

2025 Benefit Changes

Silver CW80 Plan



GRMC Participating Provider

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
	For ALL services at Guam Regional Medical City (GRMC), Plan pays 75% and Member pays 25% subject to Plan Benefit limitations and maximums	

Postnatal Care

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
WELL-WOMAN CARE <ul style="list-style-type: none"> Breast Cancer Mammography Screening Breast Feeding Support & Counseling Breast Pump (Limited to one breast pump kit per year up to \$150.00) Contraception Well Women Visits Pre-natal Care including routine labs Postnatal Care 	Plan pays 100%	Not Covered
MATERNITY CARE (Subscriber or Spouse) Delivery & Postnatal Care	Plan pays 80%; Member pays 20%	Plan pays 70%; Member pays 30%

Chemical Dependency

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
CHEMICAL DEPENDENCY \$8,000.00 annual maximum	For Groups that qualify under applicable law; Plan pays 80%; Member pays 20%	For Groups that qualify under applicable law; Plan pays 70%; Member pays 30%

Mental Health (Inpatient)

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
MENTAL HEALTH CARE (Inpatient)	For Groups that qualify under applicable law; Plan pays 80%; Member pays 20%	For Groups that qualify under applicable law; Plan pays 70%; Member pays 30%

Mental Health Care (Autism Spectrum Disorder)

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
MENTAL HEALTH CARE (Autism Spectrum Disorder) <ul style="list-style-type: none"> Covered Persons under age 16 \$75,000.00 annual maximum Covered Persons ages 16 to 20 \$25,000.00 annual maximum Applies only to groups with at least 10 employees Pre-certification required Limited to Guam Participating Providers only	Outpatient Care Only: Plan pays 80%; Member pays 20% Prescription Drugs: Please refer to Prescription Drugs member share below For Groups that qualify under applicable law; Inpatient Services: Plan pays 80%; Member pays 20%	Not Covered

2025 Benefit Changes

Silver CW80 Plan



Other Health Insurance Coverage and Residency Status Notification

Members must notify StayWell if he or she or his/her dependents are covered under another health insurance plan including Medicare, or if there is change in a Covered Person's residency. Failure to do so may result in loss of coverage and StayWell will not be responsible for the cost of healthcare services.

Experimental or Investigational Treatments

No benefits will be paid for experimental or investigational treatments and procedures, or ineffective surgical, medical psychiatric, or dental treatments or procedures, research studies, or other experimental or investigational treatments and procedures or pharmacological ~~regimes-regimens~~ as determined by Company, unless deemed Medically Necessary by patient's Physician and pre-certified by Company.

Clinical Trials

No benefits will be paid for services rendered during a clinical trial except for Medically Necessary Covered Services for routine patient care in clinical trials in the same way StayWell pays for Covered Services for routine care for Covered Persons not in clinical trials. No benefits will be paid for the following:

- 3.27.1. Cost of treatment, device, material or test being studied.
- 3.27.2. Any service only needed to collect data for the study.
- 3.27.3. Non-routine costs such as expenses related to complications of the treatment, device, material or test being studied, including but not limited to inpatient admissions and emergency room visits.
- 3.27.4. Clinical trials done at Non-Participating Providers.
- [3.27.5. Services and supplies provided by the trial sponsor for free.](#)
- 3.27.6. The experimental intervention itself. ~~(except Category B investigational devices and promising experimental or investigational interventions for terminal illness in certain clinical trials in accordance with our policies.)~~

Anti-Obesity Medications, Treatments & Procedures

3.47. No benefits will be paid for Services provided for liposuction, [exercise programs, exercise equipment, membership to health or fitness clubs, recreational therapy, counseling, coaching, training or any forms of hypnotherapy and other services and supplies that are primarily intended to treat, or are related to the treatment of obesity, including morbid obesity, except as recommended by USPT \(Grade A or B\) and except as provided under the Schedule of Benefits.](#)

3.48. No benefits will be paid for anti-obesity medication or any drug for weight reduction ~~programs and for any drug, food substitute or supplement or any other product, which is primarily for weight reduction~~ [regardless of additionally FDA-approved medical indications and the existence of comorbid conditions or risk factors](#), even if a Physician prescribes it. [Drugs may include, but not limited to opiate agonists and anti-depressants if used for weight management, GLP1 Agonists/glucagon mimetics, lipase inhibitors, anorectics/appetite suppressants and melanocortin-4 receptors.](#)

3.50. No benefits will be paid for surgical operations, ~~procedures or~~ [medical treatments, and procedures for treatment](#) of obesity, except when pre-certified by Company.

[3.105. No benefits will be paid for weight control/loss programs and for any food substitute, stimulants, preparations, dietary regimens, supplements or any other product, used for weight management, whether to increase or decrease body weight, control weight or treat obesity.](#)

Coordination of Benefits for Children of Domestic Partners

[4.5.1.3. In the case of a Dependent Child who is the child of the employee's domestic partner, if](#)

[4.5.1.3.1. the Dependent Child is not a biological child of the employee;](#)

[4.5.1.3.2. the Dependent Child has not been adopted by the employee;](#)

[4.5.1.3.3. the Dependent Child has not been placed for adoption by the employee; or](#)

[4.5.1.3.4. the Dependent Child is not a legal guardianship child of the employee; then](#)

2025 Benefit Changes

Silver CW80 Plan



Where the domestic partner is the subscriber of the other plan, the carrier of the employee is secondary, and the carrier of the domestic partner is the primary payer.

Where the Dependent Child's other biological parent is the subscriber of the plan, the carrier of the employee is secondary, and the carrier of the other parent is the primary payer.

Where the spouse of the Dependent Child's other biological parent is the subscriber of the other plan, the carrier of the employee is secondary, and the carrier of the other biological parent's spouse is the primary payer.

CONTACT US

We are servicing via telephone, email and video conference. Contact us at 671-477-5091 or customercare@staywellguam.com Monday-Friday, 8am-5pm. After Office Hours: Informed Choice 671-971-1190.