

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION
GOVERNMENT HEALTH INSURANCE PLAN (GHIP)
COVERAGE**

The proposed Health Insurance will have a wide coverage with minimal exclusions. There will not be exclusions or limitations for pre-existing conditions nor a waiting period when coverage is granted to the beneficiary. The beneficiary's eligibility date will determine the contracted benefit coverage even if the required treatment or procedure has already been recommended previous to said date.



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CO-PAYS & CO-INSURANCE-ERROR! BOOKMARK NOT DEFINED.



PREVENTIVE SERVICES

- **Vaccines** – Provided by the Puerto Rico Health Department (PRHD). The GHIP covers the administration of the vaccines according to the schedule established by PRHD.
- **Healthy Child Care** - An annual comprehensive evaluation (1) by a certified health professional. This annual evaluation, complements services for children and young adults provided to the periodicity scheme by "The American Academy of Pediatrics" and Title XIX (EPSDT).
 - Eye exam.
 - Hearing exam, including hearing screening for newborns previous to leaving nursery.
 - Evaluation and nutritional screening.
 - Laboratories and all exams and diagnostic tests according to age, sex and beneficiary's health condition.
 - Prostate and gynecological cancer screening according to accepted medical practice, including Papanicolaou, mammograms and P.S.A. tests when medically necessary and according to the beneficiary's age.
 - Puerto Rico's public policy establishes the age of 40 as the starting point for mammograms and breast cancer screening.
 - Sigmoidoscopy and colonoscopy for colon cancer detection in adults 50 years and over, classified in risk groups according to the accepted medical practices.
 - Healthy child care for the first 2 years of life.
 - Nutritional, oral and physical health education.
 - Reproductive health counseling (family planning). The Health Care Organizations will insure access to contraceptive methods which will be provided ("at your disposal") by the Health Department.
 - Syringes for home medicine administration.
- Health Certificates that are covered under the Government Health Insurance Plan (Any other Health Certificates is excluded)
 - ✓ Health Certificates that include VDRL and tuberculin (TB) tests. The certificate must possess the seal of the Health Department and will be provided by a credited Health Care Organization, up to \$5.00.
 - ✓ Any certification for the GHIP beneficiaries related to eligibility for the Medicaid Program (i.e. Medication History) will be provided to the beneficiary at no charge.
 - ✓ Any deductibles applicable for necessary procedures and laboratory testing related to the emission of a Health Certificate will be the beneficiary's responsibility.
- Annual physical exam and follow up to diabetic patients according to the diabetic patient treatment guide and Health Department protocols.

DENTAL SERVICES

- **Preventive (children)**
- **Preventive (adults)**
- **Restorative**

Covered dental services will be identified using the published codes of the *American Dental Association (ADA)* for procedures established by ASES.

- One comprehensive oral exam.
- One periodical exam every six months.
- One defined problem-limited oral exam.
- One full series of intra-oral radiographies, including bite, every three years.
- One initial periapical intra-oral radiography.
- Up to five additional periapical/intra-oral radiographies per year.
- One single film-bite radiography.
- One two-film bite radiography per year.
- One panoramic radiography every three years.
- One adult cleanse every six months.
- One child cleanse every six months.
- One topical fluoride application every six month for beneficiaries under 19 years.
- Fissure sealants for life for beneficiaries up to 14 years old inclusive. Includes deciduous molars up to 8 years old when clinically necessary because of cavity tendencies.
- Pediatric Pulp Therapy (Pulpotomy)
- Stainless Steel Crowns for use in primary teeth following a Pediatric Pulpotomy
- Amalgam restoration.
- Resin restorations.
- Root canal.
- Palliative treatment
- Oral surgery

DIAGNOSTIC TEST SERVICES

- **Hi-tech Lab**
- **Clinical Laboratories**
- **X Rays**
- **Special Diagnostic Tests**
- Clinical laboratories, including but not limited to, any laboratory order for disease diagnostic purposes even if the final diagnosis is an excluded condition or disease.
- X Rays
- Electrocardiograms
- Radiotherapy
- Pathology
- Arterial gases and pulmonary function test
- Electroencephalograms

AMBULATORY REHABILITATION SERVICES

- A minimum of 15 physical therapy treatments per beneficiary condition per year when indicated by an orthopedist or physiatrist.
- Occupational therapy, without limitations.
- Speech therapy, without limitations.

MEDICAL AND SURGICAL SERVICES

- **Primary care provider visits, including primary care physicians and nursing services.**
- **Specialist treatment, once referred by the selected primary care physician.**
- **Sub-specialist treatment, once referred by the selected primary care physician.**
- Physician home visits when medically necessary.
- Respiratory therapy, without limitations.
- Anesthesia services.
- Radiology services.
- Pathology services.
- Surgery.
- Ambulatory surgery facility use.
- Diagnostic services for cases that present learning disorder symptoms.
- Practical nurse services.
- Voluntary sterilization to men and women of appropriate age previously informed about medical procedure implications. The physician must evidence patient's written consent.
- Public Health nursing services.
- Prosthetics: Includes supply of all body extremities including therapeutic ocular prosthetics, segmental instrument tray and spine fusion in scoliosis and vertebral surgery.
- Ostomy equipment for ambulatory level ostomized patients.
- Blood. Plasma and its derivatives, without limitations, including autologous and irradiated blood: monoclonal factor IX with a certified hematologist previous authorization; intermediate purity concentrated anti-hemophilic factor (Factor VIII); monoclonal type anti-hemophilic factor with a certified hematologist previous authorization; activated prothrombin complex (Autoflex and Feiba) with a certified hematologist previous authorization.
- Services to patients with chronic renal disease in the first two levels/ (Levels 3 to 5 are included in the Special Coverage.)

The following is a description of chronic renal disease stages¹:

Level 1- GFR (Glomerular Filtration – ml/min. per 1.73m² per corporal area surface) over 90, could be slight damage when protein is present in the urine.

Level 2- GFR between 60 and 89, a slight decrease in kidney function.

When glomerular filtration decreases under <60 ml/min per 1.73 m² patient must be referred to nephrologist for proper management. This patient will become part of the Special Coverage.

AMBULANCE SERVICES

- Maritime, aerial and ground transportation will be covered in emergency cases within the territorial limits of Puerto Rico. These services do not require pre-authorization or pre-certification.

¹ Taken from the National Kidney Foundation, Kidney Disease Outcomes Quality Initiative

MATERNITY SERVICES

- **Women will have the right to freely choose an OBGYN among the MCO's Providers Network, subject to final coordination with said provider. Differential diagnostic interventions up to the confirmation of pregnancy diagnostic are not part of this coverage. Any procedure after confirmation of pregnancy diagnostic will be at the MCO's risk.**
- **Pre-natal services**
- Medical services, during and post-partum.
- Physician and nurse obstetrical services during normal delivery, cesarean and any other complication that may occur.
- Maternity or secondary to pregnancy to conditions hospitalization, when medically recommended. The selected Insurance Company has to make sure that at least a 48 hour hospitalization is given to the mother and the newborn in case of a vaginal delivery and a 96 hour hospitalization in case of a cesarean.
- Anesthesia.
- Incubator use, without limitations.
- Fetal monitoring services during hospitalization only.
- Nursery room routine care for newborns.
- Circumcision and dilatation services for newborn babies.
- Tertiary facilities newborn transport.
- Pediatrician assistance during cesarean or high risk delivery.

EMERGENCY ROOM SERVICES

- **Emergency Room Visits**
- **Trauma**
- Pre-authorization or pre-certification will not be required to access these services.
- Emergency room and operation room use.
- Medical attention.
- Routine and necessary services in emergency room.
- Respiratory therapy, without limitations.
- Specialist and sub-specialist treatment when required by the emergency room physician.
- Anesthesia.
- Surgical material.
- Laboratory tests.
- X Rays.
- Drugs, medicine and intravenous solutions to be used in the emergency room.
- Blood. Plasma and it's derivates, without limitations, including authologal and irradiated blood: monoclonal factor IX with a certified hematologist previous authorization; intermediate purity concentrated ant hemophilic factor (Factor VIII); monoclonal type antihemophilic factor with a certified hematologist previous authorization; activated protrombine complex (Autoflex and Feibawith a certified hematologist previous authorization.
- Emergency services will be covered outside of Puerto Rico according to a non-participant provider's fees.

HOSPITALIZATION SERVICES

- **Hospitalizations**
- **Nursery**
- Semi - private room bed available 24 hours a day, every day of the year.
- Isolation room for medical reasons.
- Food, including specialized nutrition services.
- Regular nursing services.
- Specialized room use, such as, operation, surgical, recovery, treatment and maternity without limitations.
- Drugs, medicine and contrast agents, without limitations.
- Materials, such as, bandages, gaze, plaster or any other therapeutic or healing material.
- Therapeutic and maintenance care services, including the use of the necessary equipment to offer the service.
- Specialized diagnostic tests, such as, electrocardiograms, electroencephalograms, arterial gases and other specialized tests available at the hospital and are necessary during beneficiary's hospitalization.
- Supply of oxygen, anesthetics and other gases including administration.
- Respiratory therapy, without limitations.
- Rehabilitation services while patient is hospitalized, including physical, occupational and speech therapy.
- Ambulatory surgery facility use.
- Blood. Plasma and it's derivates, without limitations, including authological and irradiated blood: monoclonal factor IX with a certified hematologist previous authorization; intermediate purity concentrated ant hemophilic factor (Factor VIII); monoclonal type antihemophilic factor with a certified hematologist previous authorization; activated protrombine complex (Autoflex and Feibawith a certified hematologist previous authorization.

MENTAL HEALTH SERVICES

- Evaluation, screening and treatment to individuals, couples, families and groups.
- Ambulatory services with psychiatrists, psychologists and social workers.
- Hospital or ambulatory services for substance and alcohol abuse.
- Intensive ambulatory services.
- Emergency and crisis intervention services 24 hours a day, seven days a week.
- Detox services for beneficiaries intoxicated with illegal substances, suicide attempts or accidental poisoning.
- Long lasting injected medicine clinics.
- Escort/professional assistance and ambulance services when needed.
- Prevention and secondary education services.
- Pharmacy coverage and access to medicine in a period not greater than 24 hours.
- Medically needed laboratories.
- Treatment for ADD diagnosed patients with or without hyperactivity. This includes but is not limited to, neurologist visits and tests related to this diagnosis's treatment.
- Consulting and coordinating with other agencies.

MENTAL HEALTH HOSPITALIZATION

- Partial hospitalization services for cases referred by the diagnostic and primary treatment phase psychiatrist according to parity dispositions in Law 408 from October 2, 2000.
- Hospitalization for cases that present a mental pathology other than substance abuse when referred by the diagnostic and primary treatment phase psychiatrist according to parity dispositions in Law 408 from October 2, 2000.

PHARMACY SERVICES

- **Co-pays for prescribed medicine**
- Drugs included in the Preferred Drug List (PDL).
- Drugs included in Master Formulary are covered through the exceptions process.

BASIC COVERAGE EXCLUSIONS

- Services to non-eligible patients.
- Services for non-covered diseases or trauma.
- Services for automotive accidents covered by the Automotive Accident Compensation Administration (ACAA).
- Work accidents covered by the State Insurance Law (CFSE).
- Services covered by any other insurance or entity with primary responsibility ("third party liability").
- Special nurse services for beneficiaries' comfort when not medically necessary.
- Hospitalizations for ambulatory services.
- Patient hospitalization for diagnostic purposes solely.
- Expenses for personal comfort material or services, such as, telephone, television, admission kit, etc.
- Services rendered by close family relatives (fathers, sons, brothers, grandparents, grandchildren, spouse, etc.).
- Organ transplant.
- Laboratories that need to be processed outside Puerto Rico.
- Weight control treatment (obesity or weight gain) for esthetic reasons.
- Sports Medicine, Music Therapy and Natural Medicine.
- Tuboplasty, vasovasectomy and any other procedure to restore procreation ability.
- Cosmetic surgery or physical defects correction surgery.
- Services, diagnostic testing or treatment ordered or rendered by naturopaths, naturists, chiropractor, iridologist or osteopath.
- Mammoplasty or basic breast reconstruction for esthetic purposes only.
- Ambulatory use of fetal monitor.
- Services, treatments or hospitalizations as a result of a provoked abortion, non-therapeutic or its complications. The following are considered to be provoked abortions (code and description):
 - ✓ **59840** – Induced abortion - dilatation and curettage.
 - ✓ **59841** – Induced abortion - dilatation and expulsion.
 - ✓ **59850** – Induced abortion - intra amniotic injection.
 - ✓ **59851** - Induced abortion - intra amniotic injection.
 - ✓ **59852** - Induced abortion - intra amniotic injection.
 - ✓ **59855** – Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilatation (eg, laminar), including hospital admission and visits, fetus birth and secundines.
 - ✓ **59856** - Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with dilatation and curettage/or evacuation.
 - ✓ **59857** - Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with hysterectomy (omitted medical expulsion). Any certification for the GHIP beneficiaries related to eligibility for the Medicaid Program (i.e. Medication History) will be provided to the beneficiary at no charge.
- Rebetron or any other medication prescribed for Hepatitis C treatment, of which treatment and drugs are excluded from mental and physical health coverage.
- Epidural anesthesia services.
- Polisomnography study.
- Services that are neither reasonable nor necessary according to the accepted medical practice. Norms or services rendered in excess to the normally required for diagnosis, prevention, disease, treatment, injury or organ system dysfunction or pregnancy condition.
- Mental health services that are neither reasonable nor necessary according to the medical psychiatric practice accepted norms or services rendered in excess to the normally required for diagnosis, prevention, treatment of a mental health disease.
- Chronic pain treatment if it is determined that the pain has psychological or psychosomatic

BASIC COVERAGE EXCLUSIONS

origin.

- Stop smoking treatment.
- Educational tests, educational services.
- Peritoneal dialysis or hemodialysis services. (Covered under the special coverage.)
- New and/or experimental procedures that have not been approved by the Administration to be included in the basic coverage.
- Custody services, rest or convalescence once the disease is controlled or in terminal irreversible cases.
- Expenses for payments issued by the beneficiary to a participating provider without a contractual boundary with the provider to do so.
- Services ordered or rendered by non-participant providers, with the exception of real and verified emergency cases or previous authorization by the health care organization or the insurer.
- Neurological and cardiovascular surgery and related services. (Service covered under the special coverage).
- Services received outside the territorial limits of the Commonwealth of Puerto Rico.
- Expenses incurred for the treatment of conditions, resulting from procedures or benefits not covered under this program. Maintenance prescriptions and required laboratories for the continuity of a stable health condition, as well as any emergencies which could result alter the preferred procedure is covered.
- Judicially ordered evaluations for legal purposes.
- Psychological/ psychometric and psychiatric tests and evaluations to obtain employment, insurance or administrative/judicial procedure related.
- Travel expenses, even when ordered by the primary care physician are excluded.
- Eyeglasses, contact lenses and hearing aids.
- Acupuncture services.
- Rent or purchase of durable medical equipment (DME), wheelchair or any other transportation method for the handicapped, either manual or electric, and any expense for the reparation or alteration of said equipment, except when the patient's life depends on this service. Determination related to this exception is the insurer's responsibility.
- Sex change procedures.
- Treatment services for infertility and/or related to conception by artificial means.

SPECIAL COVERAGE

Benefits provided under this coverage are subject to pre-authorization by the contracted insurer. Beneficiaries will have the right to freely choose the providers of these services, among those in the insurer's network, pending final coordination with said provider. Differential diagnostic interventions, up to final diagnostics verification are not part of the special coverage. Any procedure posterior to final diagnostic verification will be at the insurer's risk.

Medications, laboratories, diagnostic tests, and other related procedures specified in this coverage that are necessary for the ambulatory treatment or convalescence care are part of this coverage and do not require pre-authorization of the primary care physician or the Health Care Organization. The Insurance Company must identify the patients included in this coverage for easy access to the contracted services. The Health Care Plan special coverage will be activated when any other special coverage under any other plan that the beneficiary may have reaches it's limit for services covered under the plan's coverage.

The purpose of this coverage is to facilitate the effective handling of beneficiaries with special conditions of health that requires specialized medical attention. The effectiveness of this coverage will start at the date when the diagnosis are confirm by the results of tests or procedures performed.

Benefits under this coverage are:

- Coronary and intensive care services, without limits.
- Maxillary surgery
- Neurosurgical and cardiovascular procedures, including pacemakers, valves and any other instrument or artificial devices.(Pre-authorization required).
- Peritoneal dialysis, hemodialysis and related services (Pre-authorization required).
- Pathological and clinical laboratories that are require to be sent outside Puerto Rico for processing (Pre-authorization required).
- Neonatal intensive care unit services, without limits.
- Radioisotope, chemotherapy, radiotherapy and cobalt treatments.
- Gastrointestinal conditions, allergies, and nutritional services in autism patients.
- The following procedures and diagnostic tests, when medically necessary (Pre-authorization required):
 - ✓ Computerized Tomography
 - ✓ Magnetic resonance test
 - ✓ Cardiac catheters
 - ✓ Holter test
 - ✓ Doppler test
 - ✓ Stress tests
 - ✓ Lithotripsy
 - ✓ Electromyography
 - ✓ SPECT test
 - ✓ OPG test
 - ✓ Impedance Plesthymography
 - ✓ Other neurological, cerebrovascular and cardiovascular procedures, invasive and noninvasive.
 - ✓ Nuclear tests
 - ✓ Diagnostic endoscopies
 - ✓ Genetic studies
- Up to 15 additional physical therapy treatments per beneficiary condition per year when indicated by an orthopedist or physiatrist after insurer pre-authorization.

SPECIAL COVERAGE

- General anesthesia.
 - ✓ General anesthesia for dental treatment of special needs children.
- Hyperbaric Chamber
- Immunosuppressive medicine and laboratories required for maintenance treatment of post-surgical patients of any transplant that insure the stability of the beneficiary's health, and emergencies that may occur after said surgery.
- Coordination for transportation expenses for non-emergency services. Determination related to this service is an insurer responsibility. Emergency services are covered as explained here in.
- Treatment for the following conditions after confirmed laboratory results and established diagnostic:
 - ✓ HIV Positive factor and/or Acquired Immunodeficiency Syndrome (AIDS) – Ambulatory and hospitalization services are included. No referral or pre-authorization from the Health Care Organization nor the primary care physician is required for beneficiary's visits and treatment at the Health Department's Regional Immunology Clinics.
 - ✓ Tuberculosis
 - ✓ Leprosy
 - ✓ Lupus
 - ✓ Cystic Fibrosis
 - ✓ Cancer
 - ✓ Hemophilia
 - ✓ Special needs children, including the prescribed conditions in the Special Needs Children Diagnostic Manual by the Health Department, Health Protection and Promotion auxiliary Secretary, Habilitation Division ("the manual") which is part of this document, except:
 - Asthma and diabetes, which are included in the "Disease Management Program"
 - Mental Disorders; and
 - Mental Retardation, behavioral manifestations will be managed by mental health providers within the Basic Coverage, with the exception of a catastrophic disease. The Insurance Company must seek the Administration's authorization for any other special condition not included in the manual for which the primary care physician or medical group solicit special coverage activation. Said request must contain the total economical impact of the inclusion. The Administration will consult with the Health Department and issue a decision which will be binding between the parties.
- Scleroderma
- Multiple Sclerosis
- Services for treatment of conditions resulting from self-inflicted damage or as a result of a felony by a beneficiary or negligence.
- Chronic renal disease in levels three (3), four (4) and five (5). (Levels 1 and 2 are included in the Basic Coverage.)

The following is a description of chronic renal disease stages²:

Level 3 – GFR (Glomerular Filtration – ml/min. per 1.73m² per corporal surface area) between 30 and 59, a moderate decrease in kidney function

Level 4 - GFR between 15 and 29, a severe decrease in kidney function

Level 5 – GFR under 15, renal failure that will probably dialysis or kidney transplant

² Taken from the National Kidney Foundation, Kidney Disease Outcomes Quality Initiative

SPECIAL COVERAGE

- Required medicine for the ambulatory treatment of Tuberculosis and Leprosy, under the Special Coverage, are included. Required medicine for the ambulatory treatment or hospitalization for AIDS diagnosed beneficiaries or HIV positive beneficiaries are under the special coverage, with the exception of Protease inhibitors which will be provided by PASET.

SPECIAL COVERAGE EXCLUSIONS

- Special coverage excludes all those exclusions and limitations under basic coverage that are not expressly included under the special coverage.

MEDICARE COVERAGE

For Part A or Parts A and B eligible beneficiaries, the following factors will be taken into account to determine the offered coverage:

- Part A eligible beneficiaries:
 - ✓ Offer regular GHIP coverage, excluding Part A benefits until they reach their limit. In other words, once Medicare Part A benefits reach its limit GHIPs coverage will be activated.
 - ✓ Part A deductible will not be included.
 - ✓ Regular coverage deductible payment will be in accordance to table for payment capacity provided to every GHIP beneficiary.
- Parts A and B eligible beneficiaries:
 - ✓ Offer regular pharmacy and dental GHIP coverage.
 - ✓ Part A deductible will not be included.
 - ✓ Part B deductible and co-pay will be included.

CO-PAYS & CO-INSURANCE – effective on November 1st. 2011

SERVICES	Federal		CHIPs	Commonwealth Population				*ELA
	100	110	230	300	310	320	330	400
HOSPITAL	HOSPITAL		HOSPITAL	HOSPITAL				HOSPITAL
Admissions	\$0	\$3	\$0	\$3	\$5	\$6	\$20	\$50
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)	EMERGENCY ROOM (ER)		EMERGENCY ROOM (ER)	EMERGENCY ROOM (ER)				EMERGENCY ROOM (ER)
Emergency Room (ER) Visit	\$0	\$0	\$0	\$1	\$5	\$10	\$15	\$20
Non-emergency visit to a hospital emergency room.	\$5	\$5	\$0	\$15	\$15	\$15	\$15	\$20
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO	AMBULATORY VISITS TO		AMBULATORY VISITS TO	AMBULATORY VISITS TO				AMBULATORY VISITS TO
Primary Care Physician (PCP)	\$0	\$1	\$0	\$0	\$1	\$2	\$2	\$3
Specialist	\$0	\$1	\$0	\$1	\$1	\$3	\$4	\$7
Sub-Specialist	\$0	\$1	\$0	\$1	\$1	\$3	\$5	\$10
Pre-natal services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES	OTHER SERVICES		OTHER SERVICES	OTHER SERVICES				OTHER SERVICES
High-Tech Laboratories**	\$0	50¢	\$0	\$1	\$1	\$2	\$3	20%
Clinical Laboratories**	\$0	50¢	\$0	\$1	\$1	\$2	\$3	20%
X-Rays**	\$0	50¢	\$0	\$1	\$1	\$2	\$3	20%
Special Diagnostic Tests**	\$0	\$1	\$0	\$1	\$2	\$2	\$6	40%
Therapy – Physical	\$0	\$1	\$0	\$1	\$2	\$2	\$3	\$5
Therapy – Respiratory	\$0	\$1	\$0	\$1	\$2	\$2	\$3	\$5
Therapy – Occupational	\$0	\$1	\$0	\$1	\$2	\$2	\$3	\$5
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL	DENTAL		DENTAL	DENTAL				DENTAL
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$1	\$0	\$0	\$1	\$2	\$3	\$3
Restorative	\$0	\$1	\$0	\$0	\$1	\$5	\$6	\$10
PHARMACY***	PHARMACY		PHARMACY	PHARMACY				PHARMACY
Generic (Children 0-21)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5
Generic (Adult)****	\$1	\$1	N/A	\$1	\$2	\$3	\$5	\$5
Brand (Children 0-21)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10
Brand (Adult)****	\$3	\$3	N/A	\$3	\$4	\$5	\$7	\$10
SERVICES	Federal		CHIPs	Commonwealth Population				ELA
	100	110	230	300	310	320	330	400

*Code 400 in ELA column means the copayments that will applied for the population suscribes as public employees of the Puerto Rico Government.

** Apply for diagnostic tests only, copays will not applied in those tests when they are required as part of a preventive service.

***Copays will apply for each drug included in the same prescription pad. Exceptions shown on Pharmacy (children 0- 21) does not apply for 400 ELA employees.



****Co-pays for children 0-21 years of age are not applicable for Medicaid, Commonwealth medically indigent eligible, and for children under the CHIP Program in group ages 0-18.

Co-pays may apply to children ages over twenty one (21) as well as to adults.

As established in 42 CFR 447.53(b) the following exceptions will be applicable for federal population under code 110:

(b) *Exclusions from cost sharing.* The plan may not provide for impositions of a deductible, coinsurance, copayment, or similar charge upon categorically or medically needy individuals for the following:

(1) *Children.* Services furnished to individuals under 18 years of age (and, at the option of the State, individuals under 21, 20, or 19 years of age, or any reasonable category of individuals 18 years of age or over but under 21) are excluded from cost sharing.

(2) *Pregnant women.* Services furnished to pregnant women if such services related to the pregnancy, or to any other medical condition which may complicate the pregnancy are excluded from cost sharing obligations. These services include routine prenatal care, labor and delivery, routine postpartum care, family planning services, complications of pregnancy or delivery likely to affect the pregnancy, such as hypertension, diabetes, urinary tract infection, and services furnished during the postpartum period for conditions or complications related to the pregnancy. The postpartum period is the immediate postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. States may further exclude from cost sharing all services furnished to pregnant women if they desire.

(3) *Institutionalized individuals.* Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution if the individual is required (pursuant to §435.725, §435.733, §435.832, or §436.832), as a condition of receiving services in the institution, to spend all but a minimal amount of his income required for personal needs, for medical care costs are excluded from cost sharing.

(4) *Emergency services.* Services as defined at section 1932(b)(2) of the Act and §438.114(a).

(5) *Family planning.* Family planning services and supplies furnished to individuals of child-bearing age are excluded from cost sharing.

(6) *American Indians.* Items and services furnished to an American Indian directly by an American Indian health care provider or through referral under contract health services.

Pharmacy Management Program: (1) Preauthorization is required for scripts in excess of 6 per month (except for anti-psychotic and antivirals). This preauthorization will be coordinated between the PBM and the Contractor. (2) Program of 90 days dispensing for some chronic conditions. (3) Polypharmacy program.