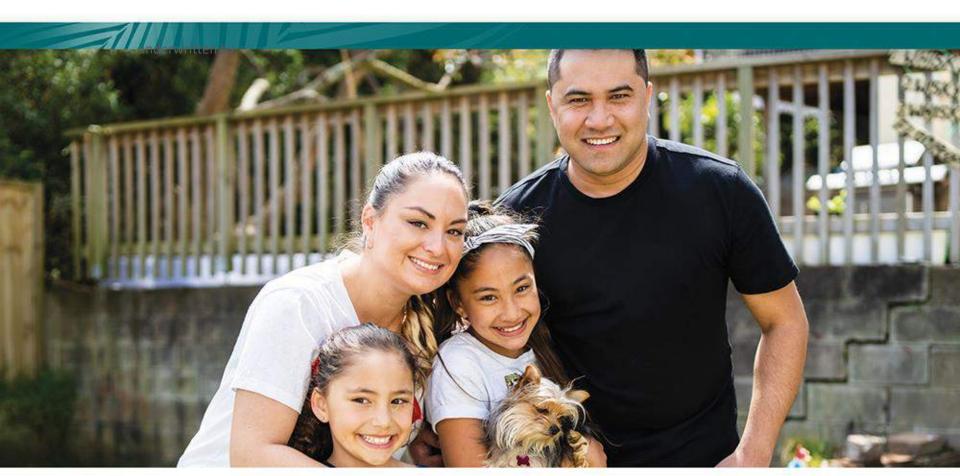


GovGuam Open Enrollment

Fiscal Year 2023

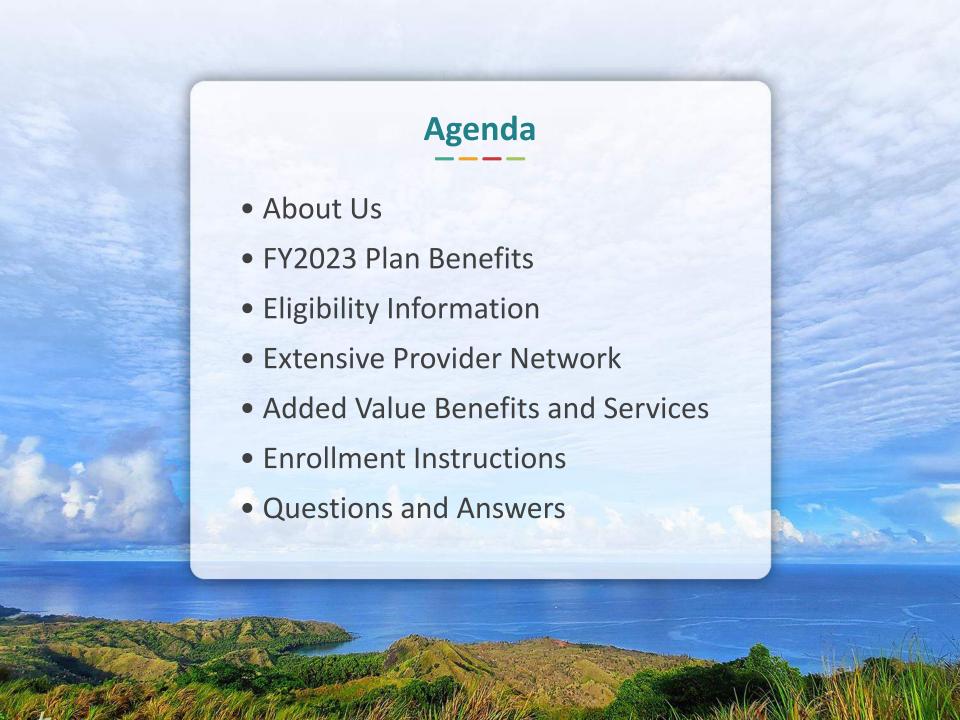














About Us Calvo's SelectCare

- Insured by Tokio Marine Pacific Insurance a domestic Guam Corporation and a subsidiary of Tokio Marine Holdings
- Only health insurance carrier on Guam with dual designation of being financially rated by AM
 Best and accredited by AAAHC
- Administered by Calvo's Insurance Underwriters Serving Micronesia for over 80 years
- Largest health Plan on Guam and Micronesia, with a membership of over 42,000 lives
- Main office in Guam with branches in CNMI and Palau, and 3 medical referral service offices in the Philippines

Delivering Health Insurance Solutions

Our clients include employees from a diverse group of industries





















Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
DEDUCTIBLE PER INDIVIDUAL MEMBER	\$2,000	\$4,000**
DEDUCTIBLE PER FAMILY If an individual member of a family meets their \$2,800 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 approva in advance from the plan	

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

[🗿] A full list of the Medical Exclusions can be found in the GovGuam FY2023 Member Handbook. Visit www.calvos.net to download the PDF.

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:
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PREVENTIVE SERVICES (Out-Patient Only)

- In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations except prescription drugs that are not otherwise in this plan
- Members may choose to receive age appropriate annual physcial in the Philippines with no dollar limit
- 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 Advisory Committee on Immunization Practices	Plan pays 100%	Not Covered
PRE-NATAL CARE Including Routine Labs and first 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

^{*} 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.

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:
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) Contraceptives including Sterilization and Tubal Ligation	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	Plan pays 100%	Not Covered
VISION CARE SUPPLIES Frames, lenses, contact lenses, fitting	Plan pays 100% up to \$150 per member per plan yea Member pays anything beyond \$150	

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%
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip airfare (Plan Approval Required)	Plan pays 100%	Not Covered

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

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Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
ALLERGY TESTING	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 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.

Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
ALLERGY TESTING	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 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.

Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
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, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
DURABLE MEDICAL EQUIPMENT	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%
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%

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Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
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%

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Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
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%	Not Covered
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	Member pays \$20 copay	Plan pays 50%* Member pays 50%
X-Ray Services	Member pays \$20 copay	Plan pays 50%* Member pays 50%

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eductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
Home Health Care 120 visits per plan year	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
Hospice Care Facility Outpatient maximum 180 days per plan year (Pre-Certification Required)	Plan pays 100%	Plan pays 50%* Member pays 50%
Allergy Serum & Injections Does not include those on the Specialtry Drugs List & Orthopedic injections	Plan pays 80%; Member pays 20%	Plan pays 50%* Member pays 50%
Chiropractic Care	Member pays \$40 copay	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%

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Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
PRESCRIPTION DRUGS	This benefit is self-insured by the Government of Gua and is administered by another plan.	
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%

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Health Savings Accounts and Your Deductible

Deposit into your **Health Savings Account**



All deposits are made tax-free



Use a debit card to pay for qualified medical expenses



You can use the money in your HSA for your share of expenses at any time





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	

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

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Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers
when you go to a Farticipating Frontier	Florideis	after Deductible is met:

PREVENTIVE SERVICES (Out-Patient Only)

- In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations except prescription drugs that are not otherwise in this plan
- Members may choose to receive age appropriate annual physical in the Philippines with no dollar limit
- · 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 Advisory Committee on Immunization Practices	Plan pays 100%	Not Covered
PRE-NATAL CARE Including Routine Labs and first 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

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

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Deductible 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:
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) Contraceptives including Sterilization and Tubal Ligation	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	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	

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%

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eductible does not apply to these benefits hen you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:	
Outpatient Laboratory	Member pays \$20 copay	Plan pays 70%* Member pays 30%	
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	Member pays \$40 copay	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%	

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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:
Voluntary Second Surgical Opinion	Member pays \$40 copay	Plan pays 70%* Member pays 30%
PRESCRIPTION DRUGS	This benefit is self-insured by the Government of Guar and is administered by another plan.	
ACUPUNCTURE 30 visits per member per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip airfare (Plan Approval Required)	Plan pays 100%	Not Covered
ALLERGY TESTING	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%

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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:	
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 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 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, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%	
DURABLE MEDICAL EQUIPMENT	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%	

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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%	

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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:	
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%	Not Covered	
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%	

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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:
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%

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*Subscriber is required to have Medicare A and B

Eligibility Provision

RETIREES & 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.
RSP DEPENDENTS	Spouse or domestic partner who are both Medicare Part A and B, Primary Medicare 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 are eligible to participate in either the PP01500 or HSA2000 plan.

*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.

Plan pays Medicare Part A and Part B Deductible when applied by Medicare

*Subscriber is required to have Medicare A and B

Your Benefits: What the plan covers	In-Network Retiree Supplemental Plan Pays1
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 by an in-network provider.
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

Preventative Services (Out-Patient Only) Retiree Supplemental Plan Pa
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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.

Preventative Services (Out-Patient Only)	Retiree Supplemental Plan Pays
ANNUAL PHYSICAL EXAM One exam every 12 months	Medicare covers; When Medicare is not primary, the plan pays 100%
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	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 One exam every 12 months, covered in Guam only	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%

Outpatient Physician Care and Services	Retiree Supplemental Plan Pays
PRIMARY OFFICE VISITS	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
SPECIALIST OFFICE VISITS	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
OUTPATIENT LABORATORY	Medicare covers; Member pays Nothing; Plan pays 80% when approved outside of Medicare
X-RAY SERVICES	Medicare covers; Member pays Nothing; Plan pays 80% when approved outside of Medicare
HOME HEALTH CARE 120 visits per plan year	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)	Plan pays 80%; Member pays 20%
ALLERGY SERUM & INJECTIONS Does not include those on the Specialty Drugs List & Orthopedic injections	Medicare Primary: Plan pays 100% per visit Medicare Secondary: Plan pays 80% per visit outside of Medicare, Member pays 20% per visit
CHIROPRACTIC CARE	Plan pays 80%; Member pays 20%

*Subscriber is required to have Medicare A and B

Outpatient Physician Care and Services	Retiree Supplemental Plan Pays
MENTAL HEALTH AND SUBSTANCE ABUSE	Plan pays Medicare Part B deductible, and 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	Medicare Primary: Plan pays 100% per admission Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission
URGENT CARE	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare
VOLUNTARY SECOND SURGICAL OPINION	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare

Prescription Drugs Participating Pharmacies Only

This benefit is self-insured by the Government of Guam and is administered by another plan.

Additional Benefits	Retiree Supplemental Plan Pays
ACCUPUNCTURE 30 visits per member, per plan year	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip airfare (Plan Approval Required)	Plan pays 100%
ALLERGY TESTING	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
BLOOD & BLOOD DERIVATIVES	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
BREAST RECONSTRUCTIVE SURGERY (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
CARDIAC SURGERY	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
CATARACT SURGERY Outpatient Only (including conventional lens)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%

Additional Benefits	Retiree Supplemental Plan Pays
CHEMICAL DEPENDENCY	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
CHEMOTHERAPY BENEFIT (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
CONGENITAL ANOMALY DISEASES COVERAGE (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
DIAGNOSTIC TESTING MRI, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Plan pays 80% when approved outside of Medicare
DURABLE MEDICAL EQUIPMENT (DME) (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
ELECTIVE SURGERY (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
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)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
NON-EMERGENCY CARE in a hospital emergency room	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%

Additional Benefits	Retiree Supplemental Plan Pays
END STAGE RENAL DISEASE / HEMODIALYSIS (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
HEARING AIDS Maximum \$500 per member per plan year	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
 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 	Medicare Primary: Plan pays 100% per admission Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission
IMPLANTS (Limitations apply, please refer to contract) Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
INHALATION THERAPY	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
NUCLEAR MEDICINE (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
ORGAN TRANSPLANT (Pre-Certification Required) Including but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea (Benefits include organ donor)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%

*Subscriber is required to have Medicare A and B

Additional Benefits	Retiree Supplemental Plan Pays
ORTHOPEDIC CONDITIONS Internal and External Prosthesis (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
RADIATION THERAPY (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
ROBOTIC SURGERY/ROBOTICS SUITE	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
SLEEP APNEA Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
STERILIZATION PROCEDURES Vasectomy (Outpatient Only)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%

(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.





Local Provider Options



























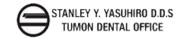














Asia Providers











Philippines

- The Medical City: Clark Freeport Zone, Pampanga*
- The Medical City: Molo, Iloilo City*
- The Medical City: Pasig City*
- St. Luke's Medical Center: Global City*
- St. Luke's Medical Center: Quezon 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

* Centers of Excellence

Other Participating Providers

U.S. Direct Contracted Providers





Hawaii

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

California

- Good Samaritan Hospital*
- Doctor's Medical Center of Modesto*
- Keck Hospital of USC*
- Long Beach Memorial Medical Center*
- PIH Health Downey Hospital*
- PIH Health Whittier Hospital*
- USC Norris Cancer Center*
- USC Verdugo Hills Hospital*
- White Memorial Medical Center*

- Cedars-Sinai Medical Center
- Chapman Global Medical Center
- Children's Hospital of Los Angeles
- Orange County Global Medical Center
- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital and Medical Center
- Sharp Grossmont Hospital
- Sharp Memorial Hospital
- South Coast Global Medical Center
- St. John's Health Center
- Anaheim Global Medical Center

* Centers of Excellence | Other Participating Providers



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



1.1M+ UnitedHealth **Premium Care Physicians**



6,100+ **Hospitals**



111K+ **Doctors and Health Professionals**



1,700+ Convenience **Care Centers**

Facility/Provider Finder

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



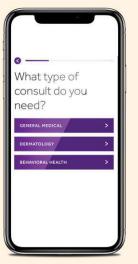
us1.welcometouhc.com

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

UnitedHealthcare provides GovGuam Members access to the online medical services powered by:









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.

This is a free service to Government of Guam members! No co-payment! No deductible!

Call Toll Free: 866-874-3936



24-hour support:

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

Triage support:

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

Health education:

Supported by 700 triage guidelines and health education topics.

Experienced nurses:

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

Accessibility:

TTY service available for the hearing impaired.

NurseLine provided by



Life Saving Benefits

Our travel benefits provide safety and security when you may need it most.

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, if necessary
- 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 Services

50% off Air Ambulance Services!

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



"Our son had a rare medical condition and he could not seek the treatment needed. Our specialist recommended that the only means of travel was via air ambulance."

Catherine Ngiratumerang



Health Risk Assessments

Start your wellness journey by identifying your health risks!



Take a simple, secure, online health assessment. Your answers are confidential.

- Identify health concerns that may need your attention
- Set your goals for staying healthy
- Share your reports with your doctors

Wellness and Disease Management Programs

Free Programs

- Diabetes Management Program
- Stop Smoking Program
- OptumWellness Resources

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

Programs at 50% coverage

- Newstart
- Seven-day Detox
- Shape-Up
- 50% payment is fully reimburseable upon completion

*Providers may expand through the year.



• Other Dietitian Programs with Payless Supermarkets and Sagua Mañagu are covered

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

- No membership required
- Classes are on a first come, first served basis
- At least two classes daily 5 days per week



October 2021

Gym	Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
		9:00em Strength and Conditioning	9:00am Strength and Conditioning	9:00am Strength and Conditioning	9:00am Strength and Conditioning	9:00am Strength and Conditioning	Saturdays
-		6:30pm Hybrid	3:30pm Gof Metgot Kids	6:30pm Hybrid	3:30pm Gof Metgot Kirds	6:30pm Hybrid	
			5:30pm Paradise Performance Adeluo	5:00am Parodise Running Paradise Tumon	9:30pm Paradiso Portormance Adelup	5:00am Paradise Rurning Paradite Tumon	
STEEL		SciSpm Steel Fit	6:30pm Kickboxing (No Cortect)	6:3Opm Boxing (No Contact)		6:30pm Boxing (No Contact)	
SYNERGY Hagistas Location		9:00am Yoga 10:00am SYNERHTT 5:30pm Mommy and Me Tahitian	4:00pm Kids Yoga	9:00am Yoga 10:00am SYNERHIT 4:00pm Cardio	4:00pm Teen Cardio	9:00am Yoge 10:00am SYNERHIT 5:00pm Morany & Me Tolhitan Fit	
O UNIFIED FIT		4:30pm General Physical Preparedness	7:00am SwimFit 12:00pm General Physical Preparedness	General Physical Preparedness	7:00am SwimFit 12:00pm General Physical Proposedness	4:30pm General Physical Preporedness	

Space is limited. Call for reservations.

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 Calva's SelectCare identification card,



Gym Memberships – 100% Covered

GovGuam Subscribers and dependents











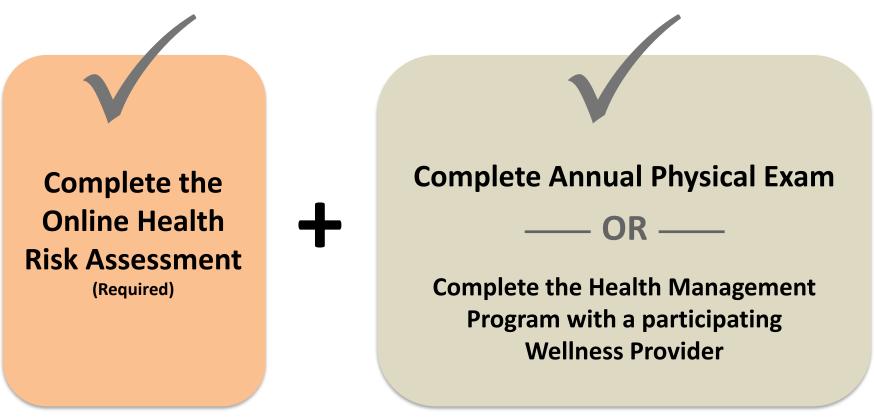
Gym Memberships – Discounted Rates





Health and Wellness Rewards

Earn up to \$200 for subscriber and spouse/domestic partner (\$100 per person)



Fitness Reward

Get \$75.00 per GovGuam quarter

(Must be 18 yrs. or older)



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

- Complete the Health Risk Assessment*
- Enroll with one of our fitness partners and receive your validation card
- Work out at least ten (10) days per month at the selected fitness partner and validate your card
- Must be consecutive months per GovGuam
 Quarters: October to December, January to March,
 April to June, July to September
- Submit the completed validation cards to our office no later than sixty (60) days after the end of each quarter

^{*}HRA must be completed prior to submission.



Online Tools

Calvo's SelectCare online

- View or print your member card
- Submit Claims or other documents
- Access your Schedule of Benefits
- Access your Member Handbook
- View Claims
- View Deductible Status and out-of-pocket accumulators
- Access your Provider Directory
- Access links to UnitedHealth and OptumRx
- Access Cost Estimators for medical services



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!













GovGuam subscribers who partake in the Gum/Fitness Reward have an easier validation method!

> Click on the "Gum 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!















Member Communication

Monthly Wellness Newsletters • Provider Updates • Benefit Updates Healthcare News • Member Satisfaction Surveys









Important Information



- If you do not need to make changes, everything will automatically roll over
- Changes can be made by completing an enrollment form
- Deadline to enroll is September 26, 2021

FY2023 Subscriber Rates

Actives (Bi-Weekly)	HSA 2000	PPO 1500	
Class 1: EE	\$57.08	\$157.80	
Class 2: EE and Spouse/Domestic Partner	\$155.99	\$370.62	
Class 3: EE and Child(ren)	\$130.68	\$293.43	
Class 4: EE and Family	\$214.00	\$484.75	

Retirees (Semi-Monthly)	HSA 2000	PPO 1500	
Class 1: EE	\$125.05	\$168.33	
Class 2: EE and Spouse/Domestic Partner	\$278.51	\$406.02	
Class 3: EE and Child(ren)	\$236.57	\$324.02	
Class 4: EE and Family	\$377.13	\$531.87	

FY2023 Subscriber Rates

Retiree	Supplemental Plan	Medical (Semi-Monthly)
Class 1:	RSP Subscriber Only	\$159.34
Class 2a:	RSP Subscriber + RSP Spouse/Domestic Partner	\$313.14
Class 2b:	RSP Subscriber + Non-Medicare Spouse/Domestic Partner	\$0
Class 3:	RSP Subscriber + Non-Medicare Child/ren	\$0
Class 4a:	RSP Subscriber + RSP Spouse/Domestic Partner + Non-Medicare Child/ren	\$100.10
Class 4b:	RSP Subscriber + Non-Medicare Spouse/Domestic Partner + Child/ren	\$0



Thank you!

Un dångkalu na Si Yu'us Ma'åse'

Phone: 477-9808

E-mail: service@calvos.com

Website: <u>www.calvos.net</u>

Office Hours: Monday - Friday 9:00am-4:00pm

9/12/2022 www.calvos.net