

**FIRST+PLUS GOBIERNO UPR (PPO \_ Employer)**

**H4011**

**SUMMARY OF BENEFITS**

**January 1, 2010 - December 31, 2010  
ENTIRE ISLAND OF PUERTO RICO**

**Introduction to the Summary of Benefits for  
FIRST+PLUS GOBIERNO UPR (PPO \_ Employer)  
January 1, 2010 - December 31, 2010  
ENTIRE ISLAND OF PUERTO RICO**

**SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS**

Thank you for your interest in First+Plus GOBIERNO UPR (PPO). Our plan is offered by FIRST MEDICAL HEALTH PLAN, INC., a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every drug that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call First+Plus GOBIERNO UPR (PPO) 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 First+Plus GOBIERNO UPR (PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call First+Plus GOBIERNO UPR (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY 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 First+Plus GOBIERNO UPR (PPO) 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 FIRST+PLUS GOBIERNO UPR (PPO) AVAILABLE?**

The service area for this plan includes: Adjuntas, Aguada, Aguadilla, Aguas Buenas, Aibonito, Añasco, Arcibo, Arroyo, Barceloneta, Barranquitas, Bayamón, Cabo Rojo, Caguas, Camuy, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Ciales, Cidra, Coamo, Comerío, Corozal, Culebra, Dorado, Fajardo, Florida, Guánica, Guayama, Guayanilla, Guaynabo, Gurabo, Hatillo, Hormigueros, Humacao, Isabela, Jayuya, Juana Diaz, Juncos, Lajas, Lares, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Maricao, Maunabo, Mayagüez, Moca, Morovis, Naguabo, Naranjito, Orocovi, Patillas, Peñuelas, Ponce, Quebradillas, Rincón, Rio 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, PR. You must live in one of these areas to join the plan.

**WHO IS ELIGIBLE TO JOIN FIRST+PLUS GOBIERNO UPR (PPO)?**

You can join First+Plus GOBIERNO UPR (PPO) 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 are generally not eligible to enroll in First+Plus GOBIERNO UPR (PPO) unless they are members of our

organization and have been since their dialysis began.

### **CAN I CHOOSE MY DOCTORS?**

First+Plus GOBIERNO UPR (PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at [www.firstpluspr.com](http://www.firstpluspr.com). Our customer service number is listed at the end of this introduction.

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

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

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

First+Plus GOBIERNO UPR (PPO) 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?**

First+Plus GOBIERNO UPR (PPO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions 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 <http://www.firstpluspr.com>. Our customer service number is listed at the end of this introduction.

### **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

First+Plus GOBIERNO UPR (PPO) 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 <http://www.firstpluspr.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 if you 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 First+Plus Gobierno UPR (PPO), 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. In Puerto Rico QIO is known as QIPRO and the telephone numbers are 1-800-981-5062 or 1-787-641-1240.

As a member of PBP\_811\_First+Plus Gobierno UPR (PPO), 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), 800-981-5062 or 1-787-641-1240.

### **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 First+Plus Gobierno UPR (PPO) 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 First+Plus Gobierno UPR (PPO) 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.

Please call First Medical Health Plan, Inc. for more information about First+Plus GOBIERNO UPR.

Visit us at [www.firstpluspr.com](http://www.firstpluspr.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)-767-7717 for questions related to the Medicare Advantage Program and to the Medicare Part D Prescription Drug program.. (TTY/TDD (877)-672-4242)

Prospective members should call toll-free (877)-662-4242 for questions related to the Medicare Advantage Program and to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-672-4242)

Current members should call locally (888)-767-7717 for questions related to the Medicare Advantage Program and to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-672-4242).

Prospective members should call locally (877)-662-4242 for questions related to the Medicare Advantage Program and to the Medicare Part D Prescription Drug program. (TTY/TDD (877)-672-4242).

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](http://www.medicare.gov) on the web.

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

**SECTION II - SUMMARY OF BENEFITS**

**Benefit**

**Original Medicare**

**First+Plus GOBIERNO UPR (PPO \_ Employer)**

**IMPORTANT INFORMATION**

1 - Premium and Other Important Information

In 2010 the monthly Part B Premium is \$96.40 and for 2010 the yearly Part B deductible amount is \$155.

**General**  
\$ 125 monthly plan premium in addition to your monthly Medicare Part B premium. This amount is covered by your employer contribution.

If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

First Medical Health Plan, Inc. will reduce \$96.40 monthly of your Medicare Part B Premium.

Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

2 - Doctor and Hospital Choice

You may go to any doctor, specialist or hospital that accepts Medicare.

**In-Network**  
No referral required for network doctors, specialists, and hospitals.

(For more information, see Emergency - #15 and Urgently Needed Care - #16.)

**Out-of-Network**  
Plan covers you when you travel in the U.S.

**SUMMARY OF BENEFITS  
INPATIENT CARE**

3 - Inpatient Hospital Care

In 2010 the amounts for each benefit period are: Days 1 - 60: \$1,100 deductible Days 61 - 90: \$275 per day; Days 91 - 150: \$550 per lifetime reserve day.

**In-Network**  
\$0 copay

(includes Substance Abuse and Rehabilitation Services)		No limit to the number of days covered by the plan each benefit period <sup>1</sup> .
	Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
	Lifetime reserve days can only be used once.	<b>Out of Network</b> \$300 copay for Inpatient Care
	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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	
4 - Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).	<b>In-Network</b> \$0 copay
	190 day lifetime limit in a Psychiatric Hospital.	You get up to 190 days in a Psychiatric Hospital in a lifetime.
		<b>Out of Network</b> \$300 copay for Inpatient Mental Health Care
		Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 - Skilled Nursing Facility	In 2010 the amounts for each benefit period	<b>General</b>

<sup>1</sup> 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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

	after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day	Authorizaton rules may apply.
(in a Medicare-certified skilled nursing facility)		<b>In-Network</b> \$0 copay for SNF services
	100 days for each benefit period.	Plan covers up to 100 days each benefit period <sup>2</sup>
	A "benefit period" starts the day you go into a hospital or SNF. 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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	<b>Out of Network</b> \$300 copay for services in a SNF
		No prior hospital stay is required.
6 - Home Health Care	\$0 copay	<b>General</b> Authorization rules may apply.
(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)		<b>In-Network</b> \$0 copay for Medicare-covered home health visits.
		<b>Out-of-Network</b> 20% for home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care.	<b>General</b> You must get care from a Medicare-certified hospice.

<sup>2</sup> 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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

	You must get care from a Medicare-certified hospice.	
<b>OUTPATIENT CARE</b>		
8 - Doctor Office Visits	20% coinsurance	<b>General</b> See "Physical Exams," for more information.
		<b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits
		\$0 copay for each specialist doctor visit for Medicare-covered benefits.
		<b>Out-of-Network</b> 20% for each primary care doctor visit.
		20% for each specialist visit.
9 - Chiropractic Services	Routine care not covered	<b>In-Network</b> \$0 copay for: Medicare-covered visits
	20% coinsurance 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.	routine visits- up to 12 visits per year.
		Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part if you get them from a chiropractic or qualified provider.
		<b>Out-of-Network</b> 20% of the cost for chiropractic benefits.
10 - Podiatry Services	Routine care not covered.	<b>In-Network</b> \$0 copay for Medicare-covered visits
	20% coinsurance for medically necessary foot	up to 12 routine visit(s) every year

	care, including care for medical conditions affecting the lower limbs.	
		Medicare-covered podiatry benefits are for medically-necessary foot care.
		<b>Out-of-Network</b> 20% of the cost for podiatry benefits.
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<b>In-Network</b> \$0 copay for Medicare-covered Mental Health visits.
		<b>Out-of-Network</b> 50% of the cost for Mental Health benefits.
		50% of the cost for Mental Health benefits with a psychiatrist.
12 - Outpatient Substance Abuse Care	20% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered visits.
		<b>Out-of-Network</b> 50% of the cost for outpatient substance abuse benefits.
13 - Outpatient Services/Surgery	20% coinsurance for the doctor	<b>General</b> Authorization rules may apply.
	20% of outpatient facility charges	<b>In-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center visit.
		\$0 copay for each Medicare-covered outpatient hospital facility visit.
		<b>Out-of-Network</b> 20% of the cost for ambulatory surgical center benefits.
		20% of the cost for outpatient hospital facility benefits.
14 - Ambulance Services	20% coinsurance	<b>General</b> Authorization rules may apply.
(medically necessary ambulance services)		<b>In-Network</b> \$0 copay for Medicare-covered ambulance benefits.
		<b>Out-of-Network</b>

		20% of the cost for ambulance benefits.
15 - Emergency Care	20% coinsurance for the doctor	<b>In-Network</b> \$25 copay for Medicare-covered emergency room visits.
(You may go to any emergency room if you reasonably believe you need emergency care.)	20% of facility charge, or a set copay per emergency room visit	Worldwide coverage.
	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.	<b>In and Out-of-Network</b> If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit
	NOT covered outside the U.S. except under limited circumstances.	
16 - Urgently Needed Care	20% coinsurance, or a set copay	<b>General</b> \$0 copay for Medicare-covered urgent-care visits.
(This is NOT emergency care, and in most cases, is out of the service area.)	NOT covered outside the U.S. except under limited circumstances.	
17 - Outpatient Rehabilitation Services	20% coinsurance	<b>General</b> Authorization rules may apply.
(Occupational Therapy, Physical Therapy, Speech and Language Therapy)		<b>In-Network</b> \$0 copay for Medicare-covered Occupational Therapy visits.
		\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
		<b>Out-of-Network</b> 20% of the cost for Occupational Therapy benefits.
		20% of the cost for Physical and/or Speech/Language Therapy visits.

**OUTPATIENT MEDICAL SERVICES AND SUPPLIES**

18 - Durable Medical Equipment	20% coinsurance	<b>General</b> Authorization rules may apply.
(includes wheelchairs, oxygen, etc.)		<b>In-Network</b> \$0 copay for Medicare-covered items.
		<b>Out-of-Network</b> 20% of the cost for durable medical equipment.
19 - Prosthetic Devices	20% coinsurance	<b>General</b> Authorization rules may apply.
(includes braces, artificial limbs and eyes, etc.)		<b>In-Network</b> \$0 copay for Medicare-covered items.
		<b>Out-of-Network</b> 20% of the cost for prosthetic devices.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	20% coinsurance	<b>General</b> Authorization rules may apply.
(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	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.	<b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.
		<b>Out-of-Network</b> 20% of the cost for Diabetes self-monitoring training.
		20% of the cost for Nutrition Therapy for Diabetes.
		20% of the cost for Diabetes supplies.
21 - Diagnostic Tests, X-Rays, and Lab Services	20% coinsurance for diagnostic tests and x-rays	<b>In-Network</b> \$0 copay for Medicare-covered:

	\$0 copay for Medicare-covered lab services	- lab services
	Lab Services: Medicare covers medically necessary diagnostic lab 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.	- diagnostic procedures and tests - X-rays - diagnostic radiology services (not including X-rays) - therapeutic radiology services
		<b>Out-of-Network</b> 20% of the cost for diagnostic procedures, tests, and lab services.
		20% of the cost for therapeutic radiology services
		20% of the cost for outpatient x-rays.
		20% of the cost for diagnostic radiology services
<b>PREVENTIVE SERVICES</b>		
22 - Bone Mass Measurement	20% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement
(for people with Medicare age 50 and older)	Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b>Out-of-Network</b> 20% of the cost for Medicare-covered bone mass measurement.
23 - Colorectal Screening Exams	20% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.
(for people with Medicare age 50 and older)	Covered when you are high risk or when you are age 50 and older.	<b>Out-of-Network</b> 20% of the cost for colorectal screenings.
24 - Immunizations	\$0 copay for Flu and Pneumonia vaccines	<b>In-Network</b>

		\$0 copay for Flu and Pneumonia vaccines.
(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	20% coinsurance for Hepatitis B vaccine	\$0 copay for Hepatitis B vaccine.
	You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	No referral needed for Flu and pneumonia vaccines.
		<b>Out-of-Network</b> 20% of the cost for immunizations.
25 - Mammograms (Annual Screening)	20% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.
(for women with Medicare age 40 and older)	No referral needed.	<b>Out-of-Network</b> 20% of the cost for screening mammograms.
	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	\$0 copay for Pap smears	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams.
(for women with Medicare)	Covered once every 2 years. Covered once a year for women with Medicare at high risk.	<b>Out-of-Network</b> 20% of the cost for pap smears and pelvic exams.
	20% coinsurance for Pelvic Exams	
27 - Prostate Cancer Screening Exams	20% coinsurance for the digital rectal exam.	<b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.
(for men with Medicare age 50 and older)	\$0 for the PSA test; 20% coinsurance for other related services.	<b>Out-of-Network</b> 20% of the cost for prostate cancer screening.
	Covered once a year for all men with Medicare over age 50.	
28 - End-Stage Renal Disease	20% coinsurance for renal dialysis	<b>In-Network</b>

		\$0 copay for renal dialysis
	20% coinsurance for Nutrition Therapy for End-Stage Renal Disease	\$0 copay for Nutrition Therapy for End-Stage Renal Disease
	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.	<b>Out-of-Network</b> 20% of the cost for renal dialysis.
		20% of the cost for Nutrition Therapy for End-Stage Renal Disease.
29 - Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<b>Drugs covered under Medicare Part B</b> <b>General</b> \$0 copay for Part B-covered drugs.
		<b>Out of Network</b> 20% of the cost for Part B drugs
		<b>Drugs covered under Medicare Part D</b> <b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.firstpluspr.com">http://www.firstpluspr.com</a> on the web.
		Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).
		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 at an in-network pharmacy outside of the plan's service area (for instance when you travel).
		Total yearly drug costs are the total drug costs paid by both you and the plan.
		The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
		Some drugs have quantity limits.
		Your provider must get prior authorization from First+Plus Gobierno UPR (PPO) for certain drugs.
		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.
		If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
		If you request a formulary exception for a drug and First+Plus Gobierno UPR (PPO) approves the exception, you will pay Tier (3) Non Preferred Brand cost-sharing for that drug.
		<b>In-Network</b> \$0 deductible
		<b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830:
		<b>Retail Pharmacy</b> Generic
		- \$5 copay for a one-month (30-day) supply of drugs in this tier

		- \$15 copay for a three-month (90-day) supply of drugs in this tier
		Preferred Brand
		- \$12 copay for a one-month (30-day) supply of drugs in this tier
		- \$36 copay for a three-month (90-day) supply of drugs in this tier
		Non-Preferred Brand
		- \$35 copay for a one-month (30-day) supply of drugs in this tier
		- \$105 copay for a three-month (90-day) supply of drugs in this tier
		Specialty Tier Brand
		- 25% coinsurance for a one-month (30-day) supply of drugs in this tier
		- 25% coinsurance for a three-month (90-day) supply of drugs in this tier
		<b>Long Term Care Pharmacy</b>
		Generic
		- \$5 copay for a one-month (31-day) supply of drugs in this tier
		Preferred Brand
		- \$12 copay for a one-month (31-day) supply of drugs in this tier
		Non-Preferred Brand
		- \$35 copay for a one-month (31-day) supply of drugs in this tier
		Specialty Tier Brand
		- 25% coinsurance for a one-month (31-day) supply of drugs in this tier
		<b>Coverage Gap</b>
		The plan covers all generics (100% Formulary Generic Drugs) through the coverage gap.
		You pay the following:
		<b>Retail Pharmacy</b>

		<b>Generic</b>
		- \$5 copay for a one-month (30-day) supply of all drugs covered in this tier
		- \$5 copay for a three-month (90-day) supply of all drugs covered in this tier
		<b>Specialty Tier Brand</b>
		- 25% coinsurance for a one-month (30-day) supply of drugs in this tier
		- 25% coinsurance for a three-month (90-day) supply of drugs in this tier
		<b>Long Term Care Pharmacy</b>
		<b>Generic</b>
		- \$5 copay for a one-month (31-day) supply of all drugs
		<b>Specialty Tier Brand</b>
		- 25% coinsurance for a one-month (31-day) supply of drugs in this tier
		Please contact the plan for a complete list of drugs covered through the gap.
		For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.
		<b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of: - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance.
		<b>Out-of-Network</b> 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 documentation to receive reimbursement from First+Plus Gobierno UPR (PPO).
		<b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:
		Generics
		- \$5 copay for a one-month (30-day) supply of drugs in this tier
		Preferred Brand
		- \$12 copay for a one-month (30-day) supply of drugs in this tier
		Non-Preferred Brand
		- \$35 copay for a one-month (30-day) supply of drugs in this tier
		Specialized Brand
		- 25% coinsurance for a one-month (30-day) supply of drugs in this tier
		<b>Out-of-Network Coverage Gap</b> You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:
		Generics
		- \$5 copay for a one-month (30-day) supply of all drugs covered in this tier
		Preferred Brand
		-After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by First+Plus Gobierno UPR (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still

		submit documentation to First+Plus Gobierno UPR (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
		Non-Preferred Brand
		-After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by First+Plus Gobierno UPR (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to First+Plus GobiernoUPR (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.
		Specialized Brand
		- 25% coinsurance for a one-month (30-day) supply of All Formulary Generics drugs covered in this tier
		<b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$ 6.30 copay for all other drugs, or - 5% coinsurance.
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<b>In-Network</b> \$0 copay for Medicare-covered dental benefits
		\$0 copay for the following preventive dental benefits:
		- up to 2 oral exam(s) every year
		- up to 2 cleaning(s) every year
		- up to 2 dental x-ray(s) every year
		<b>Out-of-Network</b>

		20% of the cost for preventive dental benefits.
		20% of the cost for comprehensive dental benefits.
		<b>In and Out-of-Network</b> \$1,000 limit for comprehensive dental benefits every year. This limit applies to both in-network and out-of-network benefits.
31 - Hearing Services	Routine hearing exams and hearing aids not covered.	<b>In-Network</b> \$0 copay for Medicare-covered diagnostic hearing exams
	20% coinsurance for diagnostic hearing exams.	\$0 copay for
		- up to 1 routine hearing test(s) every year
		- fitting-evaluations for a hearing aid
		\$0 copay for hearing aids.
		\$400 limit for hearing aids every three years.
		<b>Out-of-Network</b> 20% of the cost for hearing exams.  \$0 copay for hearing aids.
32 - Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.	<b>In-Network</b> \$0 copay for diagnosis and treatment for diseases and conditions of the eye
	Routine eye exams and glasses not covered.	- and up to 1 routine eye exam(s) every year
	Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.	\$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery
	Annual glaucoma screenings covered for people at risk.	- up to one (1) pair of glasses each year
		- up to one (1) pair of contacts each year
		\$150 limit for eye wear every year.

		<p><b>Out-of-Network</b> 20% of the cost for eye exams.</p> <p>\$0 copay for eye wear</p>
33 - Physical Exams	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage	<p><b>In-Network</b> \$0 copay for routine exams.</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.	Limited to 1 exam(s) every year.
		<p><b>Out-of-Network</b> 20% of the cost for routine exams.</p>
Health/Wellness Education	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><b>General</b> 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><b>In-Network</b> This plan covers the following health/wellness education benefits:</p>
		- Nursing Hotline
		<p><b>Out of Network</b> 20% of the cost for health and wellness services</p>
Transportation	Not covered.	<p><b>In-Network</b> \$0 copay for up to 6 round trip(s) to plan-approved location every year.</p>
(Routine)		<p><b>Out of Network</b> \$0 copay for transportation.</p>

- (1) If a doctor or provider chooses not to accept the assignment, the costs are frequently high, which means that you pay more
- (2) 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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.
- (3) Lifetime reserve days can only be used once.

**SECTION III.**  
**SUMMARY OF BENEFITS**  
**FIRST+PLUS GOBIERNO UPR (PPO)**

If you have any questions about this plan's benefits or costs, please contact First Medical Health Plan, Inc. at (888)767-7717 (for members) or at (877)662-4242 (for prospects). TTY users should call (877)672-4242.

Our office hours are Monday through Friday from 8:00 a.m. to 8:00 p.m.

- (1) VIP service will be available in selected network hospitals. VIP areas and private room upgrades will be granted subject to availability. Contact the Plan for more information.
- (2) Transportation benefit is limited to \$6 each way. Service must be provided by a licensed commercial carrier (taxi, bus, etc.) and must be for the purpose of obtaining medical services or prescriptions.
- (3) Eye Wear Coverage Benefit-Maximum of \$150 every year, also applies to out of network services.
- (4) Hearing Aids Coverage Benefit-Maximum of \$400 every three years, also applies to out of network services.
- (5) Out-of-network services are subject to the plan maximum indicated in in-network services. Please contact the Plan for additional information.
- (6) Out of network Routine Transportation, eye wear and hearing aids are subject to the same plan maximum as indicated in in-network benefits.
- (7) OTC Benefit-you will receive \$325 quarterly for over the counter benefits. This benefit is available through home delivery service with a specific plan supplier. Contact the plan for more information.
- (8) Basket Benefit includes Gym, Acupuncture and Nutritionist. The \$250.00 maximum is combined for this benefit. Contact the plan for more information.