

2019

MMM VALOR PLATINO

(HMO-SNP)

Summary of Benefits





2019 MMM VALOR PLATINO

Summary of Benefits

The information provided is a summary of benefits of what MMM covers and what you pay. This information is not a complete description of benefits. For more information, contact the plan at 1-866-333-5470 (toll-free) or 1-866-333-5469 TTY (hearing impaired). Benefits and/or co-payments/co-insurance may change on January 1 of every year. Limitations, copayments and restrictions may apply.

To get a complete list of services and benefits we cover, call and request the “Evidence of Coverage”. The formulary, pharmacy network, and/or providers network may change at any time. You will receive notice when necessary.

This information is available in other formats such as Braille, large print and audio tapes.

Questions? We're here to help. Please call Member Services at 1-866-333-5470 (toll free) for additional information. TTY users should call 1-866-333-5469. We are available for phone calls Monday through Sunday, from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

Or you can check our website at www.mmmpr.com.

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If you want to know about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

MMM Valor Platino (HMO-SNP) has formed a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our prescription drugs formulary and provider and pharmacy directory at our website (www.mmmpr.com), or if you want a printed copy, call us and we will send you the requested document.

To join MMM Valor Platino (HMO-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible to the Puerto Rico’s Government Health Plan and live in our service area.

Our service area includes the 78 municipalities of Puerto Rico.

Covered services, hospital and prescription drug benefits

Services with a ¹ may require prior authorization.

Services with a ² may require a referral from your doctor.



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Premiums and Benefits	MMM Valor Platino (HMO-SNP)	What you should know
Monthly Plan Premium	\$0	You must keep paying your Medicare Part B premium.
Part B Premium reduction	\$130 monthly	
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket responsibility (does not include prescription drugs)	\$3,250	For services received from in network and Out-of-Network providers.
Inpatient Hospital Coverage ¹	You pay nothing \$0 copayment in services received in UNIDAD DORADA.	Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Coverage ¹	You pay nothing	
Doctor Visits • Primary Care Provider • Specialists ²	• You pay nothing • You pay nothing	
Preventive Care ¹	You pay nothing	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	• You pay nothing • Worldwide coverage: \$75 copay	If you are admitted to the hospital within 1 day because of the same condition, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.



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Premiums and Benefits

MMM Valor Platino (HMO-SNP)

What you should know

<p>Urgently Needed Services</p>	<ul style="list-style-type: none"> • You pay nothing • Worldwide coverage: \$75 copay 	
<p>Diagnostic Services/Labs/Imaging¹</p> <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient X-rays 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing 	
<p>Hearing Services¹</p> <ul style="list-style-type: none"> • Hearing services covered by Medicare 	<ul style="list-style-type: none"> • You pay nothing 	
<p>Dental Services</p> <ul style="list-style-type: none"> • Dental services covered by Medicare¹ 	<ul style="list-style-type: none"> • 50% of the cost 	<p>We cover other dental services covered by Medicaid. Please refer to the section "Services covered by the Puerto Rico Government Health Plan" for more information.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Vision services covered by Medicare¹ 	<ul style="list-style-type: none"> • You pay nothing 	
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient Hospital Coverage¹ • Outpatient group therapy visit^{1,2} • Outpatient individual therapy visit^{1,2} 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing 	<p>Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>Up to 90 days for an inpatient hospital stay.</p> <p>Up to 60 "lifetime reserve days".</p>



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Premiums and Benefits	MMM Valor Platino (HMO-SNP)	What you should know
Skilled Nursing Facility ¹	<ul style="list-style-type: none"> • You pay nothing 	Up to 100 days in an SNF.
Physical therapy ¹	<ul style="list-style-type: none"> • You pay nothing 	
Ambulance ¹	<ul style="list-style-type: none"> • You pay nothing 	Authorization required, except for emergencies.
Supplemental Transportation ¹	<ul style="list-style-type: none"> • Not covered 	
Medicare Part B Drugs ¹ <ul style="list-style-type: none"> • Chemotherapy Drugs • Other Part B Drugs 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing 	
Foot Care (podiatry services) ^{1,2} <ul style="list-style-type: none"> • Medicare covered Podiatry services • Supplemental Podiatry services 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing 	Up to one (1) routine visit for supplemental podiatry services.
Medical Equipment/Supplies ¹ <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Medical supplies • Diabetes supplies 	<ul style="list-style-type: none"> • 20% of the cost • 20% of the cost • 20% of the cost • You pay nothing 	



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Premiums and Benefits

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What you should know

<p>Wellness Programs</p>	<ul style="list-style-type: none">• You pay nothing	<p>Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets.</p> <ul style="list-style-type: none">• Programs for weight management, fitness, and stress management.• Nursing hotline (24/7)• Written health education materials• Nutritional training and benefit
<p>Chiropractic Care^{1,2}</p> <ul style="list-style-type: none">• Medicare covered Chiropractic services• Supplemental Chiropractic services	<ul style="list-style-type: none">• You pay nothing• You pay nothing	<p>Up to \$750 annually for up to six (6) visits for supplemental chiropractic services.</p>
<p>Help with Certain Chronic Conditions</p>	<ul style="list-style-type: none">• You pay a \$0 copay in VITA CARE clinics	<ul style="list-style-type: none">• Specialist visits (such as endocrinologist, pulmonologist, cardiologist, rheumatologist, among others).• Mental Health Services• Other health care professional services• Telehealth: Real time interactive audio and video technology consultation service provided by a state licensed provider such as: Endocrinologist, Pulmonologist, Cardiologist, Rheumatologist, Psychiatrist, among others.



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Premiums and Benefits

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What you should know

Help with Certain Chronic
Conditions

You are eligible if you are enrolled in the VITA CARE program. To be enrolled in the VITA CARE program you must have been diagnosed with one of the following conditions:

1. Diabetes Mellitus
2. Chronic Heart Failure
3. Cardiovascular Disorders
4. Chronic Obstructive Pulmonary Disease (COPD)

Please contact Member Services to know if you are eligible to participate in the VITA CARE program and for additional benefit details.



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Prescription Drugs

Phase I: Initial Coverage - Covered Drugs

Standard Retail Pharmacy Cost-Sharing 30-day supply	Standard Retail Pharmacy Cost-Sharing 90-day supply	Mail Order 90-day supply
<p>Children (0-20) (inclusive): \$0 copay</p> <p>Adults:</p> <p>Coverage Code 100 \$0 copay</p> <p>Coverage Code 110 \$1 copay</p> <p>Coverage Code 120 \$2 copay</p> <p>Coverage Code 130 \$3 copay</p> <p>Outpatient Substance Abuse: \$0 copay</p>	<p>Children (0-20) (inclusive): \$0 copay</p> <p>Adults:</p> <p>Coverage Code 100 \$0 copay</p> <p>Coverage Code 110 \$2 copay</p> <p>Coverage Code 120 \$4 copay</p> <p>Coverage Code 130 \$6 copay</p> <p>Outpatient Substance Abuse: \$0 copay</p>	<p>Children (0-20) (inclusive): \$0 copay</p> <p>Adults:</p> <p>Coverage Code 100 \$0 copay</p> <p>Coverage Code 110 \$2 copay</p> <p>Coverage Code 120 \$4 copay</p> <p>Coverage Code 130 \$6 copay</p> <p>Outpatient Substance Abuse: \$0 copay</p>

Cost-Sharing may change when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phase of the benefit, please call us or access our Evidence of Coverage online.

Please refer to the section "Services covered by the Puerto Rico Government Health Plan" for more information.



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Services Covered by the Puerto Rico Government Health Plan

Summary of Medicaid-Covered Benefits
Contract H4003, Plan 047

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what the Puerto Rico's Government Health Plan covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, MMM Valor Platino (HMO-SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call: 1-866-333-5470 (toll free), 1-866-333-5469 TTY (hearing impaired).



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Benefit Category

Medicaid State Plan

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Inpatient Hospital Services

Admissions:

- Coverage Code 100- \$0
- Coverage Code 110- \$4.00
- Coverage Code 120- \$5.00
- Coverage Code 130- \$8.00

Nursery:

- Coverage Code 100- \$0
- Coverage Code 110- \$0
- Coverage Code 120- \$0
- Coverage Code 130- \$0

Coverage begins on first day of Medicare, and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage, included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day), every calendar day of the year.

\$0 for Puerto Rico Government Health Plan covered benefit.

Inpatient Hospital for Mental Health Diseases

Admissions

- Coverage Code 100- \$0
- Coverage Code 110- \$4.00
- Coverage Code 120- \$5.00
- Coverage Code 130- \$8.00

Coverage begins on first day of Medicare, and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage, included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day), every calendar day of the year.

\$0 for Puerto Rico Government Health Plan covered benefit.



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Benefit Category	Medicaid State Plan	MMM Valor Platino (HMO-SNP)
<p>Inpatient Substance Abuse Disorder</p>	<p>Admissions</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$4.00 • Coverage Code 120- \$5.00 • Coverage Code 130- \$8.00 <p>Coverage begins on first day of Medicare, and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage, included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day), every calendar day of the year.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>
<p>Laboratory And High Tech Laboratories</p>	<p>Clinical Laboratories and High Tech Laboratories*</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$0.50 • Coverage Code 120- \$1.00 • Coverage Code 130- \$1.50 <p>*Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.</p> <p>Laboratory testing and necessary procedures related to generating a Health Certificate not covered by Medicare or the MAO supplementary benefits but included in the State Plan.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>
<p>EPSDT Under 21 Years</p>	<ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$0 • Coverage Code 120- \$0 • Coverage Code 130- \$0 	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>



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Benefit Category

Medicaid State Plan

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EPSDT Under 21 Years

EPSDT requirements non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.

\$0 for Puerto Rico Government Health Plan covered benefit.

EPSDT Checkups must include all of the following:

- A comprehensive health and developmental history; Developmental assessment, including mental, emotional, and Behavioral Health development; Measurements (including head circumference for infants); An assessment of nutritional status; A comprehensive unclothed physical exam; Immunizations according to the guidance issued by the Advisory Committee on Immunization Practices (ACIP) the vaccines themselves are provided and paid for by the Health Department for the Medicaid and CHIP Eligible. Certain laboratory tests; Anticipatory guidance and health education; Vision screening; Tuberculosis; Hearing screening; and Dental and oral health assessment.

Reference must be made to the corresponding CMS EPSDT guidelines and ASES policy.

Emergency Room (ER) Services

ER Visits

- Coverage Code 100- \$0
- Coverage Code 110- \$0
- Coverage Code 120- \$0
- Coverage Code 130- \$0

\$0 for Puerto Rico Government Health Plan covered benefit.



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Medicaid State Plan

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Non-Emergency Services Provided in a Hospital Emergency Room, per visit

- Coverage Code 100- \$0
- Coverage Code 110- \$4
- Coverage Code 120- \$5
- Coverage Code 130- \$8

Non-Emergency Services Provided in a Freestanding Emergency Room, per visit

- Coverage Code 100- \$0
- Coverage Code 110- \$2
- Coverage Code 120- \$3
- Coverage Code 130- \$4

Trauma

- Coverage Code 100- \$0
- Coverage Code 110- \$0
- Coverage Code 120- \$0
- Coverage Code 130- \$0

Outpatient Substance Abuse Disorder

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

Coverage begins on first day of Medicare, and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage, included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day), every calendar day of the year.

\$0 for Puerto Rico Government Health Plan covered benefit.



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Outpatient Mental Healthcare
& Professional Services

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

All mental health related OPD services and twenty-four (24) hours a day, seven (7) days a week emergency and crisis intervention non-covered by Medicare or the MAO supplementary benefits but included in the State Plan.

\$0 for Puerto Rico Government Health Plan covered benefit.

Ambulatory visits

- Primary Care Physician (PCP),
Specialist, Subspecialist
- Coverage Code 100- \$0
 - Coverage Code 110- \$1
 - Coverage Code 120- \$1.50
 - Coverage Code 130- \$2.00

- Pre-natal Services
- Coverage Code 100- \$0
 - Coverage Code 110- \$0
 - Coverage Code 120- \$0
 - Coverage Code 130- \$0

\$0 for Puerto Rico Government Health Plan covered benefit.

Tobacco Cessation

- Coverage Code 100- \$0
- Coverage Code 110- \$0
- Coverage Code 120- \$0
- Coverage Code 130- \$0

Tobacco cessation services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.

\$0 for Puerto Rico Government Health Plan covered benefit.



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Benefit Category

Medicaid State Plan

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Maternity Services

- Coverage Code 100- \$0
- Coverage Code 110- \$0
- Coverage Code 120- \$0
- Coverage Code 130- \$0

Maternity services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.

Abortions when the pregnancy is a result of rape or incest as certified by a physician.

Prenatal services

\$0 for Puerto Rico Government Health Plan covered benefit.

Medical and Surgical

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

Medical and Surgical services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.

Voluntary sterilization of men and women of legal age and sound mind, provided that they have been previously informed about the medical procedure's implications, and that there is evidence of Enrollee's written consent by completing the Sterilization Consent Form.

Ambulatory Surgery

\$0 for Puerto Rico Government Health Plan covered benefit.



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Vision Services

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

Vision services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.

Eyeglasses or lenses for beneficiaries between the ages of 0-20 years (inclusive) when medically necessary will be covered, the benefit of eyeglasses and lens consists of a single or multifocal lens and a standard frame eyeglass every 24 months. All types of lens have to be pre authorized except intraocular lenses. Repair or replacement of eyeglasses within 24 months when this is medically necessary and approved by the pre authorization will be covered.

\$0 for Puerto Rico Government Health Plan covered benefit.

Hearing Exams

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

Hearing related services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.

Hearing aids for beneficiaries over 20 years old are excluded from coverage. Refer to EPSDT for hearing cover services.

\$0 for Puerto Rico Government Health Plan covered benefit.



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Physical, Occupational And Speech Therapy	<ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$1.00 • Coverage Code 120- \$1.50 • Coverage Code 130- \$2.00 <p>Covered without limits under Medicare Part B (Medical Insurance). Do not apply within Wrap-Around.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>
Prescription Drugs*	<p>Preferred (Children (0-20) (inclusive))</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$0 • Coverage Code 120- \$0 • Coverage Code 130- \$0 <p>Preferred (Adult)**</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$1.00 • Coverage Code 120- \$2.00 • Coverage Code 130- \$3.00 <p>Non-Preferred (Children (0-20) (inclusive))</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$0 • Coverage Code 120- \$0 • Coverage Code 130- \$0 <p>Non-Preferred (Adult)**</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$3.00 • Coverage Code 120- \$4.00 • Coverage Code 130- \$6.00 <p>Outpatient Substance Abuse</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$0 • Coverage Code 120- \$0 • Coverage Code 130- \$0 	<p>Covered Drugs</p> <p>One month (30 days) supply for covered drugs by the Puerto Rico Government Health Plan.</p> <p>Children (0-20) (inclusive):</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$0 • Coverage Code 120- \$0 • Coverage Code 130- \$0 <p>Adults:</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$1.00 • Coverage Code 120- \$2.00 • Coverage Code 130- \$3.00 <p>Outpatient Substance Abuse:</p> <ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$0 • Coverage Code 120- \$0 • Coverage Code 130- \$0



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Benefit Category

Medicaid State Plan

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Prescription Drugs*

* Copays apply to each drug included in the same prescription pad.

**Copays for children 0-20 years of age are not applicable for Medicaid, Commonwealth medically indigent eligible and for children 0-20 enrolled in the CHIP Program in group ages 0-20 (inclusive).

Prescription drugs not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.

Any cost sharing not included on the MAO benefit design as approved by CMS, including deductible, co insurances or coverage gaps exceeding the State Plan.

The drug needs to be in the GHP formulary and needs to be subject to the applicable edits as established in the GHP Formulary of Medications in Coverage (FMC). It also needs to comply with the following:

- All MAOs pharmacy benefit will provide full year drug coverage with their CMS approved Part D Drugs Formulary, and subject to established Platino copayments as the only out of pocket contribution.
- Drugs not included in the MAOs Part D Drugs Formulary should undergo CMS required exception process for possible approval of non-covered drugs. If exception process denial is sustained by the MAOs, including the appeal process, but if the drug is covered by the GHP Formulary of Medications in

Three months (90 days) supply for covered drugs by the Puerto Rico Government Health Plan.

Children (0-20) (inclusive):

- Coverage Code 100- \$0
- Coverage Code 110- \$0
- Coverage Code 120- \$0
- Coverage Code 130- \$0

Adults:

- Coverage Code 100- \$0
- Coverage Code 110- \$2.00
- Coverage Code 120- \$4.00
- Coverage Code 130- \$6.00

Outpatient Substance Abuse:

- Coverage Code 100- \$0
- Coverage Code 110- \$0
- Coverage Code 120- \$0
- Coverage Code 130- \$0



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Prescription Drugs*

Coverage (FMC), the drug will be covered under Wrap-Around. The prescriber physician needs to exhaust available MAO Formulary on the needed drug category.

- Prescription drugs that do not appear on the Contractor's Medicare Part D formulary and are not covered under the exception process shall be covered under the Platino benefit if it is listed as a covered drug under the GHP Formulary. Drugs in the GHP Formulary shall be covered under the Platino benefit under the applicable therapeutic class.

Dental Services Preventive and Restorative

Preventive (Child)

- Coverage Code 100- \$0
- Coverage Code 110- \$0
- Coverage Code 120- \$0
- Coverage Code 130- \$0

Preventive (Adult)

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

Restorative

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

Dental services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.

\$0 for Puerto Rico Government Health Plan covered benefit.



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Benefit Category

Dental Services Preventive and Restorative

Medicaid State Plan

The following are the benefits included in the GHP:

- All preventative and corrective services for children under age twenty-one (21) mandated by the EPSDT requirement
- Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21);
- Stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy;
- Preventive dental services for Adults;
- Restorative dental services for Adults;
- One (1) comprehensive oral exam per year;
- One (1) periodical exam every six months;
- One (1) defined problem-limited oral exam;
- One (1) full series of intra oral radiographies, including bite, every three (3) years.
- One (1) initial periapical intra-oral radiography;
- Up to five (5) additional periapical/intra-oral radiographies per year;
- One (1) single film-bite radiography per year;
- One (1) two-film bite radiography per year;
- One (1) panoramic radiography every three (3) years;
- One (1) adult cleanse every six (6) months;
- One (1) child cleanse every six (6) months;
- One (1) topical fluoride application every six (6) months for Enrollees under nineteen (19) years old;

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<p>Dental Services Preventive and Restorative</p>	<ul style="list-style-type: none"> - Fissure sealants for life for Enrollees up to fourteen (14) years old, including deciduous molars up to eight (8) years old when Medically Necessary because of cavity tendencies; - Amalgam restoration; - Resin restorations; - Root Canal; - Palliative treatment; and - Oral Surgery 	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>
<p>Preventive Services</p>	<ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$0 • Coverage Code 120- \$0 • Coverage Code 130- \$0 <p>Immunization services not covered by;</p> <ol style="list-style-type: none"> 1. Medicare Part B 2. MAO Part D drug formulary 3. MAO supplementary plan benefits 4. Not covered by the Puerto Rico Department of Health Immunization Program, but included in the Puerto Rico Medicaid State Plan. <p>Vaccines</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>
<p>Family Planning</p>	<ul style="list-style-type: none"> • Coverage Code 100- \$0 • Coverage Code 110- \$0 • Coverage Code 120- \$0 • Coverage Code 130- \$0 <p>Family Planning services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>



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Family Planning

Puerto Rico Medicaid benefits provide reproductive health and family planning counseling. Such services shall be provide voluntarily and confidentially, including circumstances where the beneficiary is under age eighteen (18). Family planning services will include, at a minimum, the following: education and counseling; pregnancy testing; infertility assessment; sterilization services in accordance with 42 CFR 441.200 subpart F; laboratory services; cost and insertion/removal of non-oral products, such as long acting reversible contraceptives (LARC); at least one of every class and category of FDA-approved contraceptive; at least one of every class and category of FDA-approved contraceptive method; and other FDA approved contraceptive medications or methods when it is Medically Necessary and approved through a Prior Authorization or through an exception process and the prescribing Provider can demonstrate at least one of the following situations:

- Contra-indication with drugs that the Enrollee is already taking, and no other methods covered/available that can be used by the Enrollee.
- History of adverse reaction by the Enrollee to the contraceptive methods covered.
- History of adverse reaction by the Enrollee to the contraceptive medications that are covered.

\$0 for Puerto Rico Government Health Plan covered benefit.



2019 MMM VALOR PLATINO

Benefit Category

Medicaid State Plan

MMM Valor Platino (HMO-SNP)

Other Services

X Rays*

- Coverage Code 100- \$0
- Coverage Code 110- \$0.50
- Coverage Code 120- \$1.00
- Coverage Code 130- \$1.50

Special Diagnostic Tests*

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

Therapy - Respiratory

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

Healthy Child Care

- Coverage Code 100- \$0
- Coverage Code 110- \$0
- Coverage Code 120- \$0
- Coverage Code 130- \$0

Physical Exam

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

Special Coverage

- Coverage Code 100- \$0
- Coverage Code 110- \$1.00
- Coverage Code 120- \$1.50
- Coverage Code 130- \$2.00

*Apply to diagnostic tests only.
Copays do not apply to tests
required as part of a preventive
service.

\$0 for Puerto Rico Government
Health Plan covered benefit.



2019 MMM VALOR PLATINO

Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions and zero co-payments for Medicaid/CHIP beneficiaries and certain services as follows:

Medicaid/CHIP Beneficiaries

- Children from 0 to less than 21 years of age;
- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.

Services

- Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114 (a);
- Family planning services and supplies;
- Preventative services provided to children less than 18 years of age
- Pregnancy related services and counseling and drugs for cessation of tobacco use;
- Provider-preventable services as defined in 42 CFR 447.26(b); and
- Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.

Wrap around table is subject to change in 01/01/2019.



MMM
we walk**together**

