



See how far we'll go.



StayWell
INSURANCE

Member

H A N D B O O K

staywellguam.com

WELCOME

to StayWell



2

If you receive services from a non-Participating Provider, StayWell will pay only Benefits based on Eligible Charges. The Eligible Charge for a Covered Service by a Non-Participating Provider is limited to the lesser of (a) the actual billed charge, (b) in the United States, the Medicare Participating Provider fees in the geographic area where the Service was rendered, (c) in Asia, the fees most recently contract by Company at the St. Luke's Medical Center in Manila, or (d) elsewhere, the Medicare national standard fee. This handbook is for informational purposes only. Its contents are subject to the provisions of the StayWell/IHIC. In the event of a discrepancy between this handbook and the contract, the terms of the contract will prevail. Rev. 07/2017

STRENGTH and STABILITY



StayWell currently serves private business employees and families in Guam and the Commonwealth of the Northern Mariana Islands (CNMI). We are ready to include you in our family of members.

Our company is a long-running island business backed by Island Home Insurance Company (IHIC), a locally owned insurance company. IHIC is reinsured by Reinsurance Group of America, Incorporated (RGA). RGA is a leader in the global life reinsurance industry with approximately \$2.9 trillion of life reinsurance in force and assets of \$40.2 billion. They are one of the largest life reinsurance companies in the world and are the only global reinsurance company to focus primarily on life and health-related reinsurance solutions. This combination makes your StayWell membership solid and trustworthy.

This brochure explains all the advantages of being a member. It can also be your quick reference guide to frequently asked questions. We encourage you to contact our Customer Care Department for further advice on your specific health plan, changes or addendums. You may also visit our website at www.staywellguam.com for soft copies of our Member Handbook, Plan Inserts, Summary of Benefits and Coverage (SBC), Notice of Privacy Policy (NPP), Claim forms, Enrollment forms, and Health Management information.

As a StayWell subscriber, you will also receive the following benefits at no additional cost:

- Group Fitness Classes
- Health Risk Assessment
- Nutrition Education
- Online Health Activity Tracker
- Healthy Living Guidelines Streaming Videos

Once again, welcome and thank you for taking this journey towards better health care and customer satisfaction with StayWell Insurance.

CONTENTS

ADVANTAGES OF THE STAYWELL PLAN 2

- Accessing StayWell Care
- Provider Organization
- On-Island Care
- Pharmacy / Medication
- Mail Order Delivery Service
- Online LDI
- Off-Island Care
- Informed Choice Program
- Tips for Off-Island Care
- The StayWell Network Saves You Money

HEALTH MANAGEMENT PROGRAM 6

- Wellness
- Fitness
- Chronic Disease Management

COSTS & CLAIMS 9

- Eligible Charges
- How to Make a Medical Claim

GENERAL INFORMATION 10

- Customer Care
- Eligibility Information
- When to Enroll
- HIPAA Provisions
- Review & Appeals Process
- Dental Care

GLOSSARY 14

REFERENCE 15



ADVANTAGES of the **STAYWELL PLAN**

- **COMPREHENSIVE** medical and dental Benefits, including preventive care
- **FREEDOM** to choose any medical and dental care provider
- **HEALTH MANAGEMENT PROGRAM** that includes wellness, fitness and disease management
- **DEDICATED** Customer Care
- **EXCELLENT** StayWell service
- **UNLIMITED** Lifetime Coverage
- **100% COVERAGE** after copay maximum is met
- **100% COVERAGE** for inpatient care at the Centers of Excellence
- **100% COVERAGE** for formulary prescription by mail for maintenance medications
- **100% COVERAGE** for preventive health services
- **AIRFARE BENEFITS** available when qualifications are met

ACCESSING **STAYWELL CARE**

PREFERRED PROVIDER ORGANIZATION

As a Preferred Provider Organization (PPO), the StayWell Plan allows you to choose any hospital, physician, or other healthcare provider you wish. However, when you use a hospital/facility or provider who is part of the StayWell PPO network, your claims will be processed based on specifically negotiated reduced rates. These rates mean out-of-pocket savings to you because your cost is based on lower fees. Your Coinsurance and Copayment for services rendered at a Participating Provider is based on Eligible Charges and is accumulated towards the Copayment Maximum. You

don't have to choose a particular primary care physician, nor are you required to obtain approval before seeing a specialty care physician. Network providers are under contract to provide certain services at reduced rates. Payment for all treatments you receive from network providers are subject to those contracted rates.

ON-ISLAND CARE

StayWell has one of the largest local networks, with over 95% of Guam and CNMI's physicians, including the staffs of American Medical Center, The Seventh Day Adventist Clinic, IHP, and the Guam Radiology Consultants.

PHARMACY / MEDICATION

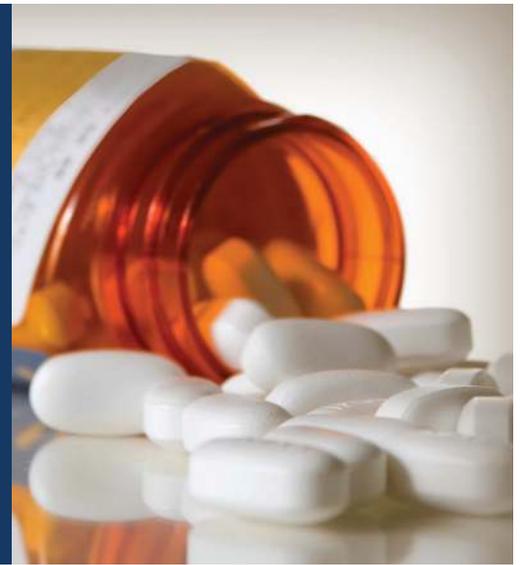
To help manage the increasing costs of prescription drugs, StayWell has secured the services of Medimpact Healthcare Systems, Inc., a pharmacy benefit manager (PBM) based in San Diego, California. Together, we aim to provide the same high quality of care you currently receive. Medimpact's pharmacy network provides flexibility in receiving prescriptions within one of the following networks:

Retail Pharmacy

Medimpact's participating pharmacy network includes more than 64,000 participating pharmacies, including regional and national chains as well as independent community

Medimpact's online tools allow you to:

- Order new prescriptions or transfer from retail pharmacy
- Refill mail-order drugs or renew expired mail prescriptions
- Review estimated copay amount, last order status, and date for next refill
- Get reminders and alerts via phonecall, email or two-way text
- View and sort your list of mail-order drugs
- Manage account information
- Make payments



pharmacies. The Choice 90 pharmacy benefit will allow you to obtain a 90-day supply of formulary medications through local and nationwide retail stores at a reduced out of pocket expense.

Specialty Pharmacy

Your Specialty Pharmacy is Medimpact Direct Specialty. Our specialty pharmacies were carefully chosen to provide you with convenient delivery and personalized service. The Specialty program supports patients with complex health conditions who need injectable medications, medications with strict compliance requirements, or who have special storage needs.

Mail Order Pharmacy

You can obtain a 90-day supply for ongoing formulary maintenance medication(s) – prescriptions you take on a regular basis to manage conditions like arthritis, high blood pressure, asthma, diabetes, or high cholesterol – through the mail-order program with Medimpact Direct. With mail-order, you can have your

prescriptions delivered right to your home and copayment is waived.

Set up new maintenance mail order prescriptions:

1. From your doctor

Your doctor directly submits your prescription electronically or faxes your prescription to: 1-888-783-1773. Medimpact can only accept faxes from doctors, not patients. Once your prescription is received, you will be contacted to confirm details. Medimpact will not ship until you confirm that you want the medication(s).

2. Mail your prescriptions

Mail your prescription(s) to Medimpact with a completed Medimpact Direct Mail Order Form. Please enclose payment details with your order.

- Download a mail order form in PDF format which is available at www.medimpact.com.
- Send your order form to Medimpact Direct at PO Box 51580 Phoenix, AZ 85076-1580.

3. Sign in to website

Sign in to www.medimpact.com or their mobile app and choose "Request a Prescription" on the "My Prescriptions" page and follow the instructions.

Once your new prescription is processed, track orders at www.medimpact.com or on their mobile app.

For prescription refills:

1. Order by phone

Call the Toll-Free number (855) 873-8739 for Medimpact's refill phone service or to speak to a representative.

- For refills please be ready to provide your prescription refill number(s), cardholder ID, year of birth, and your Visa, Discover, or MasterCard for payment.

2. Order online

Register for online account access with your member identification number from your member ID card, first name, last name and date of birth. Once logged in, select the prescription you need to have

refilled, your payment method and your preferred shipping address.

OFF-ISLAND CARE - CENTERS OF EXCELLENCE

StayWell's extensive off island network of providers includes outstanding medical facilities located in California and the Philippines.

The Centers of Excellence are chosen for their outstanding facilities, services and regional location. These Centers offer significantly discounted rates to StayWell members. In cases of in-patient care, members are covered at 100% of Eligible Charges, subject to Benefit maximums.

When you require off-island treatment you may be eligible for round-trip airfare if the following criteria are met:

- You have been a StayWell member for at least six consecutive months



- You obtain a written pre-certification from StayWell
- StayWell is your primary insurance carrier
- You have a catastrophic illness for which treatment is not available on Guam or the CNMI as determined by StayWell that requires any of these medical procedures: open heart surgery, angioplasty, cardiac catheterization, endarterectomy, oncology surgery, aneurysmectomy, pneumonectomy, intracranial surgery, treatment for acute leukemia, gamma knife, or NICU Level III care
- Service is scheduled to be provided at a Center of Excellence

Round-trip commercial tickets to the Center of Excellence are purchased at the lowest economy fare available inclusive of medical discounts. Coverage of airfare is subject to review by StayWell and will depend on the submission of required documents (e.g. operative report, boarding pass, proof of purchase). Proactive airfare coverage may be granted only if there is a written request from a COE physician that a qualifying procedure will be performed. An off island referral does not guarantee airfare coverage.

In the event you purchase the seat(s), StayWell may reimburse no more than what it would have paid had it purchased the seat(s) in advance. In no event will StayWell reimburse for any seat(s) purchased with frequent flyer miles.

INFORMED CHOICE PROGRAM

StayWell's Informed Choice Program helps you secure excellent medical care both on-island and off-island for the least out-of-pocket expense. Medical service specialists who are knowledgeable in StayWell's Pre-certification procedures and off-island coverage staff the program.

Without compromising the confidentiality of your medical condition, the Customer Care staff can assist you in making appropriate choices about health care such as:

- Allowable Benefits – the tests, supplies & treatment options covered by StayWell
- Participating Providers – the Doctors, laboratories, pharmacies and other health care providers in the StayWell network
- Centers of Excellence – the off-island hospitals and ambulatory surgi-centers affiliated with StayWell
- Ways to Save Money – advice on how the health care choices you make can reduce your out-of-pocket expenses

Whether it is on-island or off-island, StayWell requires that you obtain a written pre-certification from the Informed Choice Program specialists before receiving the following care:

- All hospital admissions
- Outpatient surgical procedures
- Certain diagnostic procedures, such as MRI's, CAT scans, and PET scans

- Note: StayWell will not issue retro authorizations

In an emergency, pre-certification is not required before receiving care. Just call 477-5091 extension 1120 for help from Customer Care.

When accessing care, please note StayWell's policy regarding medical necessity for treatment and care. To keep medical costs at an affordable level, StayWell only pays for Services that are Medically Necessary, as defined in the StayWell contract. Cases that are Medically Necessary require the most appropriate and economical use of services and facilities. The overuse or unnecessary use of costly or ineffective medical services is discouraged and will not be paid.

The fact that a doctor may prescribe, order, recommend or approve a service or supply does not in itself make it Medically Necessary or make the charge an allowable expense. Should medical necessity be unclear, StayWell's medical coordinators will evaluate the case, based on available information, before particular services are performed.

TIPS FOR OFF-ISLAND CARE

- Before your departure, you or your authorized representative may call or visit the Customer Care Department at the StayWell office to coordinate your off island care and pick up your pre-certification.
- Hand carry your StayWell pre-certification.

- Hand carry all imaging films, pathology slides/specimens, medical records and referral papers to doctors appointments.
- If you are unable to make it to a scheduled appointment, notify the doctor's office for cancellation and re-scheduling. Otherwise, you may be charged a no-show fee.
- If you will be out of the Service area for more than 60 accumulative days, submit a request, together with the treatment plan of your doctor, to StayWell's Customer Care Department prior to the 60th day.
- When you return to Guam, bring back all materials that will help facilitate continuity of care.
- Call the StayWell toll free number at **1-866-782-9955** or send an email to **offislandreferral@staywellguam.com**, if you have questions regarding your coverage.

THE STAYWELL NETWORK

SAVES YOU MONEY!

It's good to discover ways you can cut the cost of your health care without reducing the quality of care. Here's an easy way you can do just that.

You will save money simply by using StayWell's Network of Participating Providers. StayWell's network includes doctors, dentists, chiropractors, mental health professionals, hospitals, pharmacies, laboratories, optical firms, private home health care agencies and other medical facilities, in the Service Area and outside the Service Area, which have agreed to provide services to StayWell members at substantially reduced rates.

The overall cost of your health care is much less when you go to a provider INSIDE the network than when you go OUTSIDE the network. As a result, your out-of-pocket expenses are greatly reduced. In some cases, your Copayment is waived altogether, and you pay nothing! However, if you choose to go OUTSIDE the network for care, you pay much more for Coinsurance/Copayment service.



HEALTH MANAGEMENT PROGRAM

StayWell is committed to creating a culture of health and wellness among our members. Our Health Management Program offers you a proactive approach in helping manage your well-being and improve health outcomes. It is designed to empower you in better managing your health by keeping you engaged in the three different pillars of our comprehensive, integrated program: **WELLNESS, FITNESS, AND CHRONIC DISEASE MANAGEMENT.**

Services under this program are covered 100% unless otherwise specified. The following are the detailed description of each program component and how each is administered. The use of Enjoy Life! web portal is

currently limited to the subscribers only. This includes the health risk assessment, Healthy Living Guidelines Streaming Video™, newsletter, Health Activity Tracker™, and Online Behavioral Modification Modules. For further inquiries, please contact the Health Management Department at (671) 477-5091 ext. 1185, or you may send an email to enjoylife@staywellguam.com.

WELLNESS

Health Risk Assessment

Health Risk Assessment (or HRA) is a yearly screening tool for identifying an individual's lifestyle behavior risk through a set of specific questions based on demographics, biometric

and physical health information, exercise and nutrition patterns, conditions of personal risk such as motor vehicle safety, alcohol and tobacco use, stress status, productivity and readiness-to-change. The HRA is available through a web portal or as a paper questionnaire. Regardless of how the HRA information is collected, the personal health data is protected under federal law (HIPAA). Your individual report is generated at the completion of the assessment, which summarizes the your overall health and risk levels for specific risk factors. Group reporting features are also available such as participation report, participant trend report, group progress report and an executive summary report.

You will be given the web link and your pre-assigned username and password for the online HRA through electronic mail, postal mail or through your Human Resources Department. If you opt to do a paper questionnaire, it will be available either at our office or at your place of employment.

Health Screening

The following tests are offered during a work site health screening: measurement of body mass index (or BMI, includes height and weight), blood pressure, and blood tests such as capillary glucose and cholesterol. These tests are proven to be effective in identifying an illness for which early intervention makes a real, measurable impact. Aside from these tests, there is an opportunity for an exit interview with a health coach and/or nurse which helps clarify any findings during the screening, address any question or concern you may have and help plan the next steps to address the risks or illnesses identified.

A "Health Screening Record" is issued to you which is a log of the tests measured during the screening.

Nutrition Classes, Counseling and Access to Nutrition Information Material

There are several ways that you will have access to this program:

1. At your respective work site, this is usually done as a "lunch-and-learn" activity. StayWell invites a Clinical Nutritionist or Dietitian to

provide a 15 to 20 minute lecture focused on healthy eating habits, nutritional guidance, or specific talks on nutrition programming on certain conditions such as diabetes, hypertension, gout, etc. StayWell provides FREE HEALTHY LUNCH to the participants of this activity, subject to approval by your employer.

2. Counseling, whether individual or as a group, through appointment with our participating providers and wellness centers. The member is responsible for any Coinsurance/Copayment that may apply for these services.
3. Informational materials through the Enjoy Life! web portal (online) or by request to our office.

Newsletter (WellNotes™) and other Health Education Materials

WellNotes™ is a monthly newsletter that features current health topics and recommendations for living a healthy lifestyle. It is available online through the portal, or in print through our office. Like the newsletter, other health education materials such as Monthly Health Challenge™ and Ask the Wellness Doctor™ are also available to you in both online and paper format.

Online Health Activity Tracker™

Available through the Enjoy Life! web portal, this is an online

access that allows you to stay on track with your health activity. Each health practice or activity has a corresponding point value that will help you to appraise the importance given to each item. The activities are categorized into: 1) key health practices, 2) health events, 3) health challenges, 4) self-study projects, and 5) other wellness goals. Points accumulated makes you eligible to earn a reward such as bags, wellness kit, and t-shirts.

Healthy Living Guidelines™ Streaming Videos

Also available through the Enjoy Life! online portal, this is a 90-minute online video divided into 12 brief and educational chapters that provides vital information to guide you in understanding your major health risks, and presents useful and achievable advice on how to improve your health. The videos can be viewed at your own pace in the convenience of your home, or it can also be a topic for discussion in a Lunch-and-Learn activity. All videos require an Adobe Flash Player to view.

Health Observances

Health observance is a month-to-month health awareness campaign to educate you about health risks and also to provide information on health topics of interest. Communications are sent out to you via electronic mail and advertisement through participation in community events, both local and national.



FITNESS

Get your fitness on! StayWell has partnered with the following fitness centers to provide fitness classes at no charge, and discounted gym membership (subject to a 12-month agreement with the gym) to you and your enrolled dependents:

- Urban Fitness and Dance Studio, located at Unit 202 Mikkel Tan Annex, Tun Camacho Street in Tamuning (behind KFC).
- International Sports Center, located at 484 West Soledad Avenue in Hagatna.
- Mantrasana Fitness Studio, located at R.K. Plaza, Route 16, in Barrigada Heights
- The Little Zine Shop & Studio, located at 962 Pale San Vitores Road, Tumon

Enjoy the wide variety of exercise classes that provide different levels of health-enhancing physical activity, with an equivalent mix of light, moderate or vigorous intensity

moves. Whether you opt for cardiovascular (aerobic) training, muscle strengthening or flexibility and resistance training, these classes are facilitated by certified instructors that will surely help you improve your health. Certified fitness trainers are also available to provide assistance to individuals with physical and mental impairments.

To register for the class, you are required to present your health insurance card and a valid picture ID on your first visit.

CHRONIC DISEASE MANAGEMENT

Discharge Planning and Care Coordination

Our case managers use a team approach to ascertain a seamless and effective discharge planning and care coordination for all our members, on- and off-island, particularly those with chronic conditions (such as Coronary Artery Disease and Diabetes

with complications) and catastrophic illnesses identified by self-referral or by referral from their primary care provider. Each case is facilitated uniquely to ensure reduced hospital readmission, less emergency room visits and better medication compliance. By team approach, we involve the attending physician, primary care provider if different from admitting physician, hospital staff, social worker, home health care agency and pharmacy in addressing potential gaps in the systems of care.

To facilitate this goal, our case managers use the recommendations from the nationally-recognized Milliman CareGuidelines and best practices from UpToDate.

Patient-Centered Education

Our goal in Patient-Centered Education is to empower you with the right information in becoming the most informed health consumer. In a national study, it has been observed that patients who are informed, engaged and equipped with the tools to take care of their health utilize the healthcare system more appropriately. Thus we offer topic and condition specific health education sheets from Krames Staywell, which is the largest provider of interactive and print patient education solutions and consumer health information in the United States. We have a medical library of over 3,000 health education sheets in numerous specialty areas, and also more than 2,000 drug

information sheets that uses plain language to aid readability and ensure comprehension.

You may obtain a copy of these health education sheets by request from our office, at no cost.

Online Behavioral Modification Modules

Available through the Enjoy Life web portal, these are evidence-based online intervention programs that will help you transform the way they think about yourself to achieve your health and wellness goals.

There are five programs offered in the portal, each lasting to about 10 to 12 weeks and can be accessed simultaneously.

You can watch as little as one video per week at your own leisure, and apply the power principle learned in-between sessions. The following are the online intervention programs found within the portal:

1. LivingLean – an online weight management program that will support you to reach your personal goal of losing weight.
2. LivingFree – an online program for smokers that will help you discover techniques about the smoking cessation process.
3. LivingSmart – an online program for those who want to manage their alcohol consumption.

4. LivingEasy – an online stress management program for those who need the tools to compose their stress.

5. LivingFit – a 90-day walking program that teaches you to set an exercise activity as a regular part of your life.

COSTS and CLAIMS

ELIGIBLE CHARGES

Services at a Participating Provider are based on Eligible Charges. Eligible Charges at a Participating Provider means the lesser of the actual billed charge or the fee specified in the applicable provider contract for the service rendered.

When you use a Participating Provider for treatment, that provider will submit your claim to StayWell Insurance. Payment will be made directly less any amounts that you are responsible for (e.g., applicable

Co-payments, expenses above StayWell Insurance Eligible Charges, etc.). Covered services will be paid provided the Provider of services bills StayWell within ninety (90) days after the date in which the service was rendered.

If you receive services from a nonParticipating Provider, StayWell will pay only a percentage of Eligible Charges (see Benefit Summary for details). Eligible Charges at a non-Participating Provider means the lesser of (a) the actual billed charge or (b) the fee which would have been applicable had the service been rendered by the lowest cost Participating Provider in the same/similar geographic region as determined by StayWell.

Know Your Rights

The Health Care Prompt Payment Act of 2000 provides a framework for paying medical claims promptly.

- Payments for clean claims that do not need additional information should be paid within 45 days.
- On disputed claims, there is a 30-day timeline to request additional information; a 90-day timeline if your health care provider be a hospital, and a 45-day timeline for other health care providers.
- A 12% interest rate is charged on claims not paid on time.

If a health care provider does not submit a claim for payment within 90 days from the date the health services were rendered, there is no obligation for either the health care payer or the patient to pay.

Turn to page XX for more information about this act.

HOW TO MAKE A MEDICAL CLAIM

When a Participating Provider treats you, that provider will submit your claim to our office. However, if you should receive treatment from a non-Participating Provider you must pay for the services and then seek reimbursement from StayWell. Reimbursement of claims from a non-Participating Provider shall be based on

Eligible Charges. In the case of a non-Participating Provider in Hawaii and the U.S. Mainland, the enrollee must file a claim for reimbursement unless the provider agrees to file claim on the Enrollees behalf. Request your reimbursement by sending your itemized bill and original receipt within ninety (90) days after the date in which the service was rendered to StayWell Insurance.

When an off island dental provider, outside of the United States treats you, you must request the provider to complete an Off Island Dental Claim form and submit the completed form with an original receipt for reimbursement. You may obtain the form at the StayWell office or at staywellguam.com.

For reimbursement of eligible expenses that you've paid in full, please submit the following documents:

DOCTOR'S SERVICES

- Name of Doctor
- Date of Service
- Diagnosis code (ICD10)
- Procedure code (CPT)
- CMS 1500 claim form
- Itemized billed charges
- Proof of payment

LABORATORY

- Name of Laboratory
- Name of referring physician
- Date of Service

- Diagnosis code (ICD10)
- Procedure code
- Name of procedure
- Itemized billed charges

HOSPITAL SERVICES

- Proof of payment in full
- UB-04 claim form
- Itemized breakdown of total charges
- Complete medical report
- Patient account number
- Proof of payment

PRESCRIPTION DRUGS

- Name of Pharmacy

- Name of prescribing physician
- Date of Service
- Name and strength of medication
- National Drug Code (NDC)
- Quantity
- Itemized billed charges
- Proof of payment

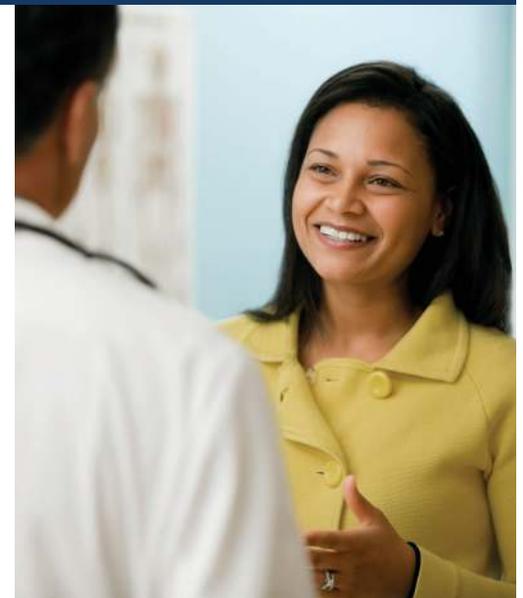
If you submit a bill in a foreign language for services rendered offisland, all required information must be translated into English for you to receive reimbursement.

GENERAL INFORMATION

CUSTOMER CARE

Customer Care Representatives are trained in your plan's coverage, benefits and procedures. They can provide you with up-to-date lists of StayWell's Participating Providers and Centers of Excellence – the doctors, hospitals, clinics, laboratories,

pharmacies and other health care providers, which offer services at reduced rates to StayWell members. They can also help you file claims and receive reimbursements, which include cases where you paid 100% for a covered Benefit on Guam or off-island.



The StayWell Customer Care Department is there to provide quick answers to your questions regarding:

- Claims
- Providers
- Eligibility
- New Cards
- Memberships
- Reimbursements

Call Customer Care at (671) 477-5091 extension 1120 or stop by the StayWell Office in Maite. We're open Monday – Friday from 8:00 a.m. to 5:00 p.m.

ELIGIBILITY INFORMATION

Who is Eligible?

Subscriber:

- Resident of Guam or CNMI
- Regular full-time employee who works 30 hours or more per week

Dependent:

- Resident of Guam or CNMI
- Legal spouse or common-law spouse. Common-law spouse must be at least 18 years old and has lived with you for at least 2 consecutive years. (Common-law spouse may only be enrolled during open enrollment or initial enrollment).
- Natural children, stepchildren, legally adopted children under the age of 26, children placed for adoption.
- Legal guardianship. (Children under legal guardianship may only be enrolled during open enrollment or initial enrollment).
- Children age 19 through 25. If the child resides outside of

Guam and the CNMI and is attending an accredited school, college, or university as a full-time student, a full time school verification must be submitted.

- Disabled child incapable of self-sustaining employment by reason of mental retardation or physical handicap. A medical certification from your doctor must be submitted.
- To add eligible dependents, including newborn babies, you must complete a "change of status" form signed by you as the subscriber and submit to StayWell within 30 days of the eligibility.

When to Enroll

- Within 30 days of the time you are first hired;
- Within 30 days of the time you first become eligible for the plan.
- During the annual enrollment period; or
- Within 30 days after a HIPAA event. Please refer to "HIPAA Provisions" section below for further explanation.
- Within 30 days of birth, adoption, marriage, or placement for adoption.

Once you join you must continue receiving medical coverage to the end of the policy year. Cancellation of medical coverage can only be done during the annual open enrollment period.

HIPAA Provisions

As required by the Health

Insurance Portability and Accountability Act (HIPAA) of 1996, if you decline to enroll yourself or your dependents (including your spouse) in StayWell because of other health insurance coverage, you have the option to enroll later, if there is a qualifying event and provided you submit all enrollment application forms within 30 days of losing the other coverage. You also have the option to enroll again in StayWell when you have a new dependent as a result of marriage, birth, adoption or placement for adoption, provided you enroll within 30 days of acquiring the new dependent.

Only under these events will you be allowed enrollment.

What else is required?

- Marriage certificate copy if the spouse has a different last name.
- Birth certificate copy if a child has a different last name.
- Common-law spouse. StayWell shall require a notarized affidavit and other proof of common-law status at the time of application for enrollment. The Subscriber's common law spouse is eligible if (i) both the Subscriber and the "common law" spouse are eligible for marriage without emancipation under the laws of Guam/CNMI (ii) the "common law" spouse has cohabited with the Subscriber for at least the last two (2) consecutive years immediately preceding the

proposed date of enrollment of such spouse.

- Legal guardianship. The subscriber shall provide such evidence as to the qualifications of the dependent for legal guardianship as StayWell may require, including but not limited to annual tax filings and affidavit stating that the dependent will be included in the tax filing and court document copy signed by a judge ordering guardianship.
- Stepchildren. A copy of the child's birth certificate and the parents' marriage certificate.
- Adoption. Court document copy signed by a judge ordering adoption or placement for adoption.
- Student (age 19-25) that reside outside of Guam and CNMI. Letter from school's registrar's office verifying full-time status. Verification must be submitted no later than 30 days after the commencement of each term.
- Disabled child. Proof of total disability and dependence must be submitted within 30 days of the child's attainment of the limiting age and every year after that.
- Newborn. Copy of birth certificate showing subscriber as parent.

Other documents may be required to determine whether they are acceptable substitutes, however, final determination will be made by StayWell's Enrollment Department.

Residency Requirement

StayWell members must maintain their principal residence in Guam or the CNMI. Employees/members cannot remain outside the Service Area for more than 60 accumulative days per policy year. A written request for extension may be submitted to StayWell's Informed Choice Department prior to the 60th day. The granting of any extension shall be at the sole discretion of StayWell, is not automatic and is subject to review after submission of all documents as determined necessary by StayWell.

Dependents age 19-25, who are full-time students as described in your group contract, will not be excluded from coverage while attending school outside the Service Area. Proof of full-time student status must be submitted each semester.

Exceptions

1. Exception for difference: You must pay for any difference between StayWell's payment on Eligible Charge and actual costs.
You are responsible for paying all health care Services not covered by StayWell.
2. Double coverage: If you are covered by a group medical plan, Medicare, or automobile insurance in addition to StayWell, one plan will pay reduced Benefits. This is to prevent any payment of Benefits exceeding the charge for a particular service. Benefits will be adjusted so you do not

receive more than 100% of the Eligible Charges. Medical coverage under Medicare will be considered primary for payment unless otherwise provided for by federal law. Motor vehicle insurance will be considered primary for all medical care resulting from a motor vehicle accident. Those Benefits will be applied first before StayWell pays any Benefits.

In the case of a dependent child, the carrier of the parent whose birthday occurs first in the calendar year is the primary carrier.

If you receive care at military medical facilities, the Third Party Collection Program established by federal law PL99-2782 (10 USC1095) directs the military to bill private insurance companies for the cost of care provided by the military facility.

3. Third party liability: If another person causes your injury and you have a right to recover damages from that person, StayWell is not liable for benefits in connection with services rendered. Should StayWell elect to make payments for your injury, it has the right to be reimbursed from any recovery you obtain from the third party.
4. Auto accidents: If yours is the only car involved and you are injured, the primary coverage will be your auto policy if it provides for medical payments. StayWell will cover whatever is not paid by your auto policy subject to policy conditions and limits.

If there was more than one car involved and the accident was your fault, then StayWell will pay per policy conditions and limits whatever is not the responsibility of your auto policy.

If there was more than one car involved and the other party is at fault, then the driver of the other car and that other car's auto insurance policy must pay all of your medical expenses. StayWell will not pay anything when the other person is responsible. However, StayWell may make payments on your medical expenses in the form of a no interest loan pending the outcome of your action against the other party. In order to have StayWell make such payments, you must apply for this special benefit.

Non-Member Status

Members are at risk of losing their coverage with StayWell if any of the following circumstances occur:

- a) If premiums are not paid.
- b) If you allow someone else to use your membership card to obtain Services.
- c) If you remain outside the Service Area for more than 60 accumulative days, off-island benefits will be terminated.
- d) A spouse's coverage will end on the first day of the month following the termination of your marriage. A common-law spouse's coverage will end on the first day of the month following the date the couple is no longer living together. You must complete

and submit all necessary forms in these events.

- e) When eligible for Medicare coverage and you fail to enroll in all portions of the Medicare Program open to you and refuse to sign or maintain in effect the necessary releases. This includes members eligible for Medicare due to end stage renal disease.
- f) If a medical claim for reimbursement is found to be fraudulent after all required grievance actions have been completed.

Review and Appeals Process

If you have questions about the benefit coverage or payments made by StayWell, you are entitled to request a review of the claim. If you are not satisfied with any preliminary determination made, you are entitled to appeal in writing to StayWell's Appeals/Claims Committee. Any dispute not amicably resolved between you and StayWell will be settled by an arbitration procedure as set forth in your group contract. Your request for arbitration must be in writing and addressed to Plan Administrator.

Dental Care

You have the option of enrolling in our dental plan. Once you join you must continue receiving dental coverage to the end of the policy year. Cancellation of dental coverage can only be done during the annual open enrollment period.

Most dentists send the bill for your care directly to StayWell for payment of Eligible Charges on covered Services, less the part you pay as your Coinsurance. Some dentists, however, prefer to have their patients pay them directly. If this is your dentist's procedure, you pay 100% of the bill and then submit to StayWell a claim for reimbursement. We require a copy of your dentist's bill, listing all the Services performed and the price for each Service. Pre-authorization by StayWell is required for treatment estimated to cost \$600 or more.

Staying within the StayWell network of participating dentists will ultimately save you money! Your coinsurance will substantially increase when Services are rendered by a non-participating dentist. Your Coinsurance for dental Services does not accumulate towards your Copayment Maximum.



GLOSSARY

BENEFITS: The medical and dental services for which you are insured under this plan.

CENTERS OF EXCELLENCE: The selected off-island hospitals and ambulatory surgi-centers that have agreed to provide health care services at reduced rates to StayWell members.

COINSURANCE: The portion of charges for covered health care for which an enrollee is responsible for payment after satisfaction of the Deductible.

COPAYMENT: The predetermined (flat) dollar amount that an enrollee must pay for certain Covered Services

DEDUCTIBLE: A deductible is the amount required to be paid by you for services rendered before the plan participates in paying your covered medical expenses.

DOCTOR: A properly licensed doctor of medicine (M.D.), psychiatrist, licensed clinical psychologist, dentist(D.M.D. or D.D.S.), doctor of osteopathy (D.O.), or doctor of podiatric medicine (D.P.M.)

ELIGIBLE CHARGES: Shall be defined as the portion of charges made to a Covered Person for Covered Services rendered which are payable to the Provider. For Covered Services rendered by a Participating Provider, the Eligible Charges shall be limited to the lesser of the actual billed charges or the reimbursement amounts agreed to between the Company and the Participating Provider. For covered medical Services rendered by a Non-Participating Provider, the Eligible Charges shall be limited to the lesser of the actual billed charges made by the provider; or in the United States, the Medicare Participating Provider fees in the geographic area where the Service was rendered; or in Asia, the fees most recently contracted by the Company at St. Luke's Medical Center in Manila, Philippines; or elsewhere, the Medicare National Standard Fee. For covered dental Services rendered by a Non-Participating Provider, the Eligible Charges shall be limited to the lesser of the actual billed charges; or the usual, customary and reasonable charges, as determined by the Company, for the dental Service in the geographic region in which that Service was rendered. The usual, customary and reasonable charges for covered dental Services shall not exceed the charge corresponding to the 70th percentile of the National Dental Advisory Services for

the year designated by the Company. Any applicable Copayment or Coinsurance will be based on the Eligible Charges.

EMERGENCY: The sudden and unexpected onset of a severe medical condition which, if not treated immediately, could result in irreparable harm, a life-threatening situation, or permanent disability.

FORMULARY: The listing of drugs available that StayWell deems as covered under the health plan.

MEDICALLY NECESSARY OR MEDICAL NECESSITY: Shall be defined as services or supplies, which under the provisions of this Agreement, are determined to be: appropriate and necessary for the symptoms, diagnosis or treatment of the Injury or Illness or dental condition; provided for the diagnosis or direct care and treatment of the Injury or Illness or dental condition; within standards of good medical or dental practice within the organized medical or dental community; not primarily for the convenience of the Covered Person or of any Provider providing Covered Services to the Covered Person; an appropriate supply or level of service needed to provide safe and adequate care; within the scope of the medical or dental specialty, education and training of the Provider; provided in a setting consistent with the required level of care; or preventive Services as provided in the Plan.

MEMBER OR ENROLLEE: Any employee or eligible dependent of an employee, who is properly enrolled in the StayWell Health Plan.

PARTICIPATING PROVIDERS: The doctors, medical groups, hospitals, skilled nursing facilities, pharmacies, dentists, laboratories, and other health care facilities, which have an agreement with StayWell to provide health care services at reduced rates within the service area.

PRE-CERTIFICATION: The authorization from StayWell for all hospital admissions, outpatient surgical procedures, and certain diagnostic tests.

SERVICE AREA: The Territory of Guam and the Commonwealth of the Northern Mariana Islands (CNMI).

SERVICE: Health care services, supplies and equipment, or any combination thereof.

REFERENCE

THE HEALTH CARE PROMPT PAYMENT ACT OF 2000

§ 9902. PROMPT PAYMENT FOR HEALTH CARE AND HEALTH INSURANCE BENEFITS.

- (a) This Section applies to Health Plan Administrators, as defined by this Chapter, organized and operating under the laws of Guam.
- (b) Health Plan Administrators shall reimburse a Clean Claim, or any portion thereof, submitted by a patient or Health Care Provider, that is eligible for payment and not contested or denied not more than 45 calendar days after receiving the Clean Claim filed in writing.
- (c) If a claim is contested or denied, or requires more time for review by the Health Plan Administrator, the Health Plan Administrator shall notify the Health Care Provider in writing not more than thirty (30) calendar days after receiving a claim filed for payment. The notice shall identify the contested or denied portion of the claim and the specific reason for contesting or denying the claim, and may request additional information. Requests for information on a contested or denied claim, or portion thereof, shall be reasonable and relevant to the determination of why the claim is being contested or denied. In no event may a claim be contested or denied for the lack of information that has no factual impact upon the Health Plan Administrator's ability to adjudicate the claim.
- (d) If information received pursuant to a request for additional information is satisfactory to warrant paying the Clean Claim, the Clean Claim shall be paid not more than 45 calendar days after receiving the additional information in writing.
- (e) The payment of a Clean Claim under this Section shall be effective upon the date of postmark of the mailing.
- (f) Health Care Providers shall be responsible for obtaining proof in writing that a specific claim was delivered to a Health Plan Administrator on a specific date for determining the time periods for the purposes of prompt payment.
- (g) Notwithstanding any provisions to the contrary, interest shall be allowed to accrue at a rate of 12% per annum as damages for money owed by a

Health Plan Administrator for payment of a Clean Claim, or portion thereof, that exceeds the applicable reimbursement time limitations under this Section, including applicable costs for collecting past due payments as provided in § 9905 of this Article, as follows:

- (1) for an uncontested Clean Claim:
 - (i) filed in writing, interest from the first calendar day after the 45-day period in § 9902(b); or
- (2) for a contested claim, or portion thereof, filed in writing:
 - (i) for which notice was provided under § 9902(c), interest from the first calendar day forty-five (45) days after the date the additional information is received; or
 - (ii) for which notice was not provided, but not within the time specified under § 9902(c), interest from the first calendar day after the claim is received.
- (h) Each Health Care Provider shall notify the Health Plan Administrator and patient in writing of all claims for which they intend to charge interest. Any interest that accrues as a result of the delayed payment of a Clean Claim, or any portion thereof, in accordance with the provisions of this Act shall be automatically added by the Health Plan Administrator to the amount of the unpaid Clean Claims due the Health Care Provider.
- (i) Interest shall only apply to the principal portion of the claim.
- (j) The provisions of this Section shall not apply to the payment or reimbursement of any claim, or portion thereof, involving a Coordination of Benefits between multiple payers of a claim.

§ 9903. TIMELY FILING OF ACCURATE CLAIMS.

- (a) This Section applies to Health Care Providers, as defined by this Act, duly certified, licensed, or organized and operating under the laws of Guam.

REFERENCE

- (b) All claims submitted for reimbursement must be submitted on a UB-04, HCFA 1500, ADA claim, or other billing document generally accepted by Health Plan Administrators. Claims may be submitted electronically if such a transmittal arrangement has been agreed to by the Health Plan Administrator.
- (c) Health Care Providers shall be responsible for the accuracy of all claims filed. Duplicate claims, unbundled claims, or fee-for-service claims billed in a capitated arrangement, may not be submitted and cannot be considered for prompt payment in accordance with the provisions of this Act.
- (d) Should a Health Care Provider fail to submit a response to a reasonable request for additional information on a contested or disputed claim, within 45 days from the date of request for such additional information, no interest shall accrue to the claim or portion thereof eligible for payment. For purposes of this Subsection, should a Health Care Provider be a hospital, then such a hospital provider shall be allowed to submit a response to a reasonable request for additional information on a contested or disputed claim within 90 days from the date of request for such additional information.
- (e) In order for a Health Care Provider to receive interest for the late payment of a claim as provided in § 9902, a claim for health services rendered must be submitted within 45 days from the date the health service was provided.
- (f) With the exception of those claims that involve the coordination of benefits, all claims for payment must be submitted by the Health Care Provider within 90 days from the date that health services were rendered. Any claim not submitted by the Health Care Provider within 90 days from the date that health services were rendered shall not be the financial responsibility of either the Health Plan Administrator or the patient.

§ 9904. BILLING OF PATIENTS ALLOWED.

- (a) No patient receiving care from a Health Care Provider, may be billed for the same Clean claim, or portion thereof, submitted for payment to a Health Plan Administrator, unless the provider has elected to terminate that person's efforts to collect interest penalties as provided for in § 9902(g) of this Act, or a period of 90 days has lapsed from the date of submission of a Clean Claim for payment. This provision shall not apply to any Clean Claim or portion of a Clean Claim that is due and payable by the patient as a benefit limitation, deductible, co-payment, non-covered benefit, patient share, or personal comfort or convenience item.
- (b) A Health Care Provider may not charge more than (12%) interest per annum to any patient as a penalty for their failure to make prompt payment of a Clean Claim, or portion thereof, for which the patient is responsible for paying.

StayWell ACCESS

WEB PORTAL

Members, employers and providers get 24-HOUR
access to health claims and benefits!



StayWell Access is an online web portal that gives members the ability to access coverage, benefits and claims information online **24 hours a day, 7 days a week.**

Follow the instructions below to connect to StayWell Access:

1. Visit www.staywellguam.com
2. Click on StayWell Access at the bottom of the page
3. Select Members
4. Select Register Account
5. Read the License Agreement
6. Select Accept and click Next
7. Enter required information and follow instructions to create login

NOTE Current StayWell Access users must register a new account.

Members can view the following:

- ID card
- Current coverage and benefits
- Processed health claims
- Deductible and coinsurance/copayment
- Prior authorization requests
- Forms



OFFICE DIRECTORY



GUAM

Location: 520 Route 8 Maite, Guam 96910
Hours: 8:00 a.m. - 5:00 p.m. Monday – Friday
Phone Line: (671) 477-5091
Fax Line: (671) 477-5096
Toll Free Line: 1-866-782-9955
Extension Departments: 1100 Administration
1120 Customer Care (Health)
1150 Enrollment
1180 Provider Relations
1185 Health Management
1140 Informed Choice (Pre-certification and referrals)
1190 Sales & Marketing
After Hours Access: (available 5:00 p.m. - 8:00 p.m.)
Customer Care (Health): (671) 688-4128
Informed Choice (Pre-Certification): (671) 971-1190

SAIPAN

Location: Springs Plaza Building
Middle Rd. Chalan Laulau Village, Saipan, MP 96950
Hours: 8:00 a.m. - 5:00 p.m. Monday – Friday
Phone Line: (670) 323-4260
Fax Line: (670) 323-4263

PHILIPPINES

Location 1: St. Luke's Medical Center - Quezon City
Rm. 1602 - 1604 North Tower, Cathedral Heights Bldg. Complex
St. Luke's Medical Center, 279 E. Rodriguez Sr. Ave.
Quezon City, Philippines
Phone Line: (+632) 723-0101 local 5145
Fax Line: (+632) 723-3349
Mobile Line: (+63) 919-394-6690 (during office hours only)

Location 2: St. Luke's Medical Center - Global City
Unit 1135 Medical Arts Bldg.,
St. Luke's Medical Center Bonifacio Global City, Taguig
Phone Line: (+632) 789-7700 local 7135
Fax Line: (+632) 403-7061

Hours: 7:00 a.m. - 4:00 p.m Monday – Friday