

CALVO'S
**Select
Care**
HEALTH PLANS

underwritten by



TOKIO MARINE
PACIFIC



YOUR ACCESS TO GREATER VALUE & QUALITY SERVICE

Welcome back!

GovGuam Open Enrollment Fiscal Year 2022



SCAN ME



www.calvos.net

Buenas yan Hafa Adai!



Thank you for considering us to be your medical and dental provider for FY 2022. We are encouraged by the significant number of calls welcoming our services back as a provider to the Government of Guam, and we look forward to the opportunity to service you as your health plan in the years ahead. During the past two years, we made numerous changes to provide you and your family with an enhanced member experience and a more comprehensive medical provider network.

Tokio Marine Pacific Insurance insures the medical plans, while the dental plan is self-funded by the Government of Guam and exclusively administered through us. The information in this packet will help you learn about the benefits available to you, how to use them, and how to enroll.

During FY2022, active employees and retirees will be able to choose from two medical (2) plans: the HSA2000 and the PPO1500. For retirees with Medicare A and B, we offer the Retiree Supplemental Plan. 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
- 100% coverage with our gym partners: Custom Fitness, Paradise Fitness, Synergy Studios, and Unified, for you and your eligible dependents
- Fitness Reward program
- Wellness Rewards
- 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, with our new online enrollment tool. Visit enroll.calvos.net/govguam to submit your enrollment information and upload any pertinent enrollment documentation (birth certificates, domestic partner affidavits, legal guardianship, etc.), from the convenience of your desktop or mobile device.

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

We 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 GovGuam.

You must complete an Enrollment Application and submit it with any other required documentation during an Open Enrollment period or within 31 days from the date you first become eligible for enrollment under the plan.

Subscriber Eligibility Requirements

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

Dependent Eligibility Requirements

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

- Your legal spouse.
- Your domestic partner:
 - A domestic partner must be at least 18 years of age and must have lived with you for two consecutive years. A notarized affidavit is required.
 - A domestic partner may only be added during your employer's Open Enrollment Period or within 31 days from the date you first become eligible to enroll in the plan.
 - Children of a domestic partner, who are not your own children, are not eligible for coverage.
- Married or unmarried dependent children under the age of 26 years.
- Off-island Dependent children or children who reside outside the Service area who are between the ages of 19 thru 25 years.
 - Coverage for off-island dependent children will terminate upon reaching the age of 26 years.

- Natural born children that have a different last name from the subscriber, you must provide:
 - A copy of the birth certificate which verifies you as a parent.
- For other dependents such as step children, legally adopted children, and children you have been awarded legal guardianship, you must provide the following:
 - Step Child(ren)
 - * Birth Certificate.
 - * Parents' marriage certificate.
 - Legal Guardianship
 - * 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.
 - * Birth Certificate.
 - * Court documentation signed by a judge ordering adoption or legal guardianship.
 - * Legal guardianship terminates no later than age 26.
 - * Unborn children awarded for legal guardianship are not eligible for coverage.
- Your disabled dependent child who is beyond the limiting age may continue to be eligible provided they are incapable of self-sustaining employment due to mental retardation or physical disability.
 - Proof of total disability from a licensed medical physician is required upon enrollment.
 - Proof of dependence, such as a copy of the subscriber's tax filing may be required.
- Q.M.C.S.O. or a copy of the qualified medical child support order must be provided. Children permanently residing outside the service area are only eligible to enroll in the plan if they qualify under the Q.M.C.S.O.
- If dependents are no longer eligible or if any changes to dependent coverage occurs, subscribers must inform the carriers and make appropriate class change in premiums.

Becoming a Member (cont.)

Enrollment Period

You may elect to enroll on any of these occasions.

- Initial Employment. You may enroll within 31 days from the date you first become eligible to enroll in the plan.
- Annual GovGuam Open Enrollment Period.
- Special Enrollment Periods: Full-time employees and their eligible dependent(s) may enroll outside of open enrollment as a result of a Qualifying Event as defined by H.I.P.A.A. Under H.I.P.A.A. a Qualifying Event is an event that causes you to lose coverage in another health plan due to:
 - Termination of spouse's coverage or death of your spouse.
 - Divorce, Annulment or Legal Separation from your spouse.
 - Medicare or Medicaid eligibility ends.

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

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

Enrollment Applications or Change of Status (COS) Forms and any required documents must be submitted within 31 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 31 day period from when they first become eligible, you would have to wait to enroll them during GovGuam's next Open Enrollment Period.

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

- Complete a "Change of Status" Form (COS),
- Submit all Required Documentation as outlined above.

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).

HSA2000

Schedule of Benefits

Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
DEDUCTIBLE PER INDIVIDUAL MEMBER	\$2,000	\$4,000**
DEDUCTIBLE PER FAMILY If an individual member of a family meets their \$2,800 embedded individual deductible, the plan begins to pay for covered services for that individual	\$4,000	\$12,000**
COVERAGE MAXIMUMS Individual member lifetime maximum	Unlimited	Unlimited
OUT OF POCKET MAXIMUMS (including accumulated deductible, copays, & member coinsurance) Per Individual member per policy year Per Family per policy year	\$4,000 \$12,000	\$30,000** \$90,000**
Any Services in the Philippines, Hawaii, the U.S. Mainland, and any foreign participating providers (Pre-Certification Required)	Requires a referral from your doctor and approval in advance from the plan	

Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
PREVENTIVE SERVICES (Out-Patient Only) <ul style="list-style-type: none"> In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. Members may choose to receive age appropriate annual physical in the Philippines with no dollar limit Annual exam includes preventive lab tests 		
ANNUAL PHYSICAL EXAM One exam every 12 months	Plan pays 100%	Not Covered
IMMUNIZATIONS/VACCINATIONS In accordance with the guidelines established by the Advisory Committee on Immunization Practices	Plan pays 100%	Not Covered
PRE-NATAL CARE Including Routine Labs and first Ultrasound	Plan pays 100%	Not Covered
WELL-CHILD CARE In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care Infancy (Newborn to nine months) Maximum seven visits Early Childhood (One to four years old) Maximum seven visits Middle Childhood / Adolescence (Five to 17 years old) Maximum one visit/year	Plan pays 100%	Not Covered
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) Contraceptives including Sterilization and Tubal Ligation	Plan pays 100%	Not Covered
ROUTINE CANCER SCREENINGS Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	Plan pays 100%	Plan pays 50%*, Member pays 50%
ANNUAL EYE EXAM One exam every 12 months	Plan pays 100%	Not Covered
VISION CARE SUPPLIES Frames, lenses, contact lenses, fitting	Plan pays 100% up to \$150 per member per plan year Member pays anything beyond \$150	

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



A full list of the Medical Exclusions can be found in the GovGuam FY2022 Member Handbook. Visit calvos.net to download the PDF.

HSA2000

Schedule of Benefits

Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
ACUPUNCTURE 30 visits per member per plan year	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip airfare (Plan Approval Required)	Plan pays 100%	Not Covered
ALLERGY TESTING	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
AUTISM SPECTRUM DISORDER (In compliance with Guam Law)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
BREAST RECONSTRUCTIVE SURGERY (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CARDIAC SURGERY	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CATARACT SURGERY Outpatient Only (including conventional lens)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CHEMICAL DEPENDENCY	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CHEMOTHERAPY BENEFIT (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CONGENITAL ANOMALY DISEASES COVERAGE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
DIAGNOSTIC TESTING MRI, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
DURABLE MEDICAL EQUIPMENT	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
ELECTIVE SURGERY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
EMERGENCY CARE For off-island emergencies, Plan must be contacted and advised within 48 hours 1. U.S. based and Out-of-U.S. emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only)	Plan pays 80% Member pays 20%	Plan pays 80%* Member pays 20%*
NON-EMERGENCY CARE In a hospital emergency room	Plan pays 50%* Member pays 50%	Plan pays 50%* Member pays 50%

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



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HSA2000

Schedule of Benefits

Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
END STAGE RENAL DISEASE / HEMODIALYSIS (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
HEARING AIDS Maximum \$500 per member per plan year	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
HOSPITALIZATION & INPATIENT BENEFITS 1. Room & Board for a semi-private room, intensive care, and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Inpatient Hospice (limited to 30 days)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
IMPLANTS (Limitations apply, please refer to contract) Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
INHALATION THERAPY	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
MATERNITY CARE Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
NUCLEAR MEDICINE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
ORGAN TRANSPLANT Including but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea. Benefits include organ donor. (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
ORTHOPEDIC CONDITIONS Internal and External Prosthesis (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
OUTPATIENT PHYSICIAN CARE & SERVICES		
Primary Office Visits	Member pays \$20 copay	Plan pays 50%* Member pays 50%
Specialist Office Visits	Member pays \$40 copay	Plan pays 50%* Member pays 50%
Outpatient Laboratory	Member pays \$20 copay	Plan pays 50%* Member pays 50%
X-Ray Services	Member pays \$20 copay	Plan pays 50%* Member pays 50%
Home Health Care 120 visits per plan year	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
Hospice Care Facility Outpatient maximum 180 days per plan year (Pre-Certification Required)	Plan pays 100%	Plan pays 50%* Member pays 50%
Allergy Serum & Injections Does not include those on the Specialtry Drugs List & Orthopedic injections	Plan pays 80%; Member pays 20%	Plan pays 50%* Member pays 50%

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



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HSA2000

Schedule of Benefits

Deductible must be met for these benefits	Participating Providers	Non-participating Providers after Deductible is met:
Chiropractic Care	Member pays \$40 copay	Plan pays 50%* Member pays 50%
Mental Health and Substance Abuse	Member pays \$20 copay	Plan pays 50%* Member pays 50%
Short Term Rehabilitation Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year	Member pays \$40 copay	Plan pays 50%* Member pays 50%
Urgent Care	Member pays \$50 copay	Plan pays 50%* Member pays 50%
Voluntary Second Surgical Opinion	Member pays \$40 copay	Plan pays 50%* Member pays 50%
PRESCRIPTION DRUGS		
No Cost preventive drugs (specific list)	\$0 Member copay 30 day supply	
Preferred Generic Drugs	\$15 copay per month supply \$0 copay for 90-day Mail Order Drugs	Plan pays 50%* Member pays 50%
Preferred Brand Name Drugs	\$30 copay per month supply \$30 copay for 90-day Mail Order Drugs	
Non-Preferred Generic and Brand Name Drugs	\$100 copay per month supply \$100 copay for 90-day Mail Order Drugs	
Specialty Drugs (Medically Necessary Only and Pre-Certification Required)	\$100 Member Co-Pay (30 day supply)	Not Covered
Prescription Outside Guam/CNMI/USA Deductible does not apply	Plan pays 80%; Member pays 20% not to exceed Average Wholesale Price (AWP)	
RADIATION THERAPY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
ROBOTIC SURGERY/ROBOTICS SUITE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
SLEEP APNEA Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
STERILIZATION PROCEDURES Vasectomy (Outpatient Only)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%

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



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PPO1500

Schedule of Benefits

Your Benefits: What the plan covers	Participating Providers	Non-participating Providers
DEDUCTIBLE PER INDIVIDUAL MEMBER	\$1,500	\$3,000**
DEDUCTIBLE PER FAMILY If a member meets their \$1,500, the plan begins to pay for covered services for that member	\$3,000	\$9,000**
COVERAGE MAXIMUMS Individual member lifetime maximum	Unlimited	Unlimited
OUT OF POCKET MAXIMUMS (including accumulated deductible, copays, & member coinsurance) Per Individual member per policy year Per Family per policy year	\$3,000 \$9,000	\$30,000** \$90,000**
Any Services in the Philippines, Hawaii, the U.S. Mainland, and any foreign participating providers (Pre-Certification Required)	Requires a referral from your doctor and approval in advance from the plan	

Deductible and Co-Pay do not apply to these benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
PREVENTIVE SERVICES (Out-Patient Only) <ul style="list-style-type: none"> In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. Members may choose to receive age appropriate annual physical in the Philippines with no dollar limit Annual exam includes preventive lab tests 		
ANNUAL PHYSICAL EXAM One exam every 12 months	Plan pays 100%	Not Covered
IMMUNIZATIONS/VACCINATIONS In accordance with the guidelines established by the Advisory Committee on Immunization Practices	Plan pays 100%	Not Covered
PRE-NATAL CARE Including Routine Labs and first Ultrasound	Plan pays 100%	Not Covered
WELL-CHILD CARE In accordance with the Bright Futures/American Academy of Pediatrics recommendations for Preventive Pediatric Health Care Infancy (Newborn to nine months) Maximum seven visits Early Childhood (One to four years old) Maximum seven visits Middle Childhood / Adolescence (Five to 17 years old) Maximum one visit/year	Plan pays 100%	Not Covered
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) Contraceptives including Sterilization and Tubal Ligation	Plan pays 100%	Not Covered
ROUTINE CANCER SCREENINGS Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	Plan pays 100%	Plan pays 70%*, Member pays 30%
ANNUAL EYE EXAM One exam every 12 months	Plan pays 100%	Not Covered
VISION CARE SUPPLIES Frames, lenses, contact lenses, fitting	Plan pays 100% up to \$150 per member per plan year Member pays anything beyond \$150	

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



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PPO1500

Schedule of Benefits

Deductible does not apply to these benefits when you go to a Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
OUTPATIENT PHYSICIAN CARE & SERVICES		
Primary Office Visits	Member pays \$20 copay	Plan pays 70%* Member pays 30%
Specialist Office Visits	Member pays \$40 copay	Plan pays 70%* Member pays 30%
Outpatient Laboratory	Member pays \$20 copay	Plan pays 70%* Member pays 30%
X-Ray Services	Member pays \$20 copay	Plan pays 70%* Member pays 30%
Home Health Care 120 visits per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
Hospice Care Facility Outpatient maximum 180 days per plan year (Pre-Certification Required)	Plan pays 100%	Plan pays 70%* Member pays 30%
Allergy Serum & Injections Does not include those on the Specialty Drugs List & Orthopedic injections	Plan pays 80%; Member pays 20%	Plan pays 70%* Member pays 30%
Chiropractic Care	Member pays \$40 copay	Plan pays 70%* Member pays 30%
Mental Health and Substance Abuse	Member pays \$20 copay	Plan pays 70%* Member pays 30%
Short Term Rehabilitation Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year	Member pays \$40 copay	Plan pays 70%* Member pays 30%
Urgent Care	Member pays \$50 copay	Plan pays 70%* Member pays 30%
Voluntary Second Surgical Opinion	Member pays \$40 copay	Plan pays 70%* Member pays 30%
PRESCRIPTION DRUGS		
No Cost preventive drugs (specific list)	\$0 Member copay 30 day supply	Plan pays 70%* Member pays 30%
Preferred Generic Drugs	\$15 copay per month supply \$0 copay for 90-day Mail Order Drugs	
Preferred Brand Name Drugs	\$30 copay per month supply \$30 copay for 90-day Mail Order Drugs	
Non-Preferred Generic and Brand Name Drugs	\$100 copay per month supply \$100 copay for 90-day Mail Order Drugs	
Specialty Drugs (Medically Necessary Only and Pre-Certification Required)	\$100 Member Co-Pay (30 day supply)	Not Covered
Prescription outside Guam/CNMI/USA	Plan pays 80%; Member pays 20% not to exceed Average Wholesale Price (AWP)	

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



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PPO1500

Schedule of Benefits

Deductible must be met for these benefits when you go to a Participating and Non-Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
ACUPUNCTURE 30 visits per member per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip airfare (Plan Approval Required)	Plan pays 100%	Not Covered
ALLERGY TESTING	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
AUTISM SPECTRUM DISORDER (In compliance with Guam Law)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BLOOD & BLOOD DERIVATIVES	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
BREAST RECONSTRUCTIVE SURGERY (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CARDIAC SURGERY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CATARACT SURGERY Outpatient Only (including conventional lens)	Plan pays 80% Member pays 20%	Plan pays 50%* Member pays 50%
CHEMICAL DEPENDENCY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CHEMOTHERAPY BENEFIT (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
CONGENITAL ANOMALY DISEASES COVERAGE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
DIAGNOSTIC TESTING MRI, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
DURABLE MEDICAL EQUIPMENT	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ELECTIVE SURGERY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
EMERGENCY CARE For off-island emergencies, Plan must be contacted and advised within 48 hours 1. U.S. based and Out-of-U.S. emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only)	Plan pays 80% Member pays 20%	Plan pays 80%* Member pays 20%*
NON-EMERGENCY CARE In a hospital emergency room	Plan pays 50%* Member pays 50%	Plan pays 50%* Member pays 50%

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



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PPO1500

Schedule of Benefits

Deductible must be met for these benefits when you go to a Participating and Non-Participating Provider	Participating Providers	Non-participating Providers after Deductible is met:
END STAGE RENAL DISEASE / HEMODIALYSIS (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HEARING AIDS Maximum \$500 per member per plan year	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
HOSPITALIZATION & INPATIENT BENEFITS 1. Room & Board for a semi-private room, intensive care, and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Inpatient Hospice (limited to 30 days)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
IMPLANTS (Limitations apply, please refer to contract) Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
INHALATION THERAPY	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
MATERNITY CARE Labor and Delivery	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
NUCLEAR MEDICINE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ORGAN TRANSPLANT Including but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea. Benefits include organ donor. (Pre-Certification Required)	Plan pays 80% Member pays 20%	Not Covered
ORTHOPEDIC CONDITIONS Internal and External Prosthesis (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
RADIATION THERAPY (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
ROBOTIC SURGERY/ROBOTICS SUITE (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
SLEEP APNEA Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%
STERILIZATION PROCEDURES Vasectomy (Outpatient Only)	Plan pays 80% Member pays 20%	Plan pays 70%* Member pays 30%

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



A full list of the Medical Exclusions can be found in the GovGuam FY2022 Member Handbook. Visit calvos.net to download the PDF.

Retiree Supplemental Plan Schedule of Benefits

***Subscriber is required to have Medicare A and B**

Eligibility Provision	
RETIRES & SURVIVORS Medicare A and B Primary	Qualified GovGuam retirees and survivors, who are age 65 and older and who are enrolled in Medicare Parts A & B Primary. Qualified retirees and survivors who are under 65 years of age with a disability or ESRD under Medicare.
RSP DEPENDENTS	Spouse or domestic partner who are both Medicare Part A and B, Primary Medicare A and B Primary
RSP DEPENDENTS Not Medicare A and B Primary	Spouse, domestic partner and children up to age 26, regardless of student status NOT Medicare Primary or NOT Medicare enrolled are eligible to participate in either the PP01500 or HSA2000 plan.

*Services covered by Medicare must be incurred by a Medicare participating provider. If your provider accepts Medicare assignment, then you pay nothing for covered charges. Services covered by Medicare and incurred at a non-Medicare provider within Guam/CNMI (or the United States) are not covered. If services are not covered by Medicare, services will only be covered at our participating provider per the benefits noted below. All services outside of Guam/CNMI require pre-authorization, to include the U.S. Mainland and Hawaii. With the exception of urgent and emergency care, services incurred outside of Guam/CNMI where pre-authorization was not obtained in advance of care will not be covered under the plan.

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

Your Benefits: What the plan covers	In-Network Retiree Supplemental Plan Pays ¹
PLAN DESCRIPTION	Medicare A & B is primary. The GovGuam plan pays secondary. Medicare covered services should be incurred at a Medicare provider. Services not covered by Medicare, but covered by the plan, should be received at a carrier in-network provider. Carrier will pay primary in this circumstance. Out-of-Network services are not covered unless referred and pre-approved by an in-network provider.
OUT-OF-AREA SERVICES Any service outside Guam that includes but is not limited to Philippines, Hawaii, U.S. Mainland, Japan, Taiwan, and any foreign participating providers (Pre-Certification Required)	Requires a referral from your doctor and approval in advance from the plan; When Medicare is not payable (outside U.S.), covered services under the plan are paid at the copay or coinsurance listed and the Plan pays primary in this circumstance. There is no deductible under this plan.
COVERAGE MAXIMUMS Individual member annual maximum	Unlimited

Preventative Services (Out-Patient Only)	Retiree Supplemental Plan Pays
In accordance with the guidelines established by the U.S. Preventive Services Task Force (USPSTF) Grades A and B recommendations. Notes: Members may choose to receive age appropriate annual physical in the Philippines with no dollar limit. Annual exam includes preventative lab tests.	
ANNUAL PHYSICAL EXAM One exam every 12 months	Medicare covers; When Medicare is not primary, the plan pays 100%
IMMUNIZATIONS/VACCINATIONS In accordance with the guidelines established by the Advisory Committee on Immunization Practices	Medicare covers; When Medicare is not primary, the plan pays 100%
WELL-WOMAN CARE In accordance with the guidelines supported by the Health Resources and Services Administration (HRSA) Contraceptives including Sterilization and Tubal Ligation	Medicare covers; When Medicare is not primary, the plan pays 100%

 **A full list of the Medical Exclusions can be found in the GovGuam FY2022 Member Handbook. Visit calvos.net to download the PDF.**

Retiree Supplemental Plan Schedule of Benefits

*Subscriber is required to have Medicare A and B

Preventative Services (Out-Patient Only)	Retiree Supplemental Plan Pays
ROUTINE CANCER SCREENINGS Including any applicable lab work, for cervical, prostate, colorectal, and breast (in accordance with PL 34-02, 34-03, and 34-109)	Medicare covers; When Medicare is not primary, the plan pays 100%
ANNUAL EYE EXAM One exam every 12 months, covered in Guam only	Medicare covers; When Medicare is not primary, the plan pays 100%
VISION CARE SUPPLIES Frames, lenses, contact lenses, fitting	Plan pays 100% up to \$150 per member per 12-months Member pays anything beyond \$150
ROUTINE HEARING EXAM Includes one routine exam every 24 months	Medicare covers; When Medicare is not primary, the plan pays 100%

Outpatient Physician Care and Services	Retiree Supplemental Plan Pays
PRIMARY OFFICE VISITS	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
SPECIALIST OFFICE VISITS	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing; Plan pays 80% when approved outside of Medicare
OUTPATIENT LABORATORY	Medicare covers; Member pays Nothing; Plan pays 80% when approved outside of Medicare
X-RAY SERVICES	Medicare covers; Member pays Nothing; Plan pays 80% when approved outside of Medicare
HOME HEALTH CARE 120 visits per plan year	Medicare covers; Member pays Nothing; Plan pays 80% when approved outside of Medicare
HOSPICE CARE FACILITY OUTPATIENT maximum 180 days per plan year (Pre-Certification Required)	Plan pays 80%; Member pays 20%
ALLERGY SERUM & INJECTIONS Does not include those on the Specialty Drugs List & Orthopedic injections	Medicare Primary: Plan pays 100% per visit Medicare Secondary: Plan pays 80% per visit outside of Medicare, Member pays 20% per visit
CHIROPRACTIC CARE	Plan pays 80%; Member pays 20%
MENTAL HEALTH AND SUBSTANCE ABUSE	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Member pays Nothing Plan pays 80% when approved outside of Medicare
SHORT TERM REHABILITATION Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per plan year	Medicare Primary: Plan pays 100% per admission Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission
URGENT CARE	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare
VOLUNTARY SECOND SURGICAL OPINION	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance; Member pays Nothing; Plan pays 80% when approved outside of Medicare



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Retiree Supplemental Plan Schedule of Benefits

*Subscriber is required to have Medicare A and B

Prescription Drugs	Participating Pharmacies Only
NO COST PREVENTIVE DRUGS (specific list)	\$0 copay 30 day supply
PREFERRED GENERIC DRUGS	\$15 Member Copay \$0 Member Co-Pay for 90-day Mail Order Drugs
PREFERRED BRAND NAME DRUGS	\$30 Member Co-Pay per month supply \$30 Member Co-Pay for 90-day Mail Order Drugs
NON-PREFERRED GENERIC AND BRAND NAME DRUGS	\$100 Member Co-Pay \$100 Member Co-Pay for 90-day Mail Order Drugs
SPECIALTY DRUGS (Medically Necessary Only and Pre-Certification Required)	\$100 Member Co-Pay
PRESCRIPTION OUTSIDE GUAM/CNMI/USA	Plan pays 80%; Member pays 20% not to exceed Average Wholesale Price (AWP)

Additional Benefits	Retiree Supplemental Plan Pays
ACCUPUNCTURE 30 visits per member, per plan year	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
AIRFARE BENEFIT TO CENTERS OF EXCELLENCE ONLY For members who meet qualifying conditions, Plan provides roundtrip airfare (Plan Approval Required)	Plan pays 100%
ALLERGY TESTING	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
AMBULATORY SURGI-CENTER CARE (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
BLOOD & BLOOD DERIVATIVES	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
BREAST RECONSTRUCTIVE SURGERY (In accordance with 1998 W.H.C.R.A) (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
CARDIAC SURGERY	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
CATARACT SURGERY Outpatient Only (including conventional lens)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
CHEMICAL DEPENDENCY	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
CHEMOTHERAPY BENEFIT (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
CONGENITAL ANOMALY DISEASES COVERAGE (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
DIAGNOSTIC TESTING MRI, CT scan, and other diagnostic procedures (Pre-Certification Required)	Plan pays Medicare Part B deductible, and Medicare 20% coinsurance Plan pays 80% when approved outside of Medicare
DURABLE MEDICAL EQUIPMENT (DME) (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%



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Retiree Supplemental Plan Schedule of Benefits

*Subscriber is required to have Medicare A and B

Additional Benefits	Retiree Supplemental Plan Pays
ELECTIVE SURGERY (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
EMERGENCY CARE For off-island emergencies, Plan must be contacted and advised within 48 hours 1. U.S. based and Out-of-U.S. emergency facility, physician services, laboratory, X-rays 2. Ambulance Services (Ground Transportation Only)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
NON-EMERGENCY CARE in a hospital emergency room	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
END STAGE RENAL DISEASE / HEMODIALYSIS (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
HEARING AIDS Maximum \$500 per member per plan year	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
HOSPITALIZATION & INPATIENT BENEFITS 1. Room & Board for a semi-private room, intensive care, coronary care and surgery 2. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia and medication 3. Physician's hospital services 4. Inpatient Hospice limited to 30 days	Medicare Primary: Plan pays 100% per admission Outside of Medicare: Plan pays 80% per admission, Member pays 20% per admission
IMPLANTS (Limitations apply, please refer to contract) Limited to cardiac pacemakers, heart valves, stents, Intraocular lenses, orthopedic internal prosthetic devices	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
INHALATION THERAPY	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
NUCLEAR MEDICINE (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
ORGAN TRANSPLANT (Pre-Certification Required) Including but not limited to: Heart, Lung, Liver, Kidney, Pancreas, Intestine, Bone Marrow, Cornea (Benefits include organ donor)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
ORTHOPEDIC CONDITIONS Internal and External Prosthesis (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
RADIATION THERAPY (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
ROBOTIC SURGERY/ROBOTICS SUITE	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
SKILLED NURSING FACILITY Maximum 60 days per member per plan year (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
SLEEP APNEA Diagnostics and Therapeutic Procedure (Pre-Certification Required)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%
STERILIZATION PROCEDURES Vasectomy (Outpatient Only)	Medicare primary; Plan pays 100% Outside of Medicare: Plan pays 80%, Member pays 20%

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



A full list of the Medical Exclusions can be found in the GovGuam FY2022 Member Handbook. Visit calvos.net to download the PDF.

Dental Self-insured by the Government of Guam

Schedule of Benefits

Your Benefits: What the plan covers	Participating Providers In-Network	Non-participating Providers Out-of-Network
DIAGNOSTIC & PREVENTIVE CARE <ol style="list-style-type: none"> 1. Caries Susceptibility Test 2. Exams (including Treatment Plan) (Once every 6 months) 3. Fluoride Treatment (Annually for Children age 19 & under) 4. Prophylaxis (Cleaning and polishing of teeth) (Once every 6 months) 5. Sealants (For permanent molars of children age 15 & under) 6. Space maintainers (For children age 15 & under) includes adjustments within 6 months of installation 7. Study Models 8. X-rays (Bite Wing. Maximum of 4 per Plan Year) 9. X-rays (Full Mouth. Once every 3 years) 	100% of Eligible Expenses	70% of Eligible Expenses
BASIC & RESTORATIVE CARE <ol style="list-style-type: none"> 1. Emergency Services (during office hours) 2. Pulp Treatment 3. Routine Fillings (amalgam and composite resin) 4. Simple Extractions 5. Complicated Extractions 6. Extraction of impacted teeth 7. Periodontal Prophylaxis (cleaning and polishing once every 6 months) 8. Periodontal Treatment 9. Pulpotomy & Root Canals/Endodontic Surgery & Care 10. Oral Surgery (1) 11. Conscious Sedation and Nitrous Oxide (for children under the ages of 13) 	80% of Eligible Expenses	70% of Eligible Expenses
MAJOR & REPLACEMENT CARE <p>Fixed Prosthetics</p> <ol style="list-style-type: none"> 1. Crowns & Bridges 2. Gold Inlays & onlays 3. Replacement of Crown Restoration (limited to once every 5 years) <p>Removable Prosthetics</p> <ol style="list-style-type: none"> 1. Full Dentures (Once every 5 years) 2. Partial Dentures (Once every 5 years) 3. Each anesthesia, only if medically or dentally necessary 4. Relines 5. Denture Repair 	50% of Eligible Expenses	35% of Eligible Expenses
DEDUCTIBLE	None	None
REGISTRATION FEE PER VISIT TO DENTIST	None	None
COVERAGE MAXIMUM PER MEMBER PER PLAN YEAR	\$1,000	

TERMS: (CONFIRM AGREEMENT OR IDENTIFY DISCREPANCIES)

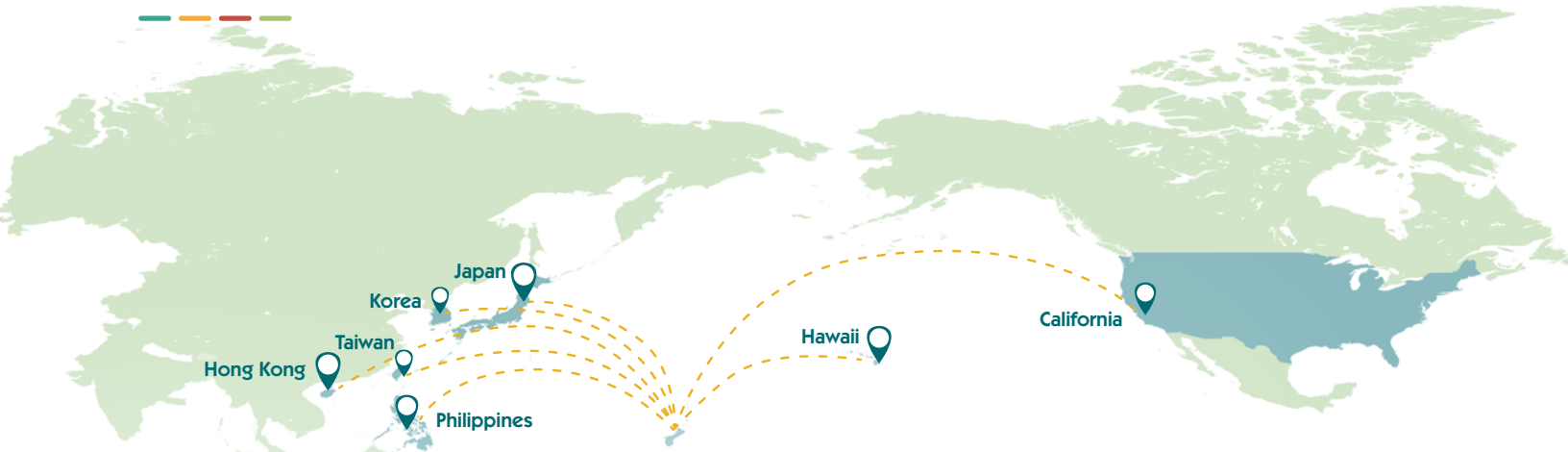
1. Unused balances are not transferable to the following year.
2. Charges for Non-participating Providers are limited to the lesser of actual charges of the Company's determination or the usual, customary, and reasonable charge in geographic location where the service was rendered, unless otherwise provided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

(1) Oral Surgery is typically covered under this dental benefit. However, in the case of accidental injury to the mouth or teeth, biopsy of oral tissue, incision/drainage of abscess, and cyst or hematoma of floor of mouth, these items are covered under the medical plan.

 A full list of the Dental Exclusions can be found in the GovGuam FY2022 Member Handbook. Visit calvos.net to download the PDF.

Comprehensive Provider Network

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



Asia Providers

Philippines

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

Hong Kong

- Hong Kong Adventist Hospital - Stubbs Road
- Gleneagles Hospital

Taiwan

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

Japan

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

Korea

- Samsung Medical Center

U.S. Direct Contracted Providers

California

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

Hawaii

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

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



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Premium Care
Physicians



6,100+
Hospitals



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and Health
Professionals



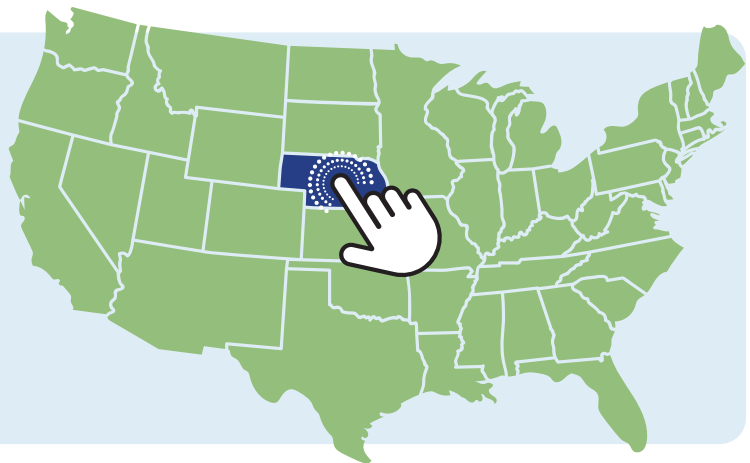
1,700+
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Care Centers

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

us1.welcometouhc.com

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



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



How can we help you feel better?



General Medical



Primary360



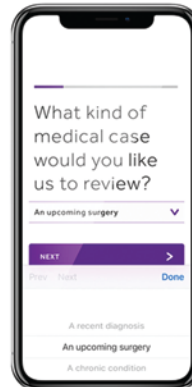
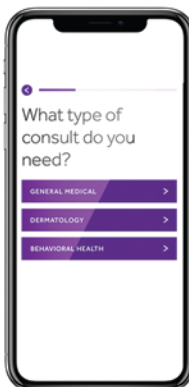
Mental Health



Specialists & Expert Advice



Wellness Care



Guam Providers:

Participating Guam Doctors and Dentists

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

Doctors

Cardiology

Giambartolome, Alessandro*
Inaba, Yoichi*
Kim, Byungsoo*
Palusinski, Robert*
Prieto, Alejandro*
Quiros, Juan - VISITING*
Wiedermann, Joseph*

Dermatology

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

E.N.T. (Otolaryngology)

Castro, Jerry*
Ryu, David*
Williams, Lawrence*

Endocrinology

Alford, Erika*
Rubio, Joel*

Family Practice

Adolphson, Arania*
Akimoto, Vincent*
Akoma, Ugochukwu*
Anderson, Mark*
Bryson, Julie*
Campus, Hieu*
Cook-Hyunh, Mariana
Cruz, Luis*
Flores, Lisa*
Frickel, Wendy*
Galgo, Geoffrey*
Lee, Delores*
Loder, Bryce
Lom, Jitka
Lujan, Davina*
Manlucu, Luella*
Mariano, Maria*
Miyagi, Shishin*
Nguyen, Hoa Van*
Nguyen, Luan*
Raab, Jeremy*
Richardson, Ian
Robinson, Michael*
Samaniego, Maria
Santos, Patrick

Schroeder Jr., Edmund*
Terlaje, Ricardo*

Gastroenterology

Farrell, Frank - VISITING*

Geriatrics

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

Hematology

Coty, Paul*
Friedman, Samuel*
Huang Chen*

Infectious Disease Medicine

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

Internal Medicine

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

Nephrology

Dissadee, Mana*
Mesbah, Anita*
Nerves, Robert C.*
Osman, Sharleen*
Philips, Sherif*
Safa, Saied*

Neurology

Carlos, Ramel*
Hale, Justin*

OB/GYN

Bieling, Friedrich*
Bordallo, Annie U.
Gabel, Jeffrey
Hirata, Greigh - VISITING
Jyung, Jin*
Miller, Vanessa*
Sidell, Jonathan*
Shieh, Thomas
Swena, Deborah*
Todd, Rose*
Underwood, Teresa

Oncology

Au, Kin-Sing*
Coty, Paul*
Friedman, Samuel*
Huang, Chen*
Ko, Song-Chu*

Ophthalmology

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

Orthopedics

Arafiles, Ruben*
Cunningham, Glenn*

Galang, Carmelino*
Kim, Andrew*

Pediatrics

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

Physical Medicine & Rehabilitation

Gaerlan, Maria Stella*

Podiatry

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

Pulmonology/Critical Care

Agustin, Michael*
Aguon, Joleen*
Hernandez, Mary Elizabeth*

Radiology

Berg, Nathaniel*
Fenton, Michael*
Hum, Barbara*
Khandelwal, Ashish*
Lizama, Vincent
Mallikarjunappa*
Nguyen, Tuan*
Packianathan, Xavier*
Piana, Peachy*
Pomeranz, Steven*
Schneider, Michael
Shay, Jeffery*
Spak, Eric*
Tan, Kenneth
Taylor, Laura*

Thorisson, Hjalti
Young, John*

Sleep Medicine

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

Surgery-General

Bandy, Nicholas*
Cruz, Michael*
Eusebio, Christian*
Eusebio, Ricardo B.*
Go, Peter*
Helm, Joseph*
Im, Sunggeun*
Kobayashi, Ronald*
Leon Guerrero, Alexandra*
Li, Doris Sophia*
Medina, Daniel*
Oh, Daniel*
Rahmani, Kia*
Sandy, Gisella*
Saw, Eng*

Surgery-Hand & Microsurgery

Landstrom, Jerone*

Surgery-Neurological

Hayashida, Steven
Nyame, Verrad*
Weingarten, David

Surgery-Reconstructive

Fegurgur, John*

Surgery Vascular

Eusebio, Ricardo*
Kobayashi, Ronald*

Urology

Fenton, Ann*
Petero, Virgilio*

Wound Care

Acuna, Edna*

Dentists

General Dentistry

Brady, Timothy
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.
Malabanan Jr., Ben

Mangilao Dental Clinic
Ordot Dental Clinic
Paradise Smiles Dental Clinic
Premier Dentistry
Reflection Dental
Seventh Day Adventist Dental

Veloria, Tom S.
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

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

Participating Clinics

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

Allied Services

Acupuncture

Baik, Jong Sun
Chong, Richard
Yu, Jong

Audiology

Koffend, Renee*

Behavioral Health

Aguon, Risha
Aquino, JoBeth
Baleto, Jesse
Baynum, Andri
Baza, Joleen
Baza, Lisa
Bellis, Kirk
Bordallo, Sandra
Camacho, Lavina
Chargualaf, Melissa
Cristobal, Hope
Guilliot, Rosemarie
Hunterspeaks Organization
Kallingal, George
Leitheiser, Andrea
Lizama, Tricia
Natividad, LisaLinda
Perez, Lilli

Romero, Amy
Rosario-Sanchez, Katrina
Santos, Jamela
Swaddell, Joan
Tolentino, Doris
Toves, Louise

Chiropractic

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

Durable Medical Equipment

Guam Med*
Health Services of the Pacific*
Healthcare Specialties*
Isla Home Infusion, Inc.
Medquest Medical Supply

Home Health Care

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

Laboratory

Diagnostic Laboratory Services & Bio Path*
- American Medical Center*
- Dededo Polymedic Clinic*
- Express Care Health & Skin Care*
- GITC Bldg*
- Guam Adult & Pediatric Clinic*
- Guam Medical Healthcare Center*
- Guam Medical Plaza*
- IHP Medical Group*
- PeMar Place*
- Sagan Amot Pharmacy*
- The Doctor's Clinic*

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

Bright, Kim
Campos, Leonard
Chan, Keith
Chong, Dae-Il*
Claros, Ryan
Golez, Rolan
Guam Regional Medical City*
Kim, Justin*
O'Connor, Shannon
Pagaduan, Marc

Santos, Isaias*
Sibug, Mary Ann
S.O.A.R. Physical Therapy

Radiology

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

Sleep Center

Guam Sleep Center
Pacific Sleep Care
Pacific Sleep Center

Speech Pathology

Duenas, Nicole

In-Area Hospitals

Guam
Guam Memorial Hospital Authority
Guam Regional Medical City

CNMI
Commonwealth Health Center

Participating Guam Pharmacies

Community Pharmacy*

- American Medical Center (Tumon)
- Guam Adult & Pediatric Clinic

Evergreen Pharmacy and Supplies*

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

Guam Medical Pharmacy*

Guam Rexall Drugs*

Harmon Drugs*

ITC Pharmacy*

- ITC Building
- Photo Town Plaza

K-Mart Pharmacy*

Mega Drugs*

- Daily Plaza Bldg
- FHP Health Center
- Oka Plaza Building

Minutes Rx Pharmacy*

Oka Pharmacy*

Pacific Healthcare Pharmacy*

Perezville Pharmacy*

Polymedic Pharmacy*

Sagan Amot Pharmacy*

Seventh Day Adventist Pharmacy*

Super Drug*

- Dededo Pay-Less
- IHP Medical Group
- Maite Pay-Less
- Oka Pay-Less
- Yigo Pay-Less

Benefits provided by:



Pharmacy Benefits Manager
BIN: 003650
Processor Control: 64

Providers marked with an asterisk (*) are Medicare Providers

NurseLine

Nurse Triage and Advice Service

Our NurseLine nurse triage and advice service will help direct you to the right care, at the right time, based on the level of care you need.



24-hour support:

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

Triage support:

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

Health education:

Supported by 700 triage guidelines and health education topics.

Experienced nurses:

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

Accessibility:

TTY service available for the hearing impaired.

NurseLine provided by  **OPTUM**

Life Saving Benefits

When accidents strike, many patients need to be flown off island to receive the appropriate care. Our travel benefits provide safety and security, when you may need it most.



Air 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 Services

50% off Air Ambulance Services!

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

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

Catherine Ngiratumerang



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

Start your wellness journey by identifying what your health risks may be. Do you know how to reduce these risks?

Take our simple, secure, online health assessment. All answers are confidential. See questions about your health habits and history.

- Get reports uncovering risks you may not know about
- Identify health concerns that need your attention
- Find out your next steps to getting and staying healthy
- Share your reports with your doctors
- Stay informed with the Monthly “WellNotes” Newsletter




Guam Seventh-day
Adventist Clinic

Wellness and Disease Management Programs

Free Programs

- Diabetes Management Program
- Stop Smoking Class
- Optum Wellness Resources

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

Programs at 50% coverage

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

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

*Providers may expand through the year.

Calvo's SelectCare
THE WEEKDAY WORKOUT
Daily Exercise Classes for the month of
July 2021

Day	Sundays	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00am	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
9:00am	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
10:00am	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
11:00am	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
12:00pm	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
1:00pm	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
2:00pm	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
3:00pm	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
4:00pm	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
5:00pm	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
6:00pm	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
7:00pm	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning
8:00pm	Stress and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning	Yoga	Strength and Conditioning

THE WEEKDAY WORKOUT

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

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

Gym Memberships: GovGuam Subscribers and Dependents

Gym Memberships - 100% Covered



Hagåtña Tel: 475-2100/1
Dededo Tel: 635-2100/1



Tamuning
Tel: 929-8795



Maite Tel: 472-9642
Hagåtña Tel: 472-7674



Tamuning
Tel: 969-8641

Gym Memberships - Discounted Rates



Anigua
Tel: 989-0436



Dededo
Tel: 633-2357(CFLS)



Tel: 788-5719
Registration Link:
<https://tribegu.com/join-a-camp>



Health and Wellness Rewards

Earn up to \$200 (\$100 per person), Subscriber and spouse/domestic partner, by first completing the HRA and any one of the two remaining actions:

Complete the Online Health Risk Assessment (Required)

Get a Biometric Screening

Complete the Health Management Program with a participating Wellness Provider

Gym Fitness Reward

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

(Must be 18 yrs. or older)



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



- Enroll and complete the Calvo's SelectCare Health Risk Assessment
- Select one of our gym/fitness partners and receive your validation card
- Work out at least ten (10) days per month at the selected gym/fitness partner
- For three consecutive months per GovGuam Quarters: October to December, January to March, April to June, July to September
- Get your fitness card validated each day you work out
- Submit the completed validation cards to our administrative office no later than sixty (60) days after the end of each quarter

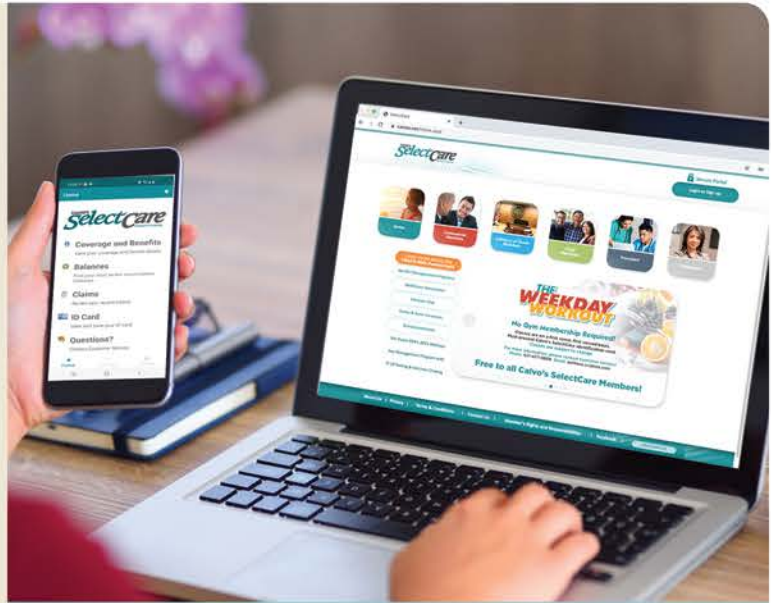
HRA must be completed prior to submission.

Value-added Digital Services

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

Calvo's SelectCare online

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



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

www.calvos.net



OPTUMRx® | Benefits

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

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

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

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



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

Save as much as:

\$180 on Generic and Brand Name Drugs per year!
\$800 on Non-Preferred Drugs per year!

Special Offers for our members!

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



it's more than a Club,
it's a Lifestyle!

Download today!



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



Member Communications

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



Online Enrollment

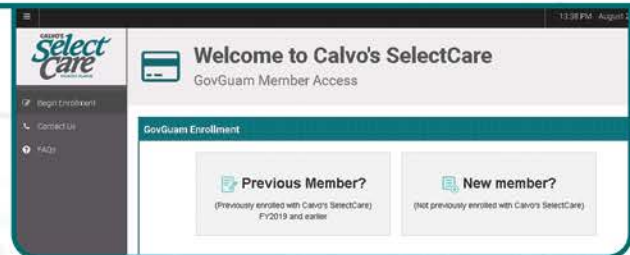
Visit enroll.calvos.net/govguam to use our online enrollment system! **It's fast and easy!**



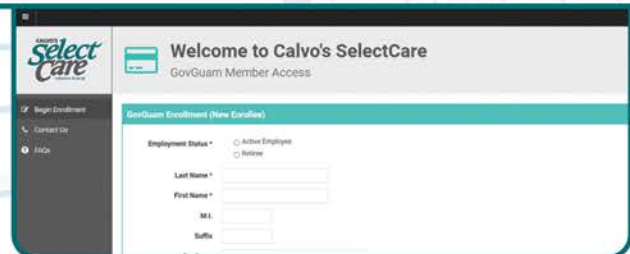
1. Go to the www.calvos.net GovGuam webpage enroll.calvos.net/govguam or scan the QR Code above



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



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



4. Upon submission you will receive email confirmation.



5. Starting on October 4, 2021, you will be able to access your Member ID card, Member Handbook, Provider Directory and other Member Communications at www.calvos.net or on the Calvo's SelectCare Mobile App.



Frequently Asked Questions

Enrollment Questions

When is Open Enrollment?

- Open Enrollment starts on September 1 and ends on September 25, 2021.
- You may enroll online through the GovGuam Enrollment link on our website at calvos.net, submit your enrollment form to your respective agency or to our office.

Where can I get my Enrollment Packet?

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

Where do I send my Enrollment Form?

You may submit your enrollment form to your agency, our 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, 2021, you can obtain your digital member ID card by registering on our website www.calvos.net or downloading and registering the Calvo's SelectCare mobile app on your Android or iPhone.

Member ID cards will be mailed to you around two weeks after October 1, 2021.

Benefits Questions

Who handles my HSA plan?

Your HSA plan is handled by ASC Trust. They can be contacted as follows:

- Local phone: 671-477-2724
- Toll free: 866-577-9049
- Website: ASCTrust.com

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, 2021. You can use your benefits as of Oct. 1, 2021.

How do I access care without an ID card?

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

Frequently Asked Questions (cont.)

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.

***Please note:** There is no dual coverage for the same dependents within the Government of Guam

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 to 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.

Your FY2022 Rates



Actives (Bi-Weekly)	HSA2000	PPO1500
Class 1: EE	\$32.27	\$99.77
Class 2: EE and Spouse/Domestic Partner	\$100.72	\$237.64
Class 3: EE and Child(ren)	\$84.49	\$194.03
Class 4: EE and Family	\$139.87	\$317.86

Retirees (Semi-Monthly)	HSA2000	PPO1500
Class 1: EE	\$130.66	\$130.56
Class 2: EE and Spouse/Domestic Partner	\$283.23	\$302.33
Class 3: EE and Child(ren)	\$241.21	\$248.71
Class 4: EE and Family	\$385.77	\$408.30

Retiree Supplemental Plan	Medical (Semi-Monthly)
Class 1: EE	\$31.68
Class 2: EE and Spouse/Domestic Partner	\$63.63
Class 3: EE and Child(ren)	\$0.00
Class 4: EE and Family	\$0.00

Dental Self-insured by the Government of Guam

Classes	Actives (Bi-Weekly)	Retirees (Semi-Monthly)
Class 1: EE	\$6.77	\$7.34
Class 2: EE and Spouse/Domestic Partner	\$23.32	\$25.26
Class 3: EE and Child(ren)	\$18.35	\$19.88
Class 4: EE and Family	\$31.02	\$33.61

Office locations to better serve you

Guam

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

Saipan

Oleai Center Bldg., San Jose
P.O. Box 500035
Saipan, MP 96950-0035
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

Email

service@calvos.com

