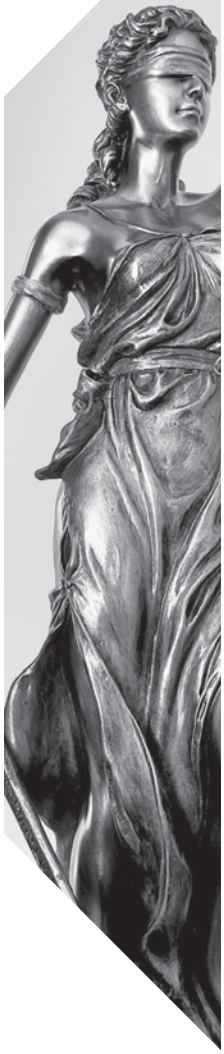
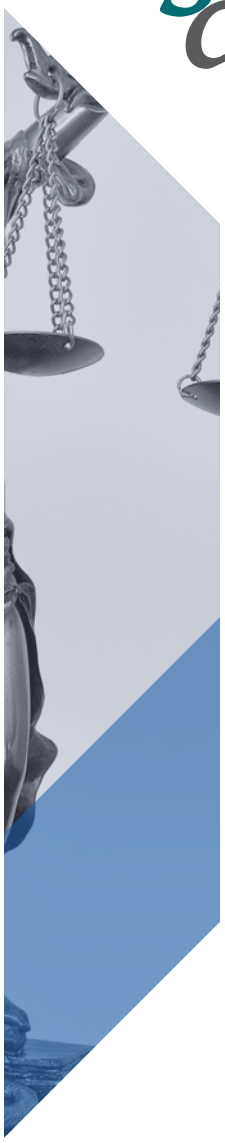
CALVO'S Select Care INSURANCE, INC.





Judiciary of Guam

Open Enrollment FY2027

AAAHC ACCREDITATION ASSOCIATION for AMBULATORY HEALTH CARE, INC.

www.calvos.net

Table of Contents

Buenas yan Hafa Adai!

We look forward to the opportunity to serve as your health plan for FY2027. Calvo's SelectCare insures the medical and dental plans. The information in this packet will help you learn about the benefits available to you, how to use them, and how to enroll.

During FY2027, employees will be able to choose from two medical (2) plans: the HSA2000 and the PPO1000. Below are some key features of these plans:

- A comprehensive and extensive medical network, featuring access to the UnitedHealthCare Network of providers in the Continental U.S. with over 1 million providers
- $500 Travel Benefit to Participating Providers in the Philippines or in Taiwan (pre-approval and limitations apply)
- Discounted rates with our gym partners: Custom Fitness, Paradise Fitness, Synergy Studios, and Unified, for you and your domestic partner:
- Wellness and Fitness Rewards program
- Membership in the Calvo's LifeStyle Club that provides you numerous savings and discounts at popular merchants on Guam
- 50% Air Ambulance Discount
- Airfare to our Centers of Excellence for certain qualifying and pre-approved conditions

We have worked to make enrollment as easy as possible for you during open enrollment with our new online enrollment tool. Visit enroll.calvos.net/jog to submit your enrollment information and upload any pertinent enrollment documentation (birth certificates, domestic partner affidavits, legal guardianship, etc.), from the convenience of your desktop or mobile device.

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

We hope that you will notice the many improvements we have made and we look forward to meeting you during open enrollment and working with you in the upcoming year. We thank you in advance for your continued support and for the trust that you and your family have placed with us.

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

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 The Judiciary of Guam.

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 90 consecutive days.

Dependent Eligibility Requirements

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

- Your legal spouse.
- Your domestic partner:
  - A domestic partner must be at least 18 years of age and must have lived with you for two consecutive years. A notarized affidavit is required.
  - A domestic partner may only be added during your employer's Open Enrollment Period or within 30 days from the date you first become eligible to enroll in the plan.
  - Children of a domestic partner are eligible for coverage so long as the domestic partner is a covered person.
- Married or unmarried dependent children under the age of 26 years.
- Dependent children who reside outside the Service area who are between the ages of 19 thru 25 years.
  - Coverage for 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
  - For other dependents such as step children, legally adopted children, and children you have been awarded legal guardianship, you must provide the following:
    - Birth Certificate.
    - Parents' marriage certificate (when required).
    - Legal Guardianship must be for "Full Guardianship" and not limited or shared. A copy of the guardian's latest income tax filing or an affidavit stating that the dependent will be included in the guardian's next tax filing.
    - Court documentation signed by a judge ordering adoption or legal guardianship.
- Legal guardianship terminates when the guardianship ends or the Child reaches the age of majority.
- Unborn children awarded for legal guardianship are not eligible for coverage.
- 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.
- 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:
  - You or your spouse's employment status change
  - Loss of eligibility as a child dependent
  - Divorce or end of Domestic Partnership
  - Death of the employee/primary policyholder
  - Medicare or Medicaid eligibility ends

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

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

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

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

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 the next Open Enrollment Period.

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

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

Updating Your Information

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

Other Insurance

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

Benefit Plan Options

Judiciary of Guam
HSA2000

Judiciary of Guam
HSA2000

FY2027
Schedule of Benefits

Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
DEDUCTIBLE PER INDIVIDUAL MEMBER (CLASS 1)	$2,000	$4,000**
DEDUCTIBLE PER FAMILY (CLASSES 2-4) If a member meets their $3,500 deductible, the plan begins to pay for covered services for that individual	$4,000	$12,000**
COVERAGE MAXIMUMS Individual member lifetime maximum	None	None
OUT OF POCKET MAXIMUMS (includes deductible and co-payments) Per Individual member per policy year (Class 1) Per Family per policy year (Classes 2-4) **Medical and Prescription Out of Pocket Maximums are combined**	$4,000 $11,900	No Maximum No Maximum
OFF-ISLAND SERVICES (any services in the Philippines, Asia, Hawaii, U.S. Mainland and any other foreign participating providers)	Prior authorization from your doctor and approval from the Plan is required prior to services rendered at off-island facilities. Covered benefits at Participating Philippines Providers are payable 100% after deductible is met	

Deductible does not apply to these Benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers
PREVENTIVE SERVICES (Out-Patient Only) **Includes Annual Exams and Lab Services (Guam and Philippines only)** In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations	Plan pays 100%	Plan pays 70%* Member pays 30%
OUTPATIENT LABORATORY Preventive & Diagnostic	Plan pays 100%	Plan pays 70%* Member pays 30%
IMMUNIZATIONS/VACCINATION In accordance with the guidelines established by the CDC Advisory Committee on Immunization Practices	Plan pays 100%	Plan pays 70%* Member pays 30%
PRE-NATAL CARE Including Routine Labs and First Ultrasound	Plan pays 100%	Plan pays 70%* Member pays 30%
WELL-CHILD CARE In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care Infancy (Newborn to nine months) Maximum seven visits Early Childhood (One to four years old) Maximum seven visits Middle Childhood / Adolescence (Five to attainment of 18 years old) Maximum one per plan year	Plan pays 100%	Plan pays 70%* Member pays 30%
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) and the Women's Health and Cancer Act - Contraceptives including Sterilization and Tubal Ligation if prescribed - includes coverage of Breast Pumps (Limited to 1 per pregnancy up to $100)	Plan pays 100%	Plan pays 70%* Member pays 30%
ANNUAL EYE EXAM One exam per plan year	Member pays $20 copay	Plan pays 70%* Member pays 30%
ANNUAL EYE REFRACTION One visit per plan year	Plan pays 100%	Plan pays 70%* Member pays 30%

A full list of the Medical Exclusions can be found in the Judiciary of Guam FY2027 Member Handbook. Visit www.calvos.net to download the PDF.

Judiciary of Guam
HSA2000

FY2027
Schedule of Benefits

Deductible does not apply to these Benefits when you go to a Participating Provider	**Participating Providers**	**Non-participating Providers**
TRAVEL BENEFIT - Prior authorization (written approval) and coordination is required from Plan prior to departure from Guam - Applicable only to approved referrals for conditions not treatable on Guam - Airfare and/or lodging expenses coverage for eligible members for approved specialty care visits, consultations, treatments and hospitalization services at Participating Providers in the Philippines or in Taiwan - Executive check-ups preventive services, primary care services and dental care DO NOT QUALIFY for this benefit - Conditions and limitations apply as specified in the Member Handbook	Member pays all cost above $500 Limited to once per plan year	Not Covered
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip airfare (Prior Authorization Required)	Plan pays 100%	Not Covered

Deductible must be met for the following services	**Participating Providers** after Deductible is met:	**Non-participating Providers** after Deductible is met:
OUTPATIENT PHYSICIAN CARE & SERVICES		Plan pays 70%* Member pays 30%
Primary Care Visits	Member pays $20 copay	
Specialist Care Visits	Member pays $40 copay	
Voluntary Second Surgical Opinion	Member pays $40 copay	
Urgent Care Visits	Member pays $50 copay	
Mental Health Care and Substance Abuse Visits	Member pays $20 copay	
Home Health Care Visit (Prior Authorization Required)	Plan pays 100%	
Hospice Care in Guam only, maximum of $100 per day (Prior Authorization Required)	Plan pays 100%	
Routine Diagnostic Tests (X-ray, ultrasound, ECG, EEG, EMG & non-routine mammogram)	Member pays $20 copay	
Injections (Does not include those on the Specialty Drugs List)	Member pays $20 copay	
EMERGENCY CARE For on and off-island emergencies, Plan must be contacted and advised within 48 hours The co-payment will be waived if you are admitted to the hospital from emergency room 1. On/Off-island emergency facility, physician services, laboratory, X-rays	Member pays $75 copay	$75 Member Co-payment plus any difference in Eligible charges and billed charges***
AMBULANCE SERVICES (Ground transportation only)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ACUPUNCTURE	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

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Deductible must be met for the following services	**Participating Providers** after Deductible is met:	**Non-participating Providers** after Deductible is met:
ALLERGY TESTING $500 per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AMBULATORY SURGI-CENTER CARE Includes medically necessary anesthesia (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AUTISM SPECTRUM DISORDER Referral from Primary Care Physician and Prior Authorization from Plan is required Coverage is limited to the following maximums per member per plan year: - $25,000 per plan year for ages 16-21 years old - $75,000 per plan year for ages 0-15 years old Services are subject to Plans benefit coverage guidelines and medical necessity	Member pays $50 copay	Not Covered
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BREAST RECONSTRUCTIVE SURGERY Includes medically necessary anesthesia (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CARDIAC SURGERY Includes medically necessary anesthesia	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CARDIAC REHABILITATION (inpatient) Up to 30 days following bypass surgery or myocardial infarction	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CATARACT SURGERY Includes lens implant. Outpatient only. Includes medically necessary anesthesia	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHEMOTHERAPY BENEFIT	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHIROPRACTIC CARE	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CLINICAL TRIALS Includes phases I-IV outpatient or inpatient clinical trials that are conducted in relation to treatment of cancer of other life-threatening diseases or conditions as approved by the National Institute of Health or the National Cancer Institute	Member pays $40 copay	Plan pays 70%* Member pays 30%
COMPLEX DIAGNOSTIC TESTING MRI, CT scan and other diagnostic procedures (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
DURABLE MEDICAL EQUIPMENT (DME) The lesser amount between the Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, CPAP machines, BPAP machines, insulin pumps, blood glucose monitors, oxygen and accessories when prescribed by a Physician (Prior Authorization Required)	Plan pays 80%, Member pays 20% of the total rental cost or purchase	Plan pays 70%* Member pays 30%
ELECTIVE SURGERY Includes medically necessary anesthesia (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
END STAGE RENAL DISEASE / HEMODIALYSIS	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

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Deductible must be met for the following services	**Participating Providers** after Deductible is met:	**Non-participating Providers** after Deductible is met:
FOOT CARE Foot Care and Podiatry services (subject to benefit limitations)	At primary care: $20 member co-pay At specialist care: $40 member co-pay	Plan pays 70%* Member pays 30%
GROWTH HORMONE THERAPY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HEARING AIDS Maximum $1,000 per member per 24 months. Limited to 1 device every 3 years	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HEARING SERVICES	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HOSPITALIZATION & INPATIENT BENEFITS 1. Room & Board for a semi-private room, intensive care, coronary care and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Mental Health and Substance Abuse Admission	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HYPERBARIC OXYGEN THERAPY & WOUND CARE Medically necessary (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
IMPLANTS, ORTHOTICS & PROSTHETIC DEVICES Cardiac pacemakers, intraocular lenses, artificial eyes, heart valves, orthopedic internal prosthetic devices, stents, stump hose, cochlear implants, corrective orthopedic appliances and braces (limitations apply, please refer to contract)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
INHALATION THERAPY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
INFERTILITY SERVICES Diagnosis of Infertility	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
MATERNITY CARE Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
NUCLEAR MEDICINE (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
OCCUPATIONAL THERAPY (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ORAL AND MAXILLOFACIAL SURGERY Oral surgical procedures, limited to: - Reduction of fractures of the jaws or facial bones - Surgical correction of cleft lip, cleft palate or severe functional malocclusion - Removal of stones from salivary ducts - Excision of leukoplakia or malignancies - Excision of cysts and incision of abscesses when done as independent procedures - Other surgical procedures that do not involve teeth or their supporting structures	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
PHYSICAL THERAPY (Prior Authorization Required)	Plan pays 80% for the first 20 visits and 50% thereafter	Plan pays 70%* Member pays 30%

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FY2027
Schedule of Benefits

Deductible must be met for the following services	Participating Providers after Deductible is met:	Non-participating Providers after Deductible is met:
PRESCRIPTION DRUGS - FORMULARY **Retail Pharmacy (30-day supply)** 1. Formulary generic drugs per prescription unit 2. Formulary brand name drugs per prescription unit 3. Non-Formulary drugs (Medically Necessary Only and Prior Authorization Required) 4. Formulary specialty drugs (Medically Necessary Only and Prior Authorization Required) **Mail Order Pharmacy (90-day supply)** 1. Formulary generic drugs per prescription unit 2. Formulary brand name drugs per prescription unit 3. Non-Formulary drugs (Medically Necessary Only and Prior Authorization Required) 4. Formulary specialty drugs (Medically Necessary Only and Prior Authorization Required)	 Member pays 10% Member pays 20% Member pays 30% Member pays 30% $0 Member Co-pay $0 Member Co-pay Member pays 30% Member pays 30%	Member pays 30% of Average Wholesale Price (AWP) plus any difference between any eligible and billed charges
RADIATION THERAPY (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
RECONSTRUCTIVE SURGERY - Surgery to correct a functional defect - Surgery to correct a condition that existed at or from birth and is a significant deviation from the common form or norm. Examples of congenital anomalies are protruding ear deformities; cleft lip; cleft palate; birth marks; and webbed fingers and toes	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SPEECH THERAPY (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
STERILIZATION PROCEDURES (Prior Authorization Required) 1. Vasectomy (Outpatient only) 2. Tubal Ligation (Traditional and with Fulguration)	Plan pays 100%	Plan pays 70%* Member pays 30%
DIAGNOSTIC SLEEP STUDY (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

ADDITIONAL BENEFITS (Deductible does not apply)	Participating Providers	Non-participating Providers
WELLNESS BENEFITS **Free programs** - Nutrition Consultant - Diabetes Self Management Training Program - Stop Smoking Program	Plan pays 100%	Not Covered
Discounted Programs - 7-day Shape Up Program - 7-day Detox Program - 7-day Advanced Detox Program - NEWSTART Program	Discounts vary by program	
Health and Wellness Rewards - Maximum of $100 per plan year - Please refer to member brochure for Health and Wellness Rewards available	Plan pays 100% at Participating Providers	
VISION BENEFIT Coverage for a pair of contact lenses or eyeglasses lens/frames - maximum of $200 per member per 12 months	Plan pays 100% up to $200 per member per 12 months	Plan pays 100% up to $200 per member per 12 months through reimbursement, which needs to be submitted to Plan within 90 days from date of service

* Plan pays 70% of Eligible Charges, Member pays 30% coinsurance of Eligible Charges plus any difference between Eligible Charges and billed charges. 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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

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Benefit Plan Options

Judiciary of Guam PPO1000

Judiciary of Guam
PPO1000

FY2027
Schedule of Benefits

Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
DEDUCTIBLE PER INDIVIDUAL MEMBER (CLASS 1)	$1,000	$2,000**
DEDUCTIBLE PER FAMILY (CLASSES 2-4) If a member meets their $1,000 deductible, the plan begins to pay for covered services for that individual	$2,000	$6,000**
COVERAGE MAXIMUMS Individual member lifetime maximum	None	None
MEDICAL OUT OF POCKET MAXIMUMS (includes deductible and co-payments) Per Individual member per policy year Per Family per policy year	$3,000 $9,000	No Maximum No Maximum
PRESCRIPTION OUT OF POCKET MAXIMUMS (includes co-payments) Per Individual member per policy year Per Family per policy year	$2,000 $3,500	No Maximum No Maximum
OFF-ISLAND SERVICES (any services in the Philippines, Asia, Hawaii, U.S. Mainland and any other foreign participating providers)	Prior authorization from your doctor and approval from the Plan is required prior to services rendered at off-island facilities. Covered benefits at Participating Philippines Providers are payable 100% after deductible is met	

Deductible <u>does not apply</u> to these Benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers
PREVENTIVE SERVICES (Out-Patient Only) **Includes Annual Exams and Lab Services (Guam and Philippines only)** In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations	Plan pays 100%	Plan pays 70%* Member pays 30%
OUTPATIENT LABORATORY Preventive & Diagnostic	Plan pays 100%	Plan pays 70%* Member pays 30%
IMMUNIZATIONS/VACCINATION In accordance with the guidelines established by the CDC Advisory Committee on Immunization Practices	Plan pays 100%	Plan pays 70%* Member pays 30%
PRE-NATAL CARE Including Routine Labs and First Ultrasound	Plan pays 100%	Plan pays 70%* Member pays 30%
WELL-CHILD CARE In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care Infancy (Newborn to nine months) Maximum seven visits Early Childhood (One to four years old) Maximum seven visits Middle Childhood / Adolescence (Five to attainment of 18 years old) Maximum one per plan year	Plan pays 100%	Plan pays 70%* Member pays 30%
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) and the Women's Health and Cancer Act - Contraceptives including Sterilization and Tubal Ligation if prescribed - includes coverage of Breast Pumps (Limited to 1 per pregnancy up to $100)	Plan pays 100%	Plan pays 70%* Member pays 30%
STERILIZATION PROCEDURES (Prior Authorization Required) 1. Vasectomy (Outpatient only) 2. Tubal Ligation (Traditional and with Fulguration)	Plan pays 100%	Plan pays 70%* Member pays 30%

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Judiciary of Guam
PPO1000

FY2027
Schedule of Benefits

Deductible does not apply to these Benefits when you go to a Participating Provider	**Participating Providers**	**Non-participating Providers**
ANNUAL EYE EXAM One exam per plan year	Member pays $20 copay	Plan pays 70%* Member pays 30%
ANNUAL EYE REFRACTION One visit per plan year	Plan pays 100%	Plan pays 70%* Member pays 30%
OUTPATIENT PHYSICIAN CARE & SERVICES **Primary Care Visits**	Member pays $20 copay	Plan pays 70%* Member pays 30%
Specialist Care Visits	Member pays $40 copay	
Voluntary Second Surgical Opinion	Member pays $40 copay	
Urgent Care Visits	Member pays $50 copay	
Mental Health Care and Substance Abuse Visits	Member pays $20 copay	
Home Health Care Visit (Prior Authorization Required)	Plan pays 100%	
Hospice Care in Guam only, maximum of $100 per day (Prior Authorization Required)	Plan pays 100%	
Routine Diagnostic Tests (X-ray, ultrasound, ECG, EEG, EMG & non-routine mammogram)	Member pays $20 copay	
Injections (Does not include those on the Specialty Drugs List)	Member pays $20 copay	
EMERGENCY CARE For on and off-island emergencies, Plan must be contacted and advised within 48 hours The co-payment will be waived if you are admitted to the hospital from emergency room 1. On/Off-island emergency facility, physician services, laboratory, X-rays	Member pays $75 copay	$75 Member Co-payment plus any difference in Eligible charges and billed charges***
AMBULANCE SERVICES (Ground transportation only)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
PRESCRIPTION DRUGS - FORMULARY **Retail Pharmacy (30-day supply)** 1. Formulary generic drugs per prescription unit 2. Formulary brand name drugs per prescription unit 3. Non-Formulary drugs(Medically Necessary Only and Prior Authorization Required) 4. Formulary specialty drugs (Medically Necessary Only and Prior Authorization Required) **Mail Order Pharmacy (90-day supply)** 1. Formulary generic drugs per prescription unit 2. Formulary brand name drugs per prescription unit 3. Non-Formulary drugs (Medically Necessary Only and Prior Authorization Required) 4. Formulary specialty drugs (Medically Necessary Only and Prior Authorization Required)	 Member pays 10% Member pays 20% Member pays 30% Member pays 30% $0 Member Co-pay $0 Member Co-pay Member pays 30% Member pays 30%	Member pays 30% of Average Wholesale Price (AWP) plus any difference between any eligible and billed charges
TRAVEL BENEFIT - Prior authorization (written approval) and coordination is required from Plan prior to departure from Guam - Applicable only to approved referrals for conditions not treatable on Guam - Airfare and/or lodging expenses coverage for eligible members for approved specialty care visits, consultations, treatments and hospitalization services at Participating Providers in the Philippines or in Taiwan - Executive check-ups preventive services, primary care services and dental care DO NOT QUALIFY for this benefit - Conditions and limitations apply as specified in the Member Handbook	Member pays all cost above $500 Limited to once per plan year	Not Covered

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Deductible does not apply to these Benefits when you go to a Participating Provider	**Participating Providers**	**Non-participating Providers**
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip airfare (Prior Authorization Required)	Plan pays 100%	Not Covered

Deductible must be met for the following services	**Participating Providers** after Deductible is met:	**Non-participating Providers** after Deductible is met:
ACUPUNCTURE	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ALLERGY TESTING $500 per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AMBULATORY SURGI-CENTER CARE Includes medically necessary anesthesia (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AUTISM SPECTRUM DISORDER Referral from Primary Care Physician and Prior Authorization from Plan is required Coverage is limited to the following maximums per member per plan year: - $25,000 per plan year for ages 16-21 years old - $75,000 per plan year for ages 0-15 years old Services are subject to Plans benefit coverage guidelines and medical necessity	Member pays $50 copay	Not Covered
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BREAST RECONSTRUCTIVE SURGERY Includes medically necessary anesthesia (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CARDIAC SURGERY Includes medically necessary anesthesia	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CARDIAC REHABILITATION (INPATIENT) Up to 30 days following bypass surgery or myocardial infarction	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CATARACT SURGERY Includes lens implant. Outpatient only. Includes medically necessary anesthesia	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHEMOTHERAPY BENEFIT	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHIROPRACTIC CARE	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CLINICAL TRIALS Includes phases I-IV outpatient or inpatient clinical trials that are conducted in relation to treatment of cancer of other life-threatening diseases or conditions as approved by the National Institute of Health or the National Cancer Institute	Member pays $40 copay	Plan pays 70%* Member pays 30%
COMPLEX DIAGNOSTIC TESTING MRI, CT scan and other diagnostic procedures (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

A full list of the Medical Exclusions can be found in the Judiciary of Guam FY2027 Member Handbook. Visit www.calvos.net to download the PDF.

Deductible must be met for the following services	Participating Providers after Deductible is met:	Non-participating Providers after Deductible is met:
DURABLE MEDICAL EQUIPMENT (DME) The lesser amount between the Purchase or Rental of crutches, walkers, wheelchairs, hospital beds, suction machines, CPAP machines, BPAP machines, insulin pumps, blood glucose monitors, oxygen and accessories when prescribed by a Physician (Prior Authorization Required)	Plan pays 80%, Member pays 20% of the total rental cost or purchase	Plan pays 70%* Member pays 30%
ELECTIVE SURGERY Includes medically necessary anesthesia (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
END STAGE RENAL DISEASE / HEMODIALYSIS	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
FOOT CARE Foot Care and Podiatry services (subject to benefit limitations)	At primary care: $20 member co-pay At specialist care: $40 member co-pay	Plan pays 70%* Member pays 30%
GROWTH HORMONE THERAPY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HEARING AIDS Maximum $1,000 per member per 24 months. Limited to 1 device every 3 years	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HEARING SERVICES	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HOSPITALIZATION & INPATIENT BENEFITS 1. Room & Board for a semi-private room, intensive care, coronary care and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Mental Health and Substance Abuse Admission	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HYPERBARIC OXYGEN THERAPY & WOUND CARE Medically necessary (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
IMPLANTS, ORTHOTICS & PROSTHETIC DEVICES Cardiac pacemakers, intraocular lenses, artificial eyes, heart valves, orthopedic internal prosthetic devices, stents, stump hose, cochlear implants, corrective orthopedic appliances and braces (limitations apply, please refer to contract)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
INHALATION THERAPY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
INFERTILITY SERVICES Diagnosis of Infertility	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
MATERNITY CARE Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
NUCLEAR MEDICINE (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
OCCUPATIONAL THERAPY (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

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Deductible must be met for the following services	**Participating Providers** after Deductible is met:	**Non-participating Providers** after Deductible is met:
ORAL AND MAXILLOFACIAL SURGERY Oral surgical procedures, limited to: - Reduction of fractures of the jaws or facial bones - Surgical correction of cleft lip, cleft palate or severe functional malocclusion - Removal of stones from salivary ducts - Excision of leukoplakia or malignancies - Excision of cysts and incision of abscesses when done as independent procedures - Other surgical procedures that do not involve teeth or their supporting structures	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
PHYSICAL THERAPY (Prior Authorization Required)	Plan pays 80% for the first 20 visits and 50% thereafter	Plan pays 70%* Member pays 30%
RADIATION THERAPY (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
RECONSTRUCTIVE SURGERY - Surgery to correct a functional defect - Surgery to correct a condition that existed at or from birth and is a significant deviation from the common form or norm. Examples of congenital anomalies are protruding ear deformities; cleft lip; cleft palate; birth marks; and webbed fingers and toes	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SPEECH THERAPY (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
DIAGNOSTIC SLEEP STUDY (Prior Authorization Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

ADDITIONAL BENEFITS: What the Plan covers (Deductible does not apply)	**Participating Providers**	**Non-participating Providers**
WELLNESS BENEFITS **Free programs** - Nutrition Consultant - Diabetes Self Management Training Program - Stop Smoking Program	Plan pays 100%	Not Covered
Discounted Programs - 7-day Shape Up Program - 7-day Detox Program - 7-day Advanced Detox Program - NEWSTART Program	Discounts vary by program	
Health and Wellness Rewards - Maximum of $100 per plan year - Please refer to member brochure for Health and Wellness Rewards available	Plan pays 100% at Participating Providers	
VISION BENEFIT Coverage for a pair of contact lenses or eyeglasses lens/frames - maximum of $200 per member per 12 months	Plan pays 100% up to $200 per member per 12 months	Plan pays 100% up to $200 per member per 12 months through reimbursement, which needs to be submitted to Plan within 90 days from date of service

* Plan pays 70% of Eligible Charges, Member pays 30% coinsurance of Eligible Charges plus any difference between Eligible Charges and billed charges. 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 except for an Out-Of-Service Area emergency. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4) **A separate deductible applies for services rendered by Non-Participating Providers. *** The Covered Person shall be responsible for charges by a Non-Participating Provider in excess of Eligible Charges, except for an Out-Of-Service Area emergency. A Covered Person using a Non-Participating Provider for a PPACA Emergency shall not be liable for Co-Payments or Co-Insurance in excess of Co-Payments and Co-Insurance that would have been charged if Participating Providers had been used. (Certificate §3.2.3, Contract §2.1.27, Certificate §1.9.4)

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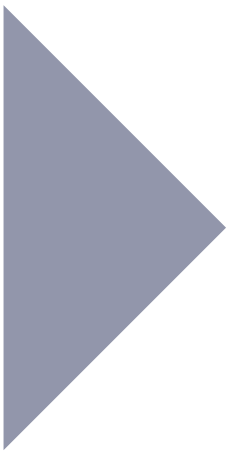
Benefit Plan Options

Judiciary of Guam
Dental 1000

Judiciary of Guam
Dental 2000



Judiciary of Guam

Dental 1000

FY2027

Schedule of Benefits

What The Plan Covers: Subject to the Specific limitations which are contained in the Group Health Certificate	**Participating Providers** In-Network	**Non-participating Providers** Out-of-Network
DIAGNOSTIC & PREVENTIVE CARE 1. Caries Susceptibility Test 2. Exams - Includes Treatment Plan; once every 6 months 3. Fluoride Treatment - Annually for children up to age 19 4. Prophylaxis - Cleaning & polishing teeth; once every 6 months 5. Sealants - For permanent molars & pre-molars for children up to age 16 6. Space Maintainers - For children up to age 16 years; include 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	100% of Eligible Expenses	70% of Eligible charges (Member pays excess above eligible expenses)
BASIC & RESTORATIVE CARE **GENERAL SERVICES** 1. Emergency Care (during office hours) 2. Pulp Treatment 3. Routine Fillings - Amalgam & Composite Resin - Synthetic & Plastic (other than gold & porcelain) **ORAL SURGERY** 1. Simple Extractions 2. Complicated Extractions 3. Tooth Implications **PERIODONTAL CARE** 1. Periodontal Prophylaxis; Cleaning and polishing once every six months 2. Periodontal Treatment **GENERAL ANESTHESIA** - includes conscious sedation and nitrous oxide - covered when recommended by attending physician Pulpotomy & Root Canals/Endodontic Surgery & Care	80% of Eligible Expenses	70% of Eligible charges (Member pays excess above eligible expenses)
MAJOR & REPLACEMENT CARE **FIXED PROSTHETICS** 1. Crown and bridges 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration; limited once every 5 years **REMOVABLE PROSTHETICS** 1. Full Dentures; once every 5 years 2. Partial Dentures; once every 5 years 3. Each Additional Tooth 4. Relines 5. Denture Repair	50% of Eligible Expenses	35% of Eligible charges (Member pays excess above eligible expenses)
COVERAGE MAXIMUM PER MEMBER PER PLAN YEAR	$1,000	

TERMS:
1. Unused balance are not transferrable to the following year
2. Charges for Non-participating Providers are limited to the lesser of actual charges or the usual, customary and reasonable charges in the geographic location where the service was rendered, unless otherwise provided in the agreement
3. The covered member pays any excess above Eligible Charges
4. Plan has no deductible
5. There are no registration fees for visits to participating providers

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Judiciary of Guam
Dental 2000 includes Orthodontic Benefit

FY2027
Schedule of Benefits

What The Plan Covers: Subject to the Specific limitations which are contained in the Group Health Certificate	**Participating Providers** In-Network	**Non-participating Providers** Out-of-Network
DIAGNOSTIC & PREVENTIVE CARE 1. Caries Susceptibility Test 2. Exams - Includes Treatment Plan; once every 6 months 3. Fluoride Treatment - Annually for children up to age 19 4. Prophylaxis - Cleaning & polishing teeth; once every 6 months 5. Sealants - For permanent molars & pre-molars for children up to age 16 6. Space Maintainers - For children up to age 16 years; include 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	100% of Eligible Expenses	70% of Eligible charges (Member pays excess above eligible expenses)
BASIC & RESTORATIVE CARE **GENERAL SERVICES** 1. Emergency Care (during office hours) 2. Pulp Treatment 3. Routine Fillings - Amalgam & Composite Resin - Synthetic & Plastic (other than gold & porcelain) **ORAL SURGERY** 1. Simple Extractions 2. Complicated Extractions 3. Tooth Implications **PERIODONTAL CARE** 1. Periodontal Prophylaxis; Cleaning and polishing once every six months 2. Periodontal Treatment **GENERAL ANESTHESIA** - includes conscious sedation and nitrous oxide - covered when recommended by attending physician Pulpotomy & Root Canals/Endodontic Surgery & Care	80% of Eligible Expenses	70% of Eligible charges (Member pays excess above eligible expenses)
MAJOR & REPLACEMENT CARE **FIXED PROSTHETICS** 1. Crown and bridges 2. Gold Inlays & Onlays 3. Replacement of Crown Restoration; limited once every 5 years **REMOVABLE PROSTHETICS** 1. Full Dentures; once every 5 years 2. Partial Dentures; once every 5 years 3. Each Additional Tooth 4. Relines 5. Denture Repair	50% of Eligible Expenses	35% of Eligible charges (Member pays excess above eligible expenses)
COVERAGE MAXIMUM PER MEMBER PER PLAN YEAR	$2,000	
ORTHODONTIC BENEFIT	Reimbursable to member/provider based on actual usage and to its maximum of $2,000 for the benefit year	

TERMS:
1. Unused balance are not transferrable to the following year
2 Charges for Non-participating Providers are limited to the lesser of actual charges or the usual, customary and reasonable charges in the geographic location where the service was rendered, unless otherwise provided in the agreement
3. The covered member pays any excess above Eligible Charges
4. Plan has no deductible
5. There are no registration fees for visits to participating providers

A full list of the Medical Exclusions can be found in the Judiciary of Guam FY2027 Member Handbook. Visit www.calvos.net to download the PDF.

Guam Providers: Participating Guam Doctors

Providers may change from time to time, we encourage you to check the web portal for updates to the Provider Directory or call our customer service department.

Doctors

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

Dermatology
Brinker, Alyson J.
Prodanovic, Edward - VISITING*
Kim, Sang
Yang, Hoseong Steve*

E.N.T. (Otolaryngology)
Castro, Jerry*
Williams, Lawrence*

Endocrinology
Alford, Erika*
Rubio, Joel*

Family Practice
Akimoto, Vincent*
Akoma, Ugochukwu*
Arkless, Tyler M.,
Anderson, Mark*
Bryson, Julie*
Campus, Hieu*
Cook-Hyunh, Mariana
Cruz, Luis*
Daniel, Arthur
DeBardeleben, Daniel*
Encinas, Dwight Dave E.
Ferrer, Gamaliel Jesse T.*
Flores, Lisa*
Frickel, Wendy*
Galgo, Geoffrey*
Holmes, Cody
Hughes, Scott*
Jarrett, Kelli M.
Lee, Delores*
Loder, Bryce
Lom, Jitka
Manlucu, Luella*
Mariano, Maria*
McDermott, Kevin
Miyagi, Shishin*
Nguyen, Hoa Van*
Nguyen, Luan*
Raab, Jeremy*
Raguindin, Kristin A.
Richardson, Ian
Samaniego, Maria
Santos, Patrick
Schroeder Jr., Edmund*
Taiatano-Ritter, Denise*
Terlaje, Ricardo*
Wilkens, Keith

Gastroenterology
Aguon, Paul Alfred Muna
Farrell, Frank - VISITING*

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

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

Infectious Disease Medicine
Gutierrez, Louise
Magcalas, Edgardo*
Patel, Meenal V.
Ursales, Anna Leigh*
Yamamoto, Michelle*

Internal Medicine
Alford, Erika*
Arcilla, Leopoldo*
Bessler, Jacob C.
Chang, Young
Chenet, Alix
Gutierrez, Louise
Inaba, Yoichi*
Lim, Doris*
Lim Jr., Johnny*
Lizama, Florencio Larry T.*
Magcalas, Edgardo*
Middendorf, Matthew
Nerves, Robert C.*
Neuhauser, Logan J.
Osman, Sherleen*
Ouhadi, Faraz*
Safabakhsh, Saied*
Samonte, Romeo*
Santana, Jared
Taitano, John Ray*
Thorp, Jonathan*
Trihn, Dzung*
Trinh, Tien*
Ursales, Anna Leigh*
Villa, Eden
Yamamoto, Michelle*

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

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

OB/GYN
Bieling, Friedrich*
Hirata, Greigh - VISITING
Miller, Vanessa – VISITING
Parker, Pamela D, - VISITING
Sidell, Jonathan* - VISITING
Shieh, Thomas
Sylvester, Jacqueline
Vercio, William
Von Walter, Astrid
(Telemedicine)

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

Ophthalmology
Burton, Gregory P.*
DeBenedictis, Marjorie*
Flowers, Charles
Garcia, Andrew
Ing, Jeffrey
Jack, Robert*
Lombard, Peter*
Moore, Luke*
Margalit, Eyal*
Parks, David - VISITING*

Orthopedics
Arafiles, Ruben*
Cunningham, Glenn*
Galang, Carmelino*

Pain Management
Batalla, Gamaliel
Jaffe, Todd
Pal, Joshua S.

Pediatrics
Blancaflor, Maria
Del Rosario, Amanda
Domalanta, Dina
Fojas, Milliecor
Garcia, Antonio
Garrido, John
James, Gabrielle
Lautzenheiser, Leia
Linsangan, Gladys
Marquez, April
Sarmiento, Dennis
Um, Michael
Soeharsono, Christian
Lapid, Gabriel C.

Physical Medicine & Rehabilitation
Gaerlan, Maria Stella*

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

Pulmonology/Critical Care
Agustin, Michael*
Aguon, Joleen*
Hernandez, Mary Elizabeth*
Ivanov, Rada
Meinhof, Klaus T.,
Kondapaneni, Muralidhar
Monson, Michael, J.E.

Radiology
Berg, Nathaniel*
Boles, Matthew
Fenton, Michael*
Gross, Robert
Hum, Barbara*
Khandelwal, Ashish*
Lizama, Vincent
Mallikarjunappa, M. K, *
Piana, Peachy*
Pomeranz, Stephen*
Shay, Jeffery*
Spak, Eric*
Taylor, Laura*
Thorisson, Hjalti
Young, John*

Rheumatology
Terrakanok, Jirapat

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

Surgery-General
Cruz, Michael*
Eusebio, Christian*
Eusebio, Ricardo B.*
Kobayashi, Ronald*
Leon Guerrero, Alexandra*
Medina, Daniel*
Narvaez, John Reinier
Oh, Daniel*
Rahmani, Kia*

Surgery-Hand & Microsurgery
Landstrom, Jerone*

Surgery-Neurological
Adewumi, Dare,
Dulebohn, Scott*
Hayashida, Steven*
Nyame, Verrad*
Yeh, David J.

Surgery-Plastic & Reconstructive
Fegurgur, John*

Surgery Vascular
Eusebio, Ricardo*
Kobayashi, Ronald*

Urology
Fenton, Ann*
Gilbert, Andre
Petero, Virgilio*
Rocco, Nicholas*

Wound Care
Acuna, Edna*
Vargas, Erika R.

Dentists

General Dentistry
General Dentistry
Dededo Dental Center
Family Dental Center
Fernandez, Michael
GentleCare Dental Associates
Hafa Adai Family Dental, P.C.
Harmon Loop Dental Office
Isa Dental Clinic
Island Dental
Lee, Thomas K.
Limbo, Niel
Malabanan Jr., Ben
Mangilao Dental Clinic
Ordot Dental Clinic
Paradise Smiles Dental Clinic
Premier Dentistry
Reflection Dental
Seventh Day Adventist Dental Clinic
Tracy Repancol Sunga
Yang, Robert J.
Yasuhiro, Stanley

Endodontics
Premier Dentistry

Pediatric Dentistry
Isa Dental Clinic
Pediatric Dental Center
Reflection Dental

Periodontics
Perio Health Institute Pacific Rim
Premier Dentistry

Providers marked with an asterisk (*) are Medicare Providers

Guam Providers: Participating Clinics, Hospitals, Pharmacies and Services

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Participating Clinics

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

Allied Services

Acupuncture
Vandeveld, Brennan, L. Ac.

Audiology
Koffend, Renee, Au. D.*

Behavioral Health
Behavioral Health
Aguon, Risha, M.A.
Baleto, Jesse, M.A.
Baynum, Andri, M.S.C.P.
Baza, Joleen, M.S.
Baza, Lisa, Ph. D.
Bellis, Kirk, D.O.
Bordallo, Sandra, M.A.
Butler, Alan T., PsyD
Calvo, Reyna, MA, LPC, CHE
Camacho, Lavina, M.A.
Certeza Amy, M.S.C.P.
Chargualaf, Melissa, M.S.
Delos Reyes, Beverly Grace, LPC
De Luna, McJason, LPC
Guilliot, Rosemarie, M.A.
Frain, Elizabeth , Ph.D.
Iizuka, Koji, M.D.
Kallingal, George, Ph.D.
Leitheiser, Andrea, Ph.D.
Lizama, Tricia, Ph.D.
Natividad, LisaLinda, Ph.D.
Root, Lisa, Psy.D.
Rosario-Sanchez, Katrina,
Santos, Jamela, M.S.W.
Shieh, Beverly, PsyD
Swaddell, Joan, M.A.
Tolentino, Doris, M.S.W.

Chiropractic
Arthur, Steve, D.C.
Beckwith, Nicholas, D.C.
Dimalanta, Albert J., D.C.
Gregory, Barbara, D.C.
Gregory, Robert W., D.C.
Larkin, Gary, D.C.
Larkin, Lani F., D.C.
Larkin, Samuel, D.C.
Larkin, Scott, D.C.
Miller, Gregory J., D.C.*
Nicdao, Placido, D.C.
White, Roderick, D.C.
Yoon, Jinmo, D.C.

Durable Medical Equipment
Access Medical
Agility Prosthetics and Orthotics
Guam Med*
Health Services of the Pacific*
Healthcare Specialties*
Home Health Depot
Isla Home Infusion, Inc.
Medquest Medical Supply

Home Health Care
Evergreen Home Health
Guam Visiting Nurses*
Health Services of the Pacific*
Isla Home Infusion, Inc.
NewGen Home Health Agency
Paradise Home Care

Laboratory
Diagnostic Laboratory Services*

Medical Nutrition Therapy (MNT) and Wellness
Dr. Horinouchi's Wellness Clinic
Dimalanta, Albert J., D.C.
Kristin N. Killoran, MS, RDN
Lenora Mantanane, R.D.N
Rosae Shandor, R.D.N.
Tearsa DeBardeleben, R.D.N.

Occupational Therapy
Pesigan, Albert, O.T.*
Taitingfong, Rosalind, O.T.*

Optical
Agahan Optical
FHP Vision Center*
Garcia Optical
Ideal Optical
Ideal Vision Center
Lombard Health
NEW 20/20 Vision Center
Seventh Day Adventist Eye Clinic*
Vision Express

Physical Therapy
Ada, Tasi, D.P.T.
Bright, Kim
Campos, Leonard, D.P.T.
Chong, Dae-Il, D.P.T.*
Claros, Ryan, D.P.T.
Delos Reyes, Joseleo, P.T.
Felipe, Christina, P.T.
Golez, Rolan, P.T.*
Guam Regional Medical City*
Hansen, Sophia, D.P.T
Health Services of the Pacific*
Lagutang, Gabrielle K, D.P.T
Macolor, Dustin, D.P.T.
Nelson, Ashley, D.P.T.*
O'Connor, Shannon, M.P.T.
Pagaduan, Marc, P.T.
Salas, Glynis Grace, D.P.T.
Santos, Isaias, P.T.*
Sibug, Mary Ann, P.T.
S.O.A.R. Physical Therapy

Radiology
Guam Medical Imaging Center*
Guam Radiology Consultants*
MDX Imaging*
Pacific Radiology, Inc.*

Sleep Center
Guam Sleep Center
Pacific Sleep Care
Pacific Sleep Center

Speech-Language Pathology
Coles, Christina, S.L.P.
Dimla, Rowena. S.L.P.
Gonzales, Camille, S.L.P.
Tiana Quitigua, CCC-SLP
Scardilli, Samantha R, S.L.P.

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

Express Med Pharmacy*
- American Medical Center (Mangilao)
- Dededo

Guam Rexall Drugs*
Guam SDA Clinic Pharmacy
Island Family Pharmacy
ITC Pharmacy*
- Guam Business Center
- Photo Town Plaza

Mega Drugs*
- Daily Plaza Bldg
- FHP Health Center
- Oka Plaza Building

Minutes Rx Pharmacy*
Oka Pharmacy*
SimplyRx Pharmacy
Perezville Pharmacy*
Polymedic Pharmacy*
Sagan Amot Pharmacy*
SimplyRx Pharmacy
Super Drug*
- Dededo Pay-Less
- IHP Medical Group
- K-Mart
- Maite Pay-Less
- Oka Pay-Less
- Yigo Pay-Less

Benefits provided by:

Optum Rx®

Pharmacy Benefits Manager
BIN: 003650
Processor Control: 64

Providers marked with an asterisk (*) are Medicare Providers

Off-Island Providers

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


The Philippines


Korea


Taiwan


Hawaii

California

Asian Providers

Philippines

- **Asian Hospital and Medical Center**
- **Cardinal Santos Medical Center***
- **Chinese General Hospital and Medical Center**
- **Makati Medical Center***
- **Manila Doctor's Hospital***
- **National Kidney and Transplant Institute***
- **St. Luke's Medical Center: Global City***
- **St. Luke's Medical Center: Quezon City***
- **The Medical City: Clark Freeport Zone, Pampanga***
- **The Medical City: Molo, Iloilo City***
- **The Medical City: Pasig City***
- **70 TMC Clinics across the country**

Hong Kong

- Hong Kong Adventist Hospital - Stubbs Road
- Gleneagles Hospital

Taiwan

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

Japan

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

Korea

- Samsung Medical Center

U.S. Directly Contracted Providers

Hawaii

- Kapiolani Women & Children's Hospital
- Pali Momi Medical Center
- Shriners Hospital for Children
- Straub Clinic and Hospital
- University Clinical Education Research Associates
- The Queens Medical Center (through UHC)

California

- **Keck Hospital of USC***
- **Good Samaritan Hospital***
- **PIH Health Downey Hospital***
- **PIH Health Whittier Hospital***
- **USC Arcadia Hospital***
- **USC Norris Cancer Center***
- **USC Verdugo Hills Hospital***
- Cedars-Sinai Medical Center
- Cedars-Sinai Marina del Rey Hospital
- Children's Hospital of Los Angeles
- Hollywood Presbyterian Medical Center
- Maxim Healthcare Services, Inc.
- Rady Children's Hospital San Diego
- Sharp Chula Vista Medical Center
- Sharp Grossmont Hospital
- Sharp Memorial Hospital

Bold Teal Text = Centers of Excellence Black Text = Other Participating Providers

UnitedHealthcare®

Through the partnership with UnitedHealthcare*, Judiciary of Guam members have access to an extensive network throughout CONUS and in countries worldwide.

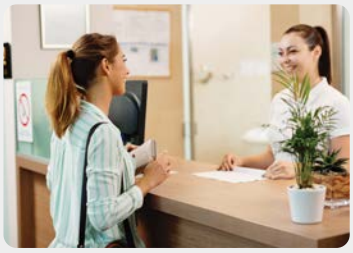
Providers in the continental U.S.

1.1M+ UnitedHealth Premiere Care Physicians

111K+ Doctors and Health Professionals

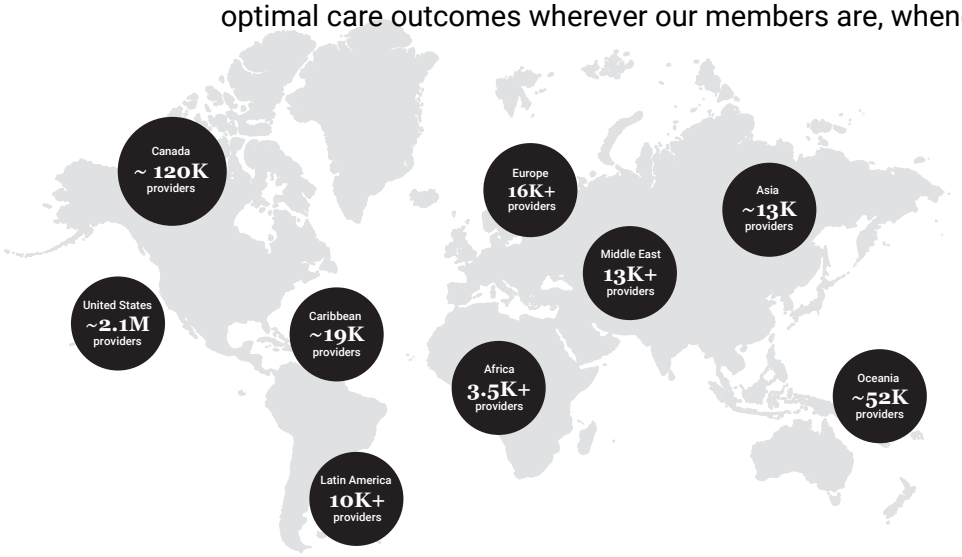
6,100+ Hospitals

1,700+ Convenience Care Centers



Global Reach - Local Care

Quality-driven network, clinically assessed and strategically built to enable optimal care outcomes wherever our members are, whenever they need it.



- Clinically driven network design
- Global reach with 2.3M+ providers
- Tailored and responsive network development
- In-house platform and data
- Enhanced value

Facility/Provider Finder

Find Providers by category!

Doctors • Locations • Services • Specialties • Medical Conditions

Visit: us1.welcometouhc.com All Off-Island Services must be pre-approved by Calvo's SelectCare

Telemedicine

Teladoc HEALTH provides Virtual Medical visits 24/7

No co-pay! No co-share!

United Healthcare

https://www.teladochealth.com

Teladoc® Virtual Visit Registration Instructions

Scan the QR Code to get started

*This network is not available to all plans. Check your specific plan for availability.

Nurseline saves money for members

No co-pays! No deductibles!

The Optum Nurseline is a free, 24/7 service that connects members with registered nurses who can answer health questions, explain symptoms, and help you decide if you need to visit an urgent care or wait to see your primary doctor.

24-hour Support • Triage Support • Experienced Nurses
Health Education • Accessibility

Toll Free 24/7 866-874-3936

NurseLine provided by Optum

Life-Saving Benefits

$500 Travel Benefit: The Philippines or Taiwan

To be applied toward the cost of either **(a)** round trip airfare between Guam and Manila, Philippines or Taiwan; **(b)** ground transportation between the airport and the hospital or; **(c)** lodging in Manila or in Taiwan.

The following requirements apply:

- Calvo's SelectCare will reimburse members up to the $500 allowance under this travel benefit.
- One time, per member, per year.
- For pre-authorized, specialty care visits, consultations, treatments and hospitalization at participating providers in the Philippines or Taiwan. Applicable only to approved referrals for conditions not treatable on Guam.
- Excludes emergencies, Preventive Services/Executive Check-ups, home health, hospice, maternity and primary care services.
- Cannot be used in conjunction with the Airfare Benefit.
- Members are responsible for making their travel arrangements. Members are also responsible for any transportation and lodging expenses in excess of $500 and any penalties/fees incurred due to member changes.

Travel Benefit to The Philippines

Travel Benefit to Taiwan

Airfare Benefit

When certain critical conditions occur, you may qualify for round trip airfare to include:

- The member needing care
- An escort to provide assistance
- A medical escort, if medically necessary

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

Air Ambulance Discount

50% OFF
Air Ambulance Services!

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

Wellness & Fitness

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

Health Risk Assessments

Our Health Risk Assessment is an essential tool that identifies existing and future risk factors based on an individual's lifestyle habits. NCQA Certified and HIPAA compliant, the Health Risk Assessment evaluates the behaviors, medical history, mental well-being, and preventive care:

- **Get reports uncovering risks you may not know about**
- **Identify health concerns that may need your attention**
- **Find out your next steps to getting and staying healthy**
- **Share your reports with your doctors**

Wellness and Disease Management Programs

Guam Seventh-day Adventist Clinic

Lifestyle Intervention, DiaBeatIt Program (Diabetes Education), **Depression and Anxiety Recovery Program** (DARP), **Stop Smoking** (Tobacco Cessation), **Medical Nutrition Therapy** (Prior authorization required)

Wellness Clinic Dr. Horinouchi

12-Day Weight Management Program, 14-Day Detox, Medical Nutrition Therapy (Prior authorization required)

Dr. D Chiropractic & Nutrition

Nutritional Wellness Program

Pay-Less Supermarkets

Nutrition Services, Diabetes Management Program, Medical Nutrition Therapy (Prior authorization required)

THE WEEKDAY WORKOUT

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

Aqua Fitness classes!
No membership required!
Classes are on a first come, first served basis!
Classes offered 7 Days a Week!

Health and Wellness Rewards

Subscribers and spouses/co-habiting partners (18 years or older) can participate in multiple wellness incentive programs that will allow them to earn up to a maximum of $100 per member for the plan year by completing any of the following actions:

- **Complete the online Health Risk Assessment**
  Completion of the online HRA is a requirement to be eligible for any wellness rewards.
- **Get an annual USPSTF Exam**
- **Complete a Health Management Program with a participating Wellness Provider**
- **Gym enrollment with one of our Fitness Partners**

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

Earn up to $100.00

$25.00	Complete the Online Health Risk Assessment (Required)
$25.00	Contact your primary care physician to schedule and complete your USPSTF Exam
$25.00	Register with one of our wellness partners and complete the program
$25.00	Enroll with one of our fitness partners

Fitness Partners

Discounted Rates for Judiciary of Guam Members

$50 a Month
No Enrollment Fee!

$45 a Month
No Enrollment Fee!

$35 a Month
$45 a Month
less 20 members enrolled
No Enrollment Fee!

$50 a Month
No Enrollment Fee!

$20 a Month
No Enrollment Fee!

$22.50
1 Month
Limited Camp

$50 a Month
No Enrollment Fee!

Fitness Partners and fees are subject to change

Gym/Fitness Reward

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

Get as much as $360 Annually!

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
- Work out at least ten (10) days per month at the selected gym/fitness partner
- For three consecutive months per fiscal year quarters: **October to December, January to March, April to June, July to September**
- Ensure you check in with the staff of your fitness center and/or you can also use the "Gym Check-In" function in your Lifestyle Club app and scan the QR code for validation of each day you workout.

HRA must be completed prior to submission.

Massage Benefits

Discounted Rates for 60-minute Massage Therapy

H2O SPA	Lagoon Spa	SERENITY WELLNESS SPA	Tenjudo Spa	Island Skin Spa
$20.00 Member Fee	**$20.00 Member Fee**	**$20.00 Member Fee**	**$15.00 Member Fee**	**10% Discount plus $35.00 off**

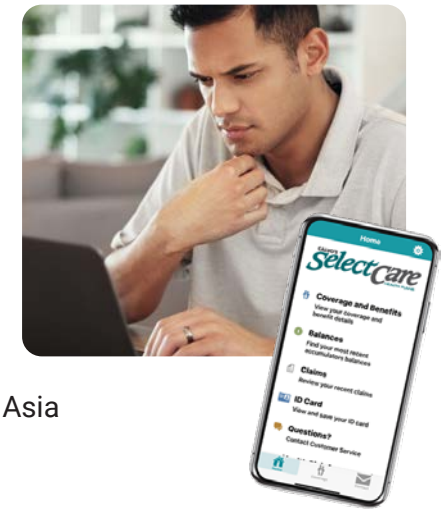
SPA & WELLNESS	Natural Ginger SPA	BENG TENG SPA	RUYI SPA
$20.00 Member Fee	**$15.00 Member Fee**	**$25.00 Member Fee**	**$20.00 Member Fee**

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

Web Portal

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

Calvo's SelectCare online



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

Online Medical Appointment

A convenient and transparent process to schedule your appointments to the Philippines & Taiwan

The appointment system will be expanded to include the U.S. Mainland soon

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

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

Online Medical Appointment

Available on the App Store | GET IT ON Google Play

Optum | Additional Services

A fast, easy and secure way to get information you need to make the most of your pharmacy benefit.

- Financial & Pharmacy Resources and Education
- "Healthier You" Wellness Article Library
- On-demand Health & Wellness video Library
- Patient Support

Download the app!

Available on the App Store | GET IT ON Google Play

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

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

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

Save as much as $180

on Formulary Generic and Brand Name Drugs per year per drug!

Member Communications

Staying informed is important!
We provide frequent communications, including:

- *Monthly Wellness Newsletters*
- *Provider Updates*
- *Benefit Updates*
- *Member Satisfaction Surveys*
- *Healthcare News*

Special Offers for our members!

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

Judiciary of Guam Members

Gym validation is now at your fingertips!

Judiciary of Guam subscribers who partake in the Gym/Fitness Reward have an easier validation method!

Click on the **"Gym Check-In"** button and scan the QR code at the gym/fitness partner location!

CALVO'S Lifestyle CLUB

Calvo's Lifestyle Club

It's more than a club, it's a Lifestyle!

Download today!

App Store | Google Play

You must be 18 years old or older to avail of the Lifestyle Club.

Additional Information

Off-Island Care

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

Referral Procedures

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

- You will be required to complete our Off-Island Appointment Request form and provide our office with your medical referral and medical records

- You must also hand-carry your referral, complete medical records and compact discs of diagnostics images or Pathology slides, as listed below in the Required Documents section

- It is not advisable to purchase airline tickets without a confirmed off-island doctor's appointment

Required Documents

- Off-island medical referral from your local doctor.

- Medical Records related to your illness. You will likely need to bring these records with you to present to your off-island provider.
  - Copies of diagnostics tests such as Ultrasound, X-Ray, MRI, CT Scan, Biopsy Reports, Pathology Slides, Angiogram CD, and any other pertinent records.
  - Most Recent Blood Tests/Laboratory/Pathology and other diagnostic procedure results.
  - If you were recently discharged from a hospital, please bring the Discharge Summary, Laboratory Results, and any Operative Reports.

- Completed Calvo's SelectCare form authorizing us to receive health information from your off-island provider.

- Calvo's SelectCare Member ID Card and a picture ID.

- Please allow us time to review your request, generate the necessary paperwork, and confirm acceptance by a physician and/or facility. Most delays in processing are due to appointment unavailability, changes in schedule, and/or incomplete records. All appointments are subject to provider and facility availability and there may be a waiting period until your scheduled appointment.

- A Guam Memorial Hospital Social Worker may provide assistance for Hospital-to-Hospital transfers, so please communicate with them as they have standard procedures and protocols for Hospital-to-Hospital transfers.

- When a referral packet is ready, we will call you for pick-up. Anticipate and allot 30 minutes of your time to review the off-island referral packet and sign any necessary documents.

Additional Information and Suggestions

- Passport: It is recommended that you always have a valid passport with more than 6 months prior to its expiration. This document is necessary to travel and seek care with our providers outside the United States, especially in cases where a medical transfer or evacuation is necessary.

- **Advanced Health Care Directive – aka Living Will:** You should set up a personal directive, advance directive, or advance decision, or living will. This is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.

- For travel and lodging arrangements, you should register and coordinate with the Guam Medical Referral Office on Guam (671-475-9350) or their satellite offices in the Philippines, Hawaii and California as they may be able to assist you with lodging and travel arrangements.

- Completed Fitness for Travel Forms may be required by the airline and must be obtained from your referring physician prior to 10 days of departure and forwarded to the airline for their review.

- Please verify with the attending physician if oxygen is needed during the trip and during any layovers. If required, please coordinate with the Guam Medical Referral Office to make arrangements.

- Wear comfortable clothing and footwear when undergoing physicals.

- Your Calvo's SelectCare plan only pays for covered medical services, aside from applicable deductibles, Co-Insurance, or Co-Payments, you should also be prepared to pay for any items not related to your care, such as phone calls and comfort items. Payments must be made at the time of service or at the time of discharge from the hospital. We suggest bringing extra money or credit cards in anticipation of such expenses.

- Please obtain receipts for any payment you may make for your covered medical care and submit them to our office no later than 120 days from the date of service.

- Be sure to bring back all medical records and reports related to your off-island care and present to your local provider to help in the continuity of your care.

- It is recommended to bring along a companion.

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

- If you lose your coverage for any reason at any time during your off-island care, you will be required to reimburse Calvo's SelectCare or any providers for charges incurred beyond the insurance coverage period.

- **Coverage for dependent child or children residing in the Continental USA:** We will extend coverage to an eligible dependent child or children residing in the Continental USA through the UnitedHealthcare network. We recommend that you or your dependent child identify and select a medical provider by accessing the UnitedHealthcare website: **us1.welcometouhc.com** Once a provider is identified, it is advisable that you inform us, so we can issue a coverage letter to your child and the provider. This will improve the manner in which your dependent child or children access care. It is also recommended that you check with the provider regarding his or her participation with the UnitedHealthcare network, as their participation status may change.

- **Please make sure that you, your next of kin, or medical provider contact us within 48 hours for the following:**
  - Hospital Admission
  - Outpatient Surgery
  - Emergency Room Visit
  - High Level Diagnostic Testing such as MRIs or CT Scans

Failure to do so may result in becoming financially responsible for charges.

- If care is sought in the Philippines, you may need to coordinate with our Calvo's SelectCare Office located at one the following locations:

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

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

Calvo's SelectCare at
St. Luke's Medical Center: Global City

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

Calvo's SelectCare at
The Medical City: Pasig City

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

St. Luke's Quezon City

St. Luke's Global City

The Medical City

Judiciary of Guam FY2027 Open Enrollment

Online Enrollment

We make enrollment fast and easy!

Please follow the steps below:

1. Go to www.calvos.net and click on the Judiciary of Guam Member button enroll.calvos.net/jog or scan the QR Code.

2. Select “Change Current Enrollment” if you are insured for FY2026 and would like to make changes to your coverage for FY2027. Select “New Enrollment” if this is your first enrollment with Calvo’s SelectCare. Select “Terminate Current Enrollment” if you wish to terminate.

   If there are no changes to your plan you do not need to re-enroll. The plan will roll over.

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

4. Upon submission you will receive email confirmation.

5. You can access your Member ID card, Member Handbook, Provider Directory, and other important member communications at www.calvos.net or on the Calvo’s SelectCare Mobile App beginning October 1, 2026.

Frequently Asked Questions

Enrollment Questions

When is Open Enrollment?

- Open Enrollment starts on September 10, 2026 and ends on September 24, 2026.
- You may enroll online through the Judiciary of Guam Enrollment link on our website at enroll.calvos.net/jog or submit your enrollment form to the Judiciary's HR Office.

Where can I get my Enrollment Packet?

You can obtain an Enrollment Packet from your HR office or on our website at www.calvos.net

Where do I send my Enrollment Form?

You may submit your enrollment form to your HR office or you can complete one online at www.calvos.net

I made a mistake on my Enrollment Form. Can I submit a corrected form?

If you completed a physical form and would like to submit a correction, please fill out a new form and be sure to write "Supersede" at the top of the form. If you completed a digital form, go back into the digital enrollment link and select "Edit Enrollment" to make the necessary changes.

What information is available to me on Calvo's SelectCare's website and mobile app?

We're happy to provide you with digital tools that will allow you to access your account information at a click of a button, in the comfort and safety of your own home. Through your account on our website, www.calvos.net and our mobile app, you can do it all:

- Digitally enroll
- View and print your digital member ID cards
- Take your annual Health Risk Assessment
- Securely submit any necessary document
- View you and your family's deductible and out-of-pocket status
- View your coverage and benefits
- View or download Member Handbook
- View or download Provider Directory
- View or download Drug Formulary
- Access link to the Lifestyle Club and Calvo's Insurance website: www.calvos.com
- Access link to our Pharmacy Benefits Manager, OptumRX: www.optumrx.com
- Access link to the UnitedHealthcare Provider finder: www.us1.welcometouhc.com/find-a-doctor

When will I be receiving a member ID card?

By October 4, 2026, you can obtain your digital member ID card by registering on our website www.calvos.net or downloading and registering the Calvo's SelectCare mobile app on your Android or iPhone.

Member ID cards will be delivered to your Human Resources Office by October 16, 2026

Benefits Questions

Who handles my HSA plan?

Please refer to any bank or company managing an HSA plan.

I am a new member. When are my benefits effective or when can I start using my insurance?

If you meet the Open Enrollment requirements, your coverage will become effective Oct. 1, 2026

How do I access care without an ID card?

Your medical providers have access to eligibility information on our website.

Pharmacy Questions

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

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

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

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

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

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

Coordination of Benefits Questions

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

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

Claim Questions

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

- Online by logging into our website at calvos.net
- Submit the claim via email to service@calvos.com
- Mail to: Calvos SelectCare,
  P.O. Box FJ Hagatna Guam 96932
- Fax to: 1-671-477-4141
- Visit our main office in Hagatna

Off-Island Care Questions

What steps do I need to take to receive care Off-Island?

In order for our office to properly coordinate and authorize your off-island medical service, you must provide us with the referral from your primary doctor; all pertinent medical records and diagnostic images; your preferred appointment date and the location of the participating clinic or facility. Please see your Member Handbook for more information.

How do I locate a participating provider outside of Guam?

View or download the Provider Directory from www.calvos.net for direct contracted providers or access the Unitedhealthcare Provider Finder at www.us1.welcometouhc.com/find-a-doctor

Off-island services do require a referral from your primary care provider and pre-approval from Calvo's SelectCare.

FY2027 Subscriber Rates

Bi-Weekly Employee Rates

Plan	Class 1 EE	Class 2 EE and Spouse	Class 3 EE and Child(ren)	Class 4 EE and Family
Judiciary of Guam HSA2000	$39.23	$97.55	$79.80	$133.01
Judiciary of Guam PPO1000	$105.35	$237.75	$187.66	$330.98
Judiciary of Guam Dental 1000	$0.00	$0.00	$0.00	$0.00
Judiciary of Guam Dental 2000	$3.66	$8.04	$6.73	$11.19

Thank you!

Un dångkalu na Si Yu'os Ma'åse'

We look forward to servicing you.

As your partner in health, we encourage you to take full advantage of your plan benefits and resources.

Staying healthy starts with simple steps:

- Schedule your annual check-up and preventive screenings.
- Stay active and eat balanced meals.
- Make use of our wellness programs and provider network for convenient care.
- Reach out to our Member Services team anytime you need support navigating your benefits.

Your health is our priority. Together, we can make sure you and your loved ones enjoy the peace of mind and security that come with being part of the SelectCare family.

Thank you for allowing us to serve you — we look forward to supporting your health journey today and in the years ahead.

Warm regards,
Calvo's SelectCare Team

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

Saipan
3290 Beach Road Plaza
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

Web
www.calvos.net

App Download
SelectCareApp

Philippines Offices
Main Office
5th Floor, First Life Center
174 Salcedo Street, Legaspi Village
Makati City, Philippines
Phone: +63-2-7759-2871
+63-2-8813-1989
Email: ddeleon@calvos.com

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
Email: chernandez@calvos.com
areyes@calvos.com

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: +63-2-3413-1312
+63-2-3412-1460
+63-2-3412-1091
+63-2-3414-6526
Email: Out-patient
lbraga@calvos.com
In-patient
sdizer@calvos.com

The Medical City: Pasig City
Business Center, 9th Floor
The Medical City, Ortigas Center
Pasig City, Philippines
Phone: +63-2-8477-2109
Email: Out-patient
smadera@calvos.com
areyes@calvos.com
In-patient
mramirez@calvos.com
jsanez@calvos.com

CALVO'S Select Care INSURANCE, INC.

Health Plan Accredited by AAAHC ACCREDITATION ASSOCIATION for AMBULATORY HEALTH CARE, INC.

AUDITED NCQA HEDIS® COMPLIANCE AUDIT MY2023 COMMERCIAL

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