



Genesis @ Home Constellation Health (HMO SNP) 2018 Summary of Benefits

Constellation Health is an HMO plan with a Medicare contract and a contract with the Puerto Rico Medicaid program. Enrollment in Constellation Health depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-714-0724 (Toll Free) or 787-304-4040 (Metro Area) (TTY: 1-866-805-7777). *Atención: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística llame al 1-866-714-0724 (libre de costo) o 787-304-4040 (área Metro) (TTY: 1-866-805-7777).* H3054_2018_E009 CMS Accepted

Genesis @ Home Constellation Health (HMO SNP)

2018 Summary of Benefits

January 1, 2018 - December 31, 2018

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage".

If you want to know more 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.

This document is available in other formats such as Braille and large print.

Things to Know About Genesis @ Home Constellation Health (HMO SNP)

Hours of operation	You can call us 7 days a week from 8:00 a.m. to 8:00 p.m.
Phone Numbers and Website	Toll Free: 1-866-714-0724 Metro Area: 787-304-4040 TTY: 1-866-805-7777 http://www.constellationhealthpr.com
Service Area	Our service area includes the following municipalities in Puerto Rico: Bayamón, Caguas, Canóvanas, Carolina, Cataño, Ceiba, Culebra, Fajardo, Guaynabo, Loíza, Luquillo, Río Grande, San Juan, Toa Baja, Trujillo Alto, and Vieques.
Who can join?	To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Genesis @ Home Constellation Health (HMO SNP)
Summary of Benefits
 January 1, 2018 - December 31, 2018

Covered services, hospital and prescription drugs benefits

Services with a ¹ may require prior authorization.

Premiums and Benefits	Your 2018 Benefit	What you should know
Monthly Plan Premium	\$0	You must continue to pay your Medicare Part B premium.
Part B Buy-Down	\$0	
Deductible	You pay nothing.	
Maximum Out-of-Pocket (does not include prescription drugs)	\$3,400 yearly	This limit applies to services you receive from in network providers.
Inpatient Hospital Coverage	You pay nothing.	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days”. These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.
Outpatient Hospital Coverage	You pay nothing.	
Doctor Visits <ul style="list-style-type: none"> • Primary Care Provider • Specialist 	You pay nothing.	
Preventive Care	You pay nothing.	Our plan covers many preventive services. A complete list of the preventive services is available in Chapter 4 of your Evidence of Coverage.

Premiums and Benefits	Your 2018 Benefit	What you should know
		Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay nothing.	
Urgently Needed Services	You pay nothing.	
Diagnostic Services/ Labs/Imaging ¹ <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Diagnostic radiology services (such as MRIs, CT scans) • Outpatient X-Rays • Therapeutic radiology services (such as radiation treatment for cancer) 	<ul style="list-style-type: none"> • You pay nothing. • You pay nothing. • You pay nothing. • You pay nothing. • You pay nothing. 	
Hearing Services	You pay nothing.	Our plan covers the exam to diagnose and treat hearing and balance issues.
Dental Services	You pay nothing.	Preventive and restorative services. Our plan covers up to \$450 every year for comprehensive services. The following services are Not Covered on the Dental Coverage: Periodontics Services, Individual Crowns, Prosthodontics Services and Repair of Prosthodontics.
Vision Services <ul style="list-style-type: none"> • Routine eye exams • Supplementary eyeglasses 	<ul style="list-style-type: none"> • You pay nothing. • You pay nothing. 	Our plan covers one pair of eyeglasses (frames and lenses) or one pair of contact lenses per year, from Ivision selection.

Premiums and Benefits	Your 2018 Benefit	What you should know
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit 	<ul style="list-style-type: none"> • You pay nothing. • You pay nothing. • You pay nothing. 	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
Skilled Nursing Facility	You pay nothing.	Our plan covers up to 100 days in a SNF after 3-day prior hospital stay.
Physical Therapy	You pay nothing.	
Ambulance ¹	You pay nothing.	Authorization is required for non-emergency Medicare services.
Transportation	You pay nothing.	Our plan covers up to eight (8) one-way trips every year, to plan approved locations.
Medicare Part B Drugs ¹	You pay nothing.	
Foot Care (podiatry services)	You pay nothing.	Our plan covers Medicare-covered Podiatry services.
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	You pay nothing.	
Diabetes Supplies and Services	You pay nothing.	

Premiums and Benefits	Your 2018 Benefit	What you should know
Prosthetic Devices (braces, artificial limbs, etc.) ¹	You pay nothing.	
Chiropractic Care	You pay nothing.	Our plan covers Medicare-covered Chiropractic Services. These include manual manipulation of the spine if medically necessary to correct a subluxation.
Home Health Care	You pay nothing.	
Outpatient Surgery	You pay nothing.	
Renal Dialysis	You pay nothing.	
Hospice	You pay nothing.	
Counseling Services	You pay nothing.	Our plan covers individual or group counseling sessions to address general topics such as: coping with life changes; conflict resolution; or grief counseling. Sessions are up to 25 minutes.
Health Education	You pay nothing.	Our plan covers: <ul style="list-style-type: none"> • Group sessions in which the educator provides information or skills instruction; • One-on-one instructional sessions; and/or; • Interactive web- and/or telephone-based coaching to reinforce what you have learned in a group or individual session.
Diapers and underpads	You pay nothing.	Our plan covers up to one (1) box of diapers or one (1) box of underpads per month.
Bathroom Safety Devices	You pay nothing.	Our plan pays up to \$150 for bathroom safety devices per year.

Premiums and Benefits	Your 2018 Benefit	What you should know
In-home Safety Assessment	You pay nothing.	Our plan covers one (1) in home safety assessment by a health professional.
Medical Nutrition Therapy	You pay nothing.	Our plan covers up to four (4) additional individual or group counseling sessions provided by a certified or licensed practitioner which includes physician, nurse, registered dietitian or nutritionist.
Mobile Personal Emergency System Application (M-PERS)	You pay nothing.	The mobile application is available for download in your android or iOS smartphone.
Nutritional / Dietary Benefit	You pay nothing.	Our plan covers up to four (4) additional general nutritional education classes and/or individual sessions for all enrollees by certified practitioners.
Post-Discharge In-home Medication Reconciliation	You pay nothing.	Immediately following discharge from a hospital or SNF inpatient stay, we offer the services of a qualified health care provider who, in cooperation with the enrollee's physician, will review the enrollee's complete medication regimen that was in place prior to admission and compare and reconcile with the regimen prescribed for the enrollee at discharge to ensure new prescriptions are obtained and discontinued medications are discarded. This reconciliation of the enrollee's medications will be provided in the home and is designed to identify and eliminate medication side effects and interactions that

Premiums and Benefits	Your 2018 Benefit	What you should know
		could result in illness or injury.
Re-admission Prevention	You pay nothing.	<p>Immediately following an enrollee’s discharge from a hospital or skilled nursing facility (SNF) inpatient stay we may combine the benefits below as a complete “Readmission Prevention” benefit or offer the benefits separately:</p> <ul style="list-style-type: none"> • In-Home Safety Assessment as described earlier in this section; • Post discharge In-home Medication Reconciliation, as described earlier in this section
Weight Management Program	You pay nothing.	<p>This is a program designed to promote healthy behaviors that helps you to lose weight and keep it off.</p> <p>Includes in-person lectures offered by a registered nutritionist and/or dietician as well as on-line services in support of a healthy lifestyle.</p>

Prescription Drug Benefits

Phase 1: Initial Coverage	Standard Retail Cost-sharing 30-day supply	Standard Retail Cost-sharing 90-day supply	Mail Order 90-day supply
Tier 1 (Generic Drugs)	Children(0-20): \$0 Adults: 100 Code: \$0 110 Code: \$0 120 Code: \$0 130 Code: \$0	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$0 120 Code: \$0 130 Code: \$0	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$0 120 Code: \$0 130 Code: \$0
Tier 2 (Preferred Brand Drugs)	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$0.50 120 Code: \$0.50 130 Code: \$0.50	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$1.50 120 Code: \$1.50 130 Code: \$1.50	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$1.50 120 Code: \$1.50 130 Code: \$1.50
Tier 3 (Non-Preferred Brand Drugs)	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$2 120 Code: \$2 130 Code: \$2	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$6 120 Code: \$6 130 Code: \$6	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$6 120 Code: \$6 130 Code: \$6
Tier 4 (Specialty Drugs)	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$3 120 Code: \$3 130 Code: \$3	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$9 120 Code: \$9 130 Code: \$9	Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$9 120 Code: \$9 130 Code: \$9

You pay these amounts until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Copayments/coinsurance may change when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific copayment/coinsurance and the phases of the benefit, please call us or consult your Evidence of Coverage. The Evidence of coverage is also available at our website www.constellationhealthpr.com.

Summary of Medicaid-Covered Benefits for Contract H3054-004

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 Puerto Rico Government Health Plan (Medicaid) covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
Monthly Premium	Not applicable.	\$0
Inpatient Hospital Services	<ul style="list-style-type: none"> • Admissions Coverage Code 100: \$0 Coverage Code 110: \$4 Coverage Code 120: \$5 Coverage Code 130: \$8 • Nursery Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 <p>Coverage begins on the first day of Medicare and/or MAO supplementary benefits non-coverage, without limitation. Access to a semi-private room (bed available twenty-four (24) hours a day, every calendar day of the year.</p>	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>
Inpatient Hospital for Mental Diseases	<p>Coverage Code 100: \$0 Coverage Code 110: \$4 Coverage Code 120: \$5 Coverage Code 130: \$8</p> <p>Coverage begins on the first day of Medicare and/or MAO supplementary benefits non-coverage, without limitation. Access to a semi-private room (bed available twenty-four (24) hours a day, every calendar day of the year.</p>	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
Inpatient Substance Abuse	Coverage Code 100: \$0 Coverage Code 110: \$4 Coverage Code 120: \$5 Coverage Code 130: \$8 Coverage begins on first day of Medicare and/or the MAO supplementary benefits non coverage, without limitation. Access to a semi-private room (bed available twenty-four (24) hours a day, every Calendar Day of the year.	Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0
Emergency Care	<ul style="list-style-type: none"> • Emergency Room Visit Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 • 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 	Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0
Ambulatory Visits	<ul style="list-style-type: none"> • Primary Care Physician Coverage Code 100: \$0 	Coverage Code 100: \$0 Coverage Code 110: \$0

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	<p>Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2</p> <ul style="list-style-type: none"> • Specialists Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2 • Sub-Specialists Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2 • Pre-Natal Services Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 	<p>Coverage Code 120: \$0 Coverage Code 130: \$0</p>
<p>Laboratory and High-Tech Laboratories**</p>	<ul style="list-style-type: none"> • High-Tech Laboratories Coverage Code 100: \$0 Coverage Code 110: \$0.50 Coverage Code 120: \$1 Coverage Code 130: \$1.50 • Clinical Laboratories Coverage Code 100: \$0 Coverage Code 110: \$0.50 Coverage Code 120: \$1 Coverage Code 130: \$1.50 • X-Rays Coverage Code 100: \$0 Coverage Code 110: \$0.50 Coverage Code 120: \$1 Coverage Code 130: \$1.50 • Special Diagnostic Tests Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2 	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	<p>Laboratory testing and necessary procedures related to generating a Health Certificate non-covered by Medicare or the MAO supplementary benefits but included in the State Plan. Such certificates shall include:</p> <ul style="list-style-type: none"> • Venereal Disease Research Laboratory (VDRL) • Tuberculosis (“TB”) tests 	
<p>Physical, Occupational and Speech Therapy</p>	<ul style="list-style-type: none"> • Physical Therapy Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2 • Respiratory Therapy Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2 • Occupational Therapy Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2 • Speech Therapy Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 <p>Physical, Occupational and Speech therapy services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Coverage begins after Medicare and or MAO’s limits are reached as follows:</p>	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	<ul style="list-style-type: none"> Physical therapy limited to a maximum of 15 treatment per condition per year. Additional treatment per condition per year when ordered by orthopedist or physiatrist or chiropractor with prior authorization (Medically necessary). Occupational therapy no limitations Speech therapy no limitations 	
Preventive Services	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Immunization services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Immunizations according to the guidance issued by the Advisory Committee on Immunization Practices (ACIP). The vaccines are provided and paid by the Health Department for the CHIP eligible. The Contractor shall cover the administration of the vaccines according to the fee schedule established by the Health Department.</p>	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>
Dental Services	<p>Preventive (Child) Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Preventive (Adult) Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2</p>	<p>Preventive (Child) Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Preventive (Adult) Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	<p>Restorative Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2</p> <p>The following are the benefits included in the GHP;</p> <ul style="list-style-type: none"> • All preventative and corrective services for children under age twenty-one (21) mandate by the EPSDT requirements • 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 intraoral radiographies, including bite, every three (3) years; • One (1) initial periapical intraoral 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; 	<p>Restorative Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Preventive and restorative services. Our plan covers up to \$450 every year for comprehensive services.</p> <p>The following services are Not Covered on the Dental Coverage: Periodontics Services, Individual Crowns, Prosthodontics Services and Repair of Prosthodontics.</p>

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	<ul style="list-style-type: none"> • One (1) adult cleanse every six (6) months; • One (1) child cleanse every six (6) months • One (1) topical fluoride application every six months for enrollees under nineteen (19) years old; • Fissure sealants for life for enrollees up to fourteen (14) years old, (Including decidual 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 	
Prescription Drugs	<p>Preferred (Children 0-21) Preferred: \$0 Non-Preferred: \$0</p> <p>Preferred (Adult)**** Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$2 Coverage Code 130: \$3</p> <p>Non-Preferred (Adult)**** Coverage Code 100: \$0 Coverage Code 110: \$3 Coverage Code 120: \$4 Coverage Code 130: \$6</p> <p>Outpatient Substance Abuse Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Prescription drugs non-covered by Medicare and/or the MAO</p>	<p>Copay for a one-month (30-day) supply of drugs:</p> <ul style="list-style-type: none"> • Tier 1 – Generic Drugs: Children: \$0 Adult: Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 • Tier 2: Preferred Brand Drugs: Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$0.50 120 Code: \$0.50 130 Code: \$0.50 • Tier 3: Non-Preferred Brand Drugs: Children (0-20): \$0 Adults: 100 Code: \$0 110 Code: \$2 120 Code: \$2

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	<p>supplementary benefits but included in the State Plan.</p> <p>The drug need to be in the GHP formulary and needs to be subject to the applicable edits established in the GHP Formulary Medications in Coverage (FMC). It also needs to comply with the followings:</p> <ul style="list-style-type: none"> • All MAOs pharmacy benefit will provide 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 Exception and Appeal processes before being subject to wrap around determination. If the drugs gets approval through the exception or the appeal processes, the MA will be responsible for such payment subject to Platino copayments and will not be consider for the wrap around. • Wrap around drugs to be considered need to be part of the GHP Formulary of Medications in Coverage (FMC). • Part D cost sharing (premiums, deductibles, co-insurance including coverage gap expenses) as long as they are not covered by the MA pharmacy benefit plan approved by CMS. 	<p>130 Code: \$2</p> <ul style="list-style-type: none"> • Tier 4: Specialty Drugs: <ul style="list-style-type: none"> Children (0-20): \$0 Adults: <ul style="list-style-type: none"> 100 Code: \$0 110 Code: \$3 120 Code: \$3 130 Code: \$3

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	<ul style="list-style-type: none"> • The following drugs are excluded from Part D benefit and covered in the Puerto Rico Health Insurance Plan: <ul style="list-style-type: none"> ○ Prescribed Vitamins 	
Outpatient Substance Abuse	Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2	For the Puerto Rico Government Health Plan covered benefit, you pay: Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0
Outpatient Mental Healthcare & Professional Services	Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2 OPD services and twenty-four (24) hours a day, seven days a week emergency and crisis intervention non-covered Medicare or the MAO supplementary benefits but included in the State Plan.	For the Puerto Rico Government Health Plan covered benefit, you pay: Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0
Vision Services	Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2 Vision Services non-covered by Medicare and/or MAO supplementary benefits but included in the State Plan. Eyeglasses or lenses for beneficiaries between the ages of 0-20 years when medically necessary will be cover, the benefit of eyeglasses and lens consist of a single or multifocal lens and a standard frame eyeglass every 24 month. All types of lens have to be pre authorized except	For the Puerto Rico Government Health Plan covered benefit, you pay: Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	intraocular lenses. Repair or replacement of eyeglasses within 24 months when this is medically necessary and approved by the pre authorization will be covered.	
Hearing Exams	<p>Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2</p> <p>Hearing related services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Hearing aids for beneficiaries over 20 years old are excluded from coverage. Refer to ESPDT for hearing cover services.</p>	<p>For the Puerto Rico Government Health Plan covered benefit, you pay:</p> <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>
ESPDT Under 21 Years	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>EPSDT requirements non-covered by Medicare and/or the MAO supplementary benefits but included on the State Plan.</p> <p>EPSDT Checkups must include all 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)</p>	<p>For the Puerto Rico Government Health Plan covered benefit, you pay:</p> <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	<p>(the vaccine 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; dental and oral health assessment.</p>	
Family Planning	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Family Planning Services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Puerto Rico Medicaid benefits provide reproductive health and family planning counseling. Such services shall be provided 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</p>	<p>For the Puerto Rico Government Health Plan covered benefit, you pay:</p> <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
	<p>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:</p> <ul style="list-style-type: none"> • 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. 	
Tobacco Cessation	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Tobacco cessation services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p>	<p>For the Puerto Rico Government Health Plan covered benefit, you pay:</p> <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>
Maternity Services	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Maternity Services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Abortions when pregnancy is a result of rape or incest as certified by a physician.</p>	<p>For the Puerto Rico Government Health Plan covered benefit, you pay:</p> <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>

Benefit	Medicaid	Genesis @ Home Constellation Health (HMO SNP) Coverages 100 -130
Medical & Surgical	<p>Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2</p> <p>Medical and Surgical services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Voluntary sterilization of men and women of legal age and sound of mind, provided that they have been previously informed about the medical procedure's implications, and that there is evidence of the Enrollee's consent by completing the Sterilization Consent Form included as Appendix (O) (18) of the Contract.</p>	<p>For the Puerto Rico Government Health Plan covered benefit, you pay:</p> <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>

* NO apply to Medicare Platino.

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

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

***** Co-pays 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.

1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:

- Children from 0 to less than 21 years of age (0-20 years, inclusive)
- 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.

2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following 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 (0-17 years, inclusive)
- Pregnancy related services and counseling and drugs for cessation of tobacco use;

- Provider-preventable services as defined in 42 CFR 447.26(b);
3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
 4. 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.
 5. Wrap around table is subject to change in 01/01/2018.