

# GovGuam Open Enrollment

Fiscal Year 2017



CALVO'S  
**Select  
Care**  
HEALTH PLANS



## Buenas yan Hafa Adai!



Thank you for the continued support and patronage of the Calvo's SelectCare Health Plan. Over fifteen years ago, we started providing healthcare coverage to GovGuam employees and retirees, and today we continue providing uninterrupted and improved services. The landscape of healthcare continues to evolve and change, and we continue to innovate and improve the benefits, services, and medical networks available to you.

During FY2017, you will be able to choose from two (2) plans: the SC1500 and the HSA2000. Below are some key features of the plans that are available to you.

- Affordable premium rates
- Fitness Reward program
- Wellness Rewards
- 100% coverage for Preventive Services without meeting the deductible in accordance with the United States Preventive Services Task Force (USPSTF), Grade A and B recommendations
- 100% Prenatal care coverage without having to meet the deductible
- 100% coverage with our gym partners: Custom Fitness, Paradise Fitness, Synergy Studios, and Unified for you and your eligible dependents
- Free membership in the Calvo's LifeStyle Club that provides you numerous savings and discounts at popular merchants on Guam
- 50% Air Ambulance discount
- Airfare to our Centers of Excellence for certain qualifying and pre-approved conditions

Our referral offices at the St. Luke's Medical Centers and The Medical City, Philippines, will continue providing superior services to our members. Through our website [www.calvos.net](http://www.calvos.net), you are able to obtain claim payments, explanation of benefits, Summary of Benefits (SBC), and other pertinent information.

We hope that you will notice the many improvements that will take effect during the upcoming year, and we encourage you to participate in our customer surveys as they are an important tool in evaluating and improving our services. We thank you in advance for your continued support and for the trust that you and your family have placed with us.

Si Yu'us Ma'ase

Thank you for enrolling with SelectCare!

# Becoming a Member



## Eligibility Information

In order to enroll in a Calvo's SelectCare health plan, you and your dependents must first meet the eligibility requirements defined in the agreement between Calvo's SelectCare and GovGuam.

You must complete an Enrollment Application and submit it with any other required documentation during an Open Enrollment period or within 30 days from the date you first become eligible for enrollment under the plan.

## Subscriber Eligibility Requirements

- You must maintain legal residency in the Service Area. Calvo's SelectCare members must not be absent from the Service Area for more than 182 consecutive days.
- You must be working at least 30 hours or more per week.

## 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, who are not your own children, are not eligible for coverage.
- Married or unmarried dependent children under the age of 26 years.
- Off-island Dependent children or children who reside outside the Service area who are between the ages of 19 thru 25 years.
  - Coverage for off-island dependent children will terminate upon reaching the age of 26 years.
- For natural children with a different last name from your own, you must provide the following:
  - A copy of the birth certificate which verifies you as a parent, or
  - A notarized government Paternity Form which verifies you as a natural parent.
  - For other dependents such as step children, legally adopted children, and children you have been awarded legal guardianship, you must provide the following:
    - Birth Certificate.
    - Parents' marriage certificate (when required).
    - Legal Guardianship must be for "Full Guardianship" and not limited or shared. A copy of the guardian's latest income tax filing or an affidavit stating that the dependent will be included in the guardian's next tax filing.
    - Court documentation signed by a judge ordering adoption or legal guardianship.
    - Legal guardianship terminates no later than age 26.
    - Unborn children awarded for legal guardianship are not eligible for coverage.
- Your disabled dependent child who is beyond the limiting age may continue to be eligible provided they are incapable of self-sustaining employment due to mental retardation or physical disability.
  - Proof of total disability from a licensed medical physician is required upon enrollment.

- Proof of dependence, such as a copy of the subscriber's tax filing may be required.
- Q.M.C.S.O. or a copy of the qualified medical child support order must be provided. Children permanently residing outside the service area are only eligible to enroll in the plan if they qualify under the Q.M.C.S.O.

## Enrollment Period

You may elect to enroll on any of these occasions.

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

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

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

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

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

For more information, please refer to the "Summary of Federally Mandated Programs" section of your Member this Handbook.

## Adding Dependents and Changes to your Coverage

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

If you do not enroll your dependents within the 30 day period from when they first become eligible, you would have to wait to enroll them during your employer's 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.

<b>Your Benefits: What the plan covers</b>	<b>Participating Providers</b>	<b>Non-participating Providers</b>
<b>Deductible Per Individual Member (Class 1)</b>	\$2,000	\$4,000**
<b>Deductible Per Family (Classes 2-4)</b> If a member meets their \$2,600, the plan begins to pay for covered services for that individual	\$4,000	\$12,000**
<b>COVERAGE MAXIMUMS</b> Individual member annual maximum	NONE	NONE
<b>OUT OF POCKET MAXIMUMS</b> (including deductible and co-pays) Per Individual member per policy year Per Family per policy year	\$4,000 \$12,000	No Maximum No Maximum
<b>Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers</b> (Pre-Certification Required)	Requires a Referral from your Doctor and approval in advance from the plan	

<b>Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider</b>	<b>Participating Providers</b> Deductible does not apply to this benefit	<b>Non-participating Providers</b> after Deductible is met:
<b>PREVENTIVE SERVICES (Out-Patient Only)</b> Includes Annual Preventive Exam and Preventive Lab Services In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations (Guam and Philippines only)	Plan pays 100%	Not Covered
<b>IMMUNIZATIONS/VACCINATIONS</b> In accordance with the guidelines established by the Advisory Committee on Immunization Practices.	Plan pays 100%	Not Covered
<b>PRE-NATAL CARE</b> including Routine Labs and 1st Ultrasound	Plan pays 100%	Not Covered
<b>WELL-CHILD CARE</b> Infancy (Newborn to nine months) Maximum 7 visits Early Childhood (One to four years old) Maximum 7 visits Middle Childhood / Adolescence (Five to seventeen years old) Maximum 1 visit per year In accordance with the Bright Futures / American Academy of Pediatrics recommendations for Preventive Pediatric Health Care	Plan pays 100%	Not Covered
<b>WELL-WOMAN CARE</b> In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), And the Women's Health and Cancer Act	Plan pays 100%	Not Covered

<b>Deductible must be met for the following services</b>	<b>Participating Providers</b> after Deductible is met:	<b>Non-participating Providers</b> after Deductible is met:
<b>ACUPUNCTURE</b> 30 visits per member per plan year	Plan pays 80% Member pays 20%	Not Covered
<b>AIDS TREATMENT</b> Exclusive of Experimental drugs	Plan pays 80% Member pays 20%	Not Covered
<b>AIRFARE BENEFIT to Centers of Excellence only</b> For members who meet qualifying conditions, SelectCare provides roundtrip airfare (Plan Approval Required)	Plan pays 100%	Not Covered
<b>ALLERGY TESTING</b> \$1,000 per member per plan year	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>AMBULATORY SURGI-CENTER CARE</b> (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>ANNUAL EYE EXAM</b> Once Per Member per Plan Year	\$20 Member Co-Payment Covered in Guam only	Not Covered
<b>BLOOD &amp; BLOOD DERIVATIVES</b>	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>BREAST RECONSTRUCTIVE SURGERY</b> (In accordance with 1998 W.H.C.R.A)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>CARDIAC SURGERY</b>	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>CATARACT SURGERY</b> Outpatient Only (including conventional lens)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>CHEMICAL DEPENDENCY</b>	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>CHEMOTHERAPY BENEFIT</b>	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>CHIROPRACTIC CARE</b> 30 visits per member per plan year	Plan pays 80% Member pays 20%	Not Covered
<b>CONGENITAL ANOMALY DISEASES COVERAGE</b>	Plan pays 80% Member pays 20%	Not Covered
<b>DIAGNOSTIC TESTING</b> MRI, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>DURABLE MEDICAL EQUIPMENT (DME)</b> The lesser amount between the Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, nebulizer machine or oxygen and accessories when prescribed by a Physician standard CPAP, suction machines, or oxygen and accessories when prescribed by a Physician (Pre-Certification Required)	Plan pays 80% Member pays 20% of the total rental cost or Purchase	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



<b>Deductible must be met</b> for the following services	<b>Participating Providers</b> after Deductible is met:	<b>Non-participating Providers</b> after Deductible is met:
<b>ELECTIVE SURGERY</b> (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>EMERGENCY CARE</b> 1. On/Off Island emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only) For off-island emergencies, plan must be contacted and advised within 48 hours	Plan pays 80% Member pays 20%	Plan pays 80%* Member pays 20%*
<b>END STAGE RENAL DISEASE / HEMODIALYSIS</b>	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>HEARING AIDS</b> Maximum \$500 per member per plan year	Plan pays 80% Member pays 20%	Not Covered
<b>HOSPITALIZATION &amp; INPATIENT BENEFITS</b> 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	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>IMPLANTS</b> Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices (Limitations apply, please refer to contract)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>INHALATION THERAPY</b>	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>MATERNITY CARE</b> Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 70% Member pays 30%
<b>MENTAL HEALTH CARE</b>	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>NUCLEAR MEDICINE</b> (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>OCCUPATIONAL THERAPY</b> 20 Visits per Plan Year. (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
<b>ORGAN TRANSPLANT</b> including, but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea. Donor expenses are covered. (Pre-Certification Required)	Plan pays 80% Members pay 20%	Plan pays 70%* Member pays 30%
<b>ORTHOPEDIC CONDITIONS</b> Internal and External Prosthesis	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>OUTPATIENT PHYSICIAN CARE &amp; SERVICES</b> 1. Primary Care visits 2. Specialist Care Visits 3. Urgent Care Centers 4. Voluntary Second Surgical Opinion 5. Home Health Care Visit (Pre-Certification Required) 6. Hospice Care in Guam only, maximum 180 days at a maximum of \$150 per day (Pre-Certification Required) 7. Outpatient Laboratory 8. X-Ray Services 9. Injections (Does not include those on the Specialty Drugs List and Orthopedic injections)	\$20 Member Co-Payment \$40 Member Co-Payment \$10 Member Co-Payment \$40 Member Co-Payment Plan pays 100% \$40 Member Co-Payment \$20 Member Co-Payment \$20 Member Co-Payment \$20 Member Co-Payment	Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Not Covered Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50% Plan pays 50%* Member pays 50%
<b>PHYSICAL THERAPY</b> (Pre-Certification Required)	Plan pays 80% for the first 20 visits and 50% thereafter	Plan pays 50%* Member pays 50%
<b>PRESCRIPTION DRUGS</b> 1. Formulary Generic Drugs per prescription unit 2. Prescribed Over-The-Counter Drugs (Guam only) 3. Formulary Brand Name Drugs per prescription unit 4. Mail Order 5. Non-Formulary (Medically Necessary Only and Pre-Certification Required) 6. Specialty Drugs (Medically Necessary Only and Pre-Certification Required)	\$15 Member Co-Payment (30 day supply) \$15 Member Co-Payment (30 day supply) \$30 Member Co-Payment (30 day supply) Co-Payment waived \$30 Member Co-Payment (30 day supply) \$60 Member Co-Payment (30 day supply)	Plan pays 50% of Average Wholesale Price  Not Covered
<b>RADIATION THERAPY</b> (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>ROBOTIC SURGERY/ROBOTIC SUITE</b> (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>SKILLED NURSING FACILITY</b> Maximum 60 days per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>SLEEP APNEA</b> Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
<b>STERILIZATION PROCEDURES</b> 1. Vasectomy (Outpatient Only)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>VISION CARE</b> Hardware up to \$150	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%

<b>Additional Benefits: What the plan covers</b>	<b>Participating Providers</b>	<b>Non-participating Providers</b> after Deductible is met:
<b>WELLNESS</b> Wellness Benefit at a Wellness Center 1. Dr. Horinouchi's Wellness Clinic 2. Guam SDA Wellness Center	Plan pays 80% of the first \$200 Member pays 20% of the first \$200 Plan pays 50% of charges thereafter	Not Covered
<b>Fitness Benefit: Deductible not required</b> 1. Custom Fitness 2. Paradise Fitness Center 3. Synergy Studios 4. Unified	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

<b>Your Benefits: What the plan covers</b>	<b>Participating Providers</b>	<b>Non-participating Providers</b>
<b>Deductible Per Individual Member (Class 1)</b>	\$1,500	\$3,000**
<b>Deductible Per Family (Classes 2-4)</b> If a member meets their \$1,500, the plan begins to pay for covered services for that individual	\$3,000	\$9,000**
<b>COVERAGE MAXIMUMS</b> Individual member annual maximum	NONE	NONE
<b>OUT OF POCKET MAXIMUMS (including deductible and co-pays)</b> Per Individual member per policy year Per Family per policy year	\$3,000 \$9,000	No Maximum
<b>Any Services in the Philippines, Hawaii, U.S. Mainland and any foreign participating providers (Pre-Certification Required)</b>	Requires a Referral from your Doctor and approval in advance from the plan	

<b>Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider</b>	<b>Participating Providers</b> Deductible does not apply to this benefit	<b>Non-participating Providers</b> after Deductible is met:
<b>PREVENTIVE SERVICES (Out-Patient Only) Includes Annual Preventive Exam and Preventive Lab Services</b> In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations (Guam and Philippines only)	Plan pays 100%	Not Covered
<b>IMMUNIZATIONS/VACCINATIONS</b> In accordance with the guidelines established by the Advisory Committee on Immunization Practices.	Plan pays 100%	Not Covered
<b>PRE-NATAL CARE</b> including Routine Labs and 1st Ultrasound	Plan pays 100%	Not Covered
<b>WELL-CHILD CARE</b> Infancy (Newborn to nine months) Maximum 7 visits Early Childhood (One to four years old) Maximum 7 visits Middle Childhood / Adolescence (Five to seventeen years old) Maximum 1 visit per year In accordance with the Bright Futures / American Academy of Pediatrics recommendations for Preventive Pediatric Health Care	Plan pays 100%	Not Covered
<b>WELL-WOMAN CARE</b> In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA), And the Women's Health and Cancer Act	Plan pays 100%	Not Covered

<b>Deductible does not apply to these benefits when you go to a Participating Provider (co-payments do not accrue towards deductible)</b>	<b>Participating Providers</b> Deductible does not apply to this benefit	<b>Non-participating Providers</b> after Deductible is met:
<b>ANNUAL EYE EXAM</b> Once Per Member per Plan Year	\$20 Member Co-Payment Covered in Guam only	Not Covered
<b>OUTPATIENT PHYSICIAN CARE &amp; SERVICES</b> 1. Primary Care visits 2. Specialist Care Visits 3. Urgent Care Centers 4. Voluntary Second Surgical Opinion 5. Home Health Care Visit (Pre-Certification Required) 6. Hospice Care in Guam only, maximum 180 days at a maximum of \$150 per day (Pre-Certification Required) 7. Outpatient Laboratory 8. X-Ray Services 9. Injections (Does not include those on the Specialty Drugs List and Orthopedic injections)	\$20 Member Co-Payment \$40 Member Co-Payment \$10 Member Co-Payment \$40 Member Co-Payment Plan pays 100% \$40 Member Co-Payment \$20 Member Co-Payment \$20 Member Co-Payment \$20 Member Co-Payment	Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30% Not Covered Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30% Plan pays 70%* Member pays 30%
<b>PRESCRIPTION DRUGS</b> 1. Formulary Generic Drugs per prescription unit 2. Prescribed Over-The-Counter Drugs (Guam only) 3. Formulary Brand Name Drugs per prescription unit 4. Mail Order 5. Non-Formulary (Medically Necessary Only and Pre-Certification Required) 6. Specialty Drugs (Medically Necessary Only and Pre-Certification Required)	\$15 Member Co-Payment (30 day supply) \$15 Member Co-Payment (30 day supply) \$30 Member Co-Payment (30 day supply) Co-Payment waived \$30 Member Co-Payment (30 day supply) \$60 Member Co-Payment (30 day supply)	Plan pays 50% of Average Wholesale Price Not Covered
<b>VISION CARE</b> Hardware up to \$150	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

<b>Deductible must be met when you go to a Participating and Non-Participating Provider</b>	<b>Participating Providers</b> after Deductible is met:	<b>Non-participating Providers</b> after Deductible is met:
<b>ACUPUNCTURE</b> 30 visits per member per plan year	Plan pays 80% Member pays 20%	Not Covered
<b>AIDS TREATMENT</b> Exclusive of Experimental drugs	Plan pays 80% Member pays 20%	Not Covered
<b>AIRFARE BENEFIT to Centers of Excellence only</b> For members who meet qualifying conditions, SelectCare 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

<b>Deductible must be met</b> when you go to a Participating and Non-Participating Provider	<b>Participating Providers</b> after Deductible is met:	<b>Non-participating Providers</b> after Deductible is met:
<b>ALLERGY TESTING</b> \$1,000 per member per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>BLOOD &amp; BLOOD DERIVATIVES</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>BREAST RECONSTRUCTIVE SURGERY</b> (In accordance with 1998 W.H.C.R.A)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>CARDIAC SURGERY</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>CATARACT SURGERY</b> Outpatient Only (including conventional lens)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>CHEMICAL DEPENDENCY</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>CHEMOTHERAPY BENEFIT</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>CHIROPRACTIC CARE</b> 30 visits per member per plan year	Plan pays 80% Member pays 20%	Not Covered
<b>CONGENITAL ANOMALY DISEASES COVERAGE</b>	Plan pays 80% Member pays 20%	Not Covered
<b>DIAGNOSTIC TESTING</b> MRI, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>DURABLE MEDICAL EQUIPMENT (DME)</b> The lesser amount between the Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, nebulizer machine or oxygen and accessories when prescribed by a Physician standard CPAP, suction machines, or oxygen and accessories when prescribed by a Physician (Pre-Certification Required)	Plan pays 80% Member pays 20% of the total rental cost or Purchase	Not Covered
<b>ELECTIVE SURGERY (Pre-Certification Required)</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>EMERGENCY CARE</b> 1. On/Off Island emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only) For off-island emergencies, plan must be contacted and advised within 48 hours	Plan pays 80% Member pays 20%	Plan pays 80%* Member pays 20%*
<b>END STAGE RENAL DISEASE / HEMODIALYSIS</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>HEARING AIDS</b> Maximum \$500 per member per plan year	Plan pays 80% Member pays 20%	Not Covered
<b>HOSPITALIZATION &amp; INPATIENT BENEFITS</b> 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	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>IMPLANTS</b> Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices (Limitations apply, please refer to contract)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
<b>INHALATION THERAPY</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>MATERNITY CARE</b> Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 70% Member pays 30%
<b>MENTAL HEALTH CARE</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>NUCLEAR MEDICINE (Pre-Certification Required)</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>OCCUPATIONAL THERAPY</b> 20 Visits per Plan Year. (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
<b>ORGAN TRANSPLANT</b> including, but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea. Donor expenses are covered. (Pre-Certification Required)	Plan pays 80% Members pay 20%	Plan pays 70%* Member pays 30%
<b>ORTHOPEDIC CONDITIONS</b> Internal and External Prosthesis	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>PHYSICAL THERAPY (Pre-Certification Required)</b>	Plan pays 80% for the first 20 visits and 50% thereafter	Plan pays 70%* Member pays 30%
<b>RADIATION THERAPY (Pre-Certification Required)</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>ROBOTIC SURGERY/ROBOTIC SUITE (Pre-Certification Required)</b>	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>SKILLED NURSING FACILITY</b> Maximum 60 days per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
<b>SLEEP APNEA</b> Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
<b>STERILIZATION PROCEDURES</b> 1. Vasectomy (Outpatient Only)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

<b>Additional Benefits: What the plan covers</b>	<b>Participating Providers</b>	<b>Non-participating Providers</b> after Deductible is met:
<b>WELLNESS</b> Wellness Benefit at a Wellness Center 1. Dr. Horinouchi's Wellness Clinic 2. Guam SDA Wellness Center	Plan pays 80% of the first \$200 Member pays 20% of the first \$200 Plan pays 50% of charges thereafter	Not Covered
<b>Fitness Benefit: Deductible not required</b> 1. Custom Fitness 2. Paradise Fitness Center 3. Synergy Studios 4. Unified	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

# Medical Exclusions and Limitations

Applies to all plans

1. No benefits will be paid for Injury or Illness, (a) when the Covered Person is entitled to receive disability benefits or compensation (or forfeits his or her right thereto) under Worker's Compensation or Employer's Liability Law for such Injury or Illness or (b) when Services for an Injury or Illness are rendered to the Covered Person by any federal, state, territorial, municipal or other governmental instrumentality or agency without charge, or (c) when such Services would have been rendered without charge but for the fact that the person is a Covered Person under the Plan.
2. No benefits will be paid if any material statement made in an application for coverage, enrollment of any Dependent or in any claim for benefits is false. Upon identifying any such false statement, Company shall give the Covered Person at least 30 days notice that his or her benefits have been suspended and that his or her coverage is to be terminated. If the false statement is fraudulent or is an intentional misrepresentation of a material fact, such termination shall be retroactive to the date coverage was provided or continued based on such fraudulent statement or intentional misrepresentation of material fact. If the false statement was not a fraudulent statement or intentional misrepresentation of material fact, termination of coverage shall be effective no earlier than the date of the suspension. The Covered Person may dispute any termination of coverage by filing a claim under the PPACA Claims Procedure for internal or external appeals provided in §6.7 of this Certificate. If an appeal under §6.7 is filed, the resolution of the matter shall be in accordance with the outcome of the appeal proceedings. If no appeal is filed for any retroactive termination and the Company paid benefits prior to learning of any such false statement, the Subscriber must reimburse the Company for such payment. Terminations of coverage shall be handled in accordance with the applicable claims procedure requirements of Section 2719 of the PHSA, as added by PPACA. Retroactive terminations of coverage shall not violate the applicable prohibitions on rescissions of Section 2712 of the PHSA, as added by PPACA, and recessions shall be handled in compliance with PPACA's applicable claim denial requirements.
3. No benefits will be paid for confinement in a Hospital or in a Skilled Nursing Facility if such confinement is primarily for custodial or domiciliary care. (Custodial or domiciliary care includes that care which consists of training in personal hygiene, routine nursing services and other forms of self care. Custodial or domiciliary care also includes supervisory services by a Physician or Nurse for a person who is not under specific medical or surgical treatment to reduce his or her disability and to enable that person to live outside an institution providing such care.) Company and not Covered Person shall be liable if the Company approves the confinement, regardless of who orders the service.
4. No benefits will be paid for nursing and home health aide services provided outside of the home (such as in conjunction with school, vacation, work or recreational activities)
5. No benefits will be paid for private Duty Nursing. This provision does not apply to Home Health Care.
6. No benefits will be paid for special medical reports, including those not directly related to treatment of the Member. (e.g., Employment or insurance physicals, and reports prepared in connection with litigation.)
7. No benefits will be paid for services required by third parties, including but not limited to, physical examinations, diagnostic services and immunizations in connection with obtaining or continuing employment, obtaining or maintaining any license issued by a municipality, state, or federal government, securing insurance coverage, travel, school admissions or attendance, including examinations required to participate in athletics, except when such examinations are considered to be part of an appropriate schedule of wellness services.
8. No benefits will be paid for court ordered services, or those required by court order as a condition of parole or probation.
9. No benefits will be paid for Services and supplies provided to a Covered Person for an Injury or Illness resulting from an attempted suicide by that Covered Person unless resulting from a medical condition (including physical or mental health conditions) or from domestic violence.
10. No benefits will be paid for Services and supplies provided in connection with intentionally self-induced or intentionally self-inflicted injuries or illnesses unless resulting from a medical condition (including physical or mental conditions) or from domestic violence.
11. No benefits will be paid for Services and supplies provided to a Covered Person for Injuries incurred while the person was committing a criminal act.
12. Unless otherwise specifically provided in the Agreement, no benefit will be paid for, or in connection with, airfare and the Company will not pay for the transportation from Guam to any off-island facility, nor for any other non-medical expenses such as taxes, taxis, hotel rooms, etc. In no event will the Company pay for air ambulance or for the transportation of the remains of any deceased person.
13. No benefits will be paid for living expenses for Covered Persons who require, or who of their own accord seek, treatment in locations removed from their home.
14. No benefits will be paid for Services and supplies provided to a dependent of a non-Spouse Dependent. Dependents of non-Spouse Dependents are not eligible for coverage. For example, when a Dependent, other than a Spouse of the Subscriber, has a child, that child is a dependent of a non-Spouse Dependent and is not eligible to become covered under the Plan, unless such child otherwise becomes eligible for enrollment.
15. No benefits will be paid for home uterine activity monitoring.
16. No benefits will be paid for services performed by an immediate family member for which, in the absence of any health benefits coverage, no charge would be made. Immediate family member is defined as parents, spouses, siblings, or children of the insured member.
17. No benefits will be paid for treatment of occupational injuries and occupational diseases, including those injuries that arise out of (or in the course of) any work for pay or profit, or in any way results from a disease or injury which does. If a Member is covered under a Workers' Compensation law or similar law, and submits proof that the Member is not covered for a particular disease or injury under such law, that disease or injury will be considered "nonoccupational" regardless of cause. The Covered Benefits under the Group Health Insurance Certificate for Members eligible for Workers' Compensation are not designed to duplicate any benefit to which they are entitled under Workers' Compensation Law. All sums payable for Workers' Compensation services provided under the Group Health Insurance Certificate shall be payable to, and retained by Company. Each Member shall complete and submit to Company such consents, releases, assignments and other documents reasonably requested by Company in order to obtain or assure reimbursement under the Workers' Compensation Law
18. No benefits will be paid for:
  - a. Drugs or substances not approved by the Food and Drug Administration (FDA), or
  - b. Drugs or substances not approved by the FDA for treatment of the illness or injury being treated unless empirical clinical studies have proven the benefits of such drug or substance in treating the illness or injury, or



19. No benefits will be paid for experimental or Investigational Procedures, or ineffective surgical, medical, psychiatric, or dental treatments or procedures, research studies, or other experimental or investigational health care procedures or pharmacological regimes unless deemed medically necessary by the patient's physician, are associated with a qualifying clinical trial per PPACA regulations, and pre-authorized by the Company.

Per PHSA sec. 2709(a)(2), added by PPACA sec 10103(c), the plan must pay for items and services furnished in connection with approved clinical trials, and cannot exclude such items and services based on an exclusion for experimental or investigational treatments. The requirement mandates coverage of all medically necessary charges associated with the clinical trial, such as physician charges, labs, X-rays, professional fees and other routine medical costs.

An approved clinical trial is defined as:

- Phase I, Phase II, Phase III, or Phase IV clinical trial,
  - Being conducted in relation to the prevention, detection or treatment for Cancer or other life threatening disease or condition, and
  - Is one of the following:
    1. A federally funded or approved trial.
    2. A clinical trial conducted under an FDA investigational new drug application.
    3. A drug trial that is exempt from the requirement of an FDA investigational new drug application.
20. No benefits will be paid for services or supplies related to Genetic Testing except as may be required by the PPACA.
21. No benefits will be paid for Services and supplies provided to perform transsexual surgery or to evaluate the need for such surgery. Evaluations and subsequent medications and Services necessary to maintain transsexual status are also excluded from coverage, as are complications or medical sequelae of such surgery or treatment.
22. No benefits will be paid for injuries incurred by the operator of a motorized vehicle while such operator is under the influence of intoxicating alcoholic beverage, controlled drugs, or substances. If a blood alcohol level or the DRAEGER ALCO TEST is available and shows levels that are equal to or exceed 0.08 grams percent (gms%) or that exceed the amount allowed by law as constituting legal intoxication, no benefits will be paid.
23. No benefits will be paid for any medical Service or supply which is available to the Covered Person on Guam and which is paid by or reimbursable through a governmental agency or institution. However, notwithstanding the aforesaid, in no event will the Company consider the availability of benefits under Medicaid or Medically Indigent Program when paying benefits under this Agreement.
24. No benefits will be paid for dental services including but not limited to, services related to the care, filling, removal or replacement of teeth and treatment of injuries to or diseases of the teeth, dental services related to the gums, apicoectomy (dental root resection), orthodontics, dental splint and other dental appliances, root canal treatment, soft tissue impactions, alveolectomy, augmentation, and vestibuloplasty, treatment of periodontal disease, false teeth, prosthetic restoration of dental implants, maxillary and mandible implants (osseointegration) and all related services, removal of impacted teeth, bite plates, orthognathic surgery to correct a bit defect. This exclusion does not apply to:
  - a. Removal of bony impacted teeth, bone fractures, removal of tumors, and biopsy or excision of oral cysts.
  - b. Emergency Services stabilize an acute injury to sound natural teeth, the jawbone or surrounding structures, if provided within 48 hours of the injury or as required by PPACA to stabilize and treat a PPACA Emergency.
  - c. Surgical treatment of TMJ as described in the Covered Benefits Section "Temporomandibular Joint Syndrome (TMJ) Services".

- d. Dental anesthesia when provided according to the conditions described in the Covered Benefits Section, "Limited General Anesthesia for Dental Procedures".
- e. Procedures deemed medically necessary by patient's physician and pre-authorized by Company.

25. No benefits will be paid in connection with elective abortions unless Medically Necessary.
26. No benefits will be paid for vision care services, including orthoptics (a technique of eye exercises designed to correct the visual axes of eyes not properly coordinated for binocular vision), lasik, keratoplasty, and radial keratotomy, including related procedures designed to surgically correct refractive errors except as provided in the Covered Benefits section of the Group Health Insurance Certificate and the Schedule of Benefits.
27. No benefits will be paid for services and supplies in connection with surgery for the purpose of diagnosing or correcting errors in refraction except as provided in the Schedule of Benefits.
28. No benefits will be paid in connection with any injuries sustained while the Covered Person is operating any wheeled vehicle during an organized, off-road, competitive sporting event.
29. No benefits will be paid for personal comfort or convenience items, including those services and supplies not directly related to medical care, such as guest meals and accommodations, barber services, telephone charges, radio and television rentals, homemaker services, travel expenses, take-home supplies.
30. No benefits will be paid for hypnotherapy.
31. No benefits will be paid for religious, marital and sex counseling, including services and treatment related to religious counseling, marital/relationship counseling, and sex therapy.
32. No benefits will be paid for cosmetic Surgery, or other services intended primarily to improve the Member's appearance or treatment relating to the consequences of, or as a result of, Cosmetic Surgery. This exclusion does not apply to:
  - a. Medically Necessary reconstructive surgery as described in the Covered Benefits sections Mastectomy and Reconstructive Breast Surgery or Reconstructive Surgery.
  - b. Surgery to correct the results of injuries causing an impairment;
  - c. Surgery as a continuation of a staged reconstruction procedure, including but not limited to post-mastectomy reconstruction;
  - d. Surgery to correct congenital defects necessary to restore normal bodily functions, including but not limited to, cleft lip and cleft palate.
33. No benefits will be paid for routine foot/hand care, including routine reduction of nails, calluses and corns.
34. Except as otherwise provided in this agreement, no benefit will be paid for specific non-standard allergy services and supplies, including but not limited to, skin titration (wrinkle method), cytotoxicity testing (Bryan's Test), treatment of non-specific candida sensitivity, and urine autoinjections.
35. No benefits will be paid for Services and supplies associated with growth hormone treatment unless the Covered Person is proven to have growth hormone deficiency using accepted stimulated growth hormone analyses and also shows an accelerated growth response to growth hormone treatment. Under no circumstances will growth hormone treatment be covered to treat short stature in the absence of proven growth hormone deficiency.
36. No benefits will be paid for Services and supplies provided for liposuction.
37. No benefits will be paid for weight reduction programs, or dietary supplements, except as pre-authorized by Company for the Medically Necessary treatment of morbid obesity.

38. No benefits will be paid for any drug, food substitute or supplement or any other product, which is primarily for weight reduction unless medically necessary.
39. Except as provided in this Agreement, or unless medically necessary for the treatment of Morbid Obesity or other disease, no benefit will be paid for gastric bypass, stapling or reversal if for the purpose of weight reduction or aesthetic purposes.
40. No benefits will be paid for surgical operations, procedures or treatment of obesity, except when pre-authorized by Company.
41. No benefits will be paid for the treatment of male or female Infertility, including but not limited to:
  - a. The purchase of donor sperm and any charges for the storage of sperm;
  - b. The purchase of donor eggs and any charge associated with care of the donor required for donor egg retrievals or transfers or gestational carriers;
  - c. Charges associated with cryopreservation or storage of cryopreserved embryos (e.g. office, hospital, ultrasounds, laboratory tests, etc.);
  - d. Home ovulation prediction kits;
  - e. Injectable Infertility medications, including but not limited to, menoprogens, hCG, GnRH agonists, IVIG;
  - f. Artificial Insemination, including in vitro fertilization (IVF), gamete intrafallopian tube transfer (GIFT), zygote intrafallopian tube transfer (ZIFT), and intracytoplasmic sperm injection (ICSI), and any advanced reproductive technology ("ART") procedures or services related to such procedures;
  - g. Any charges associated with care required for ART (e.g., office, Hospital, ultrasounds, laboratory tests, etc.);
  - h. Donor egg retrieval or fees associated with donor egg programs, including but not limited to fees for laboratory tests;
  - i. Any charge associated with a frozen embryo transfer including but not limited to thawing charges;
  - j. Reversal of sterilization surgery; and
  - k. Any charges associated with obtaining sperm for ART procedures.
42. Except as provided in this Agreement, no benefits will be paid for the purchase or rental of durable or disposable medical equipment and supplies, other than for equipment and supplies used in a Hospital or Skilled Nursing Facility or in conjunction with an approved Hospital or Skilled Nursing Facility confinement, or items covered as preventive care under well-women coverage such as breastfeeding supplies in accordance with reasonable medical management techniques, or as otherwise noted in the Agreement.
43. No benefits will be paid for household equipment, including but not limited to, the purchase or rental of exercise cycles, water purifiers, hypo-allergenic pillows, mattresses or waterbed, whirlpool or swimming pools, exercise and massage equipment, central or unit air conditioners, air purifiers, humidifiers, dehumidifiers, escalators, elevators, ramps, stair glides, emergency alert equipment, handrails, heat appliances, improvements made to a Member's house or place of business, and adjustments to vehicles.
44. No benefits will be paid for outpatient supplies (except diabetic supplies), including but not limited to, outpatient medical consumable or disposable supplies such as syringes, incontinence pads, and elastic stockings.
45. No benefits will be paid for Services and supplies provided for penile implants of any type.
46. No benefits will be paid for Services and supplies to correct sexual dysfunction.
47. Except as specifically provided, if a benefit is excluded, all Hospital, surgical, medical treatments, prescription drugs, laboratory services, and x-rays in relation to the excluded benefits are also excluded as of the time it is determined that the benefit is excluded.
48. Except as specifically provided in this Agreement, no benefits will be provided for Services and supplies not ordered by a Physician or not Medically Necessary.
49. No benefits will be paid for temporomandibular joint disorder treatment (TMJ) including treatment performed by prosthesis placed directly on the teeth except as covered in the Covered Benefits Section
50. Except as specifically provided in this Agreement, no benefits will be paid for corrective appliances, artificial aids and durable equipment.
51. No benefits will be paid for Services for which the Covered Person or Subscriber is not legally obligated to pay.
52. No benefit will be paid for ambulance services when used for routine and convenience transportation to receive outpatient or inpatient services, unless deemed medically necessary with prior authorization obtained from Company.
53. No benefit will be paid for elective or voluntary enhancement procedures, surgeries, services, supplies and medications including, but not limited to, hair growth, hair removal, hair analysis, sexual performance, athletic performance, anti-aging, and mental performance, even if prescribed by a Physician.
54. No benefits will be paid for hospital take-home drugs.
55. No benefits will be paid for fees for any missed appointments or voluntary transfer of records as requested by the Covered Person.
56. No benefits will be paid for educational services. Special education, including lessons in sign language to instruct a Member, whose ability to speak has been lost or impaired, to function without that ability, are not covered.
57. No benefits will be paid for Intelligence, IQ, aptitude ability, learning disorders, or interest testing not necessary to determine the appropriate treatment of a psychiatric condition.
58. No benefits will be paid for Psychoanalysis or psychotherapy credited toward earning a degree or furtherance of education or training regardless of diagnosis or symptoms or whether providing or receiving the Service.
59. No benefits will be paid for non-medically necessary services, including but not limited to, those services and supplies:
  - a. Which are not Medically Necessary, for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services;
  - b. That do not require the technical skills of a medical, mental health or a dental professional;
  - c. Furnished mainly for the personal comfort or convenience of the Member, or any person who cares for the Member, or any person who is part of the Member's family, or any Provider;
  - d. Furnished solely because the Member is an inpatient on any day in which the Member's disease or injury could safely and adequately be diagnosed or treated while not confined;
  - e. Furnished solely because of the setting if the service or supply could safely and adequately be furnished in a Physician's or a dentist's office or other less costly setting.
60. As required by HIPAA, no source-of-injury exclusion, such as exclusion #28 for off-road sporting events, will apply if the accident resulted from an act of domestic violence or a medical condition (including both physical and mental health conditions).

<b>Your Benefits:</b> Subject to the Specific limitations which are contained in the Group Health Certificate, SelectCare pays:	<b>Participating Providers</b>	<b>Non-participating Providers</b>
<b>Diagnostic &amp; Preventive Care</b> 1. Caries Susceptibility Test 2. Exams (including Treatment Plan) (Once every 6 months) 3. Fluoride Treatment (Annually for children age 19 & under) 4. Prophylaxis (Cleaning of teeth) once every 6 months 5. Sealants (For permanent molars of children age 15 & under) 6. Space maintainers (For children age 15 & under) includes adjustments within 6 months of installation 7. Study Models 8. X-rays (Bite Wing Maximum of 4 per Plan Year) 9. X-rays (Full Mouth, once every 3 years)	<b>100% of Eligible Expenses</b>	<b>70% of Eligible Expenses</b>
<b>Basic &amp; Restorative Care</b> <b>General Services</b> 1. Emergency Care (During office hours) 2. Pulp Treatment 3. Routine Fillings (Silver & composite resin) 4. Simple Extractions 5. Complicated Extractions 6. Extraction of impacted teeth 7. Periodontal Prophylaxis (Cleaning once every 6 months) 8. Periodontal Treatment 9. Pulpotomy & Root Canals/Endodontic Surgery and Care 10. Conscious Sedation and Nitrous Oxide for children under the age of 13	<b>80% of Eligible Expenses</b>	<b>70% of Eligible Expenses</b>
<b>Major &amp; Replacement Care</b> <b>Fixed Prosthetics</b> 1. Crowns 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration (Once every 5 years)  <b>Removable Prosthetics</b> 1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. Each anesthesia, but only if medically or dentally necessary 4. Relines 5. Denture Repair	<b>50% of Eligible Expenses</b>	<b>35% of Eligible Expenses</b>
<b>Deductible</b>	<b>None</b>	<b>None</b>
<b>Registration Fee Per Visit To Dentist</b>	<b>None</b>	<b>None</b>
<b>Coverage Maximums</b> Per Member per Plan Year	<b>\$1,000</b>	

**Terms:**

1. Unused balances are not transferable to the following year.
2. Charges for Non-participating Providers are limited to the lesser of actual charges of the Company's determination of the usual, customary and reasonable charge in geographic location where the service was rendered, unless otherwise provided in the agreement.
3. The Covered member pays any excess above Eligible Charges.

# Dental Exclusions & Limitations

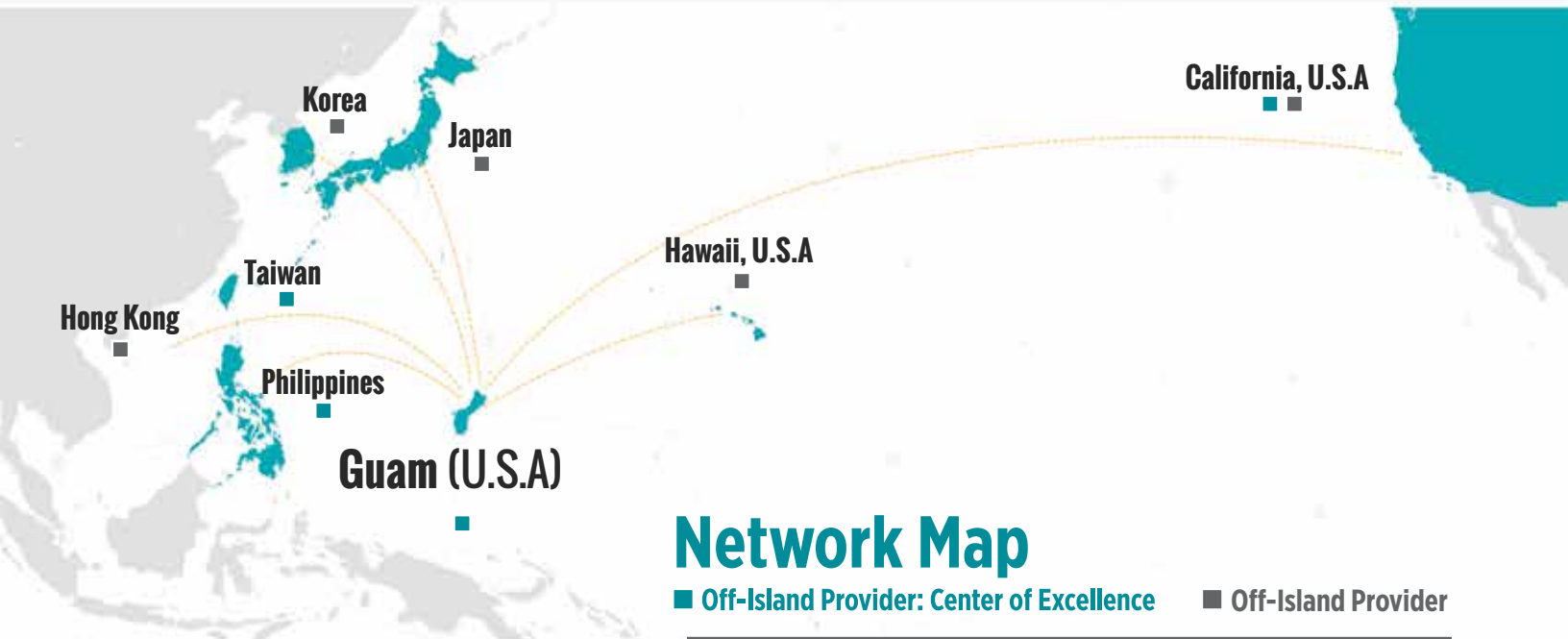
## No benefits will be paid for:

1. Work in progress on the effective date of coverage. Work in progress is defined as:
  - a. A prosthetic or other appliance, or modification of one, where an impression was made before the patient was covered.
  - b. A crown, bridge, or cast restoration for which the tooth was prepared before the patient was covered.
  - c. Root canal therapy, if the pump chamber was opened before the patient was covered.
  - d. Temporomandibular joint (TMJ) or craniomandibular disorders, myofunctional therapy or the correction of harmful habits;
  - e. Experimental procedures; and
  - f. Intentionally self inflicted injury unless resulting from a medical condition (including physical or mental conditions) or from domestic violence.
2. Services not specifically listed in the Agreement, Services not prescribed, performed or supervised by a Dentist, Services which are not medically or dentally necessary or customarily performed, Services that are not indicated because they have a limited or poor prognosis, or Services for which there is a less expensive, professionally acceptable alternative.
3. Any Service unless required and rendered in accordance with accepted standards of dental practice.
4. A crown, cast restoration, denture or fixed bridge or addition of teeth to one, if work involves a replacement or modification of a crown, cast restoration, denture or bridge installed less than five years ago or one that replaces a tooth that was missing before the date of the Covered Person became eligible for Services under the plan (including previously extracted missing teeth).
5. Replacement of existing dentures, crowns or fixed bridgework if the existing dentures, crowns or fixed bridgework can be made serviceable
6. Precision attachments, Interlocking device, one component of which is fixed to an abutment or abutments the other is integrated into a fixed or removable prosthesis in order to stabilize and/or retain it; or stress breakers, part of a tooth borne and/or tissue-borne prosthesis designed to relieve the abutment teeth and their supporting tissues from harmful stresses.
7. Replacement of any lost or stolen appliance, or replacement of any appliance damaged while not in the mouth.
8. Any Service for which the Covered Person received benefits under any other coverage offered by the Company.
9. Spare or duplicate prosthetic devices.
10. Services included, related to, or required for:
  - a. Implants;
  - b. Cosmetic purposes;
  - c. Services or appliances to change the vertical dimension or to restore or maintain the occlusion, including but not limited to, equilibrium, full mouth rehabilitation and restoration for malalignment of teeth;
  11. Any over the counter drugs or medicine.
  12. Fluoride varnish.
  13. Charges for finance charges, broken appointments, completion of insurance forms or reports, providing records, oral hygiene instruction, pit and fissure sealants and dietary instruction, or lack of cooperation on the part of the patient.
  14. Charges in excess of the amount allowed by the Plan for a Covered Service.
  15. Any treatment, material, or supplies which are for orthodontic treatment, including extractions for orthodontics.
  16. Services for which no charge would have been made had the Agreement not been in effect.
  17. All treatments not specifically stated as being covered.
  18. Surgical grafting procedures.
  19. General anesthetic, conscious sedation, and other forms of relative analgesia, except as otherwise specifically provided herein.
  20. Services paid for by Workers' Compensation.
  21. Charges incurred while confined as an inpatient in a Hospital unless such charges would have been covered had treatment been rendered in a dental office.
  22. Treatment and/or removal of oral tumors.
  23. All surgical procedures except for surgical extractions of teeth and periodontal surgeries Performed by a Dentist. Surgical procedure is defined as the surgical and adjunctive treatment of diseases, injuries, and deformities of the oral and maxillofacial region.
  24. Panoramic x-ray if provided less than three (3) years from the Covered Person's last full mouth x-rays; and full mouth x-rays if provided less than three (3) years from the Covered Person's last panoramic x-ray.



# Our large provider network offers comprehensive choices to quality providers for our members:

Local, National, and International access to thousands of doctors, hospitals, dental and vision care providers.



## Network Map

■ Off-Island Provider: Center of Excellence    ■ Off-Island Provider

### California

- Doctors Medical Center of Modesto
- Good Samaritan Hospital
- Long Beach Memorial Medical Center
- St. Vincent Medical Center
- White Memorial Medical Center

- Advanced Urology Medical Group
- Anaheim Global Medical Center
- Cedars-Sinai Medical Center
- Chapman Global Medical Center
- Children's Hospital Center of Los Angeles
- Orange County Global Medical Center
- South Coast Global Medical Center
- St. John's Health Center

### Philippines

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

### Taiwan

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

### Hawaii

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

### Hong Kong

- Hong Kong Adventist Hospital

### Japan

- Kameda Medical center

### Korea

- Samsung Medical Center



## U.S. PPO

Off-Island dependents have access to over

**800,000 providers**

in the U.S.A through the PHCS/MultiPlan network.

[www.multiplan.com](http://www.multiplan.com)

# Providers: Participating Guam Doctors, Dentists and Clinics

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

## Doctors

### Allergist/Immunologist

Tolosa-Gloria, Caroline - VISITING

### Anesthesia

De Guzman, Fernan\*  
Head, David  
Lim, Reynald  
Lopez, Virgilio

### Cardiology

Inaba, Yoichi\*  
Kim, Byungsoo\*  
Quiros, Juan\* - VISITING  
Sekhar, Aravind  
Yousufi, Umair

### E.N.T.

#### (Otorhinolaryngology)

Castro, Jerry\*  
Hahn, Jason

### Endocrinology

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

### Family Practice

Adolphson, Arania  
Akimoto, Vincent\*  
Beckett, Mary  
Biewenga, Melissa  
Bryson, Julie\*  
Campus, Hieu\*  
Cruz, Luis\*  
Dombrowski, Chris\*  
Esteba, April\*  
Flores, Lisa\*  
Frickel, Wendy  
Galgo, Geoffrey  
Gerling, William\*  
Liu, Min Shern  
Loder, Bryce  
Lom, Jitka  
Lombard, Gabriel  
Lujan, Davina  
Lyons, Clifford

MacLean, Wendy  
Marzullo, William  
Massey, Joel  
McCreehy, Sam  
Miyagi, Shishin\*  
Namm, Julie\*  
Nguyen, Hoa Van\*  
Nguyen, Luan  
Nozaki, James K.\*  
Richardson, Ian  
Samaniego, Maria  
Santos, Patrick  
Schroeder Jr., Edmund\*  
Silan, Rodolfo  
Terlaje, Ricardo\*  
Weare, William W.

### Geriatrics

Liu, Pei-Chang  
Ouhadi, Faraz\*  
Santos, Mary Grace  
Schroeder Jr., Edmund\*

### Hematology

Coty, Paul\*  
Friedman, Samuel  
Sanchez-Varela, Ana

### Infectious Disease Medicine

Magcalas, Edgardo\*  
Ursales, Anna Leigh\*

### Internal Medicine

Alford, Erika\*  
Ally, Insaef  
Arcilla, Leopoldo\*  
Cabrera, Felix\*  
Chang, Young  
Chenet, Alix  
Cruz, Jeffrey\*  
Cruz, Olivia  
DeGuzman, Eugene  
Dela Cruz, Reynaldo  
Dore, Michael  
Duenas, Vincent A.  
Duenas, Vincent S.\*

Gilbert, Russell\*  
Guzman, Pablo  
Iampornpipopchai, Pichet  
Inaba, Yoichi\*  
Iqbal, Rumi\*  
Jungtrakoolchai, Vasin  
Kallingal, Matilda  
Kang, Jiyeong\*  
Lim, Doris\*  
Lim Jr., Johnny\*  
Lizama, Florencio Larry T.\*  
Magcalas, Edgardo\*  
Nerves, Robert C.  
Ouhadi, Faraz\*  
Preston, Donald\*  
Rengaraju, Brinda  
Rengaraju, Ramasamy  
Rubio, Joel\*  
Safa, Saied  
Samonte, Romeo\*  
Santos, Mary Grace  
Taitano, John Ray  
Thompson, Tyler  
Ursales, Anna Leigh\*  
Uy, Clarence\*  
Villa, Eden

### Neonatology

Alano, Maria  
Beaver, Bryan  
Numpang, Ben

### Nephrology

DeGuzman, Eugene  
Iampornpipopchai, Pichet  
Nerves, Robert C.  
Phillips, Sheriff\*  
Safa, Saied

### Neurology

Carlos, Ramel\*  
Hale, Justin\*  
Slattery, Michael

### OB/GYN

Bez, Ellen

Bieling, Friedrich\*  
Bordallo, Annie U.  
Freeman, William  
Gabel, Jeffrey P.  
Griley, Edmund  
Hirata, Greigh - VISITING  
Jensen, Faye\*  
Miller, Vanessa\*  
Sidell, Jonathan\*  
Shieh, Thomas  
Walton, Kimberly

### Oncology

Au, Kin-Sing\*  
Coty, Paul\*  
Friedman, Samuel  
Guzman, Pablo  
Huang, Chen\*  
Ko, Song-Chu  
Sanchez-Varela, Ana

### Ophthalmology

Burton, Gregory P.  
DeBenedictis, Marjorie\*  
Flowers, Charles  
Jack, Robert\*  
Lombard, Peter\*  
Margalit, Eyal  
Ng, Eugene\* - VISITING  
Pang, Pierre - VISITING  
Parks, David - VISITING  
Smith, Anthony  
Wresh, Robert\*

### Orthopedics

Arafles, Ruben\*  
Cunningham, Glenn\*  
Galang, Carmelino  
Kim, Andrew

### Pain Management

De Guzman, Fernan\*

### Pediatrics

Austin, David

Beaver, Bryan  
Blancaflor, Maria  
Carrera, Yolanda  
Domalanta, Dina  
Fojas, Milliecor  
Ford, Brian  
Garcia, Antonio  
Garrido, John  
Kringel, Janelle  
Linsangan, Gladys  
Manaloto, Cristina  
McDonnell, Emily  
Oiso, Akio  
Santos, Edna  
Sarmiento, Dennis  
Shimabukuro, Kozue  
Um, Michael

### Podiatry

Damian-Borja, Theresa\*  
Minah, Sarah  
Pullium, Christopher  
Sangalang, Melinda\*  
Silan, Noel\*

### Preventive Care

Horinouchi, Keith  
Silvers, Michael

### Pulmonology

Madantschi, Mohammad - VISITING

### Pulmonology/Critical Care

Aguon, Joleen\*  
Gilbert, Russell\*  
Gonzalez-Huertas, Jose

### Radiology

Berg, Nathaniel\*  
De Jesus, Dennis  
Hu, Ningmei  
Khandelwal, Ashish\*  
Lizama, Vincent  
Mallikarjunappa, M.K.  
Martinez, Roberto\*

Mudd, Michael  
Packianathan, Xavier  
Schneider, Michael  
Shay, Jeffery\*  
Spak, Eric\*  
Taylor, Laura\*  
Thorisson, Hjalti  
Young, John

### Sleep Medicine

Barthlen, Gabriele\*  
Slattery, Michael

### Surgery- General

Cruz, Michael\*  
Eusebio, Ricardo B.\*  
Go, Peter  
Hughes, Melany  
Im, Sunggeun\*  
Kobayashi, Ronald\*  
LeVeen, Eric  
Medina, Daniel  
Rahmani, Kia\*  
Sandy, Gisella  
Saw, Eng\*

### Surgery- Hand & Microsurgery

Landstrom, Jerone\*

### Surgery- Neurological

Hayashida, Steven  
Taniguchi, Raymond\* - VISITING  
Weingarten, David

### Surgery- Plastic & Reconstructive

Fegurgur, John\*

### Surgery- Vascular

Eusebio, Ricardo\*  
Kobayashi, Ronald\*

### Urology

Fenton, Ann\*  
Peters, Virgilio\*

### Wound Care

Acuna, Edna\*

## Dentists

### General Dentistry

Brady, Timothy  
Family Dental Center  
Fernandez, Michael  
GCIC Dental Office

GentleCare Dental Associates  
Hafa Adai Family Dental, P.C  
Harmon Loop Dental Office  
Hightower Dental Clinic  
Isa Dental Clinic

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

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

### Endodontics

Hightower Dental Clinic

### Pediatric Dentistry

Ko, Hee Soo

Isa Dental Clinic  
Pediatric Dental Center

### Periodontics

Gatewood, Robert  
Kim, Jongsung (SDA Dental)

## Participating Clinics

Adult Health Care Clinic\*  
American Medical Center\*  
American Pediatric Clinic, LLC  
Byungsoo Kim, M.D.\*  
Cancer Center of Guam, LLP  
Central Medical Clinic  
Clarence Uy, M.D.\*  
Dededo Polymedic Clinic  
Dr. Horinouchi's Wellness Clinic  
Express Care Health & Skin Care Center  
Guahan Behavioral Health Clinic\*  
Guam Adult & Pediatric Clinic  
Guam Behavioral Health & Wellness Center\*

Guam Dialysis Center\*  
Guam E.N.T., LLC\*  
Guam Foot Clinic\*  
Guam Medical Care  
Guam Medical Clinic  
Guam Medical Health Care Center  
Guam Medical Imaging Center\*  
Guam Nursing Services\*  
Guam Orthopedic Clinic\*  
Guam PolyClinic  
Guam Radiology Consultants\*  
GRMC Specialty Care Center\*  
Guam SDA Clinic\*  
Guam Sleep Center\*  
Guam Specialist Group, PLLC\*

Guam Surgical Group\*  
Guam Surgicenter, LLC\*  
Guam Urology, LLC\*  
Hagatna MED Clinic  
Harmon Pediatrics  
Health Partners, LLC\*  
Health Services of the Pacific\*  
IHP Medical Group\*  
Isa Pediatrics  
Island Cancer Center\*  
Island Eye Center\*  
Island Foot Specialists\*  
Island Surgical Center\*  
Kallingal's Medical Clinic  
Latte Stone Cancer Care\*  
Leopoldo Arcilla, M.D.\*

Lombard Health\*  
Marianas Footcare Clinic  
Marianas Physicians Group  
MDX Imaging\*  
Micronesia Medical and Anesthesia Assoc., PLLC\*  
MPG Pediatrics, PC  
Northern Region Community Health Center  
Olivia Cruz, M.D.  
One Love Pediatrics  
Pacific Cardiology Consultants\*  
Pacific Hand Surgery Center\*  
Pacific Medical Group  
Pacific Radiology, Inc.  
Pacific Retina Group, LLC\*

Pacific Retina Specialists  
Pacific Sleep Care  
Pacific Sleep Center  
Pacific Urology Consultants\*  
Pediatric & Asthma Clinic, PC  
PMC Isla Health System\*  
Renal Centers of Guam\*  
Retina Centers of Guam  
Romeo Samonte, M.D.\*  
Sagua Managu  
SDA Wellness Center  
Southern Region Community Health Center  
St. Anthony's Clinic  
St. Lucy's Eye Clinic\*  
The Doctor's Clinic

The Neurology Clinic\*  
The Pediatric and Adolescent Clinic  
The Women's Clinic  
Thomas Shieh, M.D.  
Tumon Kidney Center\*  
Tumon Medical Office  
Tumon Pediatric Clinic  
U.S. Renal Care  
Sinajana Dialysis\*  
United Family Medical Center  
Young Chang, M.D.

## Urgent Care Clinics

**American Medical Center**  
1244 N. Marine Corps Drive, Upper Tumon  
Fax: 647-8257 Phone: 647-8261/2  
Hours: Monday - Friday 6:00pm - 9:00pm

**Guam SDA Clinic**  
388 Ypao Road, Tamuning  
Fax: 647-2557 Phone: 646-8881/2  
Hours: Sunday 8:00am - 2:00pm

**Hagatna MED Clinic**  
250 Route 4, Suite 203, Hagatna  
Hours: Monday-Friday 8:00am - 5:00pm  
Saturday 10:00am-2:00pm

**IHP Medical Group**  
655 Harmon Loop Road, Ste. 108, Harmon  
Fax: 633-4452 Phone: 633-4447  
Hours: Monday-Friday 5:30pm - 8:00pm

Providers marked with an asterisk (\*) are Medicare Providers

# Providers: Participating Hospitals, Pharmacies and Services

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

## Allied Services

### Acupuncture

Chong, Richard  
Yu, Jong

### Chiropractic

Arthur, Steve  
Cogan, William J.  
Dimalanta, Albert J.  
Gregory, Robert W.  
Larkin, Gary  
Larkin, Lani F.  
Larkin, Scott  
Martin, Françoise  
Martinez, Roger  
Miller, Gregory J.\*  
Nicdao, Placido  
Onedera-Gregory, Barbara  
White, Roderick  
Vallotton, Dale

### Durable Medical Equipment

Guam Med  
Health Services of the Pacific

Healthcare Specialties  
Isla Home Infusion, Inc.  
Medquest Medical Supply

### Home Health Care

Guam Nursing Services  
Guam Visiting Nurses  
Health Services of the Pacific\*  
Isla Home Infusion  
Paradise Home Care

### Laboratory

Diagnostic Laboratory Services & Bio Path  
- Dededo Polymedic Clinic  
- Express Care  
- Health & Skin Care  
- GITC Bldg  
- PeMar Place  
- The Doctor's Clinic  
Labtech  
- American Medical Center  
- Guam Adult & Pediatric Clinic

- Guam Medical Plaza  
- IHP Medical Group  
- PMC Isla Health System  
- Young Chang, M.D.

### Mental Health

Aguon, Risha  
Aquino, JoBeth  
Baletto, Jesse  
Baza, Lisa  
Bellis, Kirk  
Blas, Florence S.  
Calvo, Reyna  
Cristobal, Hope  
Cruz, Jason L.  
Ismael, Ariel  
Kallingal, George  
Kane, Stephen  
Lizama, Tricia  
Miller, Lindsey  
Natividad, LisaLinda  
Pangelinan, Hope  
Perez, Lilli

Rapadas, Juan  
Reyes, Valerie  
Smith, Crystal  
Tolentino, Doris  
Toves, Louise

### Optical

Agahan Optical  
FHP Vision Center\*  
Garcia Optical  
Ideal Optical  
Ideal Vision Center  
Island Eye Center  
Lens Mart Optical Outlet  
New 20/20 Vision Center  
Panes Optical  
Seventh Day  
Vision Express

### Physical Therapy

Bright, Kim  
Claros, Ryan

De Fluiter, Ron  
Golez, Rolan  
Lossev, Grace  
O'Connor, Shannon  
Roberts, Katy  
Santos, Isaias  
Sibug, Mary Ann  
S.O.A.R. Physical Therapy

### Radiology

Guam Medical Imaging Center  
Guam Radiology Consultants  
MDX Imaging  
Pacific Radiology, Inc.  
The Doctor's Clinic

### Sleep Center

Guam Sleep Center  
Pacific Sleep Care  
Pacific Sleep Center

## 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  
- PMC Isla Health System

### Express Med Pharmacy

- American Medical Center (Mangilao)  
- Dededo  
Guam Medical Pharmacy  
Guam Rexall Drugs  
Harmon Drugs

### ITC Pharmacy

- ITC Building  
- Photo Town Plaza  
K-Mart Pharmacy  
Mega Drugs  
- Daily Plaza Bldg  
- Oka Plaza Building

### Minutes Rx Pharmacy

Oka Pharmacy  
Pacific Healthcare Pharmacy  
Perezville Pharmacy  
Polymedic Pharmacy  
Sagan Amot Pharmacy

### Seventh Day Adventist Pharmacy

Super Drug  
- Dededo Payless  
- Hagatna Payless  
- IHP Medical Group  
- Oka Payless

## Benefits provided by:



Pharmacy Benefits Manager  
BIN: 003650 Processor Control: 64

## Off-Island Provider Access

### Centers of Excellence

#### Continental United States

**Doctor's Medical Center of Modesto**  
Modesto, California

#### Good Samaritan Hospital

Los Angeles, California  
• Advanced Cardiothoracic Surgery Medical Group  
• Los Angeles Cardiology Associates  
• Samaritan Anesthesiology Medical Group

#### Long Beach Memorial Medical Center

Long Beach, California

#### St. Vincent Medical Center

Los Angeles, California

#### White Memorial Medical Center

Los Angeles, California

#### Philippines

**Cardinal Santos Medical Center**  
San Juan, Metro Manila

#### Manila Doctor's Hospital

Ermita, Manila

#### National Kidney and Transplant Institute

Quezon City, Manila

#### St. Luke's Medical Center

Global City, Manila  
Quezon City, Manila

#### The Medical City

Clark Freeport Zone, Pampanga  
Molo, Iloilo City  
Pasig City, Manila

#### Taiwan

**China Medical University Hospital**  
Taichung, Taiwan

#### Shin Kong Wu Ho-Su Memorial Hospital

Taipei

#### Taiwan Adventist Hospital

Taipei

### Other Participating Providers

#### Continental United States

**Advanced Urology Medical Group**  
Anaheim, California

#### Anaheim Global Medical Center

Anaheim, California

#### Chapman Global Medical Center

Orange, California

#### Orange County Global Medical Center

Santa Ana, California

#### South Coast Global Medical Center

Santa Ana, California

#### Cedars-Sinai Medical Center

Los Angeles, California

#### Children's Hospital of Los Angeles

Los Angeles, California

#### St. John's Health Center

Santa Monica, California

#### Hawaii

**Kapiolani Center for Women & Children**  
Honolulu

#### Straub Clinic and Hospital

Honolulu

#### The Cancer Center of Hawaii

Ewa Beach

#### University Clinical Education Research Associates

Honolulu

#### Korea

#### Samsung Medical Center

Seoul, Korea

#### Hong Kong

#### Hong Kong Adventist Hospital - Stubbs Road

Hong Kong

#### Japan

#### Kameda Medical Center

Chiba

## U.S. PPO



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

[www.multiplan.com](http://www.multiplan.com)

Providers marked with an asterisk (\*) are Medicare Providers



## Comprehensive Provider Access

## Urgent Care Facilities

When urgent care is needed, you have access to the following providers.



### American Medical Center

1244 N, Marine Corps Drive,  
Upper Tumon

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



### Guam SDA Clinic

388 Ypao Road,  
Tamuning

**Phone:** 646-8881/2  
**Fax:** 647-2557



### IHP Medical Center

655 Harmon Loop Road, Ste,  
108, Harmon

**Phone:** 633-4447  
**Fax:** 633-4452



### Hagatna Med Clinic

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

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



# Wellness and Fitness

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

## Health Risk Assessment

You could be at risk for cancer or heart disease. Do you know how to reduce this risk? Health Risk Assessments are an easy way to discover your potential risks.

## 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 doctor.

## Healthy Coaching: Wellness Classes

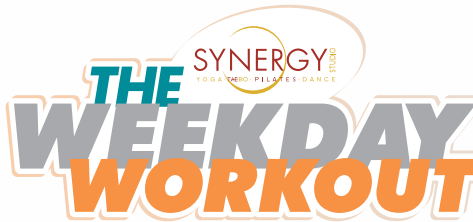
Some programs require fees and/or co-pays and pre-approval by plan.



NEWSTART Program  
Diabetes Education  
Baby Feeding  
Childbirth Preparation  
Prenatal Classes  
7 Day Detox  
Stop Smoking  
Seven-Day Shape-up



Diabetes Clinic  
Smoking Cessation  
Cholesterol and  
Hypertension Clinic  
Stress Management  
Weight Loss Clinic



Have fun and invigorate your body with one of our many fitness classes. With classes like Zumba, Hip Box, Barre Sweat, and Water Aerobics, you're guaranteed an exciting workout. Designed to suit all ages and abilities, all classes are delivered by high-quality, professionally certified instructors.

Classes are on a First-Come, First-Served Basis.  
Must present Calvo's SelectCare identification card at reception area.

**Classes held at Synergy East Hagåtña and Maite locations**

For class availability or for more information please call  
**Sahlie Biscoe: (671) 479-7964 | Tracy Cantimbuhan: (671) 479-7985**

**FREE to all Calvo's SelectCare Members!**

## GovGuam On Site Wellness Activities

Aerobics	Walking Sessions
Body Combat	Yoga
Cardio Circuit	Zumba
CrossFit	Mixed Fit
TRX	

## Fitness Partners 100% Coverage for GovGuam Members



**Paradise Fitness Center**

**Hagåtña**

Tel: 475-2100/1

Monday through Friday  
5am to 9pm  
Saturday | 7am to 5pm  
Sunday | 7am to 12pm

**Dededo**

Tel: 635-2100/1

Monday through Thursday  
**OPEN 24 HOURS**  
Friday | 4am to 9pm  
Saturday and Sunday  
7am to 7pm



**Custom Fitness**

**Anigua**

Tel: 989-0436

Monday through Friday  
5am to 1pm | 3pm to 7:30pm  
Saturday | 7am to 2pm  
Sunday | Closed



**Synergy Studio**

**Maite**

Tel: 472-9642

Monday | 5pm to 8pm  
Tuesday  
5am to 8am, 5pm to 8pm  
Wednesday | 5am to 8am  
Thursday  
5am to 8am, 5pm to 8pm  
Saturday/Sunday  
9am to 12pm

**Hagåtña**

Tel: 472-7674

Monday through Thursday  
6pm to 8pm  
Saturday and Sunday  
9am to 12pm



**Unified**

**Tamuning**

Tel: 671-969-8641

Monday through Thursday  
5am to 7:30pm  
Saturday | 7am to 2pm  
Sunday | Closed

# Health and Wellness Rewards

Members can participate in multiple wellness incentive programs that will allow them to earn up to a maximum of \$200 per self only enrollment or \$400 per self and family enrollment for the benefit year. Incentive amounts will be calculated 60 days after the end of the policy or contract period or year, and payment will be made within 30 days after the calculation date. Members must complete a claim reimbursement form and submit to Calvo's SelectCare along with proper documentation in order to claim benefit.

## Criteria/Requirement

## Member Reward

Completion of the SelectCare Online Health Risk Assessment (HRA) by covered adults, age 18 and older, once per benefit year.	<b>\$25.00</b>
Completion of biometric screening (weight, blood pressure, glucose, cholesterol and BMI) by covered adults, age 18 and older, once per benefit year.	<b>\$25.00</b>
Annual physician office visit for diabetes with HgbA1c, LDL-C and annual eye exam testing by covered individuals with Diabetes Type 2, once per benefit year.	<b>\$25.00</b>
Annual physician office visit for cardiovascular conditions with LDL-C testing by adults, age 18 and older, once per benefit year.	<b>\$25.00</b>
Annual physician office visit for women, ages 42-69, for breast cancer and screening mammogram once per benefit year.	<b>\$25.00</b>
Annual physician office visit for colorectal cancer for ages 50 and above with any of the following services: colonoscopy, sigmoidoscopy and fecal occult blood test once per benefit year.	<b>\$25.00</b>
Annual physician office visit for cervical cancer for women, ages 21-64, with pap smear once per benefit year.	<b>\$25.00</b>
Completion of SelectCare's Smoking Cessation Program by adults, age 18 and older, once per benefit year.	<b>\$25.00</b>

# Gym/Fitness Reward

Members will be rewarded \$75 for each GovGuam quarter by working out 10 days per month for three (3) consecutive months.

Members may enjoy exclusive no-cost memberships at several gym/fitness partners (Must be 18 yrs. or older)

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

- Enroll and complete the Calvo's SelectCare Health Risk Assessment
- Select one of our gym/fitness partners and receive your validation card
- Work out at least ten (10) days per month at the selected gym/fitness partner for three consecutive months per GovGuam quarter
- GovGuam Quarters: October to December, January to March, April to June, July to September
- Get your fitness card validated 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
- Rewards will be paid within sixty (60) days after the proper submissions of the fitness cards





## Delivering Health Insurance Solutions

### Air Ambulance Services

#### 50% off Air Ambulance Services!

Air Ambulance and Plan approval required.  
Certain qualifying conditions apply.  
Please contact us today for any questions.

### 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, is medically necessary

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



## New Calvo's SelectCare Mobile Access



Mobile app is coming soon. Members can now get information and access from their mobile devices to:

- ❖ View Claims Information
- ❖ Find a Provider
- ❖ Look through your Benefits
- ❖ Review your Member Handbook
- ❖ View the Summary of Benefits Coverage



Customer Care Hotline  
**(671) 477-9808**



Visit us on the web  
**www.calvos.net**



Customer Service Email  
**service@calvos.com**



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

- ❖ On-the-go access to your personalized health information!
  - ❖ Download the app to take advantage of the benefits your pharmacy plan offers.
- Get the app > Apple App Store | Google Play Store | Scan QR Code

### With the Mobile App in your pocket:

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

### Low Cost Mail-Order Prescription

**Prescriptions Drug costs add up. Our mail service pharmacy can help you save money.**

The convenient and cost-effective way to get your prescriptions filled!





# Join the Club!

The Calvo's Lifestyle Club is a loyalty rewards program offered to:

- Calvo's Insurance Home and Personal Auto Customers
- Calvo's SelectCare Subscribers

Get Discount and offers when using your Lifestyle Club card at our partner location.



All Natural & Organic Items



All Natural & Organic Produce



All Produce! Saturdays Only

Offers so good! You can almost taste them!



**20% OFF**  
Dinner

**10% OFF**  
Lunch



**20% OFF**  
Dinner

**10% OFF**  
Lunch

Download the App today!

See all the special offers from our Lifestyle Club partners!



Call (671) 479-7918  
For more information!



## Affordable Rates!

Providing GovGuam consistent and Affordable Rates for over a decade!

### for **You** and **Your Family**

<b>Actives</b> (Bi-Weekly)	GovGuam <b>HSA2000</b>	GovGuam <b>SC1500</b>	GovGuam <b>dental</b>
<b>Class 1: EE</b>	\$ 0	\$ 33.20	\$ 7.11
<b>Class 2: EE</b> and Spouse	\$ 23.65	\$ 94.59	\$ 24.07
<b>Class 3: EE</b> and Child(ren)	\$ 19.62	\$ 78.75	\$ 18.94
<b>Class 4: EE</b> and Family	\$ 33.50	\$ 131.77	\$ 32.03

<b>Retirees</b> (Semi-Monthly)	GovGuam <b>HSA2000</b>	GovGuam <b>SC1500</b>	GovGuam <b>dental</b>
<b>Class 1: EE</b>	\$ 0	\$ 35.96	\$ 7.70
<b>Class 2: EE</b> and Spouse	\$ 25.62	\$ 102.47	\$ 26.07
<b>Class 3: EE</b> and Child(ren)	\$ 21.25	\$ 85.31	\$ 20.52
<b>Class 4: EE</b> and Family	\$ 36.30	\$ 142.75	\$ 34.69

# Staying with **SelectCare is Simple**

You do not need to complete any forms  
Your plan will automatically roll over

## **Five Healthy** Reminder Tips:

- Get your annual Check-up with your physician
- Eat at least 2 cups of fruits and vegetables a day
- Drink 9-13 cups of water daily
- Get at least 30 minutes of moderate physical activity daily
- Get 7-9 hours of sleep everyday

### **Notes:**

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**Thank you for staying with Calvo's SelectCare**  
**Healthcare that is there for you**

**Guam**

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

**Saipan**

Oleai Center Bldg., San Jose  
P.O. Box 500035, Saipan, MP 96950-003  
Phone: (670) 234-5690/9  
Fax: (670) 234-5696

**Palau**

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

**Philippines**

5th Floor, First Life Center  
174 Salcedo Street, Legaspi Village  
Makati City, Philippines  
Phone: (632) 759-2871/813-1989  
Fax: (632) 759-3126

**St. Luke's  
Medical Center:  
Global City**

Rm. 1008 10th Floor  
Medical Arts Building  
32nd St. Bonifacio Global City  
Taguig City, 1112 Philippines  
Phone: (632) 555-0443/0448  
Fax: (632) 555-0438

**St. Luke's  
Medical Center:  
Quezon City**

Rm. 716 7th Floor, North Tower  
Cathedral Heights Building Complex  
St. Luke's Medical Center Compound  
#279 E. Rodriguez Sr. Avenue,  
Quezon City, Philippines  
Phone: (632) 413-1312  
Fax: (632) 413-5721

**The Medical City:  
Pasig City**

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

**Web**

[www.calvos.net](http://www.calvos.net)



Administered by



Underwritten by

