIZATIONS/VACCINATIONS In accordance with the guidelines established by the CDC Advisory Committee on Immunization Practices	Plan pays 100%	Not Covered
PRE-NATAL CARE Including Routine Labs and 1st ultrasound	Plan pays 100%	Not Covered
WELL-CHILD CARE 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 17 years old) Maximum one visit/year	Plan pays 100%	Not Covered
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) Contraceptives including Sterilization and Tubal Ligation includes coverage of Breast Pumps (Limited to 1 per pregnancy up to \$100)	Plan pays 100%	Not Covered
ROUTINE CANCER SCREENINGS Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	Plan pays 100%	Plan pays 70%*, Member pays 30%
ANNUAL EYE EXAM One exam every 12 months including refraction and glaucoma testing	Plan pays 100%	Not Covered
VISION CARE SUPPLIES Frames, lenses, contact lenses, fitting	Plan pays 100% up to \$150 per member per plan year Member pays anything beyond \$150	
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip economy airfare (Plan Approval Required)	Plan pays 100%	Not Covered

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

PPO1500

Schedule of Benefits

GovGuam FY2025

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Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
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
Deductible does not apply to these benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
OUTPATIENT PHYSICIAN CARE & SERVICES PRIMARY OFFICE VISITS	Member pays \$20 copay	Plan pays 70%* Member pays 30%
SPECIALIST OFFICE VISITS	Member pays \$40 copay	Plan pays 70%* Member pays 30%
OUTPATIENT LABORATORY Routine Laboratory	Member pays \$20 copay	Plan pays 70%* Member pays 30%
Specialty/Diagnostic Laboratory	Plan pays 80% Member pays 20%	Plan pays 80%* Member pays 20%
X-RAY SERVICES	Member pays \$20 copay	Plan pays 70%* Member pays 30%
HOME HEALTH CARE 120 visits per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HOSPICE CARE FACILITY OUTPATIENT maximum 180 days per plan year (Pre-Certification Required)	Plan pays 100%	Plan pays 70%* Member pays 30%
ALLERGY SERUM & INJECTIONS Does not include those on the Specialty Drugs List & Orthopedic injections	Plan pays 80%; Member pays 20%	Plan pays 70%* Member pays 30%
CHIROPRACTIC CARE 30 visits per member per plan year	\$40 copayment	Plan pays 70%* Member pays 30%
MENTAL HEALTH AND SUBSTANCE ABUSE	Member pays \$20 copay	Plan pays 70%* Member pays 30%
SHORT TERM REHABILITATION Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year	Member pays \$40 copay	Plan pays 70%* Member pays 30%
URGENT CARE	Member pays \$50 copay	Plan pays 70%* Member pays 30%
VOLUNTARY SECOND SURGICAL OPINION	Member pays \$40 copay	Plan pays 70%* Member pays 30%
PRESCRIPTION FORMULARY DRUGS PREVENTIVE FORMULARY DRUGS (Deductible does not apply) In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations.	\$0 Member copay 30 day supply	Plan pays 70%* Member pays 30%
PREFERRED FORMULARY GENERIC DRUGS	\$15 copay per month supply \$0 copay for 90-day Mail Order Drugs	Plan pays 50% of billed amount not to exceed Average Wholesale Price (AWP)

* 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.

PPO1500

Schedule of Benefits

GovGuam FY2025

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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:
PREFERRED FORMULARY BRAND NAME DRUGS	\$30 copay per month supply \$30 copay for 90-day Mail Order Drugs	Plan pays 50% of billed amount not to exceed Average Wholesale Price (AWP)
NON-PREFERRED FORMULARY GENERIC AND BRAND NAME DRUGS	\$100 copay per month supply \$100 copay for 90-day Mail Order Drugs	
SPECIALTY FORMULARY DRUGS (Medically Necessary Only and Pre-Certification Required)	\$100 Member Co-Pay (30 day supply)	Not Covered
PRESCRIPTION FORMULARY DRUGS OUTSIDE GUAM/CNMI/USA	Plan pays 80%; Member pays 20% not to exceed Average Wholesale Price (AWP)	

Deductible must be met for these benefits when you go to a Participating and Non-Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
ACUPUNCTURE 30 visits per member per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AIDS TREATMENT Exclusive of Experimental Drugs (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
ALLERGY TESTING Maximum \$1,000 per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AUTISM SPECTRUM DISORDER (In compliance with Guam Law)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BREAST RECONSTRUCTIVE SURGERY (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CARDIAC SURGERY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CATARACT SURGERY Outpatient Only (including conventional lens)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHEMICAL DEPENDENCY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHEMOTHERAPY BENEFIT (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CONGENITAL ANOMALY DISEASES COVERAGE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
DIAGNOSTIC TESTING MRI, Pathology Labs, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
DURABLE MEDICAL EQUIPMENT Standard Equipment (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

* 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.

PPO1500

Schedule of Benefits

GovGuam FY2025

 A full list of the Medical Exclusions can be found in the GovGuam FY2025 Member Handbook. Visit calvos.net to download the PDF.

Deductible must be met for these benefits when you go to a Participating and Non-Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
ELECTIVE SURGERY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
EMERGENCY CARE For off-island emergencies, Plan must be contacted and advised within 48 hours 1. U.S. based and Out-of-U.S. emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only)	Plan pays 80% Member pays 20%	Plan pays 80%* Member pays 20%*
NON-EMERGENCY CARE In a hospital emergency room	Plan pays 50%* Member pays 50%	Plan pays 50%* Member pays 50%
END STAGE RENAL DISEASE / HEMODIALYSIS (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HEARING AIDS Maximum \$500 per member per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HOSPITALIZATION & INPATIENT BENEFITS 1. Room & Board for a semi-private room, intensive care, and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Inpatient Hospice (limited to 30 days)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
IMPLANTS (Limitations apply, please refer to contract) Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices	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%
MATERNITY CARE Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
NUCLEAR MEDICINE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ORGAN TRANSPLANT Including but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea. Benefits include organ donor. (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ORTHOPEDIC CONDITIONS Internal and External Prosthesis (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
RADIATION THERAPY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ROBOTIC SURGERY/ROBOTICS SUITE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SLEEP APNEA Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
STERILIZATION PROCEDURES Vasectomy (Outpatient Only)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

* 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.

Retiree Supplemental Plan Schedule of Benefits

Eligibility Provision	
RETIRES & SURVIVORS Medicare A and B Primary	Qualified GovGuam retirees and survivors, who are age 65 and older and who are enrolled in Medicare Parts A & B Primary. Qualified retirees and survivors who are under 65 years of age with a disability or ESRD under Medicare. Only members on retirement status may enroll under the RSP Plan. Retirees returning to active status shall only be eligible to enroll in the Government of Guam Group Health Insurance as an active employee.
RSP DEPENDENTS	Spouse or domestic partner who are both Medicare Part A and B, Primary.
RSP DEPENDENTS Not Medicare A and B Primary	Spouse, domestic partner and children up to age 26, regardless of student status NOT Medicare Primary or NOT Medicare enrolled must enroll in the PP01500 plan.
<p>*Services covered by Medicare must be incurred by a Medicare participating provider. If your provider accepts Medicare assignment, then you pay nothing for covered charges. Services covered by Medicare and incurred at a non-Medicare provider within Guam/CNMI (or the United States) are not covered. If services are not covered by Medicare, services will only be covered at our participating provider per the benefits noted below. All services outside of Guam/CNMI require pre-authorization, to include the U.S. Mainland and Hawaii. With the exception of urgent and emergency care, services incurred outside of Guam/CNMI where pre-authorization was not obtained in advance of care will not be covered under the plan.</p> <p>Plan pays Medicare Part A and Part B Deductible when applied by Medicare</p>	

Your Benefits: What the plan covers	In-Network Retiree Supplemental Plan Pays
PLAN DESCRIPTION	Medicare A & B is primary. The GovGuam plan pays secondary. Medicare covered services should be incurred at a Medicare provider. Services not covered by Medicare, but covered by the plan, should be received at a carrier in-network provider. Carrier will pay primary in this circumstance. Out-of-Network services are not covered unless referred and pre-approved.
OUT-OF-AREA SERVICES Any service outside Guam that includes but is not limited to Philippines, Hawaii, U.S. Mainland, Japan, Taiwan, and any foreign participating providers (Pre-Certification Required)	Requires a referral from your doctor and approval in advance from the plan; When Medicare is not payable (outside U.S.), covered services under the plan are paid at the copay or coinsurance listed and the Plan pays primary in this circumstance. There is no deductible under this plan.
COVERAGE MAXIMUMS Individual member annual maximum	Unlimited

Preventive Services (Out-Patient Only)	Retiree Supplemental Plan Pays
In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. Notes: Members may choose to receive age appropriate annual physical in the Philippines with no dollar limit. Annual exam includes preventive lab tests.	
IMMUNIZATIONS/VACCINATIONS In accordance with the guidelines established by the Advisory Committee on Immunization Practices	Medicare covers; When Medicare is not primary, the plan pays 100%
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) Contraceptives including Sterilization and Tubal Ligation includes coverage of Breast Pumps (Limited to 1 per pregnancy up to \$100)	Medicare covers; When Medicare is not primary, the plan pays 100%
ROUTINE CANCER SCREENINGS Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	Medicare covers; When Medicare is not primary, the plan pays 100%
ANNUAL EYE EXAM including refraction and glaucoma testing One exam every 12 months, covered in Guam only	Medicare covers; When Medicare is not primary, the plan pays 100%
ANNUAL PHYSICAL EXAM	Medicare covers; When Medicare is not primary, the plan pays 100%
VISION CARE SUPPLIES Frames, lenses, contact lenses, fitting	Plan pays 100% up to \$150 per member per 12-months Member pays anything beyond \$150
ROUTINE HEARING EXAM Includes one routine exam every 24 months	Medicare covers; When Medicare is not primary, the plan pays 100%

Retiree Supplemental Plan Schedule of Benefits

Outpatient Physician Care and Services	Retiree Supplemental Plan Pays
PRIMARY OFFICE VISITS	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
SPECIALIST OFFICE VISITS	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
OUTPATIENT LABORATORY Routine Laboratory Specialty/Diagnostic Laboratory	<ul style="list-style-type: none"> Medicare covers; Member pays Nothing Plan pays 80% when approved outside of Medicare
X-RAY SERVICES	<ul style="list-style-type: none"> Medicare covers; Member pays Nothing Plan pays 80% when approved outside of Medicare
HOME HEALTH CARE 120 visits per plan year	<ul style="list-style-type: none"> Medicare covers; Member pays Nothing Plan pays 80% when approved outside of Medicare
HOSPICE CARE FACILITY OUTPATIENT maximum 180 days per plan year (Pre-Certification Required)	<ul style="list-style-type: none"> Medicare covers; Member pays Nothing Plan pays 80% when approved outside of Medicare
ALLERGY SERUM & INJECTIONS Does not include those on the Specialty Drugs List & Orthopedic injections	<ul style="list-style-type: none"> Medicare Primary: Plan pays 100% per visit Medicare Secondary: Plan pays 80% per visit outside of Medicare, Member pays 20% per visit
CHIROPRACTIC CARE 30 visits per member per plan year	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
MENTAL HEALTH AND SUBSTANCE ABUSE	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
SHORT TERM REHABILITATION Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
URGENT CARE	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
VOLUNTARY SECOND SURGICAL OPINION	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
Prescription Drugs	Participating Pharmacies Only
PREVENTIVE FORMULARY DRUGS (Deductible does not apply) In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations.	\$0 copay 30 day supply
PREFERRED FORMULARY GENERIC DRUGS	\$15 Member Copay \$0 Member Co-Pay for 90-day Mail Order Drugs
PREFERRED FORMULARY BRAND NAME DRUGS	\$30 Member Co-Pay per month supply \$30 Member Co-Pay for 90-day Mail Order Drugs
NON-PREFERRED FORMULARY GENERIC AND BRAND NAME DRUGS	\$100 Member Co-Pay \$100 Member Co-Pay for 90-day Mail Order Drugs
SPECIALTY FORMULARY DRUGS (Medically Necessary Only and Pre-Certification Required)	\$100 Member Co-Pay
PRESCRIPTION FORMULARY DRUGS OUTSIDE GUAM/CNMI/USA	Plan pays 80%; Member pays 20% not to exceed Average Wholesale Price (AWP)

Retiree Supplemental Plan Schedule of Benefits

Additional Benefits	Retiree Supplemental Plan Pays
ACUPUNCTURE 30 visits per member, per plan year	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip economy airfare (Plan Approval Required)	Plan pays 100%
AIDS TREATMENT Exclusive of Experimental Drugs (Pre-Certification Required)	<ul style="list-style-type: none"> Participating Providers: Plan pays 80%; Member pays 20% Non-participating Providers: Not Covered
ALLERGY TESTING Maximum \$1,000 per member per plan year (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
BLOOD & BLOOD DERIVATIVES	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
BREAST RECONSTRUCTIVE SURGERY (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
CARDIAC SURGERY	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
CATARACT SURGERY Outpatient Only (including conventional lens)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
CHEMICAL DEPENDENCY	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
CHEMOTHERAPY BENEFIT (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
CONGENITAL ANOMALY DISEASES COVERAGE (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
DIAGNOSTIC TESTING MRI, Pathology Labs, CT scan, and other diagnostic procedures (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
DURABLE MEDICAL EQUIPMENT Standard Equipment (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
ELECTIVE SURGERY (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
EMERGENCY CARE For off-island emergencies, Plan must be contacted and advised within 48 hours 1. U.S. based and Out-of-U.S. emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
NON-EMERGENCY CARE in a hospital emergency room	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare

Retiree Supplemental Plan Schedule of Benefits

Additional Benefits	Retiree Supplemental Plan Pays
END STAGE RENAL DISEASE / HEMODIALYSIS (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
HEARING AIDS Maximum \$500 per member per plan year	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
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. Inpatient Hospice limited to 30 days	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
IMPLANTS (Limitations apply, please refer to contract) Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
INHALATION THERAPY	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
NUCLEAR MEDICINE (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
ORGAN TRANSPLANT (Pre-Certification Required) Including but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea (Benefits include organ donor)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
ORTHOPEDIC CONDITIONS Internal and External Prosthesis (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
RADIATION THERAPY (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
ROBOTIC SURGERY/ROBOTICS SUITE	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
SLEEP APNEA Diagnostics and Therapeutic Procedure (Pre-Certification Required)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
STERILIZATION PROCEDURES Vasectomy (Outpatient Only)	<ul style="list-style-type: none"> Plan pays Medicare 20% coinsurance; Member pays Nothing Plan pays 80% when approved outside of Medicare
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	<ul style="list-style-type: none"> Participating Providers: Member pays all cost above \$500. Limited to once per plan year. Non-participating Providers: Not Covered

(1) If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.

Guam Providers:

Participating Guam Doctors

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

Doctors

Cardiology

ElBebawy, Bishop*
 Fernandez, Jose
 Giambartolome, Alessandro*
 Golla, Maheswara Satya G.R.
 Holland, Marian C.
 Inaba, Yoichi*
 Kim, ByungSoo MD
 Palusinski, Robert*
 Prieto, Alejandro*
 Quiros, Juan Carlos

Dermatology

Brinker, Alyson J.
 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

Akimoto, Vincent*
 Akoma, Ugochukwu*
 Arkless, Tyler M.,
 Anderson, Mark*
 Bryson, Julie*
 Campus, Hieu*
 Cook-Hyunh, Mariana
 Cruz, Luis*
 Daniel, Arthur
 Dawson, Judd Walter
 DeBardleben, Daniel*
 Encinas, Dwight Dave E.
 Ferrer, Gamaliel Jesse T.*
 Flores, Lisa*
 Fox, Eric Russell
 Frickel, Wendy*
 Galgo, Geoffrey*
 Holmes, Cody
 Hughes, Scott*
 Jarrett, Kelli M.
 Lee, Delores*
 Loder, Bryce
 Lom, Jitka
 Manlucu, Luella*
 Mariano, Maria*
 McDermott, Kevin
 Miyagi, Shishin*
 Nguyen, Hoa Van*
 Nguyen, Luan*
 Raab, Jeremy*
 Raguindin, Kristin A.
 Richardson, Ian
 Samaniego, Maria
 Santos, Patrick

Schroeder Jr., Edmund*
 Taiatano-Ritter, Denise*
 Terlaje, Ricardo*
 Wilkens, Keith

Gastroenterology

Aguon, Paul Alfred Muna
 Farrell, Frank - VISITING*

Geriatrics

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

Hematology

Coty, Paul*
 Cummings, Amy L.
 Friedman, FSamuel*
 Ghraowi, Mohamad A.
 Kim, Stanley
 Koch, Robert R.
 Paras, Roderick R.
 Ryan, William
 Victoria, Kitty E.

Infectious Disease Medicine

Gutierrez, Louise
 Magcalas, Edgardo*
 Patel, Meenal V.
 Tan-Chui, Elizabeth
 Ursales, Anna Leigh*
 Yamamoto, Michelle*

Internal Medicine

Agustin, Michael*
 Alford, Erika*
 Arcilla, Leopoldo*
 Chang, Young
 Chenet, Alix
 Duenas, Vincent A.*
 Gutierrez, Louise
 Inaba, Yoichi*
 Lim, Doris*
 Lim Jr., Johnny*
 Lizama, Florencio Larry T.*
 Magcalas, Edgardo*
 Middendorf, Matthew
 Nerves, Robert C.*
 Osman, Sharleen*
 Ouhadi, Faraz*
 Preston, Donald*
 Rubio, Joel*
 Safabakhsh, Saied*
 Samonte, Romeo*
 Santana, Jared
 Taitano, John Ray*
 Thorp, Jonathan*
 Trihn, Dzung*
 Trinh, Tien*
 Ursales, Anna Leigh*

Villa, Eden
 Yamamoto, Michelle*

Nephrology

Alvez, Laura,
 Kim, Youngho
 Jungtrakoolchai, Vasin
 McNeely, Johnathan
 Mesbah, Anita*
 Nerves, Robert C.*
 Osman, Sherleen*
 Philips, Sherif*
 Rosales, John*
 Safabakhsh, Saied*
 Vu, Duy Tien

Neurology

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

OB/GYN

Bieling, Friedrich*
 Bordallo, Annie U.
 Cruz, Sylvia S.
 Hirata, Greigh - VISITING
 Miller, Vanessa – VISITING
 Parler, Pamela D, - VISITING
 Sidell, Jonathan* - VISITING
 Shieh, Thomas
 Underwood, Teresa
 Vercio, William - VISITING
 Von Walter, Astrid (Telemedicine)
 Wilson, Simon A.- VISITING

Oncology

Ambrale, Samir*
 Au, Kin-Sing*
 Coty, Paul*
 Cummings, Amy L.
 Hou, Wei Hsein
 Friedman, Samuel*
 Ghraowi, Mohamad A.
 Gomez, Gilda*
 Kim, Stanley
 Ko, Song-Chu*
 Koch, Robert R.
 Ryan, William
 Strowbridge, Amy
 Victoria, Kitty E.

Ophthalmology

Burton, Gregory P.*
 DeBenedictis, Marjorie*
 Flowers, Charles
 Ing, Jeffrey
 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*
 Martin, Christopher (Surgery)

Pain Management

Batalla, Gamaliel
 Jaffe, Todd
 Pal, Joshua S.

Pediatrics

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

Physical Medicine & Rehabilitation

Gaerlan, Maria Stella*

Podiatry

Borja, Teresa*
 Kim, Sungwook*
 Frank, Crista*
 Sangalang, Maria*
 Silan, Noel*

Pulmonology/Critical Care

Agustin, Michael*
 Aguon, Joleen*
 Biberston, Jeffrey
 Hernandez, Mary Elizabeth*
 Ivanov, Rada
 Kondapaneni, Muralidhar
 Monson, Michael, J.E.
 Partain, Neil
 Samaha, Ghassan

Radiology

Berg, Nathaniel*
 Boles, Matthew
 Fenton, Michael*
 Gross, Robert
 Hum, Barbara*
 Khandelwal, Ashish*

Lizama, Vincent
 Mallikarjunappa, M. K, *
 Piana, Peachy*
 Pomeranz, Stephen*
 Shay, Jeffery*
 Spak, Eric*
 Taylor, Laura*
 Thorisson, Hjalti
 Young, John*

Rheumatology

Terrakanok, Jirapat

Sleep Medicine

Barthlen, Gabriele*
 Hernandez, Mary Elizabeth*
 Lin, Shih Hao*
 Schumann, Richard

Surgery-General

Cruz, Mariana Vigiola*
 Cruz, Michael*
 Eusebio, Christian*
 Eusebio, Ricardo B.*
 Kobayashi, Ronald*
 Leon Guerrero, Alexandra*
 Medina, Daniel*
 Narvaez, John Reinier
 Oh, Daniel*
 Rahmani, Kia*
 Sandy, Gisella*

Surgery-Hand & Microsurgery

Landstrom, Jerone*

Surgery-Neurological

Adewumi, Dare,
 Dulebohn, Scott*
 Hayashida, Steven*
 Nyame, Verrad*

Surgery-Plastic & Reconstructive

Fegurgur, John*

Surgery Vascular

Eusebio, Ricardo*
 Kobayashi, Ronald*

Urology

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

Wound Care

Acuna, Edna*

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

AC Micro Guam, LLC	Guam Behavioral Health and Wellness Center*	Guam Sleep Center*	Marianas Physicians Group	Pediatric & Asthma Clinic, PC
Adult Health Care Clinic*	Guam Dermatology Institute*	Guam Specialist Group, PLLC*	MDX Imaging*	Premise Health Employer Solutions
American Medical Center*	Guam E.N.T., LLC*	Guam Surgicenter, LLC*	Micronesia Medical and Anesthesia Assoc., PLLC*	Polymedic Clinic
American Medical Center*	Guam E.N.T., LLC*	Guam Surgical Group*	MPG Pediatrics, PC	Romeo Samonte, M.D.*
American Pediatric Clinic, LLC	Guam Foot Clinic*	Health Partners, LLC*	Northern Region Community Health Center	SDA Wellness Center
Asona Surgical Consultants	Guam Hearing Doctors*	Health Services of the Pacific*	One Love Pediatrics	Southern Region Community Health Center
Cancer Center of Guam*	Guam Medical Care*	Hepzibah Family Medicine Clinic*	Ohimaa Medical	St. Lucy's Eye Clinic*
Center for Women's Health	Guam Medical Health Care Center	International Health Providers (IHP)*	Pacific Cardiology Consultants*	The Doctor's Clinic*
Central Medical Clinic*	Guam Medical Imaging Center*	Island Cancer Center*	Pacific Hand Surgery Center*	The Neurology Clinic*
Dededo Polymedic Clinic	Guam Memorial Hospital Authority*	Island Eye Center*	Pacific Medical Group*	The Pediatric and Adolescent Clinic
Evergreen Health Center*	Guam Orthopedic Clinic*	Island Surgical Center*	Pacific Radiology, Inc.*	Todu Guam*
Express Care Health & Skin Care Center	Guam Radiology Consultants*	Leopoldo Arcilla, MD*	Pacific Retina Group, LLC*	Thomas Shieh, M.D.
FHP Health Center	Guam Regional Medical City*	Lombard Health*	Pacific Retina Specialists*	Tumon Medical Office
Fresenius Kidney Care FHP	Guam Seventh Day Adventist Clinic*	Marianas Footcare Clinic*	Pacific Sleep Care	Young Chang, M.D.

Allied Services

<p>Acupuncture</p> <p>Baik, Jong Sun, L. Ac. Vandeveld, Brennan, L. Ac. Chong, Richard, L. Ac. Yu, Jong, L. Ac.</p> <p>Audiology</p> <p>Koffend, Renee, Au. D.*</p> <p>Behavioral Health</p> <p>Aguon, Risha, M.A. Baleto, Jesse, M.A. Baynum, Andri, M.S.C.P. Baza, Joleen, M.S. Baza, Lisa, Ph. D. Bellis, Kirk, D.O. Bordallo, Sandra, M.A. Butler, Alan T., PsyD Camacho, Lavina, M.A. Chargualaf, Melissa, M.S. Beverly Grace Delos Reyes, LPC De Luna, McJason, LPC Guilliot, Rosemarie, M.A. Frain, Elizabeth, Ph.D. Iizuka, Koji, M.D. Kallingal, George, Ph.D. Leitheiser, Andrea, Ph.D. Lizama, Tricia, Ph.D. Natividad, LisaLinda, Ph.D. Romero, Amy, M.S.C.P.</p>	<p>Root, Lisa, Psy.D. Rosario-Sanchez, Katrina, M.S.W. Santos, Jamela, M.S.W. Shieh, Beverly, P.H.D. Swaddell, Joan, M.A. Tolentino, Doris, M.S.W.</p> <p>Chiropractic</p> <p>Arthur, Steve, D.C. Beckwith, Nicholas, D.C. Dimalanta, Albert J., D.C. Gregory, Barbara, D.C. Gregory, Robert W., D.C. Larkin, Gary, D.C. Larkin, Lani F., D.C. Larkin, Scott, D.C. Miller, Gregory J., D.C.* Butler, Alan T., PsyD Nicdao, Ploderick, D.C. White, Roderick, D.C. Yoon, Jinmo, D.C.</p> <p>Durable Medical Equipment</p> <p>Access Medical Agility Prosthetics and Orthotics Guam Med* Health Services of the Pacific* Healthcare Specialties* Home Health Depot Isla Home Infusion, Inc. Medquest Medical Supply</p>	<p>Home Health Care</p> <p>Evergreen Home Health Guam Visiting Nurses* Health Services of the Pacific* Isla Home Infusion, Inc. NewGen Home Health Agency Paradise Home Care</p> <p>Laboratory</p> <p>Diagnostic Laboratory Services*</p> <p>Medical Nutrition Therapy (MNT) and Wellness</p> <p>Dr. Horinouchi's Wellness Clinic Dimalanta, Albert J., D.C. Kristin N. Killoran, MS, RDN Lenora Mantanane, R.D.N Rosae Shandor, R.D.N. Tearsa DeBardeleben, R.D.N.</p> <p>Occupational Therapy</p> <p>Pesigan, Albert, O.T.*</p> <p>Optical</p> <p>Agahan Optical FHP Vision Center* Garcia Optical Ideal Optical Ideal Vision Center Lombard Health NEW 20/20 Vision Center</p>	<p>Seventh Day Adventist Eye Clinic* Vision Express</p> <p>Physical Therapy</p> <p>Ada, Tasi, D.P.T. Bright, Kim Campos, Leonard, D.P.T. Chong, Dae-II, D.P.T.* Claros, Ryan, D.P.T. Golez, Rolan, P.T.* Hansen, Sophia, D.P.T. Health Services of the Pacific* Lagutang, Gabrielle K, D.P.T Macolor, Dustin, D.P.T. Nelson, Ashley, D.P.T.* O'Connor, Shannon, M.P.T. Pagaduan, Marc, P.T. Salas, Glynis Grace, D.P.T. Santos, Isaias, P.T.*</p>	<p>Sibug, Mary Ann, P.T. Active Life Chiropractic & Physical Therapy</p> <p>Radiology</p> <p>Guam Medical Imaging Center* Guam Radiology Consultants* MDX Imaging* Pacific Radiology, Inc.*</p> <p>Sleep Center</p> <p>Guam Sleep Center Pacific Sleep Care Pacific Sleep Center</p> <p>Speech-Language Pathology</p> <p>Dimla, Rowena. S.L.P. Gonzales, Camille, S.L.P. Tiana Quitigua, CCC-SLP Scardilli, Samantha R, S.L.P.</p>
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In-Area Hospitals

Guam

Guam Memorial Hospital Authority
Guam Regional Medical City

CNMI

Commonwealth Health Center

Participating Guam Pharmacies

<p>Community Pharmacy*</p> <p>- American Medical Center (Tumon) - Guam Adult & Pediatric Clinic</p> <p>Express Med Pharmacy*</p> <p>- American Medical Center (Mangilao) - Dededo</p>	<p>Guam Rexall Drugs*</p> <p>Guam SDA Clinic Pharmacy</p> <p>Island Family Pharmacy</p> <p>ITC Pharmacy*</p> <p>- ITC Building - Photo Town Plaza</p> <p>Mega Drugs*</p> <p>- Daily Plaza Bldg</p>	<p>- FHP Health Center - Oka Plaza Building</p> <p>Minutes Rx Pharmacy*</p> <p>Oka Pharmacy*</p> <p>Perezville Pharmacy*</p> <p>Polymedic Pharmacy*</p> <p>Sagan Amot Pharmacy*</p>	<p>SimplyRx Pharmacy Super Drug*</p> <p>- Dededo Pay-Less - IHP Medical Group - K-Mart - Maite Pay-Less - Oka Pay-Less - Yigo Pay-Less</p>
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Benefits provided by:



Pharmacy Benefits Manager
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Providers marked with an asterisk (*) are Medicare Providers

Comprehensive Provider Network

Local, national and international access to thousands of doctors, hospitals, dental and vision care providers

Asia Providers



Philippines

- **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**
- **Cardinal Santos Medical Center**
- **Makati Medical Center**
- **Manila Doctor's Hospital**
- **National Kidney and Transplant Institute**

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
- Cedars-Sinai Marina del Rey Hospital
- Chapman Global Medical Center
- Children's Hospital of Los Angeles
- Hollywood Presbyterian Medical Center
- Orange County Global Medical Center
- Rady Children's Hospital San Diego
- 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



Through the partnership with UnitedHealthcare members get access to a comprehensive medical network across the continental U.S.A.



1.1M+ UnitedHealth Premium Care Physicians



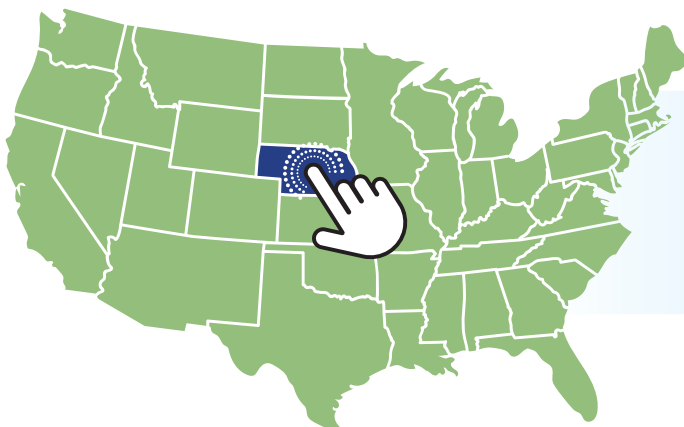
111K+ Doctors and Health Professionals



6,100+ Hospitals



1,700+ Convenience Care Centers



Facility/Provider Finder

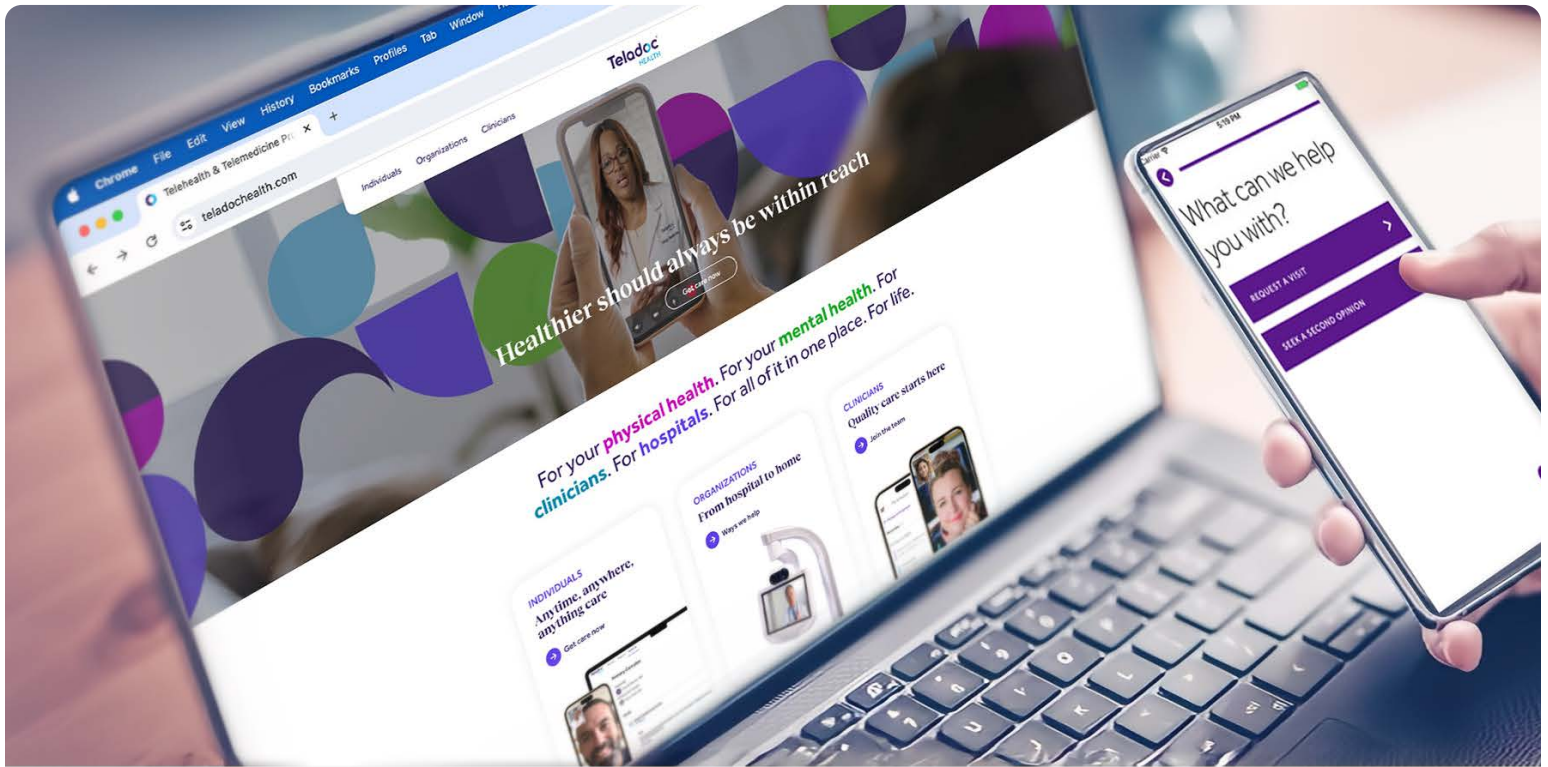
Find providers by category!

- Doctors • Locations • Services
- Specialties • Medical Conditions

Visit: us1.welcometouhc.com

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

Telemedicine



TeladocTM
HEALTH

Provides Virtual Medical Visits

24/7 • NO co-pay
• NO Member co-share



<https://www.teladochealth.com/>



Nurseline

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

Triage Support

Experienced Nurses

Health Education

Accessibility

NurseLine
provided by



Life-Saving Benefits

The Philippines



Taiwan



\$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.

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.

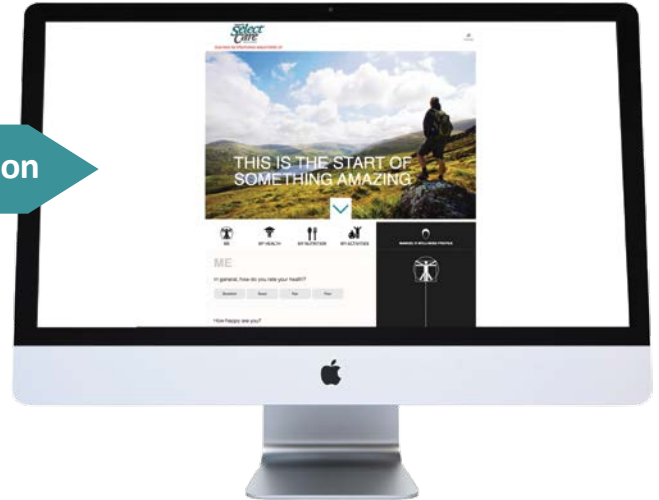
Get reports uncovering risks you may not know about

Identify health concerns that may 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



Wellness and Disease Management Programs



**Lifestyle Intervention
DiaBeatIt Program**
(Diabetes Education)

**Depression and Anxiety
Recovery Program (DARP)**

Stop Smoking
(Tobacco Cessation)

Medical Nutrition Therapy
(Prior authorization required)



**Nutritional
Wellness
Program**



**12-Day Weight
Management Program**

14-Day Detox

Medical Nutrition Therapy
(Prior authorization required)



Nutrition Services
**Diabetes Management
Program**

Medical Nutrition Therapy
(Prior authorization required)

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!

Free Daily Exercise Classes for the month of September 2024

Aqua Fitness is back!
Presented by SYNERGY

AquaSynerDance at the Hilton Resort & Spa Hotel
Mondays 9:30am | Tuesdays and Thursdays 5:00pm-6:00pm

AquaZumba at the Lotte Hotel
Tuesdays and Thursdays 5:30pm

Class	Sundays	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
CRUISE 4:30pm AquaZUMBA (first come, first served)						6:30pm Circuit Mobility	8:00am Yoga (first come, first served) 10:30am AquaZUMBA
HYPER 3.0 4:30pm Strength and Conditioning 6:30pm Hybrid 3.0		4:30pm Strength and Conditioning	6:30pm Strength and Conditioning	6:30pm Strength and Conditioning	6:30pm Strength and Conditioning	6:30pm Strength and Conditioning	
STEEL ATHLETICS 4:30pm Kickboxing		6:30pm Boxing	6:30pm Hybrid 3.0	8:30pm Women's Yoga	6:30pm Hybrid 3.0	12:00pm STEEL Fit	
SYNERGY 8:30am AquaSynerDance (first come, first served) 9:30am SpinStrength 5:30pm Callability at register		8:30am AquaSynerDance (first come, first served) 8:30am Aqua SynerDance (first come, first served)	8:30pm Boxing	8:30am AquaSynerDance (first come, first served) 8:30am Aqua SynerDance (first come, first served)	8:30pm Aqua SynerDance (first come, first served) 8:30pm Aqua SynerDance (first come, first served)	8:30pm SOCA 8:30pm Aqua SynerDance (first come, first served) 8:30pm AEROBIC PLAN	
UNIFIED		8:30am RUBI 8:45pm RUBI	12:00pm RUBI	8:30pm RUBI 12:00pm RUBI	8:30pm RUBI 12:00pm RUBI	7:15am RUBI	

Free to all Calvo's SelectCare Members! No Gym Membership Required!
Classes are on a first come, first served basis and are subject to change. Must present Calvo's SelectCare identification card.

Space is limited. Call for reservations.

Take a pic of your Weekday Workout class and use hashtag #caveweekdayworkout for a chance to win 1 of 2 \$50 gas certificates each month!

Facebook icon | Instagram icon | @calvosselectcare

Health and Wellness Rewards

Earn up to \$200 (\$100 per person), Subscriber and spouse/domestic partner, by first completing the HRA and any one of the two remaining actions:

- Complete the Online Health Risk Assessment (Required)
- Get a Biometric Screening
- Complete the Health Management Program with a participating Wellness Provider

Once the action is complete, member must complete a deductible/reimbursement claim form and submit to Calvo's SelectCare or wellness@calvos.com along with proper documentation in order to claim reward. Services must be provided by a participating provider.



Fitness Partners

Full and Discounted Membership (16 yrs. and older)



\$45.00
a Month



\$60.00
a Month



\$15.00
a Month



\$22.50
1 Month Limited Camp!



\$60.00
a Month

**Fitness Partners and fees are subject to change*

Gym/Fitness Reward

Subscribers will be rewarded \$75 for each fiscal year quarter by working out 10 days per month for three (3) consecutive months



Get as much as
\$300 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
- Ensure you check in with the staff of your fitness center and/or you can also use the "Gym Check-In" function in your Lifestyle Club app and scan the QR code for validation of each day you workout.

Massage Benefits

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



\$15.00
Member Fee



\$20.00
Member Fee



\$20.00
Member Fee



10% Discount
plus \$35.00 off



\$15.00
Member Fee

- * Note:**
- This benefit is limited to only ONE MASSAGE per month across the entire spa network.
 - Fees may vary per spa facility.
 - Services are limited to members over the age of 18.
 - Does not accumulate to the Out-of-Pocket benefit.

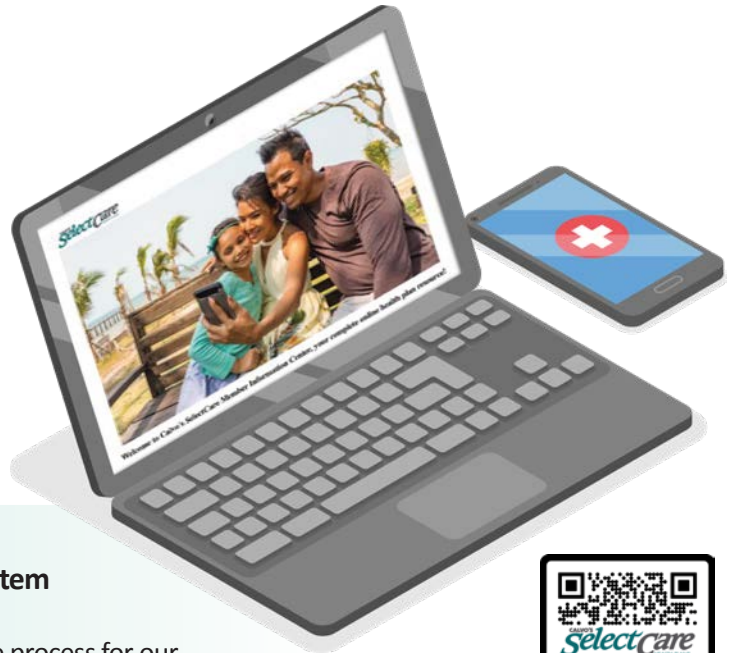
**Massage Spas and fees are subject to change*

Digital Member 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



Online Medical Appointment

We are pleased to introduce an improved electronic system for off-island appointments to the Philippine Providers!

Our online medical appointment request form streamlines the process for our members, offering a convenient and efficient way to schedule appointments!

Appointment Tool: <https://appointment.calvos.net/main>



Enroll Now

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



Download the app!



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

Save as much as **\$180**

on Generic and Brand Name Drugs per prescription per year!

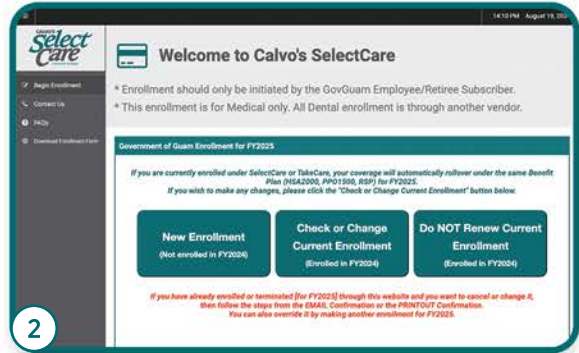
Government of Guam FY2025 Open Enrollment Online Enrollment

Only for new members and members making changes

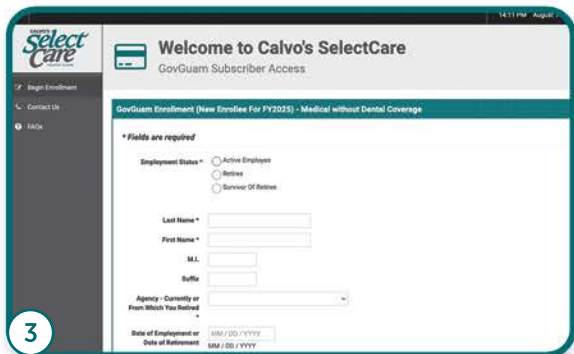
Visit www.calvos.net to use our online enrollment system! **It's fast and easy!**



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



Select "Previous Member" if you have previously subscribed to Calvo's SelectCare. Select "New Member" if this is your first enrollment with Calvo's SelectCare.



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, 2024, 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.



Member Communications

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



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!

Government of Guam Members!

Gym validation is now at your fingertips!

Government 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.

FY2025 Subscriber Rates

Actives (Bi-Weekly)	HSA2000	PPO1500
Class 1: EE	\$2.04	\$77.36
Class 2: EE and Spouse/ Domestic Partner	\$45.08	\$193.51
Class 3: EE and Child(ren)	\$36.21	\$145.71
Class 4: EE and Family	\$58.83	\$239.13

Retirees (Semi-Monthly)	HSA2000	PPO1500
Class 1: EE	\$2.21	\$83.81
Class 2: EE and Spouse/ Domestic Partner	\$48.84	\$209.64
Class 3: EE and Child(ren)	\$39.23	\$157.85
Class 4: EE and Family	\$63.73	\$259.06

Retiree Supplemental Plan		Medical (Semi-Monthly)
Class 1	RSP Subscriber Only	\$00.00
Class 2a	RSP Subscriber + RSP Spouse/Domestic Partner (Medicare A&B Both Enrolled)	\$00.00
Class 2b	RSP Subscriber + Non Medicare Spouse/Domestic Partner	\$25.00
Class 3	RSP Subscriber + Non Medicare Child(ren)	\$25.00
Class 4a	RSP Subscriber + RSP Spouse/Dom. Partner + Non Medicare Child(ren) (Medicare A&B Both Enrolled)	\$25.00
Class 4b	RSP Subscriber + Non Medicare Spouse/ Dom. Partner & Child(ren)	\$25.00

Additional Information

Off-Island Care

The following was developed to assist members with the off-island referral process.
Please contact our office for any additional assistance you may require.

Referral Procedures

- Contact Customer Service at least four (4) weeks prior to your anticipated departure date
 - Visit our office
 - Call us at 671-477-9808
 - Email to service@calvos.com
 - Send us a message through your online portal at www.calvos.net
 - Complete an online appointment request at appointment.calvos.net



- You will be required to complete our Off-Island Appointment Request form and provide our office with your medical referral and medical records
- You must also hand-carry your referral, complete medical records and compact discs of diagnostics images or Pathology slides, as listed below in the Required Documents section
- It is not advisable to purchase airline tickets without a confirmed off-island doctor's appointment

Required Documents

- Off-island medical referral from your local doctor.
- Medical Records related to your illness. You will likely need to bring these records with you to present to your off-island provider.
 - Copies of diagnostics tests such as Ultrasound, X-Ray, MRI, CT Scan, Biopsy Reports, Pathology Slides, Angiogram CD, and any other pertinent records.
 - Most Recent Blood Tests/Laboratory/Pathology and other diagnostic procedure results.
 - If you were recently discharged from a hospital, please bring the Discharge Summary, Laboratory Results, and any Operative Reports.
- Completed Calvo's SelectCare form authorizing us to receive health information from your off-island provider.
- Calvo's SelectCare Member ID Card and a picture ID.
- Please allow us time to review your request, generate the necessary paperwork, and confirm acceptance by a physician and/or facility. Most delays in processing are due to appointment unavailability, changes in schedule, and/or incomplete records. All appointments are subject to provider and facility availability and there may be a waiting period until your scheduled appointment.
- A Guam Memorial Hospital Social Worker may provide assistance for Hospital-to-Hospital transfers, so please communicate with them as they have standard procedures and protocols for Hospital-to-Hospital transfers.
- When a referral packet is ready, we will call you for pick-up. Anticipate and allot 30 minutes of your time to review the off-island referral packet and sign any necessary documents.

Additional Information and Suggestions

- **Passport:** It is recommended that you always have a valid passport with more than 6 months prior to its expiration. This document is necessary to travel and seek care with our providers outside the United States, especially in cases where a medical transfer or evacuation is necessary.
- **Advanced Health Care Directive – aka Living Will:** You should set up a personal directive, advance directive, or advance decision, or living will. This is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.
- For travel and lodging arrangements, you should register and coordinate with the Guam Medical Referral Office on Guam (671-475-9350) or their satellite offices in the Philippines, Hawaii and California as they may be able to assist you with lodging and travel arrangements.
- Completed Fitness for Travel Forms may be required by the airline and must be obtained from your referring physician prior to 10 days of departure and forwarded to the airline for their review.
- Please verify with the attending physician if oxygen is needed during the trip and during any layovers. If required, please coordinate with the Guam Medical Referral Office to make arrangements.
- Wear comfortable clothing and footwear when undergoing physicals.
- Your Calvo’s SelectCare plan only pays for covered medical services, aside from applicable deductibles, Co-Insurance, or Co-Payments, you should also be prepared to pay for any items not related to your care, such as phone calls and comfort items. Payments must be made at the time of service or at the time of discharge from the hospital. We suggest bringing extra money or credit cards in anticipation of such expenses.
- Please obtain receipts for any payment you may make for your covered medical care and submit them to our office no later than 120 days from the date of service.
- Be sure to bring back all medical records and reports related to your off-island care and present to your local provider to help in the continuity of your care.
- If care is sought in the Philippines, you may need to coordinate with our Calvo’s SelectCare Office located at one the following locations:

Calvo’s SelectCare at St. Luke’s Medical Center: Quezon City

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

Calvo’s SelectCare at 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

Calvo’s SelectCare at The Medical City: Pasig City

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

- It is recommended to bring along a companion.

Whenever you want someone else to communicate with Calvo's SelectCare to coordinate your referral (e.g. spouse, companion, Guam Medical Referral Office, etc.), you must sign our form authorizing us to release Protected Health Information (PHI) to anyone acting on your behalf. Verbal authorizations are not accepted.

- If you lose your coverage for any reason at any time during your off-island care, you will be required to reimburse Calvo's SelectCare or any providers for charges incurred beyond the insurance coverage period.
- **Coverage for dependent child or children residing in the Continental USA:** We will extend coverage to an eligible dependent child or children residing in the Continental USA through the UnitedHealthcare network. We recommend that you or your dependent child identify and select a medical provider by accessing the UnitedHealthcare website: us1.welcometouhc.com Once a provider is identified, it is advisable that you inform us, so we can issue a coverage letter to your child and the provider. This will improve the manner in which your dependent child or children access care. It is also recommended that you check with the provider regarding his or her participation with the UnitedHealthcare network, as their participation status may change.
- **Please make sure that you, your next of kin, or medical provider contact us within 48 hours for the following:**
 - Hospital Admission
 - Outpatient Surgery
 - Emergency Room Visit
 - High Level Diagnostic Testing such as MRIs or CT Scans

Failure to may result in becoming financially responsible for charges.



Frequently Asked Questions

Self-Insured Questions

What is Self-Insurance?

Self-Insurance is a type of insurance plan whereby the employer assumes the financial risk for providing health care benefits to its employees and retirees.

What is a Third Party Administrator (TPA)?

A Third Party Administrator provides administration to the Self-Insurance Plan including member enrollment and administration, medical and pharmacy network development and management, claims payment administration, and member and provider appeals.

The Government of Guam is the Self-Insured entity and Calvo's SelectCare is the Third Party Administrator.

Enrollment Questions

When is Open Enrollment?

- Open Enrollment starts on September 23, 2024 and ends on September 30, 2024.
- You may enroll online through the Government of Guam Enrollment link on our website at www.calvos.net or submit your enrollment form to your 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 1, 2024, 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, 2024.

Frequently Asked Questions (cont.)

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, 2024. You can use your benefits as of Oct. 1, 2024.

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.

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.
- The Prescription Drug Formulary is updated semi-annually (January and July). Drug Formulary updates are posted on our web portal.

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 www.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.

Medicare Premium Reimbursement Program Information

Government of Guam Retirees and Survivors that are enrolled in Medicare Parts A & B, are eligible for reimbursement of their Medicare Premiums.

Requirements:

- You must complete Medicare Reimbursement Application Form
- Reside, and file Income Tax Returns, on Guam
- Be enrolled in Medicare Parts A & B;
- Provide proof of Medicare premium payments.

Enrollment in the GovGuam Health Plan is not required. However, if you choose to enroll in GovGuam Health Insurance Plan, reimbursement shall only be made to those who elect the Retiree Supplemental Plan (RSP).

Contact Information

- Medicare counseling:** Retirees turning sixty-five (65) years of age during the FY2025 Plan Year (October 1, 2024 to September 30, 2025).
 - Department of Public Health and Social Services, Division of Senior Citizen at (671) 735-7421 or 735-7415.
- Medicare Reimbursement Program:**
 - Government of Guam Retirement Fund 475-8900 thru 3.

424 Route 8
Maliu, Guam 96910
Tel: (671) 475-8900
Fax: (671) 475-8922

VENDOR NO. _____

RETIREMENT FUND

FY 2024 – MEDICARE PREMIUM REIMBURSEMENT APPLICATION

CHECK ONE: NEW APPLICANT CURRENT PARTICIPANT

PLEASE ATTACH A COPY OF YOUR MEDICARE CARD

ANNUITANT'S NAME: _____

SOCIAL SECURITY NO. _____

VENDOR NO. _____

424 Route 8
Maliu, Guam 96910
Tel: (671) 475-8900
Fax: (671) 475-8922

VENDOR NO. _____

RETIREMENT FUND

FY 2024 – MEDICARE PREMIUM REIMBURSEMENT APPLICATION

IMPORTANT NOTICE TO APPLICANT:

- The Retirement Fund (the "Fund") requires documentation validating:
 - That you are enrolled in the Medicare medical insurance program (Copy of Medicare Card); and
 - The commencement date of your Medicare medical insurance coverage; and
 - Your monthly premium cost, and payments.
- In accordance with the Fiscal Year 2024 Budget Law (Public Law 37-42), funds are appropriated from the General Fund to the Retirement Fund to pay the cost of Medicare premiums, inclusive of premiums for Medicare Parts A, B and D, for government of Guam retirees and their survivors domiciled on Guam, and who are eligible to receive Social Security income benefits, and who are eligible to enroll in the government of Guam Group Health Insurance Program. No government of Guam retiree or their survivor shall be required to enroll in the Government of Guam Health Insurance Program in order to receive the reimbursement.

Bona fide residents of Guam are required to file their tax return in Guam in accordance with the Internal Revenue Service's Publication 570 (relevant page enclosed). As such, the Retirement Fund may require you to provide documentation to confirm that you filed your tax return in Guam.

If you applied for, and received, reimbursement of Medicare premiums for a period that you did not file your tax return on Guam – you will be required to repay such reimbursements to the Fund. The Fund may also offset any overpayments, with reimbursements you are entitled to.

- In Fiscal Year 2024, for those government of Guam retirees and survivors who participate in the Government of Guam Group Health Program and are enrolled in Medicare Parts A and B, reimbursement shall only be made to those who opt for the Retiree Supplemental Plan (RSP).
- Participants who pay Medicare premiums through automatic deductions from their Social Security or Civil Service retirement annuity, are required to submit to the Fund, a copy of Form SSA-1099 for Calendar Year 2023. Thereafter, participants shall submit Form SSA-1099 for each calendar year, in which they applied for, and received, a reimbursement of Medicare premiums.
- Appropriations are remitted from the General Fund to the Retirement Fund on a monthly basis. Reimbursements are contingent on the availability of appropriated funds, and are processed in the order in which complete and appropriate documentation is received. As such, participants are highly encouraged to promptly submit their proof of payment.

UPDATED 09/2023

As a reminder:

If you are currently enrolled under Calvo's SelectCare your coverage will automatically roll over under the same benefit plan.

Fill out the Enrollment/Change of Status Form if:

- You are a new enrollee (did not enroll in FY2024)

OR

- You are currently enrolled and need to make changes to your plan

Thank you!

Un dangkalu na Si Yu'os Ma'åse'
We look forward to servicing you.

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

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Taguig City, 1112 Philippines
Phone: +63-2-8555-0443
+63-2-8555-0448-51
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**The Medical City
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