



2026

BENEFIT GUIDE



JANUARY 1, 2026



FCE Benefit Administrators, Inc.
4615 Walzem Road, Suite 300
San Antonio, TX 78218
Tel: (800) 298-7269

WWW.FCEBENEFITS.COM

Contact FCE Customer Care

800-298-7269

CBRESupport@fcebeneft.com

Monday - Friday 7:30am-7:00pm CST



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Dear Employee:

Welcome to your FCE 2026 employee benefits plan!

This enrollment kit includes your Summary Plan Description (SPD), enrollment forms and additional information that describes the benefits available under your employer-sponsored Health and Welfare Plan.

The web enrollment process:

- allows you to enroll yourself and any eligible dependents into the plan.
- allows you to specify those eligible dependents you wish to cover under your plan. The monthly cost of dependent coverage is specified on this form.
- allows you to specify beneficiaries for your life coverage and when an eligible person desires to convert group life insurance to an individual policy.
- specifies the conditions under which you may elect to waive the medical benefits under the present Plan. The form must be signed, dated, and submitted with your evidence of current participation in another employer-sponsored group medical plan.

Should you have any questions pertaining to the information provided within this document, please do not hesitate to call our Member Services Department:

FCE Benefit Administrators, Inc.
4615 Walzem Road, Suite 300
San Antonio, TX 78218-1610

(800) 298-7269

www.fcebenefit.com

Sincerely,

Your Member Services Team

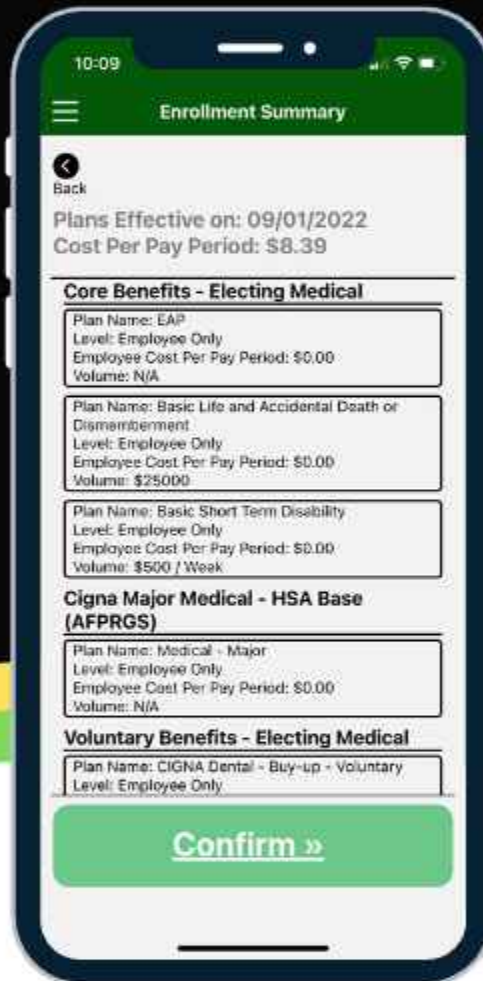
FCE Benefit Administrators, Inc.

MOBILE ENROLLMENT

NEW &
IMPROVED
MOBILE APP

Making
Enrollment

**EASY,
SECURE, &
CONVENIENT!**



A NEW
WAY TO
ENROLL

Available in the App Store



WHAT'S NEW?



ELECT COVERAGE

Waive or elect medical coverage or declare a qualifying life event



SELECT PLANS

View & select benefit plans, such as Medical, Dental, Vision, etc.



REVIEW PLANS

Review plans and receive benefit confirmation statements via email

WEB ENROLLMENT FOR HEALTH BENEFITS IS HERE!

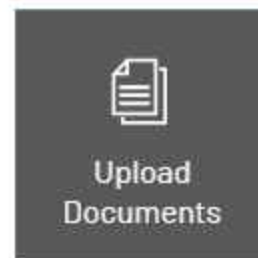
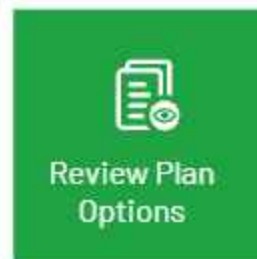


PREPARE FOR Web Enrollment!

As an employee covered by FCE, you may enroll through FCE Benefit Administrators' online Web Enrollment System.

Through the FCE Online system, you can:

For access, select login at <https://portal.fcebenefits.com> and enter the following:



1. Username

Your Username is the first letter of your **legal** first name and your last name;
(For Ex, John Smith would be *jsmith*)

2. Password

The passwords for each member is six characters and include:

- Capitalize first letter of first name
- Lower case first letter of last name
- Last four of digits of social security number

(For Ex, John Smith with an SSN of 123-45-6789 would be *Js6789*)

FCE[™] DISCLOSURE

BENEFITS

This presentation is for informational purposes.
In the event there is a variance between this
Presentation and the Plan Documents, the Plan
Documents will have final Authority.

For an Electronic copy of the Summary Plan
Description (SPD) follow the link below:

SPD

If you would like a printed copy of the SPD
please contact FCE Benefit Administrators:

800-298-7269

CBRESupport@fcebeneft.com

Getting Answers to **BENEFIT QUESTIONS**



Know who to call, when you need help.



BENEFIT & INSURANCE /SERVICE PROVIDER	CONTACT INFORMATION
<p>Major Medical Health Calvo's SelectCare</p>	<p>671-477-9808 www.calvos.net</p>
<p>Pharmacy Calvo's SelectCare</p>	
<p>Dental Insurance Calvo's SelectCare</p>	
<p>Short Term Disability FCE claim form</p>	<p>800-298-7269 – FCE Customer Service M-F 7:30am-7pm CST CBRESupport@fcebeneft.com</p>
<p>Supplemental Vision FCE</p>	
<p>Life & AD&D RSL</p>	<p>800-351-7500 www.reliancestandard.com</p>
<p>Voluntary Long-Term Disability RSL</p>	



Qualified Life Events

A Qualified Life Event (QLE) is a personal change in status which may allow the employee to change benefit elections mid-year. Examples of qualifying events include:

- Change in legal marital status, such as marriage, divorce, legal separation, annulment or death of a spouse;
- Change in the number of Dependents, such as birth, adoption, award of legal guardianship, placement for adoption and death;
- Change in Dependent's employment status which results in a change in eligibility, such as changing from part-time to full-time employment, termination or new employment, a strike or lockout, commencement or return from unpaid leave;
- Dependent satisfies or ceases to satisfy eligibility requirement, as in marriage or divorce.

Qualified Dependent Types

- Legally Married Spouse (opposite or same sex)
- Common Law Spouse
- Child(ren) - natural, step, adopted, foster, legal guardianship arrangement, court-ordered
- Child(ren) with disabilities who have reached or are over age 26

Employees are required to provide notice to FCE no later than 30 days from your QLE date.



About Waiving Your Medical Benefits

If you have other employer-sponsored group medical coverage, you have the option to waive medical benefits under your plan.

"Other employer-sponsored group medical plan" means currently active medical benefits to which you are entitled because:

- You are a dependent on your spouse's or domestic partner's employer-sponsored group plan;
- You are covered under a retiree plan through a previous employer; or,
- You are covered under another plan through another current employer.

You may only waive medical coverage as a new hire or during an Open Enrollment Period. In addition, your waiver will not affect the Plan's responsibility to provide you with certain core benefits under the Plan. These benefits are specified on the Schedule of Benefits for the Waived Medical option.

If you elect to waive medical benefits, you must complete the online Waiver of Medical Benefits option on the FCE enrollment portal and provide evidence of your other coverage. "Evidence" means a photocopy of both sides of the ID card issued to you as a participant in the other plan. **Failure to provide evidence to FCE by the provided deadline** will nullify your election to waive and will result in your automatic enrollment in employee-only medical benefits under the plan. Your election to waive will also be nullified if your other coverage is not eligible, for example if it is an individual plan. If this happens, you cannot make changes to your benefit elections until the next open enrollment.



Are you Waiving Medical Benefits and need Proof of your Tricare Coverage?



Get Proof of TRICARE Coverage

The "Proof of Insurance" feature on milConnect lets you generate, save, and print an Eligibility Letter that provides proof of current health care coverage under TRICARE.

- Sponsors can access Eligibility Letters for themselves and for their eligible family members
- Family members can access only their own Eligibility Letters.

Online Request

- Log in to [milConnect](#).
- Click on the "Obtain proof of health coverage" button.
- Or click on Correspondence/Documentation and choose "Proof of Coverage."
- Your coverage letter will be generated and available for download.

The letter will only reflect current TRICARE eligibility for all family members selected.

Written Request

You can mail or fax a written request to the DMDC Support Office. Include the following information on your request:

1. Sponsor's name and Social Security number
2. Name of all family members to be included on the letter
3. Name and address of the person the request should be sent to
4. Signature of the requestor

Fax the request to 1-800-336-4416 (Primary) or 1-502-335-9980 (Alternate), or mail it to the Defense Manpower Data Center at the following address:

DMDC Support Office
400 Gigling Road
Seaside, CA 93955

For the most up to date information please visit [Get Proof of TRICARE Coverage | TRICARE](#).

IBEW 1260 GUAM

CBRE Government & Defense Services Exempt Plan
Preferred Provider - Employee Health and Welfare Plan - Effective 01/01/2026

EMPLOYEE PLAN INCLUDES :	Exempt Employee	Exempt Employee Waived Medical
	<u>Employee</u>	<u>Employee</u>
LIFE INSURANCE BENEFITS (RSL)		
Employee Life Insurance Benefits	\$50,000	\$50,000
Employee Accidental Death & Dismemberment	\$50,000	\$50,000
SUPPLEMENTAL VISION CARE (FCE)		
Vision Examination (Once in Every Calendar Year)	\$75	N/A
Frame & Lens Materials (Once in Every Two Calendar Years)	\$150	
DENTAL BENEFITS (SelectCare)		
Calendar Year Maximum for Preventive, Basic, Major	\$2,000	
Calendar Year Deductible for Basic and Major	\$50	
Percent Paid for Preventive Services	100%	N/A
Percent Paid for Basic Services	80%	
Percent Paid for Major Services	50%	
<i>Elective Dependent coverage available</i>		
WEEKLY DISABILITY (Available to Employees Only)		
Paid from 8th Day of Accident or Sickness		
Maximum Weekly Benefit (up to 26 Weeks of Disability)	\$500	\$500
Percent of Base Weekly Earnings	66%	66%
Long-Term Disability (Available to Employees Only; RSL)	Voluntary	
Paid from 91st Day of Accident or Sickness		
Maximum Monthly Benefit	\$6,000	
Percent of Base Monthly Earnings	60%	
PPO Network	SelectCare	
Major Medical Coverage (Vision Benefit Included in Medical)	See attached SelectCare Benefit Summaries	N/A
COVERAGE EFFECTIVE/TERMINATION		
Coverage Effective	First of the Month Following Date of Hire	
Coverage Termination	End of Month of Termination of Employment	

Life insurance coverage is underwritten by Reliance Standard Life Insurance Company (RSL).

Important: This is a highlight sheet. The actual benefits, terms, and conditions are specified in the policy, schedule of benefits, and evidence of coverage.

Exempt Plan Rate Summary

CBRE Government & Defense Services Exempt Plan

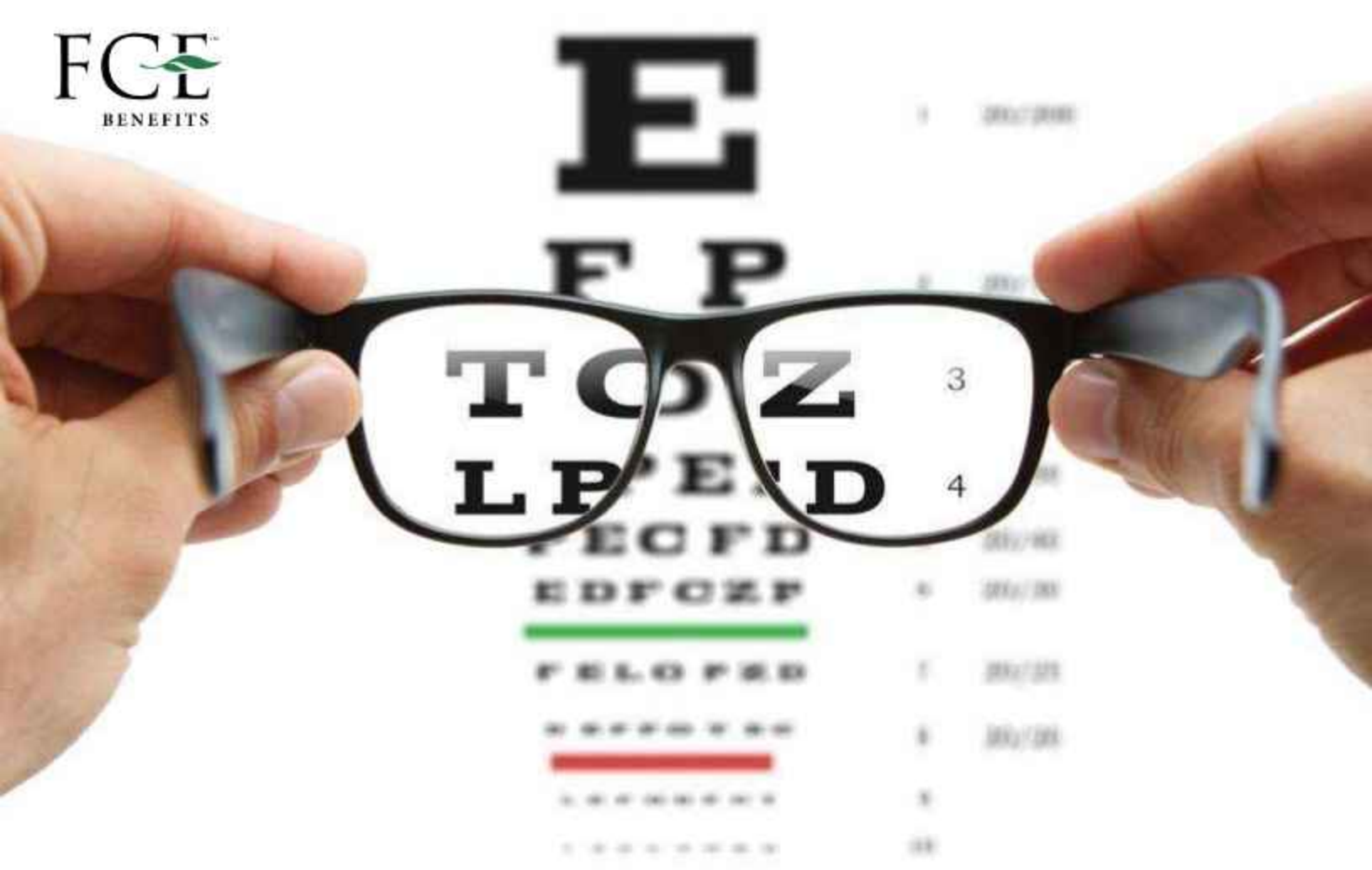


Effective: 01/01/2026

Plan Cost	1 <u>BASE PLAN Select Care Major Medical Cost (SC-70)</u>	\$524.43	
	<u>Plan Cost</u> *	Monthly rates	Weekly rates
	Single	\$0.00	\$0.00
	Couple	\$450.11	\$103.87
	Family	\$975.87	\$225.20
Plan Cost	2 <u>MID PLAN Select Care Major Medical Cost (SC-80)</u>	\$577.99	
	<u>Plan Cost</u> *	Monthly rates	Weekly rates
	Single	\$53.56	\$12.36
	Couple	\$554.14	\$127.88
	Family	\$1,142.73	\$263.71
Plan Cost	3 <u>BUY-UP PLAN Select Care Major Medical Cost (SC-10)</u>	\$649.06	
	<u>Plan Cost</u> *	Monthly rates	Weekly rates
	Single	\$124.63	\$28.76
	Couple	\$690.10	\$159.25
	Family	\$1,364.18	\$314.81
Plan Cost	5 <u>At-Will Plan (No Major Medical Coverage)</u>	\$38.20	
	<u>Plan Cost</u>	Monthly rates	Weekly rates
	Single	\$38.20	\$8.82
Plan Cost	6 <u>Voluntary Long-Term Disability</u>	Per \$100 of Covered Payroll (Monthly)	
	<u>Age Group</u>	Employee Only	
	18-24	\$0.086	
	25-29	\$0.135	
	30-34	\$0.244	
	35-39	\$0.391	
	40-44	\$0.675	
	45-49	\$0.882	
	50-54	\$1.246	
	55-59	\$1.608	
	60-64	\$1.241	
65-69	\$0.838		
70+	\$0.609		

* Includes employer subsidy of \$524.43 per month for each tier

- This is a general summary of your benefits. A more complete description of your benefits and the terms under which they are provided, including limitations and exclusions, are contained in the Summary Plan Description (SPD). If there are any discrepancies between the information contained in this highlights of plan benefits and the provisions of the SPD, the SPD is the controlling authority.



About Your Vision Plan Benefits

Did you know that

some health conditions, like glaucoma and diabetes, can be identified during vision exams?

Open Access Plan

Your Vision benefits are provided through an open access plan, you can use your vision benefits through any licensed provider willing to file claims with the plan.

COVERED SERVICES INCLUDE:

- **\$75 Benefit** for Routine Eye Examinations Once every Calendar Year
- **\$150 Benefit** every 2 Calendar Years for One pair of eyeglass lenses and frames or one pair of contact lenses

For full details please review your Summary Plan Description (SPD).

Use Any Licensed Provider

Simply have your provider call FCE to verify your benefits at the number on your ID card, FCE 800-298-7269

Travel Assistance

Emergency help while you are traveling

Sure, we all expect our trips to go off without a hitch and most times they do. However, if you experience an emergency when traveling – no matter how big or how small – you have around-the-clock access to On Call International's 24-hour, toll-free travel assistance services. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you can rest assured you (and your covered dependents) have access to a personal travel emergency companion anytime you're more than 100 miles away from home.

How your Travel Assistance services work

Using your travel emergency services is a cinch! Just contact On Call International directly at (603) 328-1966 anytime you need assistance while traveling. On Call's Global Response Center is open 24 hours a day, 365 days a year and can provide the following services through your group coverage with Reliance Matrix. The following is an outline of the On Call emergency travel assistance service program. For a complete description of all services and the program terms and limitations, please request a Description of Covered Services from your employer.



24-Hour Travel Assistance

On Call International provided through Reliance Matrix



In the U.S., toll free
(800) 456-3893



Worldwide, collect
(603) 328-1966

Travel Assistance Services administered by



reliancematrix
A MEMBER OF THE TOKIO MARINE GROUP

For emergency medical, legal and travel assistance information and referral service 24 hours a day, 365 days a year, call the numbers below. To place a collect call, dial the INTERNATIONAL COUNTRY CODE:

_____ followed by On Call's collect call number

fold

TO REACH ON CALL VIA INTERNATIONAL CALLING:

Go to <http://www.att.com/esupport/traveler.jsp?group=tips> for complete dialing instructions. It is recommended that you do this prior to departing the US, find the access code from the country you will be visiting, and note it on the front of the cut-out card so you will have the information readily available in case of an emergency. (AT&T provides English-speaking operators and the ability to place collect calls to On Call, whereas local providers

may encounter difficulty placing collect calls to the US).

Travel assistance services are provided by On Call International (On Call) under the terms and conditions of a service agreement with Reliance Matrix. On Call International is not affiliated with Reliance Matrix or with AT&T.



Covered services

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

Pre-trip assistance	<ul style="list-style-type: none">• Inoculation requirements information• Passport/visa requirements• Currency exchange rates	<ul style="list-style-type: none">• Consulate/embassy referral• Health hazard advisory• Weather information
Emergency medical transportation*	<ul style="list-style-type: none">• Emergency evacuation• Medically necessary repatriation• Visit by family member or friend• Return of traveling companion	<ul style="list-style-type: none">• Return of dependent children• Return of vehicle• Return of mortal remain
Emergency personal assistance services	<ul style="list-style-type: none">• Urgent message relay• Interpretation/translation services• Emergency travel arrangements	<ul style="list-style-type: none">• Recovery of lost or stolen luggage/personal possessions• Legal assistance and/or bail bond
Medical assistance services	<ul style="list-style-type: none">• Medical referrals for local physicians/dentists• Medical case monitoring	<ul style="list-style-type: none">• Prescription assistance and eye glasses replacement• Convalescence arrangements

*The services listed above are subject to a maximum combined single limit of \$250,000. Return of vehicle is subject to \$2,500 maximum.

On Call International is not affiliated with Reliance Matrix. Reliance Matrix is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.

For more information, visit reliancematrix.com.



Reliance Matrix is a branding name. Reliance Standard Life Insurance Company (Home Office Schaumburg, IL) is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. First Reliance Standard Life Insurance Company (Home Office New York, NY) is licensed in New York and Delaware. Standard Security Life Insurance Company of New York (Home Office New York, NY) is licensed in all states. Absence services are provided by Matrix Absence Management, Inc. Product features and availability may vary by state.

RS-2110 (09/22)

Voluntary Disability Income Protection Insurance



Draw on the protection provided by your benefits.

Great news! Your employer is offering you the opportunity to purchase disability income protection insurance at group rates from Reliance Standard, a trusted group benefits carrier.



498
Americans

become disabled every
ten minutes.¹

Even though no one likes to think about getting sick or sustaining an injury, almost everyone makes sure to get medical insurance—just in case. But medical insurance is only designed to cover all or most of the healthcare costs an illness or injury brings—what happens to your paycheck if you've exhausted your paid time off? If your paycheck were to stop for a period of time, how would that affect you and your family? If you've never thought about the possibility, now is a good time.



1 in 4

of today's 20-year-olds
will become disabled
before they retire.²

"That will never happen to me."

Disability is more common than most people realize. Accidental injuries are a major cause of disabilities, but common chronic health conditions can also limit your ability to work. In fact, approximately 90% of disabilities are caused by illnesses rather than accidents.²



1 in 5

workers can expect to be
disabled for at least a year
before the age of 65.³

"I don't need it."

Just like medical insurance acts as a safety net for you in the event that you become ill or injured, disability insurance is another level of protection: it will help provide for you financially in the event that you cannot work due to injury or illness.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com

¹ National Safety Council, Injury Facts 2008 Edition. ² Council for Disability Awareness, Disability Statistics, 2013. ³ Life and Health Insurance Foundation for Education, 2005.

"I have enough insurance already."

Very few people hesitate to insure assets like their home or car, but many fail to protect their most valuable asset of all: themselves. Disability income protection insurance will help protect your financial security in the event that you cannot work. The chance of poverty jumps from 9% for people without a disability to 27% for those with a severe disability.¹

"There's always workers' compensation."

Disability insurance covers you when workers' compensation doesn't. Workers' compensation only applies to injuries sustained while an employee is at work. Statistics show that there are almost twice as many off-the-job injuries as on-the-job injuries and twice as many work days lost due to off-the-job injuries as on-the-job injuries.² Partial disabilities may also be covered.

"I can't pay another bill every month."

Your employer has made it possible for you to purchase this coverage at group rates. You pay for your coverage through convenient payroll deduction.

"I doubt I would be approved."

You cannot be turned down for this insurance, as long as you are eligible.

"Why now?"

Evidence of Insurability requirements are waived for employees who enroll during your employer's approved enrollment period.

"What do I do now?"

If you agree that you and your loved ones can benefit from this important coverage, it's easy to get started. Simply review the accompanying materials and complete the Reliance Standard enrollment form supplied by your employer. If you have questions or require an enrollment form, please contact your Benefits Administrator.

Additional information to aid you in your disability income protection insurance purchase decision can be found online at www.RelianceStandard.com/voluntarydisability.

Why Reliance Standard?

You are buying Disability insurance from Reliance Standard Life Insurance Company, a national insurer in business for over a century.

YOUR CHANCES OF BECOMING DISABLED INCREASE WITH AGE.¹

 **11%**
Ages 18-44

 **23%**
Ages 45-64

 **51%**
Ages 65 and above

UNEXPECTED ILLNESSES AND INJURIES CAUSE:

350,000
personal bankruptcies each year,² and nearly

50% 
of all mortgage foreclosures.³

RELiance STANDARD
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www.reliancestandard.com

¹ U.S. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, 2009. ² U.S. Census Bureau, 2009. ³ "Illness and Injury as Contributors to Bankruptcy," Health Affairs, February 2005. ⁴ Health Affairs, The Policy Journal of the Health Sphere, February 2005. ⁵ National Safety Council, Injury Facts 2008 Edition.

This information is not an insurance policy and does not describe the entire plan. For more detailed information, you must ask your employer's Human Resources benefit manager. There is a detailed description of the plan's provisions, limitations and exclusions in the Certificate of Insurance which is issued to you after your application is processed.

The availability of the described products, benefits and features may vary by state.

Group disability coverage is underwritten by Reliance Standard Life Insurance Company and provided through policy form series: LRS-6564, LRS-9228, LRS-6451, LRS-9334, et al. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

RS-2082 (7/17)



2026 Open Enrollment for IBEW Members



Scan the QR to view
and download
your Virtual
Enrollment Packet





Welcome to Calvo's SelectCare DENTAL Plan..... Affordable dental coverage available as an option exclusively to members of SelectCare's medical plans.

To participate in Calvo's SelectCare DENTAL Plan, you must be a member of a Calvo's SelectCare medical plan, and you must carry both medical and dental coverage throughout your policy year.

This schedule is provided as a handy summary of your dental care coverage. Please consult your policy for a full and detailed description of terms and limitations that may apply.

Calvo's SelectCare provides coverage for all of the dental services listed here. These are your dental benefits. Calvo's SelectCare pays the portion noted on the right, and you pay the remaining amount. If a dental service is not listed here, it is an exclusion, and you are responsible for all related charges.

You may select our dentist from among those in our network of participating providers. A list of participating dentists can be found in your provider directory or by calling Calvo's Insurance.

If you choose to see a dentist who is not a participating provider, you may be responsible for a larger share of your expenses than you are when you choose a participating provider.

In general, your dentist will ask you to pay only your share of the charges at the time you receive dental care. He/she will then forward a bill to SelectCare for the remaining amount, and we will pay the remaining amount of eligible charges for covered services directly to your dentist.

However, occasionally, a dentist prefers that you pay in full for dental care at the time you receive it. When that is the case, simply submit a claim for reimbursement to our SelectCare Office, and we will reimburse you for all the covered expenses. Be sure to provide us with a copy of your receipts and dentist's bill which lists all the services you received and the price of each.

We want you to keep your healthy smile by making good use of your dental plan. Whenever you have a question or concern about your coverage, please call or come see us at our Calvo's SelectCare Office. We're ready to help!

What Calvo's SelectCare Covers..... Your Benefits	When You Go to Participating Providers	When You Go To Non-Participating Providers
Deductible		None
Coverage Maximums		\$2000
Diagnostic & Preventive Care		
<ul style="list-style-type: none"> • Caries Susceptibility Test • Exams (Once every 6 months) • Fluoride Treatment (For children age 15 & under, once a year) • Prophylaxis (Cleaning of teeth once every six months) • Sealants (For permanent molars of children age 15 & under) • Space maintainers (For children age 15 & under, includes adjustments within 6 months of installation) • Study Models • Treatment Plan • X-ray (Bite Wing) • X-rays (Full Mouth, once every 3 years) 	100% of Covered Charges	60% of UCR Charges
Basic & Restorative Care		
General Services		
<ul style="list-style-type: none"> • Emergency Care (During office hours) • Routine Fillings (Silver & composite resin) • Additional Tooth Surface (Next to filling) 		
Oral Surgery		
<ul style="list-style-type: none"> • Simple Extractions • Complicated Extractions • Impactions 	80% of Covered Charges	60% of UCR Charges
Periodontal Care		
<ul style="list-style-type: none"> • Periodontal Prophylaxis (Cleaning once every 6 months) • Periodontal Treatment (And treatment of other gum diseases) 		
Endodontic Care		
<ul style="list-style-type: none"> • Pulp Treatment • Root Canal 		
Major & Replacement Care		
Fixed Prosthetics		
<ul style="list-style-type: none"> • Crowns • Gold Inlays & Onlays • Bridges (Fixed) • Replacement of Crown Restoration (Once every 5 years) 		
Removable Prosthetics		
<ul style="list-style-type: none"> • Full Dentures (Once every 5 years) • Partial Metal Dentures (Once every 5 years) • Each Additional Tooth • Relines (Single) • Denture Repair • Partial Repair (Plastic or Metal) • Bridges (Removable) 	50% of Covered Charges	25% of UCR Charges
Sedation or General Anesthesia when required by Dentist	80% of Covered Charges	60% of UCR Charges
Additional Coverage / Conditions / Limitations		
<ul style="list-style-type: none"> • None 		

Terms:

- Unused balances are not transferable to the following year.
- Payment of benefits is based on "UCR" - -the Usual, Customary and Reasonable charge of the geographical location where the dental service was rendered.

Dental Exclusions:

Any dental service which is NOT specified as covered is excluded.

Calvo's SelectCare Dental Plan does NOT cover the following dental services and conditions. You are responsible for all related charges for:

- A crown, cast restoration, denture or fixed bridge or addition of teeth to one, if work involves a replacement or modification of a crown, cast restoration, denture or bridge installed less than 5 years ago, or one that replaces a tooth that was missing before the date the patient became a member under the plan (including previously extracted or missing teeth.)
- A prosthetic or other appliance, or modification of one, where an impression was made before the patient was covered.
- All surgical procedures except for surgical extractions or teeth and periodontal surgeries performed by a dentist.
- Any over the counter drugs or medicine.
- Any service for which a member received benefits under any other coverage.
- Any service unless required and rendered in accordance with accepted standards of dental practice.
- Charges incurred while confined as an inpatient in a hospital unless such charges would have been covered had treatment been rendered in a dental office.
- Dental work done after coverage ends. However, any applicable Work-in progress as defined above will be covered. The member must receive or complete any Work-in progress within 30 days after coverage ends.
- Dental implants or tooth preparation for over dentures.
- Dental work for cosmetic purposes.
- Experimental procedures.
- Excessive charges-any difference between your dentist's bill and the amount allowed by the plan.
- Fluoride varnish.
- Intentionally-inflicted injury.
- New denture or bridgework, if the existing denture or bridgework can be made serviceable.
- Orthodontia and related dental services (treatment and appliances for straightening irregularly placed teeth).
- Panoramic x-ray or full mouth x-ray if provided less than 3 years from the covered person's last panoramic x-ray or full mouth x-ray.
- Pitt and fissure sealants for patients age 16 and up.
- Precision attachments or stress breakers.
- Prosthodontic services or devices (including crowns and bridges) started prior to membership in SelectCare Dental Plan.
- Rebasings or relining of a denture less than 6 months after the first placement, and not more than one rebasing or relining in any 2 year period.
- Replacement of existing dentures, crowns or fixed bridgework if the existing dentures, crowns or fixed bridgework can be made serviceable.
- Replacement of lost or stolen appliance, or replacement of any appliance damaged while not in the mouth.
- Root canal therapy, if the pulp chamber was opened before the patient was covered.
- Services or appliances to change the vertical dimension or to restore or maintain the occlusion, including but not limited to equilibrium, full mouth rehabilitation and restoration for malalignment of teeth.
- Services paid for by Workers' Compensation.
- Services related to TMJ (temporomandibular joint syndrome) or craniomandibular disorders, myofunctional therapy or the correction or harmful habits.
- Spare or duplicate prosthetic devices.
- Surgical grafting procedures.
- Treatment and/or removal of oral tumors.
- Work in progress prior to the effective date of coverage.

GUAM Office

Phone: (671) 477-9808
Fax: (671) 477-4141
Location: Corner of Rt. 4 & Chalan Santo Papa
Mail: P.O. Box FJ
Hagatna, Guam 96932
Hours: 8:30 a.m. - 5:00 p.m. Monday-Friday
and 8:30 a.m. - 1:30 p.m. Saturday

SAIPAN Office:

Phone: (670) 234-5699 / 0
Fax: (670) 234-5693
Location: Oleai Center Bldg., San Jose
Mail: P.O. Box 500035
Chalan Kanoa, Saipan MP 96950
Hours: 8:30: a.m. - 5:00 p.m. Monday-Friday
and 8:30 a.m. -11:00 a.m. Saturday

PALAU Office :

Phone: (660) 488-7222 / 7444
Fax: (660) 488-7333
Location: JR Professional Building, Suite 2
Mail: P.O. Box 10248
Koror, Palau 96940
Hours: 8:30 a.m. - 5:00 p.m. Monday-Friday



Welcome to Calvo's SelectCare!

We are committed to providing comprehensive and affordable health plans to the communities we serve. SelectCare is administered by Calvo's Insurance, Guam's oldest and largest insurance operation.

This Schedule of Benefits is a summary of your health care coverage under your plan. Please read this carefully as not all SelectCare plans are the same. For a complete and detailed description of all the benefits, limitations, terms and procedures, please refer to your policy contract. This is normally with your employer.

We also invite you to consult your Member Handbook and Provider Directory for general guidelines on how to use your plan and for information about doctors, hospitals and other medical providers which are available to you as a member under your SelectCare plan.

We want you to take full advantage of your health care coverage and stay healthy, so please call or come see us if you have any questions.

Calvo's SelectCare Office

Corner of Rt. 4 and Chalan Santo Papa
P.O. Box F.J., Hagatna, Guam 96910
Phone: (671) 477-9808
Fax: (671) 477-4141
Open 8:30 am - 5:00 pm Monday-Friday
and 8:30 am - 1:30 pm Saturday

** Off-Island Providers outside of Guam, CNMI and Micronesia are grouped into 4 categories. Access to off-island providers is limited ONLY to the category(ies) listed on this Schedule of Benefits. Please check your Member Handbook and Participating Provider Directory for a more detailed explanation. The abbreviation(s) listed mean the following:

- 1) COE-Phil: Centers of Excellence in the Philippines.
- 2) COE-US: Centers of Excellence in the United States Mainland.
- 3) Hawaii: Participating Providers in Hawaii
- 4) OPP: Other Participating Providers. Off-Island providers in Asia and the U.S. including the US PPO network of UnitedHealthcare.

Services outside of the allowable Location Categories will be treated as Non-Participating.

* UCR Charges are the "Usual, Customary, and Reasonable" charges of a provider for a service or supply in the geographic area where it was rendered not exceeding the amount ordinarily paid by Medicare for a comparable service or supply to their participating provider. Non-participating hospital charges will be based on Medicare's "Diagnosis Related Group" (DRG) charges paid to their participating hospitals. Drug charges are based on Average Wholesale Price (AWP) as listed on the most current Red Book published by Thomson Healthcare or other appropriate publication. Please see your Member Handbook for a more detailed explanation.

Medical Exclusions

The following medical services and conditions are NOT covered by Calvo's SelectCare. You are responsible for all related charges.

- All benefits and services that are not specified as covered in this Handbook, the enclosed Schedule of Benefits or the agreement.
- All services prior to a member's start date of coverage or after a member's end date of coverage.
- Medical conditions which are noted as excluded from your policy.
- Any portion of an expense, charge or fee that exceeds the Usual, Customary, and Reasonable (UCR) expense.
- Any service, which in the judgment of Calvo's SelectCare is not medically necessary nor required.
- Air ambulance service.
- Airfare unless specifically covered under your plan.
- Allergy testing and treatment unless specifically covered under your plan.
- Amyotrophic Lateral Sclerosis (ALS) and conditions related to ALS.
- Benefits will not be paid if any material statement made in an application for coverage, in any enrollment of dependents or if any claim for benefits is false; and if the plan pays any benefits prior to learning of any such false statement, the Subscriber agrees to reimburse the plan for such payment.
- Biofeedback and other self-care or self-help training.
- All blood products except for whole blood and packed red cells.
- Care to which a member is entitled for by reason of past or present military duty.
- Care provided by local and federal government agencies or programs without cost to a member.
- Care and services for a condition for which a member is eligible for benefits under national health insurance, social security, workers' compensation or other similar law.
- Care and services normally covered by Medicare for which a member is eligible and entitled to at no cost, but has declined to enroll.

What Calvo's SelectCare Covers...

Your Benefits

What Calvo's SelectCare Covers...	When You Go to Participating Providers	When You Go To Non-Participating Providers
Deductible per Individual Member	None	\$1,000
Deductible per Family	None	\$3,000
Out-of-Pocket Maximums		
Medical		
• Per Individual member per policy year	\$3,000	No Maximum
• Per Family per policy year	\$9,000	No Maximum
Prescription Drugs		
• Per Individual member per policy year	\$3,000	No Maximum
• Per Family per policy year	\$9,000	No Maximum
Coverage Maximums		
• Individual member total Annual Maximum		Unlimited
Off-island Providers for Services Outside of Guam, CNMI & Micronesia		Access is Limited to: COE-Phil
Requires a Referral from your Doctor and Approval in advance from Calvo's SelectCare		
Accidental Death & Dismemberment Insurance		\$5,000 Benefit

Hospitalization & Inpatient Benefits - Please check your Member Handbook for a more detailed explanation of the coverage provided.

• Guam, CNMI & Micronesia **	70% of Covered Charges	60% of UCR Charges *
• Centers of Excellence in the Philippines**	100% of Covered Charges	60% of UCR Charges *
• Hawaii **	Not Covered	Not Covered
• Centers of Excellence in the U.S. Mainland **	Not Covered	Not Covered
• Other Participating Providers (off-island)**	Not Covered	Not Covered
• Skilled Nursing Facility Limited to a maximum of 60 days per year	70% of Covered Charges	60% of UCR Charges *

Physician Care & Outpatient Benefits

Office visits, which includes Primary and Specialist Care, Laboratory and X-Ray Services.

• All applicable locations other than the Philippines**	\$25 Co-Payment	60% of UCR Charges *
• Philippines**	100% of Covered Charges	60% of UCR Charges *

Prescription Drugs (a separate Out-of-Pocket Maximum applies)

Limited to generic drugs only unless otherwise specified by your doctor. Must be part of the current drug formulary.

• Formulary Generic Drugs (per prescription unit)	\$10 Co-Payment	80% of AWP *
• Formulary Brand Name Drugs (per prescription unit)	\$25 Co-Payment	80% of AWP *
• Non-formulary Brand Name Drugs (per prescription unit)	Not Covered	Not Covered
• Mail Order Drugs (Excluding Non-Formulary or Specialty Drugs)	\$0 Co-payment	Not Covered
Prescription Drugs acquired in the Philippines		80% of AWP*
• Limited to a 30 day supply; Co-Insurance does not apply towards your Out-of-Pocket Maximum		Treated as a Participating Provider
• Specialty Drugs (per prescription unit) (Pre-Certification Required)	80% of AWP* with a maximum of \$400 co-insurance per fill	Not Covered

Preventive Services & Well-baby Care (for children up to age of 2) - Limited to one service per Plan Year-- Outpatient Only. Deductible and Co-payments do not apply to this benefit.

Covered in accordance with the U.S. Preventive Services Task Force Guidelines with recommendation of Grades A or B. Including Recommended Immunizations.

• Guam, CNMI & Micronesia **	100% of Covered Charges	Not Covered
• Centers of Excellence in the Philippines**	100% of Covered Charges	Not Covered
• Hawaii and Other Participating Providers (off-island)**	Not Covered	Not Covered

Additional Coverage / Conditions / Limitations

Vision Coverage which includes Eye Exam, Eyeglasses & Lenses, Contact Lenses. Limited Maximum \$150 per Policy Year	\$0 Co-Payment	Not Covered
• None		

Medical Exclusions (continued)

- Care or services furnished by members of your immediate family or household, except when furnished by a duly licensed medical practitioner employed by a health care provider.
- Charges that would have not been made if no coverage existed or charges that a member is not required to pay.
- Charges for organ transplant in which the member is the donor.
- Chronic brain syndrome or custodial care resulting from senile deterioration.
- Care which is primarily for rest cures, custodial, domiciliary or convalescent care.
- Chronic Orthopedic Conditions or Deformities unless specifically covered under your plan.
- Circumcision of adults for cosmetic or religious purposes.
- Damages or any expenses due to the negligence or other wrongful act or omission of any physician, hospital, hospital employee or other provider, or for any act or omission of any member.
- Dental care including any treatment in connection with mouth conditions due to abscess, periodontal or periapical disease, or involving any of the teeth, their surrounding tissue or structure, the alveolar process, or gingival tissue or any dental care or treatment ordinarily performed by a dentist. This exclusion does not apply:
 - To oral surgery due to accidental injury to your natural teeth or jaw. Treatment of accidental injuries is limited to treatment that will alleviate acute symptoms and does not include any definitive restorative treatment such as crowns and bridgework, dentures, amalgam or acrylic restorations.
 - If coverage is provided by an accompanying SelectCare Dental Plan.
- Elective cosmetic surgery or procedures, including the treatment for acne.
- Emergency treatment provided outside the service area if the need for the care could have been foreseen before departing the service area.
- Experimental medical, surgical and other health care procedures and services related thereto. Procedures and services not covered by Medicare are considered experimental.
- Eye refractions and the purchase or fitting of eyeglasses. This exclusion does not apply if coverage is provided by an accompanying SelectCare Vision Plan or unless specifically covered under your plan.
- Vision correction procedures including but not limited to the use of surgery, lasers, radiofrequency or implants.
- Fertility and infertility procedures, including artificial insemination, in-vitro fertilization and embryo transfers, reversal of sterilization, and treatment or correction of infertility.
- Gastric bypass, stapling, or reversal; surgical correction of obesity.
- Hearing aids or hearing aid evaluations except as mandated by law.
- Hyperbaric Oxygen (HBO) treatment unless specifically covered by your plan.
- Implants, except for cardiac pacemakers and breast prosthesis in accordance with W.H.C.R.A. of 1998.
- Injuries sustained in the commission of an illegal act including, but not limited to drunk driving.
- Injuries sustained while participating in hazardous sports such as off-road racing and skydiving.
- Injuries or illnesses due to acts of war, declared or undeclared.
- Self-inflicted injuries or illness while sane or insane including injury or illness due to attempted suicide.
- Interrupted pregnancy (non-medically necessary); non life-threatening abortions unless medically necessary.
- Medical services provided through a telephone conference or interview during which the member is not seen for treatment.
- Nasal reconstruction except to correct a deformity due to:
 - Accidental injury, which occurred within 90 days of the date of surgery; or
 - The removal or treatment of cancer of the nose.
- Non-emergency ground ambulance service.
- Non-medical expenses including, but not limited to, living expenses, state/local taxes, transportation, hotel rooms, finance or interest fees.
- Personal comfort items such as, but not limited to, telephone, television, guest trays, electrical power, water and disposal systems, baths and pools or their installation.
- Non-medical treatment of obesity (e.g. camps, dietary or exercise counseling for weight control).
- Orthopedic and external prosthetic devices including, but not limited to intraocular lenses, artificial joints and limbs.
- Orthotic supplies and orthopedic appliances except for plaster and fiberglass casts.
- Over-the-counter drugs for which a prescription from a licensed physician is not required under U.S. Federal law.
- Physical exams required for insurance, schooling, government licensing, sports, or for obtaining or continuing employment.
- Long-term physical therapy and rehabilitation.
- Excluded Pre-existing conditions, if you belong to group with under 20 employees. Some pre-existing conditions, which are approved for coverage, may not be covered until your policy has been in force for 18 months.
- Temporomandibular (jaw) Joint Disorder (TMJ) and related diseases.
- Transsexual surgery and related services.
- Treatment, services and supplies related to sexual dysfunction.
- Treatment, services and supplies related to sleeping disorders.
- Treatment of end-stage renal disease, and hemodialysis.
- Treatment related to Tuberculosis.
- Robotic Surgery

What Calvo's SelectCare Covers... Your Benefits	When You Go to Participating Providers	When You Go To Non-Participating Providers
Airfare Benefit For members who meet qualifying conditions, Calvo's SelectCare provides roundtrip airfare. Requires prior approval by the Plan	Covered	Not Covered
Alcohol/Substance Abuse Treatment Limited to an annual maximum of: \$8,000	70% of Covered Charges	Not Covered
Blood Plan covers the cost, storage and administration of only whole blood and packed red cells. Limited to an annual maximum of: \$10,000	70% of Covered Charges	Not Covered
Breast Reconstructive Surgery Coverage is limited to the requirements of the 1998 Women's Health and Cancer Rights Act. Please refer to your Member Handbook for details.	70% of Covered Charges	Not Covered
Chiropractic / Acupuncture Care Limited to an annual maximum (for both) of: \$300	70% of Covered Charges	Not Covered
Chronic Orthopedic Conditions Limited to an annual maximum of: \$2,000	70% of Covered Charges	Not Covered
Congenital Abnormalities and Complications of Newborn Limited to an annual maximum of: \$20,000 Additional \$30,000 at a Center of Excellence	70% of Covered Charges	Not Covered
Diagnostic Testing - Pre-Certification Required All Diagnostic Tests require Pre-Certification by the Plan. Inclusive of the following: MRI, CT scan, and other diagnostic procedures (limited to one test per year per anatomical region); Nuclear Medicine Testing; Audiological Testing.	70% of Covered Charges	Not Covered
Durable Medical Equipment (DME) Pre-Certification Required	70% of Covered Charges	Not Covered
Emergency / Urgent Care Benefits		
• Urgent Care Center	70% of Covered Charges	Not Covered
• Hospital Emergency Room, physician services, laboratory, x-rays	70% of Covered Charges	Not Covered
• Emergency Ambulance Services (ground transportation only)	70% of Covered Charges	Not Covered
Non-Emergency Treatment in a Hospital Emergency Room Co-insurance does not apply to your Out-of-Pocket Maximum	70% of Covered Charges	Not Covered
Home Health Care	70% of Covered Charges	Not Covered
Hospice Care - Limited to daily maximum of: \$150	70% of Covered Charges	Not Covered
Injections (other than Recommended Immunizations)	70% of Covered Charges	Not Covered
Maternity Care		
• Pre-natal Visits & Routine Labs (per USPSTF guidelines)	100% of Covered Charges	70% of UCR Charges *
• First OB Ultrasound (subsequent Ultrasounds are treated as Diagnostic Testing above)	70% of Covered Charges	70% of UCR Charges *
• Delivery at a Hospital	As per Hospitalization & Inpatient Benefits	Not Covered
• Delivery at a Birthing Center	70% of Covered Charges	Not Covered
Mental Health Outpatient Care Groups under 50 Employees are limited to 10 visits per year. Limited to an annual maximum of: \$25,000	70% of Covered Charges	Not Covered
Organ Transplants Limited to an annual maximum of: \$50,000	70% of Covered Charges	Not Covered
Outpatient Surgery (Pre-Certification Required) Including Tubal Ligation and Vasectomy		
• All applicable locations other than the Philippines**	70% of Covered Charges	Not Covered
• Philippines**	100% of Covered Charges	Not Covered
Physical Therapy (Pre-Certification required for over 3 visits) Limited to a maximum of 20 visits per year		
• All applicable locations other than the Philippines**	70% of Covered Charges	Not Covered
• Philippines**	100% of Covered Charges	Not Covered
Radiation and Chemotherapy (Pre-Certification Required) Limited to an annual maximum (for both) of: N/A	70% of Covered Charges	Not Covered
Speech Therapy Limited to \$20 per each 2-hour max. session and limited to a max. of 20 sessions per year. Max. of 100 sessions	70% of Covered Charges	Not Covered



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Calvo's SelectCare Office

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Phone: (671) 477-9808
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Open 8:30 am - 5:00 pm Monday-Friday
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- 3) Hawaii: Participating Providers in Hawaii
- 4) OPP: Other Participating Providers. Off-Island providers in Asia and the U.S. including the US PPO network of UnitedHealthcare.

Services outside of the allowable Location Categories will be treated as Non-Participating.

* UCR Charges are the "Usual, Customary, and Reasonable" charges of a provider for a service or supply in the geographic area where it was rendered not exceeding the amount ordinarily paid by Medicare for a comparable service or supply to their participating provider. Non-participating hospital charges will be based on Medicare's "Diagnosis Related Group" (DRG) charges paid to their participating hospitals. Drug charges are based on Average Wholesale Price (AWP) as listed on the most current Red Book published by Thomson Healthcare or other appropriate publication. Please see your Member Handbook for a more detailed explanation.

Medical Exclusions

The following medical services and conditions are NOT covered by Calvo's SelectCare. You are responsible for all related charges.

- All benefits and services that are not specified as covered in this Handbook, the enclosed Schedule of Benefits or the agreement.
- All services prior to a member's start date of coverage or after a member's end date of coverage.
- Medical conditions which are noted as excluded from your policy.
- Any portion of an expense, charge or fee that exceeds the Usual, Customary, and Reasonable (UCR) expense.
- Any service, which in the judgment of Calvo's SelectCare is not medically necessary nor required.
- Air ambulance service.
- Airfare unless specifically covered under your plan.
- Allergy testing and treatment unless specifically covered under your plan.
- Amyotrophic Lateral Sclerosis (ALS) and conditions related to ALS.
- Benefits will not be paid if any material statement made in an application for coverage, in any enrollment of dependents or if any claim for benefits is false; and if the plan pays any benefits prior to learning of any such false statement, the Subscriber agrees to reimburse the plan for such payment.
- Biofeedback and other self-care or self-help training.
- All blood products except for whole blood and packed red cells.
- Care to which a member is entitled for by reason of past or present military duty.
- Care provided by local and federal government agencies or programs without cost to a member.
- Care and services for a condition for which a member is eligible for benefits under national health insurance, social security, workers' compensation or other similar law.
- Care and services normally covered by Medicare for which a member is eligible and entitled to at no cost, but has declined to enroll.

What Calvo's SelectCare Covers... Your Benefits	When You Go To Participating Providers	When You Go To Non-Participating Providers
Deductible per Individual Member	None	\$500
Deductible per Family	None	\$1,500
Out-of-Pocket Maximums		
Medical		
• Per Individual member per policy year	\$3,000	No Maximum
• Per Family per policy year	\$9,000	No Maximum
Prescription Drugs		
• Per Individual member per policy year	\$3,000	No Maximum
• Per Family per policy year	\$9,000	No Maximum
Coverage Maximums		
• Individual member total Annual Maximum	Unlimited	
Off-Island Providers for Services Outside of Guam, CNMI & Micronesia	Access is Limited to: COE-Phil, COE-US, Hawaii	
Requires a Referral from your Doctor and Approval in advance from Calvo's SelectCare		
Accidental Death & Dismemberment Insurance	\$5,000 Benefit	
Hospitalization & Inpatient Benefits - Please check your Member Handbook for a more detailed explanation of the coverage provided.		
• Guam, CNMI & Micronesia **	80% of Covered Charges	70% of UCR Charges *
• Centers of Excellence in the Philippines**	100% of Covered Charges	70% of UCR Charges *
• Hawaii **	80% of Covered Charges	70% of UCR Charges *
• Centers of Excellence in the U.S. Mainland **	80% of Covered Charges	70% of UCR Charges *
• Other Participating Providers (off-island)**	Not Covered	Not Covered
• Skilled Nursing Facility Limited to a maximum of 60 days per year	80% of Covered Charges	70% of UCR Charges *
Physician Care & Outpatient Benefits		
• Office visits, which includes Primary and Specialist Care, Laboratory and X-Ray Services		
• All applicable locations other than the Philippines**	80% of Covered Charges	70% of UCR Charges *
• Philippines**	100% of Covered Charges	70% of UCR Charges *
Prescription Drugs (a separate Out-of-Pocket Maximum applies)		
Limited to generic drugs only unless otherwise specified by your doctor. Must be part of the current drug formulary.		
• Formulary Generic Drugs (per prescription unit)	\$10 Co-Payment	80% of AWP ^A
• Formulary Brand Name Drugs (per prescription unit)	\$20 Co-Payment	80% of AWP ^B
• Non-formulary Brand Name Drugs (per prescription unit)	Not Covered	Not Covered
• Mail Order Drugs (Excluding Non-Formulary or Specialty Drugs)	\$0 Co-payment	Not Covered
Prescription Drugs acquired in the Philippines	80% of AWP* Treated as a Participating Provider	
• Limited to a 30 day supply; Co-insurance does not apply towards your Out-of-Pocket Maximum		
• Specialty Drugs (Pre-Certification Required)	80% of AWP* with a maximum of \$400 co-insurance per fill	Not Covered
Preventive Services & Well-baby Care (for children up to age of 2) - Limited to one service per Plan Year- Outpatient Only Deductible and Co-payments do not apply to this benefit.		
Covered in accordance with the U.S. Preventive Services Task Force Guidelines with recommendation of Grades A or B. Including Recommended Immunizations.		
• Guam, CNMI & Micronesia **	100% of Covered Charges	Not Covered
• Centers of Excellence in the Philippines**	100% of Covered Charges	Not Covered
• Hawaii and Other Participating Providers (off-island)**	Not Covered	Not Covered
Additional Coverage / Conditions / Limitations		
Vision coverage which includes Eye Exam, Eyeglasses & Lenses, Contact Lenses, Limited maximum \$150 per member per Policy Year.	\$0 Co-payment	Not Covered

Medical Exclusions (continued)

- Care or services furnished by members of your immediate family or household, except when furnished by a duly licensed medical practitioner employed by a health care provider.
- Charges that would have not been made if no coverage existed or charges that a member is not required to pay.
- Charges for organ transplant in which the member is the donor.
- Chronic brain syndrome or custodial care resulting from senile deterioration.
- Care which is primarily for rest cures, custodial, domiciliary or convalescent care.
- Chronic Orthopedic Conditions or Deformities unless specifically covered under your plan.
- Circumcision of adults for cosmetic or religious purposes.
- Damages or any expenses due to the negligence or other wrongful act or omission of any physician, hospital, hospital employee or other provider, or for any act or omission of any member.
- Dental care including any treatment in connection with mouth conditions due to abscess, periodontal or periapical disease, or involving any of the teeth, their surrounding tissue or structure, the alveolar process, or gingival tissue or any dental care or treatment ordinarily performed by a dentist. This exclusion does not apply:
 - To oral surgery due to accidental injury to your natural teeth or jaw. Treatment of accidental injuries is limited to treatment that will alleviate acute symptoms and does not include any definitive restorative treatment such as crowns and bridgework, dentures, amalgam or acrylic restorations.
 - If coverage is provided by an accompanying SelectCare Dental Plan.
- Elective cosmetic surgery or procedures, including the treatment for acne.
- Emergency treatment provided outside the service area if the need for the care could have been foreseen before departing the service area.
- Experimental medical, surgical and other health care procedures and services related thereto. Procedures and services not covered by Medicare are considered experimental.
- Eye refractions and the purchase or fitting of eyeglasses. This exclusion does not apply if coverage is provided by an accompanying SelectCare Vision Plan or unless specifically covered under your plan.
- Vision correction procedures including but not limited to the use of surgery, lasers, radiofrequency or implants.
- Fertility and infertility procedures, including artificial insemination, in-vitro fertilization and embryo transfers, reversal of sterilization, and treatment or correction of infertility.
- Gastric bypass, stapling, or reversal; surgical correction of obesity.
- Hearing aids or hearing aid evaluations except as mandated by law.
- Hyperbaric Oxygen (HBO) treatment unless specifically covered by your plan.
- Implants, except for cardiac pacemakers and breast prosthesis in accordance with W.H.C.R.A. of 1998.
- Injuries sustained in the commission of an illegal act including, but not limited to drunk driving.
- Injuries sustained while participating in hazardous sports such as off-road racing and skydiving.
- Injuries or illnesses due to acts of war, declared or undeclared.
- Self-inflicted injuries or illness while sane or insane including injury or illness due to attempted suicide.
- Interrupted pregnancy (non-medically necessary); non life-threatening abortions unless medically necessary.
- Medical services provided through a telephone conference or interview during which the member is not seen for treatment.
- Nasal reconstruction except to correct a deformity due to:
 - Accidental injury, which occurred within 90 days of the date of surgery, or
 - The removal or treatment of cancer of the nose.
- Non-emergency ground ambulance service.
- Non-medical expenses including, but not limited to, living expenses, state/local taxes, transportation, hotel rooms, finance or interest fees.
- Personal comfort items such as, but not limited to, telephone, television, guest trays, electrical power, water and disposal systems, baths and pools or their installation.
- Non-medical treatment of obesity (e.g. camps, dietary or exercise counseling for weight control).
- Orthopedic and external prosthetic devices including, but not limited to intraocular lenses, artificial joints and limbs.
- Orthotic supplies and orthopedic appliances except for plaster and fiberglass casts.
- Over-the-counter drugs for which a prescription from a licensed physician is not required under U.S. Federal law.
- Physical exams required for insurance, schooling, government licensing, sports, or for obtaining or continuing employment.
- Long-term physical therapy and rehabilitation.
- Excluded Pre-existing conditions, if you belong to group with under 20 employees. Some pre-existing conditions, which are approved for coverage, may not be covered until your policy has been in force for 18 months.
- Temporomandibular (jaw) Joint Disorder (TMJ) and related diseases.
- Transsexual surgery and related services.
- Treatment, services and supplies related to sexual dysfunction.
- Treatment, services and supplies related to sleeping disorders.
- Treatment of end-stage renal disease, and hemodialysis.
- Treatment related to Tuberculosis.
- Robotic Surgery

What Calvo's SelectCare Covers... Your Benefits	When You Go to Participating Providers	When You Go To Non-Participating Providers
Airfare Benefit For members who meet qualifying conditions, Calvo's SelectCare provides roundtrip airfare. Requires prior approval by the Plan	Covered	Not Covered
Alcohol/Substance Abuse Treatment Limited to an annual maximum of: \$8,000	80% of Covered Charges	Not Covered
Blood Plan covers the cost, storage and administration of only whole blood and packed red cells.	80% of Covered Charges	70% of UCR Charges *
Breast Reconstructive Surgery Coverage is limited to the requirements of the 1998 Women's Health and Cancer Rights Act. Please refer to your Member Handbook for details.	80% of Covered Charges	70% of UCR Charges *
Chiropractic / Acupuncture Care Limited to an annual maximum (for both) of: \$300	80% of Covered Charges	70% of UCR Charges *
Chronic Orthopedic Conditions Limited to an annual maximum of: \$2,000	80% of Covered Charges	70% of UCR Charges *
Congenital Diseases Coverage Limited to an annual maximum of: \$15,000	80% of Covered Charges	70% of UCR Charges *
Diagnostic Testing - Pre-Certification Required All Diagnostic Tests require Pre-Certification by the Plan. Inclusive of the following: MRI, CT scan, and other diagnostic procedures (Limited to one test per year per anatomical region); Nuclear Medicine Testing; Audiological Testing.	80% of Covered Charges	70% of UCR Charges *
Durable Medical Equipment (DME) Pre-Certification Required	80% of Covered Charges	Not Covered
Emergency / Urgent Care Benefits		
• Urgent Care Center	80% of Covered Charges	70% of UCR Charges *
• Hospital Emergency Room, physician services, laboratory, x-rays	80% of Covered Charges	80% of Covered Charges
• Emergency Ambulance Services (ground transportation only)	80% of Covered Charges	70% of UCR Charges *
Non-Emergency Treatment in a Hospital Emergency Room	80% of Covered Charges	Not Covered
Home Health Care	80% of Covered Charges	70% of UCR Charges *
Hospice Care - Limited to daily maximum of: \$50	80% of Covered Charges	70% of UCR Charges *
Injections (other than Recommended Immunizations)	80% of Covered Charges	70% of UCR Charges *
Maternity Care		
• Pre-natal Visits & Routine Labs (per USPSTF guidelines)	100% of Covered Charges	70% of UCR Charges *
• First OB Ultrasound (subsequent Ultrasounds are treated as Diagnostic Testing above)	\$10 Co-Payment	70% of UCR Charges *
• Delivery at a Hospital	As per Hospitalization & Inpatient Benefits	70% of UCR Charges *
• Delivery at a Birthing Center	80% of Covered Charges	70% of UCR Charges *
Mental Health Outpatient Care Groups under 50 Employees are limited to 10 visits per year. Limited to an annual maximum of: \$25,000	80% of Covered Charges	Not Covered
Organ Transplants Limited to an annual maximum of: \$50,000	80% of Covered Charges	Not Covered
Outpatient Surgery (Pre-Certification Required) Including Tubal Ligation and Vasectomy		
• All applicable locations other than the Philippines**	80% of Covered Charges	70% of UCR Charges *
• Philippines**	100% of Covered Charges	70% of UCR Charges *
Physical Therapy (Pre-Certification required for over 3 visits) Limited to a maximum of 20 visits per year		
• All applicable locations other than the Philippines**	80% of Covered Charges	70% of UCR Charges *
• Philippines**	100% of Covered Charges	70% of UCR Charges *
Radiation and Chemotherapy (Pre-Certification Required) Limited to an annual maximum (for both) of: N/A	80% of Covered Charges	70% of UCR Charges *
Speech Therapy Limited to \$20 per each 2-hour max. session and limited to a max. of 20 sessions per year. Max. of 100 sessions	80% of Covered Charges	Not Covered



Welcome to Calvo's SelectCare!

We are committed to providing comprehensive and affordable health plans to the communities we serve. SelectCare is administered by Calvo's Insurance, Guam's oldest and largest insurance operation.

This Schedule of Benefits is a summary of your health care coverage under your plan. Please read this carefully as not all SelectCare plans are the same. For a complete and detailed description of all the benefits, limitations, terms and procedures, please refer to your policy contract. This is normally with your employer.

We also invite you to consult your Member Handbook and Provider Directory for general guidelines on how to use your plan and for information about doctors, hospitals and other medical providers which are available to you as a member under your SelectCare plan.

We want you to take full advantage of your health care coverage and stay healthy, so please call or come see us if you have any questions.

Calvo's SelectCare Office

Corner of Rt. 4 and Chalan Santo Papa
P.O. Box F.J., Hagatna, Guam 96910
Phone: (671) 477-9808
Fax: (671) 477-4141
Open 8:30 am - 5:00 pm Monday-Friday
and 8:30 am - 1:30 pm Saturday

** Off-Island Providers outside of Guam, CNMI and Micronesia are grouped into 4 categories. Access to off-island providers is limited ONLY to the category(ies) listed on this Schedule of Benefits. Please check your Member Handbook and Participating Provider Directory for a more detailed explanation. The abbreviation(s) listed mean the following:

- 1) COE-Phil: Centers of Excellence in the Philippines.
- 2) COE-US: Centers of Excellence in the United States Mainland.
- 3) Hawaii: Participating Providers in Hawaii
- 4) OPP: Other Participating Providers. Off-Island providers in Asia and the U.S. including the US PPO network of UnitedHealthcare.

Services outside of the allowable Location Categories will be treated as Non-Participating.

* UCR Charges are the "Usual, Customary, and Reasonable" charges of a provider for a service or supply in the geographic area where it was rendered not exceeding the amount ordinarily paid by Medicare for a comparable service or supply to their participating provider. Non-participating hospital charges will be based on Medicare's "Diagnosis Related Group" (DRG) charges paid to their participating hospitals. Drug charges are based on Average Wholesale Price (AWP) as listed on the most current Red Book published by Thomson Healthcare or other appropriate publication. Please see your Member Handbook for a more detailed explanation.

Medical Exclusions

The following medical services and conditions are NOT covered by Calvo's SelectCare. You are responsible for all related charges.

- All benefits and services that are not specified as covered in this Handbook, the enclosed Schedule of Benefits or the agreement.
- All services prior to a member's start date of coverage or after a member's end date of coverage.
- Medical conditions which are noted as excluded from your policy.
- Any portion of an expense, charge or fee that exceeds the Usual, Customary, and Reasonable (UCR) expense.
- Any service, which in the judgment of Calvo's SelectCare is not medically necessary nor required.
- Air ambulance service.
- Airfare unless specifically covered under your plan.
- Allergy testing and treatment unless specifically covered under your plan.
- Amyotrophic Lateral Sclerosis (ALS) and conditions related to ALS.
- Benefits will not be paid if any material statement made in an application for coverage, in any enrollment of dependents or if any claim for benefits is false; and if the plan pays any benefits prior to learning of any such false statement, the Subscriber agrees to reimburse the plan for such payment.
- Biofeedback and other self-care or self-help training.
- All blood products except for whole blood and packed red cells.
- Care to which a member is entitled for by reason of past or present military duty.
- Care provided by local and federal government agencies or programs without cost to a member.
- Care and services for a condition for which a member is eligible for benefits under national health insurance, social security, workers' compensation or other similar law.
- Care and services normally covered by Medicare for which a member is eligible and entitled to at no cost, but has declined to enroll.

What Calvo's SelectCare Covers... Your Benefits	When You Go to Participating Providers	When You Go To Non-Participating Providers
Deductible per Individual Member	None	\$500
Deductible per Family	None	\$1,500
Out-of-Pocket Maximums		
Medical		
• Per Individual member per policy year	\$2,500	No Maximum
• Per Family per policy year	\$7,500	No Maximum
Prescription Drugs		
• Per Individual member per policy year	\$2,500	No Maximum
• Per Family per policy year	\$7,500	No Maximum
Coverage Maximums		
• Individual member total Annual Maximum		Unlimited
Off-Island Providers for Services Outside of Guam, CNMI & Micronesia		Access is Limited to: COE-Phil, COE-US, Hawaii
Requires a Referral from your Doctor and Approval in advance from Calvo's SelectCare		
Accidental Death & Dismemberment Insurance		\$5,000 Benefit

Hospitalization & Inpatient Benefits - Please check your Member Handbook for a more detailed explanation of the coverage provided.		
• Guam, CNMI & Micronesia **	100% of Covered Charges after a \$100 Co-Payment	70% of UCR Charges *
• Centers of Excellence in the Philippines**	100% of Covered Charges	70% of UCR Charges *
• Hawaii **	100% of Covered Charges after a \$100 Co-Payment	70% of UCR Charges *
• Centers of Excellence in the U.S. Mainland **	100% of Covered Charges after a \$100 Co-Payment	70% of UCR Charges *
• Other Participating Providers (off-island)**	Not Covered	Not Covered
• Skilled Nursing Facility Limited to a maximum of 60 days per year	100% of Covered Charges after a \$100 Co-Payment	70% of UCR Charges *
Physician Care & Outpatient Benefits		
• Office visits, which includes Primary and Specialist Care, Laboratory and X-Ray Services		
• All applicable locations other than the Philippines**	\$10 Co-Payment	70% of UCR Charges *
• Philippines**	100% of Covered Charges	70% of UCR Charges *
Prescription Drugs (a separate Out-of-Pocket Maximum applies)		
Limited to generic drugs only unless otherwise specified by your doctor. Must be part of the current drug formulary.		
• Formulary Generic Drugs (per prescription unit)	\$5 Co-Payment	80% of AWP *
• Formulary Brand Name Drugs (per prescription unit)	\$10 Co-Payment	80% of AWP *
• Non-formulary Brand Name Drugs (per prescription unit)	Not Covered	Not Covered
• Mail Order Drugs (Excluding Non-Formulary or Specialty Drugs)	\$0 Co-payment	Not Covered
• Prescription Drugs acquired in the Philippines		80% of AWP*
• Limited to a 30 day supply; Co-insurance does not apply towards your Out-of-Pocket Maximum		Treated as a Participating Provider
• Specialty Drugs (per prescription unit) (Pre-Certification Required)	80% of AWP* with a maximum of \$250 co-insurance per fill	Not Covered
Preventive Services & Well-baby Care (for children up to age of 2) - Limited to one service per Plan Year- Outpatient Only Deductible and Co-payments do not apply to this benefit.		
Covered in accordance with the U.S. Preventive Services Task Force Guidelines with recommendation of Grades A or B. Including Recommended Immunizations.		
• Guam, CNMI & Micronesia **	100% of Covered Charges	Not Covered
• Centers of Excellence in the Philippines**	100% of Covered Charges	Not Covered
• Hawaii and Other Participating Providers (off-island)**	Not Covered	Not Covered
Additional Coverage / Conditions / Limitations		
• Vision coverage which includes Eye Exam, Eyeglasses & Lenses, Contact Lenses. Limited maximum \$150 per member per Policy Year.	\$0 Co-Payment	Not Covered

Medical Exclusions (continued)

- Care or services furnished by members of your immediate family or household, except when furnished by a duly licensed medical practitioner employed by a health care provider.
- Charges that would have not been made if no coverage existed or charges that a member is not required to pay.
- Charges for organ transplant in which the member is the donor.
- Chronic brain syndrome or custodial care resulting from senile deterioration.
- Care which is primarily for rest cures, custodial, domiciliary or convalescent care.
- Chronic Orthopedic Conditions or Deformities unless specifically covered under your plan.
- Circumcision of adults for cosmetic or religious purposes.
- Damages or any expenses due to the negligence or other wrongful act or omission of any physician, hospital, hospital employee or other provider, or for any act or omission of any member.
- Dental care including any treatment in connection with mouth conditions due to abscess, periodontal or periapical disease, or involving any of the teeth, their surrounding tissue or structure, the alveolar process, or gingival tissue or any dental care or treatment ordinarily performed by a dentist. This exclusion does not apply:
 - To oral surgery due to accidental injury to your natural teeth or jaw. Treatment of accidental injuries is limited to treatment that will alleviate acute symptoms and does not include any definitive restorative treatment such as crowns and bridgework, dentures, amalgam or acrylic restorations.
 - If coverage is provided by an accompanying SelectCare Dental Plan.
- Elective cosmetic surgery or procedures, including the treatment for acne.
- Emergency treatment provided outside the service area if the need for the care could have been foreseen before departing the service area.
- Experimental medical, surgical and other health care procedures and services related thereto. Procedures and services not covered by Medicare are considered experimental.
- Eye refractions and the purchase or fitting of eyeglasses. This exclusion does not apply if coverage is provided by an accompanying SelectCare Vision Plan or unless specifically covered under your plan.
- Vision correction procedures including but not limited to the use of surgery, lasers, radiofrequency or implants.
- Fertility and infertility procedures, including artificial insemination, in-vitro fertilization and embryo transfers, reversal of sterilization, and treatment or correction of infertility.
- Gastric bypass, stapling, or reversal; surgical correction of obesity.
- Hearing aids or hearing aid evaluations except as mandated by law.
- Hyperbaric Oxygen (HBO) treatment unless specifically covered by your plan.
- Implants, except for cardiac pacemakers and breast prosthesis in accordance with W.H.C.R.A. of 1998.
- Injuries sustained in the commission of an illegal act including, but not limited to drunk driving.
- Injuries sustained while participating in hazardous sports such as off-road racing and skydiving.
- Injuries or illnesses due to acts of war, declared or undeclared.
- Self-inflicted injuries or illness while sane or insane including injury or illness due to attempted suicide.
- Interrupted pregnancy (non-medically necessary); non life-threatening abortions unless medically necessary.
- Medical services provided through a telephone conference or interview during which the member is not seen for treatment.
- Nasal reconstruction except to correct a deformity due to:
 - Accidental injury, which occurred within 90 days of the date of surgery; or
 - The removal or treatment of cancer of the nose.
- Non-emergency ground ambulance service.
- Non-medical expenses including, but not limited to, living expenses, state/local taxes, transportation, hotel rooms, finance or interest fees.
- Personal comfort items such as, but not limited to, telephone, television, guest trays, electrical power, water and disposal systems, baths and pools or their installation.
- Non-medical treatment of obesity (e.g. camps, dietary or exercise counseling for weight control).
- Orthopedic and external prosthetic devices including, but not limited to intraocular lenses, artificial joints and limbs.
- Orthotic supplies and orthopedic appliances except for plaster and fiberglass casts.
- Over-the-counter drugs for which a prescription from a licensed physician is not required under U.S. Federal law.
- Physical exams required for insurance, schooling, government licensing, sports, or for obtaining or continuing employment.
- Long-term physical therapy and rehabilitation.
- Excluded Pre-existing conditions, if you belong to group with under 20 employees. Some pre-existing conditions, which are approved for coverage, may not be covered until your policy has been in force for 18 months.
- Temporomandibular (jaw) Joint Disorder (TMJ) and related diseases.
- Transsexual surgery and related services.
- Treatment, services and supplies related to sexual dysfunction.
- Treatment, services and supplies related to sleeping disorders.
- Treatment of end-stage renal disease, and hemodialysis.
- Treatment related to Tuberculosis.
- Robotic Surgery

What Calvo's SelectCare Covers... Your Benefits	When You Go to Participating Providers	When You Go To Non-Participating Providers
Airfare Benefit For members who meet qualifying conditions, Calvo's SelectCare provides roundtrip airfare. Requires prior approval by the Plan	Covered	Not Covered
Alcohol/Substance Abuse Treatment Limited to an annual maximum of: \$8,000	\$10 Co-Payment	70% of UCR Charges*
Blood Plan covers the cost, storage and administration of only whole blood and packed red cells.	80% of Covered Charges	70% of UCR Charges*
Breast Reconstructive Surgery Coverage is limited to the requirements of the 1998 Women's Health and Cancer Rights Act. Please refer to your Member Handbook for details.	80% of Covered Charges	70% of UCR Charges*
Chiropractic / Acupuncture Care Limited to an annual maximum (for both) of: \$300	\$10 Co-Payment	70% of UCR Charges*
Chronic Orthopedic Conditions Limited to an annual maximum of: \$2,000	\$10 Co-Payment	70% of UCR Charges*
Congenital Diseases Coverage Limited to an annual maximum of: \$15,000	80% of Covered Charges	70% of UCR Charges*
Diagnostic Testing - Pre-Certification Required All Diagnostic Tests require Pre-Certification by the Plan. Inclusive of the following: MRI, CT scan, and other diagnostic procedures (Limited to one test per year per anatomical region); Nuclear Medicine Testing; Audiological Testing.	80% of Covered Charges	70% of UCR Charges*
Durable Medical Equipment (DME) Pre-Certification Required	80% of Covered Charges	Not Covered
Emergency / Urgent Care Benefits		
• Urgent Care Center	\$10 Co-Payment	70% of UCR Charges*
• Hospital Emergency Room, physician services, laboratory, x-rays	\$100 Co-Payment	\$100 Co-Payment*
• Emergency Ambulance Services (ground transportation only)	\$50 Co-Payment	70% of UCR Charges*
Non-Emergency Treatment in a Hospital Emergency Room Co-insurance does not apply to your Out-of-Pocket Maximum	60% of Covered Charges	Not Covered
Home Health Care	\$10 Co-Payment	70% of UCR Charges*
Hospice Care - Limited to daily maximum of: \$50	\$10 Co-Payment	70% of UCR Charges*
Injections (other than Recommended Immunizations)	\$10 Co-Payment	70% of UCR Charges*
Maternity Care		
• Pre-natal Visits & Routine Labs (per USPSTF guidelines)	100% of Covered Charges	70% of UCR Charges*
• First OB Ultrasound (subsequent Ultrasounds are treated as Diagnostic Testing above)	\$10 Co-Payment	70% of UCR Charges*
• Delivery at a Hospital	As per Hospitalization & Inpatient Benefits	70% of UCR Charges*
• Delivery at a Birthing Center	\$10 Co-Payment	70% of UCR Charges*
Mental Health Outpatient Care Groups under 50 Employees are limited to 10 visits per year. Limited to an annual maximum of: \$25,000	\$10 Co-Payment	70% of UCR Charges*
Organ Transplants Limited to an annual maximum of: \$50,000	80% of Covered Charges	Not Covered
Outpatient Surgery (Pre-Certification Required) Including Tubal Ligation and Vasectomy		
• All applicable locations other than the Philippines**	\$10 Co-Payment	70% of UCR Charges*
• Philippines**	100% of Covered Charges	70% of UCR Charges*
Physical Therapy (Pre-Certification required for over 3 visits) Limited to a maximum of 20 visits per year		
• All applicable locations other than the Philippines**	\$10 Co-Payment	70% of UCR Charges*
• Philippines**	100% of Covered Charges	70% of UCR Charges*
Radiation and Chemotherapy (Pre-Certification Required) Limited to an annual maximum (for both) of: N / A	80% of Covered Charges	70% of UCR Charges*
Speech Therapy Limited to \$20 per each 2-hour max. session and limited to a max. of 20 sessions per year. Max. of 100 sessions	\$10 Co-Payment	Not Covered

Hafa Adai!

About Us



CALVO'S
Select
Care
HEALTH PLANS



About Us

Calvo's SelectCare

- Largest health Plan on Guam and Micronesia, with over 42,000 lives
- Administered by Calvo's Insurance Underwriters – Serving Micronesia for 82 years
- Insured by Tokio Marine Pacific Insurance, a domestic Guam Corporation and a subsidiary of Tokio Marine Holdings
- Tokio Marine Holdings is a publically traded corporation with Global presence in over 37 countries, including Hong Kong, Singapore, Indonesia, India, Australia, Philippines, Malaysia, Thailand, Taiwan, China, Vietnam and the United States
- Only local health insurance carrier rated by **AM Best and accredited by AAAHC**
- Main office in Guam with branches in CNMI and Palau, and 3 medical referral service offices in the Philippines

Delivering Health Insurance Solutions

Our clients include employees from a diverse group of industries and over 80% of the medical community.

Government



Hospitality Industry



Petroleum



Major Retail



Auto Industry



Telecom Industry



Major Commercial



Banking



Medical Providers

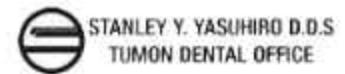




Comprehensive Provider Network



Local Provider Options



Off-Island Asia Provider Options



Philippines

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

Japan

Kameda Medical Center
Kameda Kyobashi Clinic

Taiwan

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

Hong Kong

Hong Kong Adventist Hospital - Stubbs Road
Gleneagles Hospital

Korea

Samsung Medical Center

Off-Island U.S. Provider Options



Doctor's Medical Center of Modesto
PIH Good Samaritan Hospital
Long Beach Memorial Medical Center
White Memorial Medical Center
Keck Hospital of USC
PIH Health Downey
PIH Health Whittier Hospital
USC Norris Cancer Center
USC Verdugo Hills Hospital
 Anaheim Global Medical Center
 Cedars-Sinai Medical Center

Chapman Global Medical Center
 Children's Hospital of Los Angeles
 Orange County Global Medical Center
 South Coast Global Medical Center
 St. John's Health Center
 Sharp Chula Vista Medical Center
 Sharp Coronado Hospital and Medical Center
 Sharp Memorial Hospital
 Sharp Grossmont Hospital



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



UnitedHealthcare®

A network that delivers great value and volume

With nearly **1,100,000** providers across the country, United Healthcare provides a network designed to help better control costs and meet the unique needs of your employees.



560

Centers of Excellence



1,700+

Convenience Care Centers



111K+

Doctors and Health Professionals



6,100+

Hospitals



1.1M+

UnitedHealth Premium Care Physicians

Special Transplant Facilities
Optum/United Healthcare



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.

1-866-874-3936



24-hour support:

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

Triage support:

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

Health education:

Supported by 700 triage guidelines and health education topics.

Experienced nurses:

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

Accessibility:

TTY service available for the hearing impaired.



A woman in a black sports top is leaning forward in a gym, looking towards a man whose arm is visible on the right. The background shows gym equipment and large windows. The text 'Powerful/Healthy Fitness & Wellness Initiatives' is overlaid in the center in a teal font, with a decorative line of four colored dashes (green, orange, red, green) below it.

**Powerful/Healthy
Fitness & Wellness Initiatives**

Health Risk Assessments



You could be at risk for cancer or heart disease.
Do you know how to reduce the risk?

Find out how.

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

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

Additional Wellness Programs



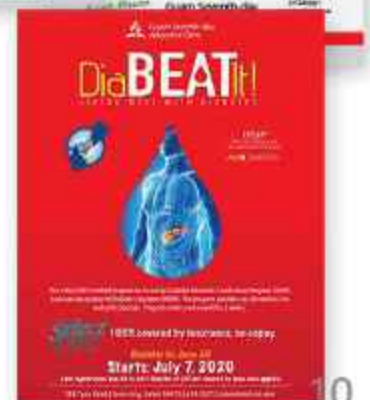
Free Programs

- Wellness Consultation
- Diabetes Wellness Program
- Stop Smoking
- Childbirth Preparation Class

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

Programs covered at 100% if Completed

- Newstart
- Seven-day Detox
- Intense Raw Juice Detox

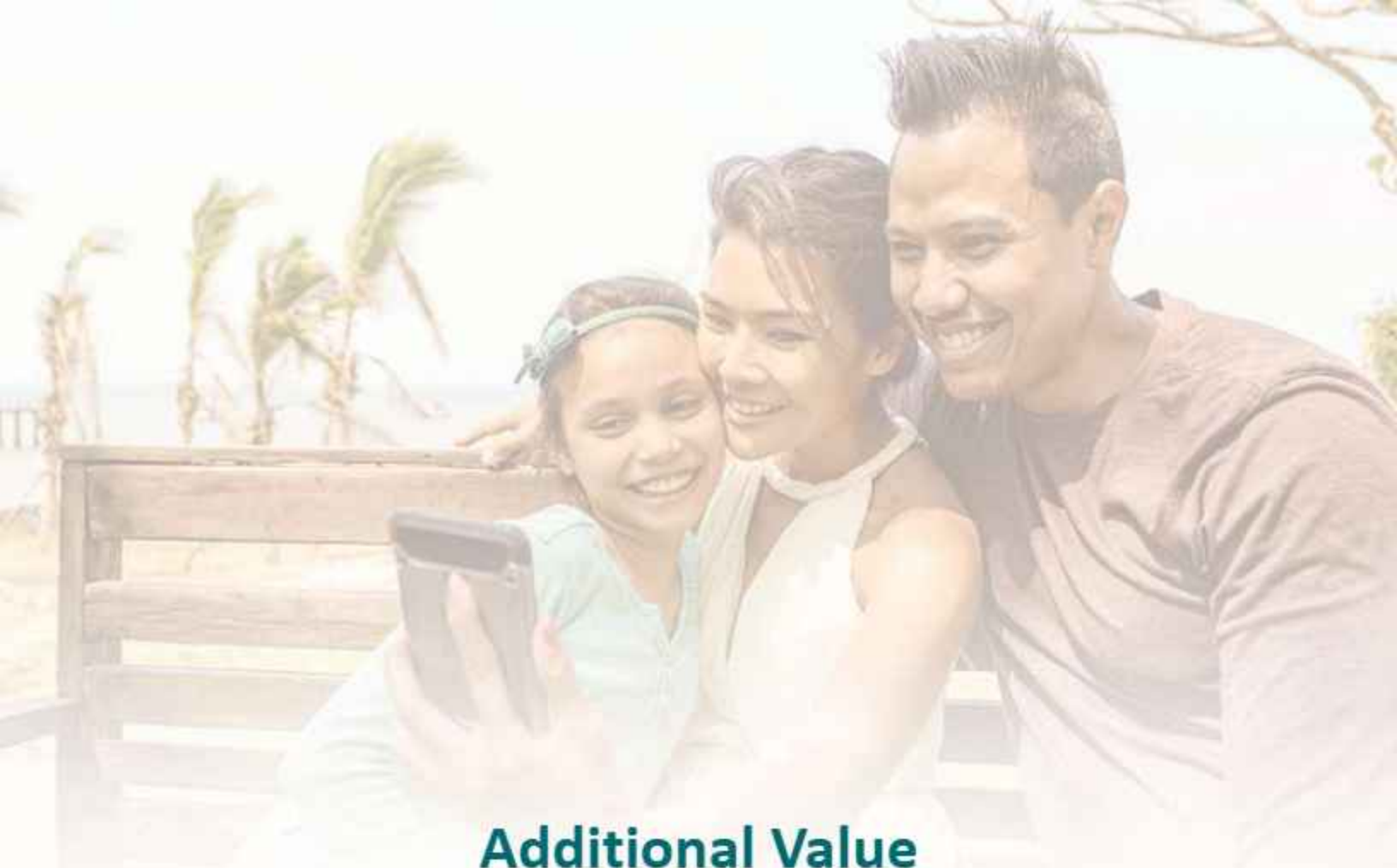


Monthly Newsletter and Member Communications



We will keep in constant contact with your employees and Human Resources and Administrative staff, with monthly Newsletters and other company communication pertinent to your benefits and health care





**Additional Value
Added Benefits & Services**



Life Saving Initiatives



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, is medically necessary

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



Air Ambulance Services

50% off Air Ambulance Services!

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

Calvo's SelectCare on the Web

www.calvos.net

Members can get information and access from our website and our mobile app:

- View Claims Information
- Find a Provider
- Look through your Benefits
- Review your Member Handbook
- View the Summary of Benefits Coverage
- Available on Apple and Android devices
- E-Member card and email feature available within the app



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 medicine anytime
- Learn about medication side effects & interactions and much more

CALVO'S

Lifestyle CLUB



Download the app on your mobile device to find out the latest discounts and offers from our Lifestyle Club

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



The SelectCare Advantage

- ✓ **Financial Stability** – The only carrier on Guam with an AM Best rated, A++ underwriter, Tokio Marine Pacific Insurance
- ✓ **Accreditation** – By the AAAHC (Accreditation Association of Ambulatory Health Care).
- ✓ **Network of Providers** – Access to an extensive local network of providers, including , GMH, GRMC, SDA, and GRC. Extensive off island network to include access to the United Healthcare Network.
- ✓ **Robust Wellness Program** - Fitness programs that include Wellness Classes, the Weekday Workout Program, Online Health Risk Assessments, and Gym Membership Discounts.
- ✓ **Accidental Death and Disability Benefit**
- ✓ **Airfare Benefit** - The only carrier that covers airfare to our Centers of Excellence for the patient, family escort, and a medical assistant, for pre-approved qualified medical conditions
- ✓ **Air Ambulance** - The only health insurance carrier offering air ambulance services. With the discount and coordination provided by SelectCare, a member can save in excess of \$40,000 for this life-saving service.
- ✓ **Interactive Member Tools** - The Calvo's SelectCare website and mobile application provides your employees with access to their claims information, schedule of benefits, member IDs, handbooks, and other documents.
- ✓ **Prescription Drug Mail Order** – No co-pay and no co-share on maintenance medication through our mail-order program. *A member can save as much as \$200 annually on just two maintenance medications.*

Important Notice from FCE Benefit Administrators, Inc. on behalf of CBRE Government & Defense Services About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CBRE Government & Defense Services Health & Welfare Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. CBRE Government & Defense Services Health & Welfare Plan has determined that the prescription drug coverage offered by CALVO Selectcare Inc. is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **CBRE Government & Defense Services Health & Welfare Plan** coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current **CBRE Government & Defense Services Health & Welfare Plan** coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **CBRE Government & Defense Services Health & Welfare Plan** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call FCE Benefit Administrators at (800) 298-7269. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **CBRE Government & Defense Services Health & Welfare Plan** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

- Call your State Health Insurance Assistance Program (see the inside back cover of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE** (633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	10/15/2025
Name of Entity/Sender:	FCE Benefit Administrators, Inc.
Contact--Position/Office:	4615 Walzem Road, Suite 300
Address:	San Antonio, TX 78218-1610
Phone Number	1-800-298-7269

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid and CHIP</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



Legal Notices

WOMEN'S HEALTH AND CANCER RIGHTS

Women's Health and Cancer Rights Act of 1998

The Plan covers medical and surgical benefits for mastectomies. This coverage includes:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, or
- Prosthesis and physical complications of all stages of mastectomy, including lymphedemas.
- The covered person who is receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient.

This coverage is subject to the Plan's annual deductibles and coinsurance provision and benefit limits.

Please refer to your ID card for our toll-free telephone number that you can call for more information.

FOR ILLINOIS RESIDENTS

This reminder is for individuals who have insurance coverage through Your Employer's Health & Welfare Plan (the "Plan").

ILLINOIS CONSUMER COVERAGE DISCLOSURE ACT

FCE Benefit Administrators, Inc. is the Third-Party Administrator for the Plan. You will find the Illinois Disclosure on the member portal or, you may call us, and we will send you a copy in the mail.

Please refer to your ID card for our toll-free telephone number that you can call to request a copy to be sent to you, or go to our website at www.fcebenefits.com and login into the portal at <https://fcebenefits.com/Login>.

HIPAA NOTICE OF PRIVACY

This reminder is for individuals who have insurance coverage through Your Employer's Health & Welfare Plan (the "Plan").

HIPAA NOTICE OF PRIVACY

FCE Benefit Administrators, Inc. is the Third-Party Administrator for the Plan. You will find our Notice of Privacy Practices on our website or, you may call us, and we will send you a copy in the mail.

Please refer to your ID card for our toll-free telephone number that you can call to request a copy to be sent to you, or go to our website at www.fcebenefits.com.

MICHELLE'S LAW ENROLLMENT NOTICE

Michelle's Law requires a group health plan to continue coverage of a dependent child due to a medically necessary leave of absence that causes the child to lose their student status before the date that is the earlier of:

- the date that is one year after the first day of the medically necessary leave of absence started; or
- the date on which such coverage would otherwise terminate under the terms of The Plan.

Medically necessary leave of absence means any change in enrollment status in a postsecondary educational institution that starts while the dependent child is suffering from a serious illness or injury; is medically necessary; and causes the child to lose student status for purposes of coverage under the terms of The Plan.

A dependent child is a beneficiary who is a dependent child under the terms of The Plan, of a participant or beneficiary under The Plan and who was enrolled in The Plan on the basis of being a student at a postsecondary educational institution immediately before the first day of the medically necessary leave of absence involved.

You may be required to provide written certification by a treating physician of the dependent child which states that the dependent child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) is medically necessary.

NEWBORNS AND MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE RIGHTS OF STATES WITH RESPECT TO MEDICAID

Payments for benefits with respect to a participant under the Plan is to be made in accordance with any assignment of rights made by or on behalf of such participant or a beneficiary of the participant as required by a State plan for medical assistance approved under title XIX of the Social Security Act pursuant to section 1912 (a) (1) (A) of such an Act (as in effect on the date of the enactment of the Omnibus Budget Reconciliation Act of 1993). In enrolling an individual as a participant or beneficiary or in determining or making any payments for benefits of an individual as a participant or beneficiary, the fact that an individual is eligible for or is provided medical assistance under the State plan for medical assistance approved under title XIX of the Social Security Act will not be taken into account. To the extent that payment has been made under a State plan for medical assistance approved under title XIX of the Social Security Act in any case in which the Plan has a legal liability to make payment for items or services constituting such assistance, payment for benefits under the Plan will be made in accordance with any State law which provides that the State has acquired the rights with respect to a participant to such payment for each items or services.

SPECIAL ENROLLMENT RIGHTS UNDER SCHIP

If an Employee has declined enrollment in the Plan for his or her dependents (including a spouse) because of coverage under Medicaid or the Children's Health Insurance Program, there may be a right to enroll in this Plan if there is a loss of eligibility for the government-provided coverage. However, a request for enrollment must be made within 60 days after the government-provided coverage ends.

In addition, if an Employee has declined enrollment in the Plan for his or her dependents (including a spouse), and later becomes eligible for state assistance through a Medicaid or Children's Health Insurance Program which provides help with paying for Plan coverage, then there may be a right to enroll in this Plan. However, a request for enrollment must be made within 60 days after the determination of eligibility for the state assistance.

If you have any questions regarding the application of this provision to you, contact the Plan Administrator.

MENTAL HEALTH PARITY

The treatment or diagnosis of mental health conditions are covered services under the Plan and subject to The Mental Health Parity Act (MHPA), signed into law on September 26, 1996, which requires that annual or lifetime dollar limits on mental health benefits be no lower than any such dollar limits for medical and surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group health plan.

Moreover, under the Mental Health Parity and Addiction Equity Act of 2008, regardless of any limitations on benefits for Mental Disorders/Substance Abuse Treatment otherwise specified in the Plan, any aggregate lifetime limit, annual limit, financial requirement, out-of-network exclusion or treatment limitation on Mental Disorders/Substance Abuse benefits imposed by the Plan shall comply with federal parity requirements, if applicable.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing

involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Please refer to the websites on the last page for more specific information pertaining to your rights under Federal State Law.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to

emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these in network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections. You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

Please refer to the webpages on the last page for more specific information pertaining to your rights under Federal and State Law.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network).
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.
 - If you believe you've been wrongly billed, you may contact the appropriate Federal or State agency to file a complaint. Please refer to the websites on the last page for more specific information pertaining to your rights under Federal and State Law.

Websites with Additional Information¹

1. <https://www.commonwealthfund.org/publications/maps-and-interactive/2021/feb/state-balance-billing-protections>

¹ We do not guarantee the accuracy, applicability, or availability of the information on any of these sites.

2. US-<https://www.cms.gov/nosurprises/consumers>
3. AZ-<https://difi.az.gov/soonbdr>
4. CA-
<https://dmhc.ca.gov/portals/0/healthcareincalifornia/factsheets/fsab72.pdf>
5. CO-<https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-initiatives/out-of-network-health-care>
6. CT-<https://www.cga.ct.gov/2020/rpt/pdf/2020-R-0204.pdf>
7. DE-<https://legis.delaware.gov/SessionLaws/Chapter?id=19067>
8. FL-<https://www.flhealthcomplaint.gov/>
9. GA-
[https://www.gha.org/Portals/0/Documents/Health%20Care%20Finance/Surprise%20Billing/GHA%20Surprise%20Billing%20FAQs%20\(02-03-2021\).pdf?ver=6OsY-plc8I7LbTVelohGQ%3D%3D](https://www.gha.org/Portals/0/Documents/Health%20Care%20Finance/Surprise%20Billing/GHA%20Surprise%20Billing%20FAQs%20(02-03-2021).pdf?ver=6OsY-plc8I7LbTVelohGQ%3D%3D)
10. IL-<https://www.team-iha.org/files/non-gated/finance/iha-summary-no-surprises-implementing-regulations.aspx?ext=.pdf>
11. IN-
<https://content.govdelivery.com/accounts/INDOI/bulletins/29ac870>
12. IA-<https://www.legis.iowa.gov/docs/publications/BF/1069201.pdf>
13. ME-<https://legislature.maine.gov/statutes/22/title22sec1718-D-1.html>
14. MA-<https://www.mass.gov/doc/out-of-network-billing-in-massachusetts-chartpack/download>
15. MD-
<https://insurance.maryland.gov/Consumer/Documents/publications/AssignmentofBenefitsFAQ.pdf>
16. MI-<https://www.michigan.gov/difs/0,5269,7-303--560598--,00.html>
17. MN-https://www.mnmed.org/MMA/media/Hidden-Documents/FAQ_SurpriseBilling_Final.pdf
18. MS-
<https://www.mid.ms.gov/healthcare/questionsanswers/TopicTwo.pdf>
19. MO-<https://www.muhealth.org/your-visit/billing-insurance-financial-assistance/balance-billing-protection>
20. NE-
<https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/ConsumerFactSheetBalanceBillingandOutofNetworkProviders.pdf>

21. NV-
https://doi.ny.gov/Consumers/Health_and_Accident_Insurance/Balance_Billing_FAQs/
22. NH-
<https://www.nh.gov/insurance/media/bulletins/2019/documents/ins-19-015-ab-hb-1809-nh-balance-billing-and-network-adequacy-laws.pdf>
23. NJ-
https://www.state.nj.us/dobi/division_consumers/insurance/outofnetwork.html
24. NM-<https://www.osi.state.nm.us/wp-content/uploads/2019/06/Press-Release-Surprise-Medical-Billing-Proposed-Legislation-2.1.19.pdf>
25. NY-
https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills
26. NC-
<https://www.ncleg.gov/Search/BillText/0/0/2021/?sSearchText=surprise%20billing&sSortBy=0>
27. OH-<https://insurance.ohio.gov/consumers/health/surprise-billing>
28. OR-
<https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=64697>
29. PA-<https://www.insurance.pa.gov/Coverage/health-insurance/no-surprises-act/Pages/default.aspx>
30. RI-<https://www.nhpri.org/wp-content/uploads/2021/12/NHP-Surprise-Billing-Flyer-V2-1.pdf>
31. TX-<https://www.tdi.texas.gov/tips/texas-protects-consumers-from-surprise-medical-bills.html>
32. VA-<https://scc.virginia.gov/pages/Balance-Billing-Protection>
33. VT-<https://legislature.vermont.gov/statutes/fullchapter/33/065>
34. WA-
https://www.insurance.wa.gov/sites/default/files/documents/final-consumer-notice-of-surprise-billing-rights_0.pdf
35. WV-https://www.wvinsurance.gov/no_surprises_act

General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA **

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Plan Administrator's office at FCE Benefit Administrators, Inc.. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator or its designee during the 60-day notice period, any spouse or dependent child who loses coverage will not be offered the option to elect continuation coverage. You must send this notice to the COBRA Administrator.

NOTICE PROCEDURES:

Any notice that you provide must be in writing. Oral notice, including notice by telephone, is not acceptable. You must mail or hand-deliver your notice to the person, department or firm listed below, at the following address:

**FCE Benefit Administrators
4615 Walzem Road, Suite 300
San Antonio, Texas 78218**

If mailed, your notice must be postmarked no later than the last day of the required notice period. Any notice you provide must state:

- **The name of the plan or plans under which you lost or are losing coverage,**
- **The name and address of the employee covered under the plan,**
- **The name(s) and address(es) of the Qualified Beneficiary(ies), and**
- **The Qualifying Event and the date it happened.**

If the Qualifying Event is a divorce or legal separation, your notice must include a copy of the divorce decree or the legal separation agreement.

Be aware that there are other notice requirements in other contexts, for example, in order to qualify for a disability extension.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. To qualify for the disability extension, the Qualified Beneficiary must also provide the Plan Administrator with notice of the disability determination on a date that is both within 60 days after the date of the determination and before the end of the original 18-month maximum coverage. This notice should be sent to the COBRA Administrator in accordance with the procedures above.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

If you have any questions regarding this notification of your COBRA rights, please feel free to contact the Plan Administrator's office at:

**FCE Benefit Administrators, Inc.
4615 Walzem Road, Suite 300
San Antonio, Texas 78218
(800) 298-7269**

GROUP LIFE CONVERSION APPLICATION
Reliance Standard Life Insurance Company

Reset

This form is to be used only when an eligible person desires to convert his Group Life insurance to an Individual policy. This form must be completed in full and submitted to the Company within 90 days following the effective date of termination of insurance. The top portion of this form is to be completed by the policyholder, the lower portion by the applicant. You may wish to refer to your policy's Schedule of Benefits page to complete some of the questions on this application.
Questions? Call Customer Care at 1-800-351-7500.

When all areas are complete, mail to: Insurance Services
Division of Protective Life Insurance Company
Post Office Box 12687
Birmingham, AL 35202-6687
Fax: (205) 268-3402
Email: ladphs@protective.com

TO BE COMPLETED BY POLICYHOLDER

Name and Address of Group Policyholder and, if applicable, Division Name: _____
Policy No.: _____ Policy Eff. Date: _____
Insured's Full Name: _____ Male Female
Date of Birth: _____ Annual Salary/Earnings: _____ \$ _____
Social Security No.: _____ Date Employment Began: _____
Occupation/Job Title: _____ Date Last Worked: _____
Scheduled Work Hours: _____/week Insured's Premium Paid To: _____
Insured's Effective Date: _____ Insurance Class: _____ Insurance Amount: Basic \$ _____ Supp \$ _____
Reason Insured Stopped Work (specify): _____ Dependent Amt: \$ _____
Conversion Rights Exercised Due To (check applicable response):
 (1) Employee Terminated Employment On: _____
 (2) Group Policy Terminated On: _____
 (3) Disability of the Insured On: _____ Has A Waiver of Premium Claim Been Submitted to RSL? Yes No
If No, Please Explain: _____
 (4) Other, Please Explain: _____

I have reviewed the information set forth, and represent that to the best of my knowledge and belief it is true and correct.

Signature Of Policyholder's Authorized Representative _____ Title _____ Date Signed _____

Phone Number of Representative _____ Federal Employer Identification Number _____

TO BE COMPLETED BY APPLICANT

I would like to convert \$ _____ of my group life insurance coverage that was in-force prior to the termination date.
Desired Mode of Premium Payment Quarterly Semi-Annually Annually

Beneficiary Designation

Upon the death of the insured, the proceeds of the policy to which this application is attached shall be paid as follows:

Primary Beneficiary(s)

Name _____ Address _____ Relationship _____ Percentage _____
Name _____ Address _____ Relationship _____ Percentage _____

Contingent Beneficiary(s)

Name _____ Address _____ Relationship _____ Percentage _____
Name _____ Address _____ Relationship _____ Percentage _____

If more than one primary beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving primary beneficiary(s). If there are no surviving primary beneficiary(s), the proceeds will be paid to the contingent beneficiary(s). If more than one contingent beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving contingent beneficiary(s). If there are no surviving contingent beneficiary(s), the proceeds will be paid to the executors, administrators, or assigns of the owner.

Applicant's Address _____
City, State, Zip Code _____ Phone (____) _____

I have reviewed the information set forth above and represent that to the best of my knowledge and belief it is true and correct.

Signature _____ Date Signed _____



4615 Walzem Road, Suite 300
 San Antonio, TX 78218-1610
 1-800-298-7269

**LIFE INSURANCE PORTABILITY
 AND DESIGNATION OF BENEFICIARY FORM**
 (Life Insurance or Death Benefits)

Employer Name:	
Employee Name:	Social Security Number:

I hereby designate the following as my beneficiary (ies):

Primary Beneficiary (ies)

Full Name and Address (Please Print)	Percentage (Must total 100%)	Date of Birth (optional)	Relationship (optional)	Social Security # (optional)

*If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary (ies) (applicable if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage (Must total 100%)	Date of Birth (optional)	Relationship (optional)	Social Security # (optional)

*If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

- ✎ This beneficiary designation revokes all revocable prior beneficiary designations.
- ✎ Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ✎ If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.
- ✎ This form only applies to the Life Insurance or Death Benefits available under this plan. It does not apply to other benefits where a Beneficiary designation may be required. Please see your HR Representative to make any Beneficiary changes not covered by this form.

Date:	Signature of Insured:
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This completed form must be retained by the policyholder (or Plan Administrator, if different). In the event of the death of the insured, *the original* must be submitted to FCE Benefit Administrators, Inc. along with the required Proofs of Loss (see claim form)



4615 Walzem Rd, Ste 300
 San Antonio, TX 78218-1610
 (800) 298-7269

Contract Site

CBRE GOVERNMENT & DEFENSE SERVICES ENROLLMENT FORM

Open Enrollment New Hire Change Remove/Add

EMPLOYEE INFORMATION

Please Print or Type the Following Information

Last: _____ First: _____ MI: _____
 SSN: _____ Date of Birth: _____ Married: Y / N Sex: M / F
 Address: _____
 City: _____ State: _____ Zip: _____ Date of Hire: _____
 Phone: (_____) Email Address: _____
 Job Title: _____ Salary / Wage: _____ Hrs per Wk: _____ PT / FT

COVERAGE INFORMATION

Are you, your spouse or any of your children covered under any other Medical Plan? Yes / No

If yes, please provide the plan information and the names of those covered (Last Name, First Name, Middle Initial):

Insurance Company / Plan: _____ Phone: (_____)
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

LIFE INSURANCE INFORMATION

Have you used tobacco products in the last 12 months? Yes No

Please write the name of your Beneficiary (ies) their relationship to you (Cannot be self): Last Name, First, Middle Initial:

Name: _____ Relationship: _____ % : 0.00%
 Name: _____ Relationship: _____ % : 0.00%

Designation of Beneficiaries will apply to any and all death benefits provided by the Plan.

DEPENDENT INFORMATION

COVERAGE ELECTION: Self Self & Spouse Self & Child (ren) Self & Family

If you are electing Self only coverage, **DO NOT FILL OUT THE REST OF THIS SECTION.** If your dependents have a different last name, then you must submit a marriage certificate, birth certificate or other information to prove dependency.

Spouse Name: _____ Check this box if your Spouse is also employed by the company
 DOB: _____ SSN: _____ Sex: M / F Date of Marriage: _____

Dependent Child (ren)

Child 1 Name: _____ DOB: _____ Sex: M / F SSN: _____
 Child 2 Name: _____ DOB: _____ Sex: M / F SSN: _____
 Child 3 Name: _____ DOB: _____ Sex: M / F SSN: _____

Please indicate, with a check mark (✓), which of your listed Dependents is eligible to enroll in an Employer sponsored health Plan other than this Plan. If your Dependent(s) is eligible to receive health benefits from his/her Employer or from his/her spouse's Employer he/she is not eligible to participate in this Plan. Checked Dependents will not be enrolled in this Plan.

If you need additional space, write the total number of additional Dependents here: _____ and finish on an additional medical enrollment form.

AUTHORIZATION AND SIGNATURE

Please Print then Date and Sign at the Bottom

Notice Regarding Your Social Security Number: FCE Benefits Administrators, Inc. ("FCE") is authorized to collect and use your Social Security Number under California Civil Code section 1798.85(c). FCE is required to collect your Social Security Number in order to meet its compliance obligations under the Internal Revenue Code and the McNamara-O'Hara Service Contract Act ("Service Contract Act"). FCE's use of your Social Security Number will be limited to the execution of accounting functions mandated under the Internal Revenue Code and the Service Contract Act. FCE will treat your Social Security Number securely and in full compliance with state and federal privacy laws."

Authorization: I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or other organization, institution or person, that has any records or knowledge of me or my dependents to give to FCE Benefit Administrators, Inc. or its reinsurers, any such information regarding or related to any claim made for coverage. I hereby authorize FCE to release to Plan Sponsor claims related information. A photographic copy of this authorization shall be as valid as the original.

I hereby also authorize FCE Benefit Administrators, Inc. to use and disclose my protected health information to the plan sponsor, administrator, or underwriter, for the use of health plan payment and operations as defined in the HIPAA privacy regulations I also appoint _____ as my Personal Representative to receive claim and enrollment information on my behalf. If a personal representative is not appointed no claim or enrollment information will be given out.

The purpose of this notice is to inform you that your Health Plan is offering you the opportunity to receive notices about the benefits administered by FCE Benefit Administrators electronically. Such notices will include (but not be limited to) HRA balance information and Explanation of Benefits. In order for us to provide you with this opportunity, you must consent to receive Employee Benefit notices electronically by signing the form below.

Prior to consenting, you should understand that:

- You must provide us with a cell phone number and email address in order to receive the notices electronically. If this information should change, you must immediately notify FCE at the contact information listed below.
- You have the right to withdraw your consent to electronic distribution at any time at no charge to you. To withdraw consent, you must notify FCE at the contact information listed below.
- If you consent to electronic distribution, you may still request a paper version of any document free of charge by contacting FCE at the contact information listed below.
- All electronic notices will be available in pdf format. If you do not have the programs necessary to view this type of file, you should not consent.

Contact Information:

FCE Benefit Administrators, Inc.
4615 Walzem Rd. Suite 300
San Antonio TX 78218

(800) 298-7269

CBRESupport@fcebenefit.com

I consent to the electronic disclosure of Employee Benefit notices, including HRA balance information and Explanation of Benefits. I acknowledge that I have read the above information and understand that I am entitled to withdraw my consent at any time at no cost to myself. I understand that I have the right to receive paper copies of the documents at no additional charge. I also confirm that I have the ability and the necessary equipment and software to access pdf documents.

I certify that to the best of my knowledge all the information contained on this form are true and correct.

Cell Phone _____ e-mail address _____

Signature _____ Date _____

CBRE GOVERNMENT & DEFENSE SERVICES

Exempt Plan

Payroll Deduction and Benefit Election Form 2026

Election Period: December 1, 2025 through November 30, 2026

LAST NAME: _____ FIRST: _____

OPTIONAL/VOLUNTARY BENEFITS – Paid through 52 Employee Payroll Deductions per Calendar Year

Please check off your desired benefit election(s). You and any elected Dependent(s) will be covered on the first of the month following date of hire in which all payroll deductions for the intended month of coverage have been made. For example, if CBRE GOVERNMENT & DEFENSE SERVICES begins deducting in the payroll period starting December 1, 2025, you and any elected Dependent(s) will be covered starting January 1, 2026. Please note that in no event will the effective date of coverage for the Dependent(s) be set prior to that of the Employee.

BENEFITS

COST PER WEEKLY PAYROLL

NO CHANGE TO CURRENT ELECTION(S)

Check this box and this box only for no change to current elections
(Elections made below will override current elections)

Full-Time Major Medical Plan – SelectCare Base Plan (SC-70)

Single \$ 0.00
Couple \$ 103.87
Family \$ 225.20

Full-Time Major Medical Plan – SelectCare Mid Plan (SC-80)

Single \$ 12.36
Couple \$ 127.88
Family \$ 263.71

Full-Time Major Medical Plan – SelectCare Buy-Up Plan (SC-10)

Single \$ 28.76
Couple \$ 159.25
Family \$ 314.81

Full-Time At-Will Plan (No Major Medical Coverage)

Single \$ 8.82

Voluntary Long-Term Disability (see “Monthly Rates” below)

Single

I hereby authorize my employer, CBRE GOVERNMENT & DEFENSE SERVICES, to redirect the above portion of my salary to the CBRE GOVERNMENT & DEFENSE SERVICES Health and Welfare Plan for the coverage elected above. If my payroll deduction is taken pre-tax, I understand that my pre-tax election(s) must remain in effect for the full plan year unless a change in life-status occurs which qualifies under Section 125 of the Internal Revenue Code as a permissible basis for discontinuing my coverage election. If my payroll deduction is taken post-tax, I may discontinue my optional coverage during the plan year with the understanding that I may not re-elect the discontinued coverage until the next open

enrollment period. Deductions shall continue from year to year unless I direct, 30 days prior to the coverage anniversary, CBRE GOVERNMENT & DEFENSE SERVICES to discontinue or alter the deductions.

I also acknowledge that I have been given the opportunity to enroll in the optional/voluntary benefits of the CBRE GOVERNMENT & DEFENSE SERVICES Health and Welfare Plan and that my election above or lack thereof, reflects my intention. If no dependent coverage is elected, I understand that I will not have the option to enroll my dependents in any part of the Health and Welfare Plan until the next open enrollment period, unless a change in life-status occurs which qualifies under Section 125 of the Internal Revenue Code as a permissible basis for adding the affected Dependent(s).

SIGNATURE: _____ DATE: _____

*All Payroll Deduction forms must be accompanied by a completed enrollment form

<u>Voluntary Long-Term Disability</u>	Per \$100 of Covered Payroll (Monthly)
<u>Age Group</u>	<u>Employee Only</u>
18-24	\$0.086
25-29	\$0.135
30-34	\$0.244
35-39	\$0.391
40-44	\$0.675
45-49	\$0.882
50-54	\$1.246
55-59	\$1.608
60-64	\$1.241
65-69	\$0.838
70+	\$0.609

CBRE Government & Defense Services WAIVER OF MEDICAL BENEFITS

To waive medical benefits under the CBRE GOVERNMENT & DEFENSE SERVICES Health & Welfare Plan (the "Plan"), I understand that I can only do so if I have a qualified Life Event, as a new hire or during the Open Enrollment Period.

This waiver includes your spouse/partner and each of your dependents you are electing not to enroll for health insurance at this time.

I, _____, hereby state that I **do not** want and hereby waive, group health insurance coverage that I have received and reviewed for the plan year 2026 for myself, my spouse/partner and my dependent child(ren).

If declining coverage due to my participation in other employer-sponsored group coverage, list the name and phone number of the insurance company and employer name, as well as the name of the Primary Insured,

Insurance Company Name	Employer Name	Name of Primary Insured	Insurance Member ID

I understand that this policy must be through: (check box below)

- Another current employer;
- A spouse's employer
- A previous employer's retiree or COBRA plan
- TRICARE (Champus)

In order for this to be a valid waiver I understand I must provide evidence of current participation in another employer-sponsored group medical plan. Evidence of participation can be either a photocopy of **both sides** of the ID card issued to me as a participant in the other plan or a certificate of coverage/ letter from your other plan.

I further understand that failure to provide evidence to FCE Benefit Administrators, Inc. (FCE) within thirty (30) days of completing, signing, and submitting this waiver will nullify this election to waive and will result in my automatic enrollment in the medical benefits under the present Plan.

I further understand that my election to waive medical coverage under the Plan will result in an allocation of Plan assets to fund another benefit for me in lieu of the Plan's medical coverage. I understand that these funds will not be released for this purpose until FCE has received this completed and signed Waiver of Medical Benefits and has validated the evidence submitted in support of my waiver election.

I further understand that my election to waive medical benefits under the Plan does not affect my participation in other benefits under the Plan which are mandatory.

Understanding all of the foregoing, I certify that I have been given the opportunity to apply for group health insurance coverage and decline to enroll as indicated above, on behalf of myself, my spouse/partner, and my dependent child(ren). I understand that by signing this waiver, I, my spouse/partner, and my dependent child(ren) forfeit the right to insurance at this time. I was not pressured, forced, or unfairly induced by my employer, the agent, or SelectCare into waiving or declining group health insurance coverage. **If in the future I apply for coverage, I, my spouse/partner, or any of my dependent child(ren) may be treated as a late enrollee and subject to postponement of insurance coverage until I am eligible to apply during the company's Open Enrollment period.**

I also understand that if I am declining enrollment for myself, my spouse/partner, or my dependent child(ren) because of other health coverage, I may, in the future, be able to enroll myself, my spouse/partner, or my dependent child(ren) in this plan, as required by law, provided that I request enrollment within thirty (30) days after my other health insurance coverage ends or a qualifying event occurs. **If I do not request enrollment within thirty (30) days of the above events, I understand that I may not be able to enroll for coverage until the company's Open Enrollment period. I understand that I can obtain information related to my enrollment eligibility from my employer or the insurance company.**

I hereby release CBRE GOVERNMENT & DEFENSE SERVICES, its agents, FCE and the Plan from all liabilities which may result from the implementation of this waiver.

_____ Waiver forms submitted without proof of current coverage will not be valid.
Initial

_____ All valid waivers must be accompanied by a completed enrollment form.
Initial

Signature

Date

Print Name

XXX-XX-_____
Last four digits of Social Security Number

Company / Location		Job Title		Date of Employment	
First Name	M.I.	Last Name		Social Security No.	
Mailing Address			City	State	Zip
Home Phone	Work Phone & Ext.	Cell Phone / Other Phone	Date of Birth	Sex	Marital Status
E-mail Address					

New Enrollee - Check this item if you are either a (1) NEW ENROLLEE, or (2) You wish to make changes to your existing SelectCare Plan during your group's **Open Enrollment Period**.
Please complete ALL the information below! The information and coverage choices which you provide below will supersede all prior information and coverage choices we have previously received from you.

Health Plan Choice		Premium Class
Dental Plan Option	<input type="checkbox"/> YES, I want Dental Coverage <input type="checkbox"/> NO, I do not want Dental Coverage	* Not all groups offer Dental &/or Vision Plans; these Options have to be offered to you under your Group benefits. Enrollment or Cancellation of your Dental Plan is ONLY allowed during an Open Enrollment Period.
Vision Plan Option	<input type="checkbox"/> YES, I want Vision Coverage <input type="checkbox"/> NO, I do not want Vision Coverage	
Accidental Death Benefit Most plans include a \$5,000 Accidental Death Benefit for each Subscriber. Please check with your employer if applicable.		
Beneficiary Name	Date of Birth	Relation to Subscriber

Terminate All Coverage - Check this item if you are currently enrolled and You Wish to Terminate your Coverage.

Reason for Termination	<input type="checkbox"/> Termination of Employment Effective Date: _____	<input type="checkbox"/> Enrolling Under Spouse's Plan
	<input type="checkbox"/> You are Electing Coverage under COBRA please ask your employer for details	<input type="checkbox"/> Other:

Change Of Status - Make appropriate checks to the items on the right. Add Dependent(s) Delete Dependent(s) Update Information

Other Insurance Will you or any of your covered dependents have other health coverage during your group's plan/contract year?
 If "Yes", please indicate the effective date(s) of such coverage below.

Person with Dual Health Insurance Coverage	Medicare				Other Insurance Carrier	Medical	Dental	Effective Date
	Part A	Part B	Part D	Medicaid				

Dependent Information - Spouse/Domestic Partner & dependent children up to 26 years of age.
 Only fill out Address/Email information below for Dependent(s) opting to receive correspondence separately.

Last Name	First Name & M.I.	Relation to Subscriber	Social Security Number	Sex	Date of Birth
Mailing Address			Email Address		
Last Name	First Name & M.I.	Relation to Subscriber	Social Security Number	Sex	Date of Birth
Mailing Address			Email Address		
Last Name	First Name & M.I.	Relation to Subscriber	Social Security Number	Sex	Date of Birth
Mailing Address			Email Address		
Last Name	First Name & M.I.	Relation to Subscriber	Social Security Number	Sex	Date of Birth
Mailing Address			Email Address		
Last Name	First Name & M.I.	Relation to Subscriber	Social Security Number	Sex	Date of Birth
Mailing Address			Email Address		
Last Name	First Name & M.I.	Relation to Subscriber	Social Security Number	Sex	Date of Birth
Mailing Address			Email Address		

On behalf of myself and my dependents, I agree to or with the following: I acknowledge that by enrolling in a health plan whose coverage is provided by Calvo's SelectCare Insurance, Inc. The policy contract under which I am enrolled will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any Schedule of Benefits, Member Handbook, summary or other description of the plan. I agree that I shall abide by the provisions of coverage contained in the policy. I have read and understand the eligibility requirements and attest that I and all my dependents meet these requirements. I understand that it is my responsibility to report any changes in the eligibility of my dependents. I further understand that newly eligible dependents may only be added within 30 days from becoming eligible or during an Open Enrollment period for my group.

I understand and agree that there is no coverage unless my Enrollment Application/Change of Status Form has been accepted and approved by Calvo's SelectCare. Even if this enrollment form is approved, any material misstatements or omissions may result in past or future claims being contested and the policy or my coverage under the policy being contested. I understand that Calvo's SelectCare has the right to request required documents to verify eligibility at any time and failure to submit these documents may result in a loss of coverage or service at the discretion of Calvo's SelectCare. Should a loss of coverage occur, I understand and agree that I may be responsible for the cost of all health care provided to me and my dependents. I understand that the providing of coverage and service does not constitute acceptance of eligibility by Calvo's SelectCare until eligibility for coverage has been proven.

I (and my dependents) hereby authorize any Medical/Health Care Provider or Facility that has any records or knowledge of me (us) or my (our) health to give Calvo's SelectCare any such information. A copy of this authorization shall be as valid as the original. I understand that any claims asserted by myself or my dependents against the Carrier or any health provider, whether based on tort, contract, or otherwise (including professional liability) are subject to Binding Arbitration. I have read the benefit brochure and my questions pertaining to the Calvo's SelectCare Plan have been answered satisfactorily and will be further explained upon my request by a Calvo's SelectCare representative or my personnel office. I hereby authorize my employer to deduct any required cost for this program.

This page intentionally left blank.