

GovGuam FY2024 Open Enrollment

Self-Insured by the Government of Guam
Medical and Prescription Drugs



Administered by:



www.calvos.net



SCAN ME



Table of Contents

3	Welcome Message
4	Becoming a Member
6	HSA2000 Schedule of Benefits
10	PPO1500 Schedule of Benefits
14	RSP Schedule of Benefits
18	Comprehensive Provider Network
19	UnitedHealthcare/Teladoc
20	Guam Provider Listing
22	Nurseline
23	Airfare Benefits/Air Ambulance
24	Wellness and Fitness
26	Digital Services
27	Member Communications
28	Online Enrollment System
29	Frequently Asked Questions
31	FY2024 Rates

Buenas yan Hafa Adai!



We look forward to the opportunity to service you as your health plan administrator for FY2024. 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 FY2024, employees and retirees will be able to choose from two medical (2) plans: the HSA2000 and the PPO1500. 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)
- Free and discounted rates with our gym partners: The Bridge Fitness, 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 new online enrollment tool. Visit enroll.calvos.net/govguam to submit your enrollment information and upload any pertinent enrollment documentation (birth certificates, domestic partner affidavits, legal guardianship, etc.), from the convenience of your desktop or mobile device.

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

We look forward to meeting you during open enrollment and to service you and your family as the administrator of the GovGuam self-insured program in FY2024.

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

Becoming a Member



Eligibility Information

In order to enroll in a 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 30 days from the date you first become eligible for enrollment under the plan.

Subscriber Eligibility Requirements

- You must maintain legal residency in the Service Area. Members must not be absent from the Service Area for more than 182 consecutive days.

Dependent Eligibility Requirements

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

- Your legal spouse.
- Your domestic partner:
 - A domestic partner must be at least 18 years of age and must have lived with you for two consecutive years. A notarized affidavit is required.
 - A domestic partner may only be added during your employer's Open Enrollment Period or within 30 days from the date you first become eligible to enroll in the plan.
 - Children of a domestic partner are eligible for coverage so long as the domestic partner is a covered person.
- Married or unmarried dependent children under the age of 26 years.
- Off-island Dependent children or children who reside outside the Service area who are between the ages of 19 thru 25 years.
 - Coverage for off-island dependent children will terminate upon reaching the age of 26 years.

- For natural children with a different last name from your own, you must provide the following:

- A copy of the birth certificate which verifies you as a parent, or
- A notarized government Paternity Form which verifies you as a natural parent.
- For other dependents such as step children, legally adopted children, and children you have been awarded legal guardianship, you must provide the following:

- Birth Certificate.
- Parents' marriage certificate (when required).
- Legal Guardianship must be for "Full Guardianship" and not limited or shared. A copy of the guardian's latest income tax filing or an affidavit stating that the dependent will be included in the guardian's next tax filing.
- Court documentation signed by a judge ordering adoption or legal guardianship.

- Legal guardianship terminates when the guardianship ends or the Child reaches the age of majority.
- Unborn children awarded for legal guardianship are not eligible for coverage.
- Your disabled dependent child who is beyond the limiting age may continue to be eligible provided they are incapable of self-sustaining employment due to mental retardation or physical disability.
 - Proof of total disability from a licensed medical physician is required upon enrollment.
 - Proof of dependence, such as a copy of the subscriber's tax filing may be required.
- Q.M.C.S.O. or a copy of the qualified medical child support order must be provided. Children permanently residing outside the service area are only eligible to enroll in the plan if they qualify under the Q.M.C.S.O.

Being a Member (cont.)

Enrollment Period

You may elect to enroll on any of these occasions.

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

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

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

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

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

Adding Dependents and Changes to your Coverage

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

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

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

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

Updating Your Information

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

Other Insurance

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

HSA2000

Schedule of Benefits

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 \$3,000 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	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	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	

* 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 FY2024 Member Handbook. Visit calvos.net to download the PDF.

HSA2000

Schedule of Benefits

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 economy airfare (Plan Approval Required)	Plan pays 100%	Not Covered
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%
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	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%
END STAGE RENAL DISEASE / HEMODIALYSIS (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.

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HSA2000

Schedule of Benefits

Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
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	Member pays \$20 copay	Plan pays 50%* Member pays 50%
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%
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 Specialty 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%

* 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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HSA2000

Schedule of Benefits

Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
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 DRUGS		
PREVENTIVE 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 GENERIC DRUGS	\$15 copay per month supply \$0 copay for 90-day Mail Order Drugs	Plan pays 50%* Member pays 50%
PREFERRED BRAND NAME DRUGS	\$30 copay per month supply \$30 copay for 90-day Mail Order Drugs	
NON-PREFERRED GENERIC AND BRAND NAME DRUGS	\$100 copay per month supply \$100 copay for 90-day Mail Order Drugs	
SPECIALTY DRUGS (Medically Necessary Only and Pre-Certification Required)	\$100 Member Co-Pay (30 day supply)	Not Covered
PRESCRIPTION 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.

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PPO1500

Schedule of Benefits

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	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	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	

* 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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PPO1500

Schedule of Benefits

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	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%
VOLUNTARY SECOND SURGICAL OPINION	Member pays \$40 copay	Plan pays 70%* Member pays 30%
PRESCRIPTION DRUGS		
PREVENTIVE 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 GENERIC DRUGS	\$15 copay per month supply \$0 copay for 90-day Mail Order Drugs	Plan pays 70%* Member pays 30%
PREFERRED BRAND NAME DRUGS	\$30 copay per month supply \$30 copay for 90-day Mail Order Drugs	
NON-PREFERRED GENERIC AND BRAND NAME DRUGS	\$100 copay per month supply \$100 copay for 90-day Mail Order Drugs	
SPECIALTY DRUGS (Medically Necessary Only and Pre-Certification Required)	\$100 Member Co-Pay (30 day supply)	Not Covered
PRESCRIPTION OUTSIDE GUAM/CNMI/USA	Plan pays 80%; Member pays 20% not to exceed Average Wholesale Price (AWP)	

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PPO1500

Schedule of Benefits

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%
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
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%
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%
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	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
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%

* 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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PPO1500

Schedule of Benefits

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:
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.

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

Retiree Supplemental Plan Schedule of Benefits

*Subscriber is required to have Medicare A and B

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.

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.

*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

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

Preventative 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%

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Retiree Supplemental Plan Schedule of Benefits

*Subscriber is required to have Medicare A and B

Preventative Services (Out-Patient Only)	Retiree Supplemental Plan Pays
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	<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	<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	<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

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

Retiree Supplemental Plan Schedule of Benefits

*Subscriber is required to have Medicare A and B

Prescription Drugs	Participating Pharmacies Only
PREVENTIVE 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 GENERIC DRUGS	\$15 Member Copay \$0 Member Co-Pay for 90-day Mail Order Drugs
PREFERRED BRAND NAME DRUGS	\$30 Member Co-Pay per month supply \$30 Member Co-Pay for 90-day Mail Order Drugs
NON-PREFERRED GENERIC AND BRAND NAME DRUGS	\$100 Member Co-Pay \$100 Member Co-Pay for 90-day Mail Order Drugs
SPECIALTY DRUGS (Medically Necessary Only and Pre-Certification Required)	\$100 Member Co-Pay
PRESCRIPTION OUTSIDE GUAM/CNMI/USA	Plan pays 80%; Member pays 20% not to exceed Average Wholesale Price (AWP)

Additional Benefits	Retiree Supplemental Plan Pays
ACCUPUNCTURE 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%
ALLERGY TESTING	<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, 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

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

Retiree Supplemental Plan Schedule of Benefits

*Subscriber is required to have Medicare A and B

Additional Benefits	Retiree Supplemental Plan Pays
DURABLE MEDICAL EQUIPMENT (DME) (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
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

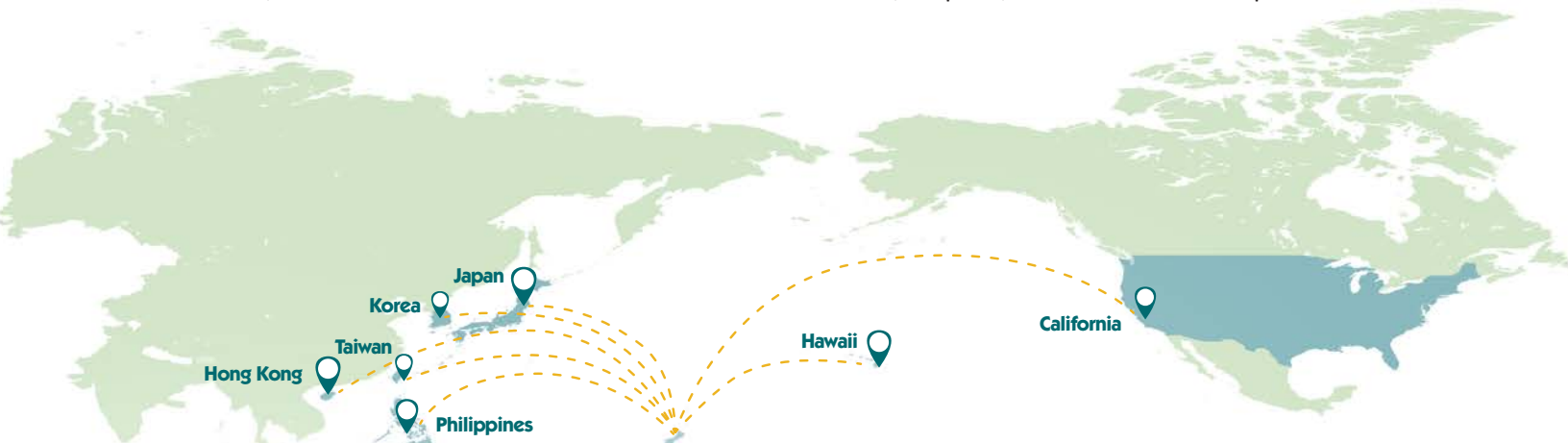
(1) If a benefit is covered by Medicare, the RSP will cover the Part A or B deductible and the 20% coinsurance. If a benefit is NOT COVERED by Medicare, the RSP will cover the percentage indicated on the Schedule of Benefits.

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

Comprehensive Provider Network



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



Asia Providers

Philippines

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

Hong Kong

- Hong Kong Adventist Hospital - Stubbs Road
- Gleneagles Hospital

Taiwan

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

Japan

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

Korea

- Samsung Medical Center

U.S. Direct Contracted Providers

California

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

Hawaii

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

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



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



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Centers of Excellence



1,700+
Convenience Care Centers



6,100+
Hospitals



111K+
Doctors and Health Professionals



1.1M+
UnitedHealth Premium Care Physicians

Facility/Provider Finder

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



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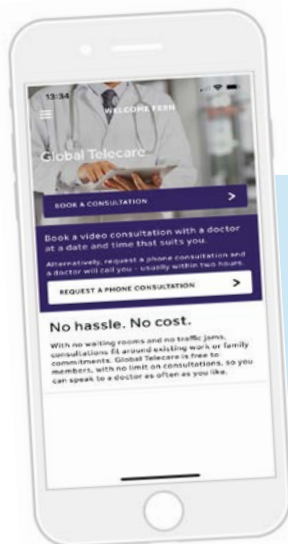
All Off-Island Services must be pre-approved by Calvo's SelectCare



UnitedHealthcare provides Government of Guam Members access to online medical services!

Services include:

- Book a Video Consultation
- Book a Call Back Request
- Access the Global Telecare Service
- Viewing Video/Phone Consultation Notes



Download today!



Guam Providers:

Participating Guam Doctors

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

Doctors

Cardiology

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

Dermatology

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

E.N.T. (Otolaryngology)

Castro, Jerry*
Williams, Lawrence*

Endocrinology

Alford, Erika*
Rubio, Joel*

Family Practice

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

Terlaje, Ricardo*
Wilkens, Keith

Gastroenterology

Farrell, Frank - VISITING*

Geriatrics

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

Hematology

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

Infectious Disease Medicine

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

Internal Medicine

Agustin, Michael*
Alford, Erika*
Arcilla, Leopoldo*
Chang, Young
Chenet, Alix
Duenas, Vincent A.*
Inaba, Yoichi*
Kang, Jiyeong*
Lim, Doris*
Lim Jr., Johnny*
Lizama, Florencio Larry T.*
Magcalas, Edgardo*
Nerves, Robert C.*
Osman, Sharleen*
Ouhadi, Faraz*
Preston, Donald*
Rubio, Joel*
Samonte, Romeo*
Taitano, John Ray*
Thorp, Jonathan*
Trinh, Tien*
Ursales, Anna Leigh*
Villa, Eden
Yamamoto, Michelle*

Nephrology

Dissadee, Mana*
Mesbah, Anita*

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

Neurology

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

OB/GYN

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

Oncology

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

Ophthalmology

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

Orthopedics

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

Pain Management

Jaffe, Todd

Pediatrics

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

Physical Medicine & Rehabilitation

Gaerlan, Maria Stella*

Podiatry

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

Pulmonology/Critical Care

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

Radiology

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

Rheumatology

Terrakanok, Jirapat

Sleep Medicine

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

Surgery - General

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

Surgery - Hand & Microsurgery

Landstrom, Jerone*

Surgery - Neurological

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

Surgery - Plastic & Reconstructive

Fegurgur, John*

Surgery - Vascular

Eusebio, Ricardo*
Kobayashi, Ronald*

Urology

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

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

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

Allied Services

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

In-Area Hospitals

Guam
Guam Memorial Hospital Authority
Guam Regional Medical City

CNMI
Commonwealth Health Center

Participating Guam Pharmacies

Community Pharmacy* - American Medical Center (Tumon) - Guam Adult & Pediatric Clinic	Guam Medical Pharmacy*	- FHP Health Center - Oka Plaza Building	Sagan Amot Pharmacy*	<p>Benefits provided by:</p>  <p>Pharmacy Benefits Manager BIN: 003650 Processor Control: 64</p>
Evergreen Pharmacy and Supplies*	Guam Rexall Drugs*	Minutes Rx Pharmacy*	Seventh Day Adventist Pharmacy*	
Express Med Pharmacy* - American Medical Center (Mangilao) - Dededo	Harmon Drugs*	Oka Pharmacy*	Super Drug* - Dededo Pay-Less - IHP Medical Group - K-Mart - Maite Pay-Less - Oka Pay-Less - Yigo Pay-Less	
	ITC Pharmacy* - ITC Building - Photo Town Plaza	Pacific Healthcare Pharmacy*		
	Mega Drugs* - Daily Plaza Bldg	Perezville Pharmacy*		

Providers marked with an asterisk (*) are Medicare Providers

NurseLine



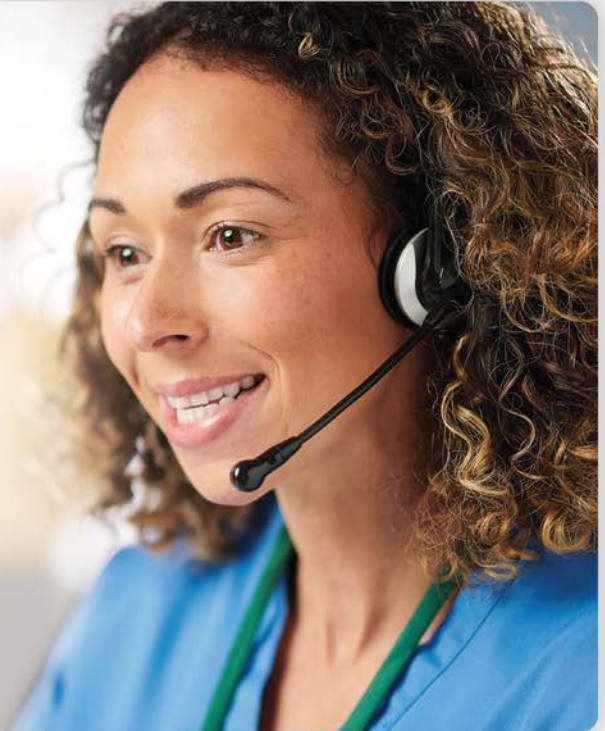
Nurse Triage and Advice Service

This is a free service to Government of Guam members!

No co-payment! No deductible!

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

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



24-hour Support:

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

Triage Support:

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

Health Education:

Supported by 700 triage guidelines and health education topics.

Experienced Nurses:

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

Accessibility:

TTY service available for the hearing impaired.

NurseLine provided by  **OPTUM**

Life-Saving Benefits



The Philippines



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



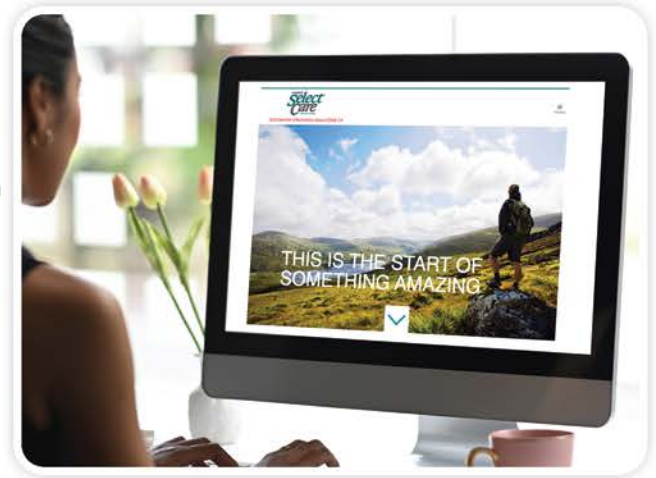
Our wellness programs provide a very dynamic and rewarding opportunity for our members to improve their lifestyle and become healthier.

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 need your attention
- Find out your next steps to getting and staying healthy
- Share your reports with your doctors
- Stay informed with the Monthly “WellNotes” Newsletter



Guam Seventh-day Adventist Clinic

Wellness and Disease Management Programs

Free Programs

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

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

Programs at 50% coverage

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



THE WEEKDAY WORKOUT



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

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

Fitness Partners

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



\$60
a Month



\$22.50
1 Month Limited Camp!

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



Massage Benefits

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



Gym/Fitness Reward

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



Get as much as
\$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
- Open your Gym Check-In from your Lifestyle Club app and scan the QR code for validation each day you work out
- Submit the completed validation cards to our administrative office no later than sixty (60) days after the end of each quarter

Digital Services



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

Calvo's SelectCare online

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



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



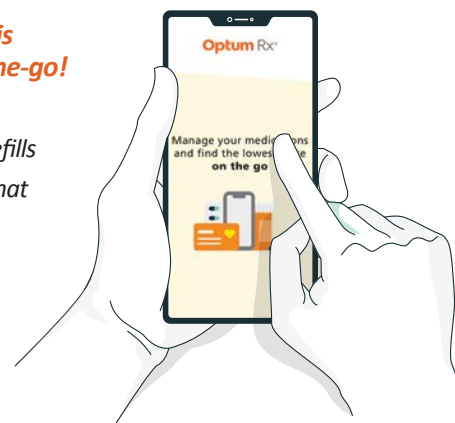
OPTUMRx® | Benefits

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

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

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

- Never miss dose
- Stay on top of medication refills
- Show your doctor exactly what medications you are taking
- Pull up your medication history anytime
- Learn about medication side effects & interactions and much more



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

Save as much as:

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

\$800 on Non-Preferred Drugs per year!



Special Offers for our members!

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



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.



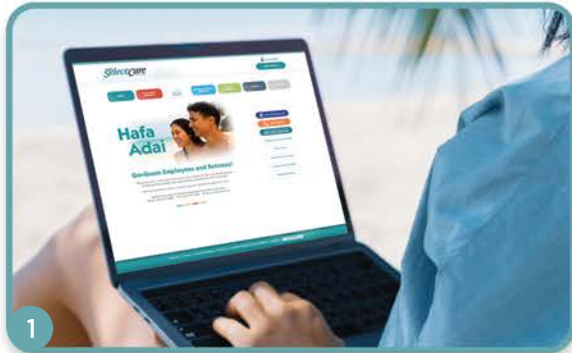
Member Communications

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



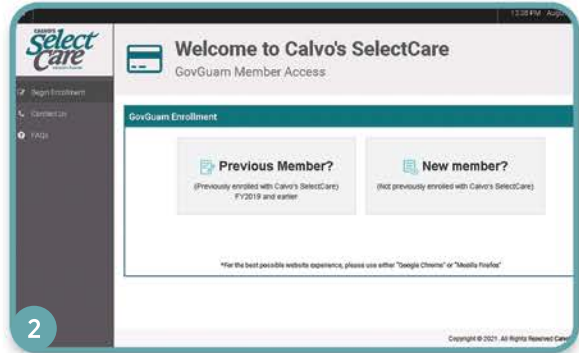
Government of Guam FY2024 Open Enrollment Online Enrollment System

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



1

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.



2

Select "Previous Member" if you have previously subscribed to Calvo's SelectCare prior to 2019. Select "New Member" if this is your first enrollment with Calvo's SelectCare.



3

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



4

Upon submission you will receive email confirmation.



5

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



Frequently Asked Questions



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 11, 2023 and ends on September 26, 2023.
- 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, 2023, you can obtain your digital member ID card by registering on our website www.calvos.net or downloading and registering the Calvo's SelectCare mobile app on your Android or iPhone.

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

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, 2023. You can use your benefits as of Oct. 1, 2023.

How do I access care without an ID card?

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

Pharmacy Questions

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

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

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

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

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

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

Coordination of Benefits Questions

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

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

Claim Questions

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

- Online by logging into our website at 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.

FY2024 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	\$0.00
Class 2a RSP Subscriber + RSP Spouse/Domestic Partner (Medicare A&B Both Enrolled)	\$0.00
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

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

Saipan Bank of Saipan Headquarters, Rm. 114, Beach Road
P.O. Box 500035 CK
Saipan, MP 96950-0035
Phone: 670-234-5690/9
Fax: 670-234-5696

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

Philippines 5th Floor, First Life Center
174 Salcedo Street, Legaspi Village
Makati City, Philippines
Phone: +63-2-7759-2871
+63-2-8813-1989
Fax: +63-2-7759-3126

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

**St. Luke's
Medical Center
Quezon City** Rm. 716 7th Floor, North Tower
Cathedral Heights Building Complex
St. Luke's Medical Center Compound
#279 E. Rodriguez Sr. Avenue,
Quezon City, Philippines
Phone: +63-2-413-1312
Fax: +63-2-413-5721

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

Web www.calvos.net

