



## Errata Sheet

### **For the Annual Notice of Changes The Summary of Benefits and the Evidence of Coverage for 2010:**

#### **AHM\_Platino Plus**

The attached document is a revision of the Annual Notice of Change, the Summary of Benefits and the Evidence of Coverage for AHM\_Platino Plus, corresponding to the period from January 1<sup>st</sup>, 2010 to December 31<sup>st</sup>, 2010.

For future reference, we recommend that you keep this document together with the Annual Notice of Change, the Summary of Benefits, the Evidence of Coverage and any other document that American Health Medicare might have sent you.

If you have any questions please call our Customer Services Department from Monday to Sunday from 8:00am to 8:00pm, toll-free at 1-888-620-1919. TTY users should call 1-866-620-2520. Our office hours are Monday to Friday from 8:00am to 5:00pm.

Cordially,

American Health Medicare

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American Health Medicare is a Medicare Advantage with a contract with Medicare and the Health Insurance Administration of Puerto Rico (ASES).

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**Changes in benefits that should be added to the 2010 Annual Notice of Change:**

Benefit	AHM_ Platino Plus 2009	AHM_ Platino Plus 2010
<b>Physical Exams</b>	In-Network \$0 copayment for Routine exams.	In-Network When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.
	Annual comprehensive Physical Evaluation. Routine medical certificate.	Routine exams not covered.
		\$0 copayment in Medicare covered benefits.
<b>Health/Wellness Education</b>	Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking- related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	In-Network The Plan covers the following health/wellness education benefits: - Additional Smoking Cessation  Each counseling attempt includes up to 2 visits a year.

**Corrections to the Summary of Benefits:**

Benefit	AHM_Plantino Plus 2010 Printed Document	Correction to the Document/Information that should be added
<p><b>Prescription Drugs-</b> Page 20, Item 29 in the Summary of Benefits</p>	<p><b>Part B-covered chemotherapy drugs.</b> Does not appear.</p> <p><b>Initial Coverage</b> Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either:  <ul style="list-style-type: none"> <li>o A \$0 copay or</li> <li>o A \$1.10 copay or</li> <li>o A \$2.50 copay</li> </ul> For all other drugs, either:  <ul style="list-style-type: none"> <li>o A \$0 copay or</li> <li>o A \$3.30 copay or</li> <li>o A \$6.30 copay.</li> </ul> <b>Gap Coverage:</b> Does not appear.</p>	<p>0% of the cost for Part B-covered chemotherapy drugs.</p> <p><b>Initial Coverage</b> Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic): Code #10: \$0 Code #11: \$0 For all other drugs: Code #10: \$0 Code #11: \$0.50 <b>Gap Coverage:</b> AHM_Plantino Plus does not have a Gap Coverage Stage, therefore you remain in the Initial Coverage: For generic drugs (including brand drugs treated as generic): Code #10: \$0 Code #11: \$0</p>

Benefit	AHM_Plantino Plus 2010 Printed Document	Correction to the Document/Information that should be added
	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay \$0 copay.</p>	<p>For all other drugs: Code #10: \$0 Code #11: \$0.50</p> <p><b>Catastrophic Coverage:</b> AHM_Plantino Plus does not have a Catastrophic Coverage Stage, therefore you remain in the Initial Coverage: For generic drugs (including brand drugs treated as generic): Code #10: \$0 Code #11: \$0</p> <p>For all other drugs: Code #10: \$0 Code #11: \$0.50</p>
	<p><b>Out-of-Network Initial Coverage</b> Depending on your income and institutional status, you will be reimbursed by AHM_Plantino Plus (HMO) up to the full cost of the drug minus the following:  For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>o A \$0 copay or</li> <li>o A \$1.10 copay or</li> <li>o A \$2.50 copay</li> </ul>	<p><b>Out-of-Network Initial Coverage</b> Depending on your income and institutional status, you pay the following <b>for a 10 day supply of drugs:</b>  For generic drugs (including brand drugs treated as generic): Code #10: \$0 Code #11: \$0</p> <p>For all other drugs: Code #10: \$0 Code #11: \$0</p>

Benefit	AHM_Plantino Plus 2010 Printed Document	Correction to the Document/Information that should be added
	<p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> <li>o A \$0 copay or</li> <li>o A \$3.30 copay or</li> <li>o A \$6.30 copay.</li> </ul>	<p>Code #10: \$0 Code #11: \$0.50</p>
	<p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p>	<p><b>Out-of-Network Catastrophic Coverage:</b> AHM_Plantino Plus does not have an Out of Network Catastrophic Coverage Stage, therefore you remain in the Initial Out of Network Coverage.</p> <p><b>For a supply of 10 days:</b> For generic drugs (including brand drugs treated as generic):</p> <p>Code #10: \$0 Code #11: \$0</p> <p>For all other drugs:</p> <p>Code #10: \$0 Code #11: \$0.50</p>
<p><b>Comprehensive Dental Benefits -</b> Page 26, Item 30 in the Summary of Benefits</p>	<p>\$500 limit for comprehensive dental benefits every two years.</p>	<p>The plan offers comprehensive dental benefits that cover up to \$500 every 2 years. The benefits covered under this benefits are the following:</p> <ul style="list-style-type: none"> <li>- Emergency Service</li> <li>- Diagnostic Service</li> <li>- Endodontics, Periodontics, Extractions</li> <li>- Prosthodontics/Other Services</li> </ul>

**Correction to the copayment table for Prescription Drugs on Page. 88 of the 2010 Evidence of Coverage:**

	Network Pharmacy		The plan's mail-order service		Network long-term care pharmacy		Out-of-network pharmacy (coverage is limited to certain situations; see Chapter 5 for details)	
	Code#10	Code#11	Code#10	Code#11	Code#10	Code#11	Code#10	Code#11
<b>Cost-Sharing Tier 1</b> Generic drugs	\$0 copay (30 day supply)	\$0 copay (30 day supply)	\$0 copay (30 day supply)	\$0 copay (30 day supply)	\$0 copay (31 day supply)	\$0 copay (31 day supply)	\$0 copay (10 day supply)	\$0 copay (10 day supply)
	\$0 copay (90 day supply)	\$0 copay (90 day supply)	\$0 copay (90 day supply)	\$0 copay (90 day supply)	\$0 copay (31 day supply)	\$0 copay (31 day supply)	\$0 copay (10 day supply)	\$0 copay (10 day supply)
	\$0 copay (30 day supply)	φ50 copay (30 day supply)	\$0 copay (30 day supply)	φ50 copay (30 day supply)	\$0 copay (31 day supply)	\$0 copay (31 day supply)	\$0 copay (10 day supply)	φ50 copay (10 day supply)
	\$0 copay (90 day supply)	\$1.50 copay (90 day supply)	\$0 copay (90 day supply)	\$1.50 copay (90 day supply)	\$0 copay (31 day supply)	\$0 copay (31 day supply)	\$0 copay (10 day supply)	φ50 copay (10 day supply)
<b>Cost-Sharing Tier 2</b> Brand Drugs	\$0 copay (30 day supply)	φ50 copay (30 day supply)	\$0 copay (30 day supply)	φ50 copay (30 day supply)	\$0 copay (31 day supply)	\$0 copay (31 day supply)	\$0 copay (10 day supply)	φ50 copay (10 day supply)
	\$0 copay (90 day supply)	\$1.50 copay (90 day supply)	\$0 copay (90 day supply)	\$1.50 copay (90 day supply)	\$0 copay (31 day supply)	\$0 copay (31 day supply)	\$0 copay (10 day supply)	φ50 copay (10 day supply)