



AMERICAN
HEALTH
MEDICARE

2010 Summary of Benefits
AHM_Platino Plus (HMO)
January 1, 2010 to December 31, 2010

H5774_1001_10_03_E
CMS Approval Date: 10/20/2009

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in AHM_Platino Plus (HMO). Our plan is offered by AMERICAN HEALTH INC. / American Health Medicare, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call AHM_Platino Plus (HMO) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This summary of benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call AHM_Platino Plus (HMO) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like AHM_Platino Plus (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call AHM_Platino Plus (HMO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare AHM_Platino Plus (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS AHM Platino Plus (HMO) AVAILABLE?

The service area for this plan includes: Adjuntas, Aguada, Aguadilla, Aguas Buenas, Aibonito, Añasco, Arecibo, Arroyo, Barceloneta, Barranquitas, Bayamón, Cabo Rojo, Caguas, Camuy, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Ciales, Cidra, Coamo, Comerio, Corozal, Culebra, Dorado, Fajardo, Florida, Guánica, Guayama, Guayanilla, Guaynabo, Gurabo, Hatillo, Hormigueros, Humacao, Isabela, Jayuya, Juana Díaz, Juncos, Lajas, Lares, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Maricao, Maunabo, Mayagüez, Moca, Morovis, Naguabo, Naranjito, Orocovis, Patillas, Peñuelas, Ponce, Quebradillas, Rincón, Río Grande, Sabana Grande, Salinas, San Germán, San Juan, San Lorenzo, San Sebastián, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Utuado, Vega Alta, Vega Baja, Vieques, Villalba, Yabucoa, Yauco Counties in PR. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN AHM Platino Plus (HMO)?

You can join AHM_Platino Plus (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in AHM_Platino Plus (HMO) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

AHM_Platino Plus (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.ahmpr.com. Our customer service numbers are listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither AHM_Platino Plus (HMO) nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

AHM_Platino Plus (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

AHM_Platino Plus (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescription if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.caremark.com. Our Customer Service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

AHM_Platino Plus (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.caremark.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week.

*The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

*Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of AHM_Platino Plus (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Quality Improvement Professional Research Organization (QIPRO)
787-641-1240 ext.6221 or 6222 during normal business hours
787-340-2660 on weekends

As a member of AHM_Platino Plus (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Quality Improvement Professional Research Organization (QIPRO)
787-641-1240 ext.6221 or 6222 during normal business hours
787-340-2660 on weekends

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact AHM_Plantino Plus (HMO) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact American Health Medicare for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-888-620-1919 to obtain a copy of the plan ratings for this plan. TTY users call 1-866-620-2520.

Please call **American Health Medicare** for more information about AHM_Platino Plus (HMO)

Visit us at www.ahmpr.com or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m.
Atlantic (PR, VI)

Current members should call toll free (888)-620-1919 for questions related to the Medicare Advantage program and/or Medicare Part D Prescription Drug Program.
TTY/TDD (866)-620-2520

Prospective members should call toll free (866)-620-2420 for questions related to the Medicare Advantage program and/or Medicare Part D Prescription Drug Program.
TTY/TDD (866)-620-2520

Current members should call locally 787-620-1919 for questions related to the Medicare Advantage program and/or Medicare Part D Prescription Drug Program.
TTY/TDD (866)-620-2520

Prospective members should call locally (866)-620-2420 for questions related to the Medicare Advantage program and/or Medicare Part D Prescription Drug Program.
TTY/TDD (866)-620-2520

For more information about Medicare, please call **Medicare** at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

AHM_Plantino Plus (HMO)

**If you have any questions about this plan's benefits or costs, please contact
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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
IMPORTANT INFORMATION	
1 - Premium and Other Important Information	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2009 the monthly Part B Premium was \$0 or \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$0 or \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>
	<p>General</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p>
	<p>American Health Medicare will reduce your monthly Medicare Part B premium by up to \$25.00.</p>
2 - Doctor and Hospital Choice	<p>You may go to any doctor, specialist</p> <p>In-Network</p>

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	Original Medicare
<p>(For more information, see Emergency - #15 and Urgently Needed Care - #16)</p>	<p>or hospital that accepts Medicare.</p>
INPATIENT CARE	
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1068 deductible* Days 61 - 90: \$267 per day* Days 91 - 150: \$534 per lifetime reserve day* These amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of</p>
	<p>In-Network \$0 copay</p>
	<p>Plan covers 90 days each benefit period.</p>
	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
	<p>Coverage begins on first day on Medicare non coverage, without limitations. Coverage Code 010: \$0.00 Coverage Code 011: \$3.00</p>

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM Platino Plus (HMO)
	Original Medicare benefit periods you can have.
4 - Inpatient Mental Health Care	<p>In-Network \$0 copay</p> <p>You get up to 190 days in a Psychiatric Hospital in a Lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Coverage begins on first day on Medicare non coverage, without limitations.</p> <p>Coverage Code 010: \$0.00 Coverage Code 011: \$3.00</p>
5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>General Authorization rules may apply</p> <p>In-Network \$0 copay for SNF services</p> <p>Plan covers up to 100 days each benefit period.</p>

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
Original Medicare	3-day prior hospital stay is required.
6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered home health visits.</p>
7- Hospice	<p>General You must get care from a Medicare-certified hospice.</p>
OUTPATIENT CARE	
8 - Doctor Office Visits	<p>General Authorization rules may apply.</p>

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM Platino Plus (HMO)
Original Medicare	<p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.</p> <p>Coverage Code 010: \$0.00 Coverage Code 011: \$1.00</p>
9 - Chiropractic Services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered chiropractic visits.</p> <p>Up to 5 routine visit(s) every year</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
10 - Podiatry Services	<p>General Authorization rules may apply.</p>

AHM_Plantino Plus (HMO)

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
	<p>Original Medicare</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>
	<p>In-Network</p> <p>\$0 copay for each Medicare-covered podiatry benefits.</p>
	<p>Up to 4 routine visit(s) every year.</p>
	<p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
	<p>General</p> <p>Authorization rules may apply.</p>
	<p>In-Network</p> <p>\$0 copay for Medicare-covered Mental Health visits.</p>
	<p>Emergency and crisis intervention services twenty four (24) hours a day, seven (7) days a week</p>
	<p>Coverage Code 010: \$0.00</p> <p>Coverage Code 011: \$1.00</p>
	<p>General</p> <p>Authorization rules may apply.</p>
	<p>In-Network</p> <p>\$0 copay for Medicare-covered visits.</p>
	<p>Emergency and crisis intervention services twenty four (24) hours a day, seven (7) days a week</p>
	<p>Coverage Code 010: \$0.00</p> <p>Coverage Code 011: \$1.00</p>
11 - Outpatient Mental Health Care	
	<p>0% or 20% coinsurance.</p>
12 - Outpatient Substance Abuse Care	

AHM_Plantino Plus (HMO)

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SECTION II- SUMMARY OF BENEFITS		
Benefit Category	AHM_Plantino Plus (HMO)	
13 - Outpatient Services/Surgery	<p>Original Medicare</p> <p>0% or 20% coinsurance for the doctor.</p>	<p>General</p> <p>Authorization rules may apply.</p>
	<p>0% or 20% of outpatient facility charges.</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Voluntary sterilization to men and women of appropriate age previously oriented about medical procedure implications. The physician must evidence patient's written consent.</p> <p>Coverage Code 010: \$0.00</p> <p>Coverage Code 011: \$1.00</p>
14- Ambulance Services (medically necessary ambulance services)	<p>0% or 20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p>
		<p>In-Network</p> <p>\$0 copay for Medicare-covered ambulance benefits.</p>
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>0% or 20% coinsurance for the doctor.</p>	<p>General</p> <p>\$0 copay for Medicare-covered emergency room visits.</p>
	<p>0% or 20% of facility charge.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p>	<p>Worldwide coverage</p>

AHM_Plantino Plus (HMO)

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
	Original Medicare
	NOT covered outside the U.S. except under limited circumstances.
	0% or 20% coinsurance.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	General \$0 or \$5 copay for Medicare-covered urgently needed care visits.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES	
18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items.
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	General Authorization rules may apply. In-Network

AHM_Plantino Plus (HMO)

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SECTION II- SUMMARY OF BENEFITS		
Benefit Category	Original Medicare	AHM_Plantino Plus (HMO)
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	0% or 20% coinsurance.	General Authorization rules may apply. In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes.
	Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	\$0 copay for Diabetes supplies.
21 - Diagnostic Tests, X-Rays, and Lab Services and Radiology Services	0% or 20% coinsurance for diagnostic tests and x-rays.	General Authorization rules may apply.
	\$0 copay for Medicare-covered lab services.	In-Network \$0 copay for Medicare-covered:
	Lab Services: Medicare covers medically necessary diagnostic lab	- lab services

AHM_Plantino Plus (HMO)

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
<p>Original Medicare</p> <p>services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<ul style="list-style-type: none"> - diagnostic procedures and tests - X-rays - diagnostic radiology services(not including X-rays) - Therapeutic radiology services
PREVENTIVE SERVICES	
<p>22 - Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered bone mass measurement</p>
<p>23 - Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p>
<p>24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Flu and Pneumonia vaccines</p>

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SECTION II- SUMMARY OF BENEFITS		
Benefit Category	Original Medicare	AHM_Plantino Plus (HMO)
	<p>0% or 20% coinsurance for Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>\$0 copay for Hepatitis B vaccine</p> <p>No referral needed for Flu and Pneumonia vaccines.</p> <p>Vaccines for children from 0 to 21 years of age provided by the Department of Health (DOH).</p> <ol style="list-style-type: none"> a. Diphtheria b. Polio (ipv) c. Polio (opv) d. Hepatitis B e. MMR f. Tetanus (TD) g. Pneumonia h. HPV i. Tetramune (DTP-Hip) j. Immunoglobulin k. Synagis (for babies) l. Hepatitis A vaccine for children from 12 to 17 months of age m. Tetanus/Diphtheria booster every 10 year n. Chickenpox vaccine for 12 year old child o. PCV-7 (for girls and adolescents) p. Influenza (for 65 years and older) <p>For Vaccines not covered by the Medicare Benefits Packages, they are to be provided by the Puerto Rico Health Department (PRHD).</p>

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		The GHIP covers the administration of the vaccines according to the schedule established by PRHD. Coverage Code 010: \$0.00 Coverage Code 011: \$0.00
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	0% or 20% coinsurance	In-Network \$0 copay for Medicare-covered screening mammograms.
	No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	
26 - Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears	General Authorization rules may apply.
	Covered once every 2 years. Covered once a year for women with Medicare at high risk. 0% or 20% coinsurance for Pelvic Exams	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	0% or 20% coinsurance for the digital rectal exam.	General Authorization rules may apply.
	\$0 for the PSA test; 0% or 20% coinsurance for other related services.	In-Network \$0 copay for Medicare-covered prostate cancer

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
Original Medicare	screening.
28 – End-Stage Renal Disease	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
29 - Prescription Drugs	<p>Drugs covered under Medicare Part B General \$0 copay for Part B-covered drugs. \$0 yearly deductible for Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. Then plan will send you the formulary. You can also see the formulary</p>

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
Original Medicare	<p>at www.caremark.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AHM_Plantino Plus (HMO) for certain drugs.</p>

AHM_Plantino Plus (HMO)

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
Original Medicare	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the <u>actual cost, not the higher cost-sharing amount.</u></p> <p>In-Network You pay a \$0 yearly deductible.</p> <p>Initial Coverage</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> o A \$0 copay or o A \$1.10 copay or o A \$2.50 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> o A \$0 copay or

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
Original Medicare	<ul style="list-style-type: none"> o A \$3.30 copay or o A \$6.30 copay. <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90 day) supply <p>Long Term Care Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (31-day) supply <p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90 day) supply <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay \$0 copay.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit</p>

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
Original Medicare	<p>documentation to receive reimbursement from AHM_Plantino Plus (HMO).</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - 10-day supply <p>Out-of-Network Initial Coverage 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:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> o A \$0 copay or o A \$1.10 copay or o A \$2.50 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> o A \$0 copay or o A \$3.30 copay or o A \$6.30 copay. <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p>

AHM_Plantino Plus (HMO)

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SECTION II- SUMMARY OF BENEFITS		
Benefit Category	Original Medicare	AHM_Plantino Plus (HMO)
		<ul style="list-style-type: none"> • Wrap drug coverage begins when Medicare Coverage ends (including the CMS Part D Appeals Process). • Drugs not included in the PRHIA Preferred Drug List (PDL) and in the MAOs Part D drugs formulary but, are approved by the CMS Appeal Process, are subject to PLATINO WRAP-AROUND copayments, if the drug are included in the PRHIA Master Formulary. • Part D cost sharing (premiums, deductibles, co-insurance including coverage gap expenses). • The following Drugs that are excluded from part D benefit and that are actually covered in the Puerto Rico Health Insurance Plan Preferred Drug List, must be covered: <ol style="list-style-type: none"> 1. Benzodiazepines 2. Prescribed Vitamins • The following drugs are barbiturates and are included in different categories of the PDL: <ol style="list-style-type: none"> 1. Phenobarbital - Anticonvulsant 2. Primidone - Anticonvulsant 3. APAP/Butalbital/Caffeine(Fioricet) – Migraine <p>Coverage Code 010: \$0.00 Coverage Code 011: \$0.50</p>

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
30 – Dental Services	<p>Original Medicare Preventive dental services (such as cleaning) not covered.</p> <p>General Authorization rules may apply.</p> <p>In- Network \$0 copay for Medicare covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - Up to 2 oral exam(s) every year - Up to 2 cleaning(s) every year - Up to 2 fluoride treatment(s) every year - Up to 2 dental x-ray(s) every year. <p>Plan offers additional comprehensive dental benefits every year</p> <p>\$500 limit for comprehensive dental benefits every two years.</p> <ul style="list-style-type: none"> ● Preventive (children & adults) ● Restoratives Covered dental services will be identified using the published codes of the "American Dental Association" (ADA) for procedures established by ASES. ● One comprehensive oral exam. ● One periodical exam every six months. ● One defined problem-limited oral exam.

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SECTION II- SUMMARY OF BENEFITS		
Benefit Category	Original Medicare	AHM_Plantino Plus (HMO)
		<ul style="list-style-type: none"> ● One full series of intra oral radiographies, including bite, every three years. ● One initial periapical intra-oral radiography. ● Up to five additional periapical / intra-oral radiographies per year. ● One single film-bite radiography. ● One two-film bite radiography per year. ● One panoramic radiography every three years. ● One child cleanse every six months. ● One adult cleanse every six months. ● One topical fluoride application every six month for beneficiaries under 19 years. ● Fissure sealants for life for beneficiaries up to 14 years old inclusive. Includes deciduous molars up to 8 years old when clinically necessary because of cavity tendencies. ● Amalgam restoration ● Resin restorations. ● Root Canal. ● Palliative treatment. ● Oral Surgery <p>Coverage Code 010: \$0.00 Coverage Code 011: \$1.00</p>

AHM_Plantino Plus (HMO)

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Plantino Plus (HMO)
31 - Hearing Services	<p>Original Medicare</p> <p>Routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>
	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for :</p> <ul style="list-style-type: none"> - up to 1 routine hearing test(s) every year - up to 1 fitting- evaluation(s) for a hearing aid every year. <p>\$0 copay for hearing aids</p> <p>\$300 limit for hearing aids every three years.</p> <p>Routine hearing exams</p> <p>Coverage Code 010: \$0.00</p> <p>Coverage Code 011: \$1.00</p>
32 - Vision Services	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p>
	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye</p> <ul style="list-style-type: none"> - and up to 1 routine eye exam(s) every year
	<p>Routine eye exams and glasses not covered.</p>
	<p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered</p>
	<p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after each cataract surgery - up to 1 pair(s) of glasses every year

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM_Platino Plus (HMO)
<p>Original Medicare</p> <p>for people at risk.</p>	<ul style="list-style-type: none"> - up to 1 pair(s) of contacts every year - up to 1 pair(s) of lenses every year - up to 1 frame(s) every year \$100 limit for eye wear every year. Routine eye exams Coverage Code 010: \$0.00 Coverage Code 011: \$1.00
<p>33 - Physical Exams</p>	<p>In-Network</p> <p>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.</p> <p>Routine exams not covered.</p>
<p>0% or 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>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.</p>	<p>Annual comprehensive physical evaluation.</p> <p>Health Certificates:</p> <ul style="list-style-type: none"> • Health Certificates that include VDRL and tuberculin (TB) tests. • This certificate must possess the seal of the Health Department and will be provided by a credited Health Care Organization, up to \$5.00. • Any certification for the GHIP beneficiaries related to eligibility for the Medicaid Program (i.e. Medication History) will be provided to the

AHM_Platino Plus (HMO)

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	AHM Platino Plus (HMO)
Original Medicare	<p>beneficiary at no charge.</p> <ul style="list-style-type: none"> Any deductible applicable for necessary procedures and laboratory testing related to the emission of a Health Certificate will be the beneficiary's responsibility. <p>Coverage Code 010: \$0.00 Coverage Code 011: \$1.00</p>
Health/Wellness Education	<p>Smoking Cessation: 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.</p> <p>General Authorization rules may apply. Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p> <p>In-Network The Plan covers the following health/wellness education benefits: - Additional Smoking Cessation</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
Transportation (Routine)	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for up to 1 round trip(s) to plan-</p>

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SECTION II- SUMMARY OF BENEFITS	
Benefit Category	Original Medicare
	AHM_Plantino Plus (HMO)
	approved locations every year. \$40.00 Benefit maximum
Acupuncture	In-Network This plan does not cover Acupuncture.
Maternity Services	Coverage Code 010: \$0.00 Coverage Code 011: \$1.00
Special Coverage	Coverage Code 010: \$0.00 Coverage Code 011: \$1.00
	Services related with: - Tuberculosis - Leprosy

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SECTION III- ADDITIONAL BENEFITS		
Benefit Category	Original Medicare	AHM Platino Plus (HMO)
Oral Supplements	Not Covered	For individuals with a medical necessity to take oral feeding supplements, the plan will pay for up to 3 units per day for 4 consecutive weeks out of the year. This benefit requires the approval of the members Primary Care Physician as well as the plan.
Diapers	Not Covered	Plan provides coverage for Adult Diapers where medically necessary. Benefit is limited to 3 diapers per day and is subject to authorization and review for medical necessity.
Blood Pressure Monitor	Not Covered	For members who medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitoring unit per member. This benefit requires certification by the Primary Care physician and approval by the plan.

AHM_Plantino Plus (HMO)

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SECTION III- ADDITIONAL BENEFITS		
Benefit Category	Original Medicare	AHM Plantino Plus (HMO)
Erectile Dysfunction	Not Covered	Up to 5 pills per month. As medically necessary.

AHM_Plantino Plus (HMO)

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SECTION IV- SUMMARY OF BENEFITS	
The services listed below are available only to those SNP members eligible under Medicaid for medical services	
Benefit	Medicaid
Preventive Services	Coverage Code 010: \$0.00 Coverage Code 011: \$0.00
Dental Services	<p>In- Network \$0 copay for Medicare covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - Up to 2 oral exam(s) every year - Up to 2 cleaning(s) every year - Up to 2 fluoride treatment(s) every year - Up to 2 dental x-ray(s) every year. <p>Plan offers additional comprehensive dental benefits every year</p> <p>\$500 limit for comprehensive dental benefits every two years.</p>
Diagnostic Test Services High Tech Laboratories Clinical Laboratories X Rays	<p>\$0 copay for Medicare-covered</p> <ul style="list-style-type: none"> - lab services - diagnostic procedures and tests - X-rays - diagnostic radiology services(not including X-rays) <p>Coverage Code 010: \$0.00 Coverage Code 011: \$0.50</p>

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SECTION IV- SUMMARY OF BENEFITS		
The services listed below are available only to those SNP members eligible under Medicaid for medical services		
Benefit	Medicaid	AHM Plantino Plus (HMO)
Special Diagnostic Test	Coverage Code 010: \$0.00 Coverage Code 011: \$1.00	- Therapeutic radiology services Not Covered
Ambulatory Rehabilitation Services	Coverage Code 010: \$0.00 Coverage Code 011: \$1.00	In-Network \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
Medical and Surgical Services	Coverage Code 010: \$0.00 Coverage Code 011: \$1.00	In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.
Pre-natal Services	Coverage Code 010: \$0.00 Coverage Code 011: \$0.00	Not Covered
Ambulance Services		In-Network \$0 copay for Medicare-covered ambulance benefits.
Maternity Services	Coverage Code 010: \$0.00 Coverage Code 011: \$1.00	Not Covered
Emergency Room Services	Coverage Code 010: \$0.00 Coverage Code 011: \$1.00	General \$0 copay for Medicare-covered emergency room visits.

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SECTION IV- SUMMARY OF BENEFITS	
The services listed below are available only to those SNP members eligible under Medicaid for medical services	
Benefit	AHM Plantino Plus (HMO)
Hospitalization Services	<p>In-Network \$0 copay</p> <p>Plan covers 90 days each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Mental Health Hospitalization	<p>In-Network \$0 copay</p> <p>You get up to 190 days in a Psychiatric Hospital in a Lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Pharmacy Services	Please refer to Section II of the Summary of Benefits.
Basic Coverage Exclusions*	Not Covered
Special Coverage	Please refer to Section II of the Summary of Benefits.
Special Coverage Exclusions*	Not Covered
Medicare Coverage	We cover all benefits offered by Original Medicare

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