



Group Administrative Guide

Table of Contents



| | |
|-----------|--|
| 4 | Welcome |
| 5 | Eligibility Requirements for Employees |
| 6 | Enrollment & Documentation Requirements |
| 8 | Change of Status (COS) Procedures |
| 9 | Deadline for Submissions |
| 9 | Termination of Coverage |
| 11 | Minimum Participation Requirements |
| 11 | Billing Statement & Payment |
| 12 | Coordination of Benefits |
| 13 | Grievance & Appeals Procedures |
| 13 | Notice of Privacy Practices of Protected Health Information |
| 13 | Summary Descriptions of Federally Mandated Programs |
| | Consolidated Omnibus Budget Reconciliation Act (COBRA) |
| | Health Insurance Portability and Accountability Act (HIPAA) |

Welcome



This Group Administrative Guide is designed to assist you in the administration of your health plan. This guide contains instructions on how to decide if your employees are eligible for coverage and when they are able to enroll. This guide also lists the documentation required to properly administer your group. The billing section will help you understand our billing procedures and timelines.

Updates or revisions to this guide will be provided to you should any changes occur. We also welcome any comments or suggestions you may have that will assist us in better serving your needs. Please call your account representative or our Group Administration Department if you have any questions or encounter situation not covered in this guide.

How to Contact Us:

Guam

115 Chalan Santo Papa Hagåtña, Guam

Telephone: 671-477-9808 **Fax:** 671-477-4141

Mailing Address: P.O. Box FJ Hagåtña, Guam 96932

Hours of Operation: Monday through Friday: 8:30 a.m. to 5:30 p.m.

Saipan

Bank of Saipan Headquarters, Rm. 114, Beach Road

Telephone: 670-234-5690/9 **Fax:** 670-234-5693

Mailing Address: P.O. Box 500035 Saipan, MP 96950-0035

Hours of Operation: Monday through Friday: 8:30 a.m. to 5:00 p.m.

Palau

JR Professional Bldg., Suite 2

Telephone: 680-488-7222 **Fax:** 680-488-7333

Mailing Address: P.O. Box 10248 Koror, Palau 96940

Hours of Operation: Monday through Friday: 8:00 a.m. to 5:00 p.m.

Email

service@calvos.com

Web

www.calvos.net

Eligibility Requirements for Employees

New Employees

To be eligible to enroll as a Member under a Calvo's SelectCare Health Plan, an employee must:

- Be a full-time, active employee and satisfy the minimum hours per week requirement as defined in the Group Policy.
- Have completed the waiting period defined in your Group Policy.
- Waiting periods are applied to:
 - New full-time employees
 - Employee status changes from part-time to full-time
 - Rehired employees, unless otherwise defined by the Group PolicyFor example:
 - Group waiting period is 90 days
 - Employee hire date is May 3
 - Wait period will satisfy on August 3 and
 - Effective date of coverage for employee will be September 1 (first day of following month)
- Work or reside within the Service Area of either Guam, CNMI or Palau.
- Satisfy all eligibility requirements as defined in your Group Policy.
- Elect health care coverage through Calvo's SelectCare by submitting a completed and signed Calvo's SelectCare Enrollment Application within thirty (30) days of first becoming eligible.

Formerly Ineligible EMPLOYEES

An employee changing from part-time to full-time status will be eligible for coverage the first day of the month following the completion of the waiting period after becoming full time, as defined in the Group Policy.

For example:

- Employee wait period is 90 days
- Employee who is part-time becomes full-time on June 15
- Employee satisfies wait period on September 15
- Effective date of coverage for employee will be October 1

Rehired Employees

Employees who have been rehired will be subject to the re-hire waiting period as defined in your Group Policy.

For example:

- Employee re-hired on January 15
- Employee re-hire wait period is 90 days
- Employee satisfies re-hire wait period April 15
- Effective date of coverage will be May 1

Eligibility Requirements for DEPENDENTS

A Dependent's eligibility for enrollment is contingent upon the subscriber's eligibility for membership in Calvo's SelectCare.

Eligible Dependents include:

- The Spouse of an Enrolled Employee.
- Employee's Domestic Partner (subject to your Group's employment and benefit policies).
 - A Domestic Partner must be at least 18 years of age and must have lived with the employee for two consecutive years. A notarized Affidavit of Domestic Partnership is required.
 - A Domestic Partner may ONLY be added within 30 days from the date the employee first becomes eligible to enroll in the plan or during your Open Enrollment Period.

- Children of a Domestic Partner, who are not the Employee’s natural children, are not eligible for coverage unless Full Legal Guardianship is granted to the employee or adopted by the employee. “Full Legal Guardianship” means 100% Guardianship and may not be limited or shared.
- The dependent child of an enrolled employee or the enrolled employee’s spouse, who is either under the age of twenty-six (26) or one of the following:
 - Who at the time of attaining age 26 is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the enrolled employee for support and maintenance. Proof of incapacity and dependence must be furnished to the plan by the enrolled employee as outlined in the Group Policy.
 - Any other person under age 26 for whom the enrolled employee or the enrolled employee’s spouse is (or was before the person’s 18th birthday) the court-appointed guardian. The plan may require the Eligible Employee to furnish evidence, on a periodic basis, of income tax, residency or guardianship of such person.

For Dependents temporarily residing outside of the service area:

- Plan Benefits will be extended for Participating Providers as shown in the Schedule of Benefits.
- If the plan does not offer coverage in the area of the dependent’s temporary residence, Calvo’s SelectCare will treat a Non-Participating Provider as a Participating Provider if the provider is part of our U.S. PPO Network.

Employees generally not eligible for coverage include:

- Part-time employees or employees who work less than thirty (30) hours per week.
- Temporary employees.
- Seasonal employees
- Board of Directors, Partners and Officers unless they are full-time employees of the group.
- Independent Contractors.
- Unpaid workers.
- Members of household staff or personal employees.
- Employees not having satisfied the group imposed probation or introductory period.
- Employees on long term disability.
- Employees not scheduled to return to work.

Enrollment and Documentation Requirements

Open Enrollment

Open Enrollment is generally held in the month preceding the effective date of your contract renewal. This is the time eligible employees may:

- Choose to enroll in Calvo’s SelectCare.
- Add or delete family members to their coverage.
- Add or delete optional coverages.

As an Employer Group you may also make changes to the current plan design during this renewal period (e.g., adding or deleting benefits, changing employer contributions, waiting periods, etc.). Any changes introduced during Open Enrollment become effective on the renewal date.

To make Open Enrollment easier, your Account Executive is available to assist you by organizing the following activities:

- Presentation of benefits to employees.
- On-site question and answer sessions.

- Notices and other documentation for distribution to employees.
- Calvo's SelectCare benefits comparison assistance.

Regardless of how your company decides to communicate Open Enrollment information to your employees, Calvo's SelectCare is available to assist you in giving your employees the opportunity to make an educated choice of health plans.

Enrolling Newly Eligible Members and Dependents

Eligible employees who wish to enroll themselves and their dependents in Calvo's SelectCare must complete, sign and date the Enrollment Application/Change of Status Form (COS Form).

Please submit all completed forms to Calvo's SelectCare. To avoid unnecessary delays in processing enrollment forms, please ensure the Enrollment Application/Change of Status Form is fully completed and includes all of the following information:

- Group Name, Effective Date, and Reason for Application (e.g., hire date or rehire).
- All required employee-specific information including:
 - Dependent coverage selection and information.
 - AD&D Beneficiary.
 - Employee signature at the bottom of the form.
- For natural children with a different last name from the employee, the following must be provided:
 - A copy of the birth certificate which verifies the employee as a parent, or
 - A notarized government Paternity Form which verifies the employee as a natural parent.
- Signature of Employer Group Representative and date.

Adding Dependents to Coverage

Newborns

The newborn child of a subscriber is covered from the date of the newborn's birth granted that an Enrollment Application/Change of Status Form for the newborn child be submitted to Calvo's SelectCare within the initial thirty (30) day period following birth. A birth certificate may be required as proof of dependent status. If applicable, Calvo's SelectCare may coordinate the cost of care if the newborn is also covered by another health insurance plan. Premium charges will be charged for the birth month of the newborn if there is a change in the Billing Class / Enrollment Tier of the subscriber.

Adoptees, Step Children, & Disabled Children

Coverage for adopted children, step children, disabled children, or children begins from the date physical custody of the child is obtained by the subscriber; and the dependent must be enrolled in Calvo's SelectCare within thirty (30) days of such custody. In any case, coverage will not take effect unless Calvo's SelectCare receives signed copies of the appropriate documents listed below:

- A Court Order approving the adoption.
- A Birth Certificate.
- A Parent's marriage certificate (when required).
- A 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 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 employee's tax filing may be required.
- A copy of the guardian's latest income tax filing or a notarized Affidavit of Tax Dependent Status stating that the dependent will be included in the guardian's next tax filing.

Legal Guardianship

Coverage for children of the subscriber who is awarded legal guardianship is only available during the group's Open Enrollment period. A Court Order approving the Full Legal Guardianship is required. "Full Legal Guardianship" means 100% Guardianship and is not limited or shared.

Q.M.C.S.O. or Qualified Medical Child Support Order is a court order that provides health benefit coverage for the child of a non-custodial parent under that parent's group health plan. A copy of the Q.M.C.S.O. 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.

Dependents NOT eligible for coverage include:

- Ex-Spouse, even if required by legal decree.
- Parents and other adult relatives.
- Unborn children.
- Children who are 26 years of age or older.

Late Enrollment

Employees or their dependents initially eligible for enrollment that do not enroll during an Open Enrollment period or within thirty (30) days of first becoming eligible, may ONLY enroll during the next Open Enrollment period unless there is a Qualifying Event making them eligible for a Special Enrollment.

Qualifying Events and Special Enrollment

Special enrollment rights may occur because of a qualifying event. In these cases, individuals will be able to enroll in the plan outside of Open Enrollment so long as an Enrollment Application/Change of Status Form is submitted within thirty (30) days of the qualifying event. Qualifying Events are:

- An individual loses eligibility for coverage under a group health plan or other health insurance coverage (such as an employee and his/her dependents' loss of coverage under the spouse's plan) or when an employer terminates contributions toward health coverage.
- An individual or dependent involuntarily loses coverage under Medicaid or the Children's Health Insurance Program (CHIP) or becomes eligible for premium assistance under Medicaid or the Children's Health Insurance Program (CHIP). The employee or the dependent has 30 days from the date of the triggering event to exercise the Special Enrollment rights.
- An employee gains a new dependent through marriage, birth, adoption, or being placed for adoption. Calvo's SelectCare requires a marriage certificate, birth certificate and adoption order by the court.
- An employee and their dependents declined coverage when first becoming eligible under this plan or during an Open Enrollment period because they had other health insurance at that time and now, that coverage is lost. Calvo's SelectCare requires proof of loss of coverage (e.g., HIPAA Certificate of Creditable Coverage from previous plan). Coverage would be effective the first day of the month following the loss of other medical coverage.

Change of Status (COS) Procedures

An Enrollment Application/Change of Status Form (COS) is used to add or delete dependents such as a newborn or a new spouse. It is used to report any type of change in the employee's file history such as the mailing address, email address or phone numbers and to report terminations or cancellations of coverage.

All required documents (i.e. affidavits, birth certificate or health statements) must accompany the COS Form when submitting to the plan. You, as the employer, should review each COS Form for accuracy. It should also be reviewed to see if the request from the employee meets plan requirements and guidelines. Any issues regarding eligibility should be resolved with your employee before submitting forms and documentation to the plan. It is important to ensure that all COS Forms be signed by both the employee AND employer. Dependents may not sign the COS Form. In the occasional event you may be unable to secure the signature of the employee on the COS Form (if the employee has already terminated employment or is physically unable to sign the COS form), please submit the form with a brief note explaining the reason the employee was unable to sign the form.

Deadline for Submissions

All Enrollment Applications/Change of Status Forms, complete with the required documentation, must be submitted and received by the plan no later than the twentieth (20th) of each month in order to become effective on the first day of the next month.

Please note that despite certain changes in billing status occurring in the middle of a month, such as the birth of a baby or the termination of employment, the change in monthly premium charge associated with any billing class changes will be made effective on the 1st of that month and cannot be made on a pro-rata basis. The new monthly premium charge will be due in full.

Termination of Coverage

Group Coverage Termination

Group Health Coverage may be terminated for any of the following reasons:

- The employer group decides to terminate group health coverage with Calvo's SelectCare.
- The employer group discontinues or suspends active business operations.
- The employer group falls below the minimum participation requirements.
- The employer group fails to make timely premium payments.
- The employer group fails to submit any required documents or information after reasonable notice from Calvo's SelectCare to submit such required documents or information.

Termination of Coverage

Calvo's SelectCare will terminate coverage for your employee and/or their dependents as directed by your submission of a COS Form. Any change that occurs after the initial enrollment must be submitted to Calvo's SelectCare within thirty (30) days of the change. For late submissions, your Group will be liable for the premiums for the period between loss of eligibility and receipt of the COS Form. Calvo's SelectCare will not terminate a member retroactively for any period during which your Group has collected the member's share towards their premiums. Your Group is responsible for ensuring that the employee has not paid the employee's share of premiums before notifying Calvo's SelectCare of any retroactive terminations.

Calvo's SelectCare will issue a HIPAA Certificate of Creditable Coverage to participants upon termination of their coverage as evidence of prior health coverage which may be required by future health plans. Any certificate that we issue will reflect only coverage with Calvo's SelectCare.

Employee

Coverage for an Employee may be terminated for any of the following reasons:

- Termination of employment (unless COBRA applies).
- Employee has a reduction in hours resulting in loss of eligibility.
- Employee takes a leave of absence (Calvo's SelectCare will allow an employee to retain coverage in accordance with your Group's leave of absence policy).
- Employee obtains health coverage elsewhere.
- Death of the employee.

The termination date of benefits is always the last day of the last month the employee was eligible (e.g., employee terminates employment June 3, health coverage ends June 30).

Spouse Termination

Coverage for a spouse of a subscriber may be terminated for any of the following:

- A divorce decree has been finalized.
- The spouse no longer resides or works in the Calvo's SelectCare Service Area.

Dependent Child Termination

Coverage for a dependent child of a subscriber may be terminated for any of the following:

- The dependent child reaches the maximum dependent age of 26 or ceases to meet other dependent eligibility requirements

Canceling Coverage for Cause

A member's eligibility in Calvo's SelectCare ends when your Group policy coverage ends. However, individual membership may be terminated by Calvo's SelectCare for any of the following reasons:

- Member commits an act of fraud or intentional misrepresentation of material fact to circumvent state or federal laws or the policies of the plan, such as providing materially incomplete or incorrect enrollment or required updated information deliberately, including but not limited to incomplete or incorrect information regarding date of hire, date of birth, relationship to enrolled employee or dependent, place of residence, other group health insurance or Workers' Compensation benefits, disability or student status.
- Member allows someone else to use their Member ID card.
- Member threatens the safety of Calvo's SelectCare employees, plan providers, members or other patients or engages in repeated behavior that substantially impairs Calvo's SelectCare's ability to furnish or arrange services to the member or other members, or a plan provider's ability to provide services to other patients.
- If a dependent is the sole offending party for any occurrence outlined above, then the plan may terminate only the offending dependent's coverage and coverage for the remaining members in the family unit will remain effective.

If membership is terminated, the member will be notified in writing and will be informed of the termination date. If eligibility is lost due to fraud or deception, Calvo's SelectCare may recover from the member the charges paid by Calvo's SelectCare for covered services provided to the member, plus Calvo's SelectCare's cost for recovering those charges, including fees for legal counsel.

A member may file a grievance disputing the cancellation of coverage, as described in the "Grievance & Appeals Procedures" section of the Member Handbook within 180 working days after receiving notice that Calvo's SelectCare has or will terminate coverage for cause

Minimum Participation Requirements

In addition to our medical plans, you may elect to offer your employees a dental plan and/or a vision benefit. Please be aware of the specific minimum participation requirements below. The minimum percentages are computed against either (a) Eligible employees or (b) Employees enrolled under our medical plan. Calvo's SelectCare reserves the right to revise premiums or cancel coverage should a group fail to maintain any minimum participation requirement during a contract/plan year. Employees are not permitted to enroll in a dental or vision plan without being enrolled in a medical plan. Once enrolled in any plan, Employees are committed to participate in that plan for the entire contract/plan year.

| Participation Requirements | Less Than 10 Eligible Employees | 11-50 Eligible Employees | 50+ and Over Eligible Employees |
|----------------------------|---|--|--|
| Medical | 100% Participation in Medical, Dental, and Vision Plans | 75% participation required of Eligible Employees | 50% participation required of Eligible Employees |
| Dental | | 75% participation required of all Medical enrolled Employees | 50% participation required of all Medical enrolled Employees |
| Vision | | 100% participation required of Eligible Employees | 100% participation required of Eligible Employees |

SWICA Reports

It is a plan requirement that you submit copies of your Quarterly Wage Reports (SWICA). Please submit copies of your Quarterly Wage Reports (SWICA) to Calvo's SelectCare at the same time you would report to the tax authority. This is part of the plan's group and employee eligibility verification process.

Billing Statement & Payment

We will bill you on a monthly basis. The Group Billing Statement lists the charges and/or credits for all employees who were covered when the statement was prepared. A monthly billing statement will normally be transmitted to you by the first (1st) of the applicable month. The billing statement will reflect current and prior billing information, including any changes in your group's enrollment which has been reported to Calvo's SelectCare since the last billing statement.

We request that you pay the "Total Amount Due" even though some recent changes you may have already submitted are not yet reflected on the latest billing statement. All changes and adjustments, which have not been reflected on the latest billing statement, should be shown on the next month's billing statement. If you do not pay the "Total Amount Due" as indicated on the billing statement, it is absolutely necessary for you to provide Calvo's SelectCare with information detailing the difference in amount between the "Total Amount Due" on the billing statement and your actual payment. This information should accompany the payment. It can be communicated to us on our Group Adjustment Form or any other acceptable method of providing us with the necessary information.

The premium payment is then due before the tenth (10th) of the current month of applicable coverage. A grace period of ten (10) days is allowed for late payments. If Calvo's SelectCare does not receive payment for premiums before they are due, your group coverage will be terminated and claims will not be paid if incurred after the effective date of termination. If a group is cancelled due to the non-payment of premium, Calvo's SelectCare is not obligated to reinstate coverage even if all premiums due are subsequently paid.

Listed below is a timeline pertaining to billing and payment deadlines:

- Billing Statement transmitted to groups by the 1st of the month for that current month.
- Payment is due and payable to Calvo's Select Care before the 10th of the current month.
- Cancellation Notices are transmitted to groups on the 15th of the month.
- Group Health Coverage is Terminated at the End of the current month.

If you have any question about your bill, please contact your Account Executive or our Group Administration Department.

Coordination of Benefits

If a subscriber or enrolled dependent is covered by both Calvo's SelectCare and another health plan, Calvo's SelectCare will coordinate benefits between the two plans. The goal of this kind of coordination is to maximize coverage for allowable expenses, minimize out-of-pocket costs, and prevent any payment duplication. Total payment from all coverage should never exceed 100% of the allowable expenses.

Calvo's SelectCare coordinates benefits in accordance with the National Association of Insurance Commissioners' guidelines and local law. So that proper coordination is ensured, subscribers must inform Calvo's SelectCare of any other health coverage for which they or their enrolled dependents may be eligible. If Calvo's SelectCare pays out more benefits than appropriate, it may choose to recover any excess payment from the subscriber, the plan with primary responsibility, or any other person or entity that benefited from the overpayment.

Order of Determination

Certain rules are used to determine which of the plans will pay benefits first. The following rules will be applied in the order given below:

1. A plan with no Coordination of Benefits (COB) provision will determine its benefits and pay before a plan with a COB provision.
2. A plan that covers a person as a subscriber, rather than as a dependent, will determine its benefits and pay first.
3. When a claim is made for a covered dependent child who is covered by more than one plan, the method of determining the order of benefits is known as the "Birthday Rule." Benefits are paid under the Birthday Rule as follows:
 - The plan of the parent whose birthday falls earlier in the year pays first as the "primary payor." The year in which the parents were born is not a determining factor. If both parents have the same birthday, the plan which covered the parent longer will pay first as the "primary payor."

Coordinating With Medicare

Subscribers will also need to advise Calvo's SelectCare if they are eligible for Medicare benefits. Under certain circumstances, Calvo's SelectCare may reduce its coverage to avoid duplication of benefits available from Medicare.

Coordinating With Workers' Compensation

If a member is entitled to benefits as a result of Workers' Compensation, Calvo's SelectCare will not duplicate those benefits. It is the employer and the member's responsibility to take whatever action is necessary to receive payment under Workers' Compensation laws when such payments can reasonably be expected. If, for whatever reason, Calvo's SelectCare happens to duplicate benefits to which a member is entitled to under Workers' Compensation laws, the member is required to reimburse Calvo's SelectCare. In the event of a dispute arising between the member and Workers' Compensation coverage regarding the ability to collect under Workers' Compensation laws, Calvo's SelectCare will provide the benefits described in the Group Policy until the dispute is resolved.

Grievance & Appeals Procedures

We at Calvo's SelectCare want to ensure that our members receive the best service possible. If there any complaints about the plan or its administration, a detailed description of our Grievance & Appeals Procedures is contained in the Member Handbook. Please refer to this reference for more information. We at Calvo's SelectCare view grievances and appeals as a priority because member complaints can be one of the best sources of information for the plan.

Notice of Privacy Practices of Protected Health Information

Calvo's SelectCare abides by its Privacy Practices. Please refer to your Member Handbook for a detailed description. As the employer, you may be requested by an employee or their dependent for assistance. Calvo's SelectCare is dedicated to maintaining the privacy of the member's Protected Health Information. The Member Handbook provides guidelines on how to legally handle situations which may arise that involve a member's Protected Health Information.

Summary Descriptions of Federally Mandated Programs

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The COBRA Act gives workers who lose their health benefits due to a Qualifying Event, the right to continue group health benefits provided by the plan of a previous employer under certain circumstances.

Further, COBRA requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the employee's plan would otherwise end.

COBRA is available to employees whose employer employs twenty (20) or more employees. COBRA continuance is not available for employer groups with nineteen (19) employees or less. An employee has up to sixty (60) days after the separation date from the employer to elect to continue coverage. However, the effective date for coverage under COBRA must be the day after coverage as an employee terminates.

The employer must provide the employee with a notice of opportunity to elect continuation coverage and administer the continuation coverage for the employee. The obligation to provide notice includes both a general notification to employees of their right to elect continuation coverage and a specific notification of the right to continuation coverage within a specific time period after the occurrence of the event which activates the continuation coverage option.

Continued medical benefits under COBRA must be comparable to those benefits currently offered to active employees. COBRA premium must be fully paid by the employee, including the employer share, if applicable.

A Qualifying Event is defined as an event that results in a loss of coverage, which entitles qualified beneficiaries to COBRA benefits.

The following are Qualifying Events and the corresponding maximum length of COBRA coverage:

- | | |
|------------------------------|-----------|
| 1. Termination of employment | 18 months |
| 2. Retirement | 18 months |
| 3. Reduction in Hours | 18 months |

| | |
|---|-----------|
| 4. Divorce/Legal Separation | 36 months |
| 5. Death of employee | 36 months |
| 6. Loss of dependent child status | 36 months |
| 7. Disability under the Social Security Act | 29 months |

Every group or employer that is eligible and provides COBRA should have a COBRA Administrator. That administrator may be the employer, or an individual employed by the company or an independent administrator. The COBRA Administrator is responsible for ensuring COBRA regulations are adhered to, proper COBRA documentation is maintained and required notifications are done in a timely manner. Calvo's SelectCare does not serve as a COBRA Administrator.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) offers protections for employees that improve portability and continuity of health insurance coverage.

HIPAA protects employees and their families by:

- Limiting exclusions for pre existing medical conditions to twelve (12) months or eighteen (18) months for late enrollees.
- Provides credit for prior health coverage.
- Provides rights that allow individuals to enroll for health coverage when they lose other health coverage or add a new dependent.
- Allows for a six (6) month look back period regarding illnesses.
- No pre existing condition for newborns, adopted children and pregnancy.
- Prohibits discrimination in enrollment and in premiums charged to employees based on health status related factors.

Certificates of Creditable Coverage must be provided by the plan when an individual loses coverage under the plan or exhausts COBRA's continuation of coverage. Certificates of Creditable Coverage must be provided, if requested, before losing coverage or within twenty-four (24) months of losing coverage.

Special Enrollment Rights are provided for individuals who lose their coverage in certain situations and for individuals who become a new dependent through marriage, birth, adoption or placement for adoption.

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

