PLATINO ADVANCE

(HMO-SNP)

REGION 3

SUMMARY OF BENEFITS 2027

Plan de Salud
medicare
PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

TRIPLE-S ADVANTAGE

ESTAMOS CONTIGO

Platino Advance Region 3, (HMO D-SNP)

2027 Summary of Benefits

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Platino Advance Region 3, (HMO D-SNP) | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Platino Advance Region 3. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Platino Advance Region 3. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage.*

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A. Disclaimers

This is a summary of health services covered by Platino Advance Region 3 for January 1, 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. For more information, call us toll-free at our Member Service Center at 1-888-620-1919 (TTY/TDD 1-866-620-2520). You can call us Monday through Sunday from 8:00 a.m. to 8:00 p.m., Atlantic standard time. If you are not a member of our plan, you can call toll-free at 1-877-207-8777 (TTY/TDD 1-866-620-2520). You can also visit our webpage at www.sssadvantage.com.

- Triple-S Advantage, Inc. is a health maintenance organization (HMO) with a Medicare contract and a contract with the Puerto Rico Government Health Plan (GHP). Enrollment in Triple-S Advantage, Inc. depends on contract renewal.
- This plan is available to anyone who has both Medical Assistance from the State and Medicare.
- To enroll in Platino Advance Region 3 (HMO D-SNP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be a citizen of or lawfully present in the United States, be Medicaid-eligible, and live in our service area. Our service area includes Aguas Buenas, Arroyo, Barranquitas, Caguas, Canóvanas, Cayey, Ceiba, Cidra, Comerío, Culebra, Guayama, Gurabo, Juncos, Las Piedras, Loíza, Luquillo, Maunabo, Naguabo, Patillas, Río Grande, San Lorenzo, Vieques and Yabucoa.
- Platino Advance Region 3 has a network of doctors, hospitals, pharmacies, and other providers. Except in case of emergency, if you use a provider that is not in our network, the plan may not pay for these services.
- You can go to www.sssadvantage.com to see your plan's Provider and Pharmacy Directories. You can also view the complete plan Formulary (list of Part D prescription drugs) to see which drugs are covered and if there are any restrictions.
- Benefits, and/or copays/coinsurance may change on January 1st of every year.
- The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Please refer to the Evidence of Coverage for more information.
- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

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- For more information about Medicare Platino, you can check the website www.ases.pr.gov or contact Puerto Rico Health Administration, ASES in Spanish at 1-800-981-2737, TTY 1-787-474-3389; Monday-Friday 8 a.m.-4:30 p.m. You can also call the State Health Insurance Assistance Program (SHIP) Education and Community Relations Area, Office of the Advocate for Older Adults (OPPEA) for people who have both Medicare and Medicaid at 1-877-725-4300 Monday-Friday 8 a.m.-4:30 p.m.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-620-1919 (TTY/TDD 1-866-620-2520), Monday through Sunday from 8:00 a.m. to 8:00 p.m., Atlantic standard time. The call is free.
- This document is available for free in Spanish.
- Our members have the right to request plan documents in alternative formats, including large print, braille, audio CD, and Spanish language formats. This request does not incur any cost to the member.
- Members can request documents in their preferred language, including Spanish, English, or others. To do so, they can contact our Member Services Center and make the request to a Customer Service Representative. They can also request that future communications be sent in the selected language or preferred format. Additionally, they can make this request at any of our Member Services Offices.

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Aviso de Disponibilidad de Servicios de Asistencia Lingüística, Ayudas y Servicios Auxiliares / Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-620-1919 (TTY/TDD 1-866-620-2520) or speak to your provider.

Español: ATENCION: Si usted habla español, servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles, sin costo adicional. Llame al 1-888-620-1919 (TTY/TDD 1-866-620-2520) o hable con su proveedor.

中文 注意：如果您说[[中文]]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-620-1919（**文本电话：**1-866-620-2520）**或咨询您的服务提供商。**

한국어 주의: [[한국어]]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-620-1919 (TTY: 1-866-620-2520) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Português: ATENÇÃO: Se você fala português do Brasil, tem à disposição serviços gratuitos de assistência linguística. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-620-1919 (TTY 1-866-620-2520) ou fale com seu provedor.

Français**:** ATTENTION: si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-620-1919 (TTY 1-866-620-2520) ou parlez à votre fournisseur.

Italiano: ATTENZIONE: se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-620-1919 (TTY 1-866-620-2520) o parla con il tuo fornitore.

Deutsch: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos

zur Verfügung. Rufen Sie 1-888-620-1919 (TTY +1-866-620-2520) an oder sprechen Sie mit Ihrem Provider

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-620-1919 (TTY: 1-866-620-2520) o makipag-usap sa iyong provider.

РУССКИЙ**:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-620-1919 (TTY: 1-866-620-2520) или обратитесь к своему поставщику услуг.

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-620-1919 (TTY 1-866-620-2520) أو تحدث إلى مقدم الخدمة".

हिंदी: ध्यान दें : यदि आप हिंदी बोलते हैं ै ं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-620-1919 (TTY: 1-866-620-2520) पर कॉल करें या अपने प्रदाता से बात करें।

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। सुलभ प्रारूपहरूमा जानकारी प्रदान गर्नको लागि उपयुक्त सहायक साधन र सेवाहरू पनि निःशुल्क उपलब्ध छन्। १-८८८-६२०-१९१९ (टिटवाई/टीडीडी १-८६६-६२०-२५२०) मा कोल गर्नुहोस् वा तपाईंको प्रदायकसँग कुरा गर्नुहोस्।

Kreyòl Ayisyen: TANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang free disponib pou ou. Zouti ak sèvis sekondè ki konvenab pou bay enfòmasyon nan fòm ki aksesib tou disponib gratis. Rele 1-888-620-1919 (TTY/TDD 1-866-620-2520) oubyen pale ak pwovidè ou.

יידיש

נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פֿראַווייַדינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-888-620-1919 (TTY: 1-866-620-2520) אָדער רעדן מיט דיין טרעגער."

עברית

מידע לספק מתאימים ושירותים עזר אביזרי .לכם זמינים בחינם בשפה סיוע שירותי ,עברית דוברים אתם אם :לב שימו עם דברו או (TTY/TDD 1-866-620-2520) 1-888-620-1919-ל התקשרו .בחינם הם גם זמינים נגישים בפורמטים ספקכם.

If you have questions, please call Platino Advance Region 3 at 1-888-620-1919 (TTY/TDD 1-866-620-2520), Monday through Sunday from 8:00 a.m. to 8:00 p.m., Atlantic standard time. The call is free. **For more information**, visit www.sssadvantage.com.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medicare Platino?	Medicare Platino is a supplementary coverage to this Medicare Advantage Plan contracted by the Puerto Rico Insurance Administration (ASES in Spanish), which covers benefits and services that Medicare doesn't cover. Beneficiaries who have both Part A and Part B of Medicare and are certified as eligible for Medicaid qualify for the benefits and services of Medicare Platino.
Will I get the same Medicare and Medicaid benefits in Platino Advance Region 3 that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Platino Advance Region 3. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. When you enroll in Platino Advance Region 3, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Platino Advance Region 3 doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for Platino Advance Region 3 to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Platino Advance Region 3 and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Platino Advance Region 3's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Platino Advance Region 3's plan. • If you're currently under treatment with a provider that's out of Platino Advance Region 3's network or have an established relationship with a provider that's out of Platino Advance Region 3's network, call Member Services to check about staying connected. If you can't stay connected with your provider, you can choose to change to another plan in which your provider is contracted. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Platino Advance Region 3's Provider and Pharmacy Directory on the plan's website at www.sssadvantage.com. If Platino Advance Region 3 is new for you, we'll work with you to develop Individualized Plan of Care to address your needs.

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Frequently Asked Questions	Answers
What's a Platino Advance Region 3 care coordinator?	A Platino Advance Region 3 care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency. Call the Family Orientation and Support Line (LOAF in Spanish) of the Department of Family Affairs at 1-787-977-8022 and 1-888-359-7777 for more information. The availability of these programs will be subject to eligibility criteria and availability of funds.
What happens if I need a service but no one in Platino Advance Region 3's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Platino Advance Region 3 will pay for the cost of an out-of-network provider.
Where's Platino Advance Region 3 available?	The service area for this plan includes: Aguas Buenas, Arroyo, Barranquitas, Caguas, Canóvanas, Cayey, Ceiba, Cidra, Comerío, Culebra, Guayama, Gurabo, Juncos, Las Piedras, Loíza, Luquillo, Maunabo, Naguabo, Patillas, Río Grande, San Lorenzo, Vieques and Yabucoa, Puerto Rico. You must live in this area to join the plan.

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Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Platino Advance Region 3 to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Platino Advance Region 3 may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Platino Advance Region 3 can provide you or your provider with a list of services or procedures that require you to get prior authorization from Platino Advance Region 3 before the service is provided. Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Platino Advance Region 3 may not cover the services. Platino Advance Region 3 can provide you with a list of services that require you to get a referral from your PCP before the service is provided. As established in the document, *General Rules for Medicare Platino*, a referral to visit the Gynecologist/Obstetrics isn't necessary. Refer to the *Evidence of Coverage* to learn more about when you'll need to get a referral from your PCP.

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Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under Platino Advance Region 3?	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium.
Do I pay a deductible as a member of Platino Advance Region 3?	No. You don't pay deductibles in Platino Advance Region 3.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Platino Advance Region 3?	There's no cost-sharing for medical services in Platino Advance Region 3, so your annual out-of-pocket costs will be $0.
Do I have a Medicare Part B premium reduction under Platino Advance Region 3?	No. Platino Advance Region 3 does not have a reduction in the Medicare Part B premium.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stays	$0	This plan covers an unlimited number of days for an inpatient hospital stay. Services provided in an Inpatient Hospital Care for Intensive Rehabilitation Program require prior authorization. If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost sharing you would pay at a network hospital.
	Outpatient hospital services, including observation	$0	Some services may require prior authorization. Requires a referral.
	Ambulatory surgical center (ASC) services	$0	Some services may require prior authorization. Requires a referral.
	Doctor or surgeon care	$0	Some services may require prior authorization. Requires a referral.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	$0	Surgeries and/or procedures in a physician's office require a referral (may require prior authorization).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	Surgeries and/or procedures in a physician's office require a referral (may require prior authorization).
You need emergency care	Emergency room services	$0	If you are admitted to the hospital within 24 hours for the same condition for which you were evaluated in the emergency room, you pay nothing for the emergency room visit. Services in the United States may also be handled through reimbursement according to Medicare rates and the location where the services were provided, minus copayment.
	Urgent care	$0	Services in the United States may also be handled through reimbursement according to Medicare rates and the location where the services were provided, minus copayment.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Some services may require prior authorization. Requires a referral.
	Lab tests and diagnostic procedures, such as blood work	$0	Some services may require prior authorization.
You need hearing/auditory services	Hearing screenings	$0	
	Routine hearing exam	$0	One (1) routine hearing exam every year.
	Hearing aid fitting / evaluation	$0	One (1) every year
	Hearing aids	$0	Up to **$325** every 3 years
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	One (1) cleaning every six months. Dental X-ray One (1) Fluoride treatment every six months. One (1) oral exam every six months We cover other dental services covered by Medicaid. Refer to the section "Services Covered by the Puerto Rico Government Health Plan" for more information. Some services may require pre-authorization.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Comprehensive Dental Services	$0	Up to **$1,200** limit per year May require prior authorization. Covered services include but are not limited to restorations, periodontics, prosthodontics and endodontics (root canal). A maximum benefit limit applies for some services.
You need eye care	Eye exams	$0	One (1) per year
	Routine eye exams	$0	One (1) per year
	Glasses or contact lenses	$0	Up to **$300** per year.
	Other vision care	$0	One pair of eyeglasses or contact lenses after every cataract surgery
You need mental health services	Inpatient	$0	Our plan covers unlimited days per hospitalization
	Individual therapy visits	$0	
	Group therapy visits	$0	
	Partial hospitalization	$0	Some services may require prior authorization
You need substance use disorder services	Substance use disorder services	$0	
You need a place to live with people available to help you (continued on the next page)	Skilled nursing care	$0	Up to one hundred (100) days in an SNF per benefit period. No prior hospitalization is required. Requires prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (continued)	Adult Foster Care and Group Adult Foster Care	$0	Contact the Family Orientation and Support Line (LOAF in Spanish) of the Department of Family Affairs at 1-787-977-8022 and 1-888-359-7777 for more information. The availability of these programs will be subject to eligibility criteria and availability of funds.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Some services may require prior authorization. Occupational therapy requires a referral. These services are subject to Medicare-set caps for rehabilitation services. Ask your provider to validate if the service you need is available.
You need help getting to health services	Ambulance services	$0	Non-emergent transportation requires prior authorization.
	Transportation to medical appointments and services	$0	One-way trips for medical destinations. Up to 18 trips a year.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs. Some services may require prior authorization. Step Therapy may apply for: Part B to Part B, Part B to Part D, Part D to Part B.
	Medicare Part D drugs	$0	There may be limitations on the types of drugs covered. Please refer to Platino Advance Region 3's *List of Covered Drugs* (*Drug List*) for more information. Extended-day supplies are available at retail and/or mail order pharmacy.
You need help getting better or have special health needs	Rehabilitation services	$0	Requires prior authorization. Cardiovascular rehabilitation requires a referral.
	Medical equipment for home care	$0	Some durable medical equipment may require prior authorization.
	Dialysis services	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services exams and treatment	$0	Requires a referral.
	Routine foot care	$0	Up to four (4) visits per year
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Evidence of Coverage*	Wheelchairs, crutches, and walkers	$0	Some durable medical equipment may require prior authorization.
	Nebulizers	$0	Some durable medical equipment may require prior authorization.
	Oxygen equipment and supplies	$0	Some durable medical equipment may require prior authorization.
You need help living at home	Home health services	$0	Some services may require prior authorization.
	Home services, such as cleaning or housekeeping	$0	Contact the Family Orientation and Support Line (LOAF in Spanish) of the Department of Family Affairs at 1-787-977-8022 and 1-888-359-7777 for more information. The availability of these programs will be subject to eligibility criteria and availability of funds.
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	Contact the Adult Services Program of the Department of Family Affairs at 1-787-625-4900 for more information.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Contact the Adult Services Program of the Department of Family Affairs at 1-787-625-4900 for more information.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Alternative Medicine / Acupuncture	$0	Up to twelve (12) combined visits each year.
	Chiropractic services	$0	Manipulation of the spine to correct subluxation (when one or more of your spine bones move out of position). Requires a referral.
	Routine Chiropractic Services		Up to five (5) routine visits, per year, including the initial visit.
	Diabetes supplies and services	$0	Some diabetics supplies may require prior authorization.
	In-Home Support Services	$0	Benefit consists of home support by qualified personnel for activities of daily living such as: Help with dressing, transferring or mobility help in the home, light housekeeping (cleaning, laundry, dishes) and meal preparation. This benefit provides for an in-home health aid on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. Covers up to 120 hours of care in a calendar year (four (4) hours per day for a maximum of 30 days in the calendar year).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			The benefit is available to patients who do not reside in a long-term care institution, such as an assisted living facility or a nursing home. Eligibility for the benefit will be based on a medical recommendation and the following conditions: • Post inpatient stay for acute stroke with transition of care to patient's home. • Oncology patients undergoing active chemo by infusion or systemic radiotherapy. • Patients discharged from thoracic (including open heart procedures), abdominal, musculoskeletal (including knee and hip procedures) and peripheral vascular surgeries. • Bedridden patients with essential services requirements limited to: ○ Chemotherapy ○ Oxygen dependency ○ Ventilator ○ Enteral Nutrition ○ Patients in specialty drugs (cancer / pulmonary hypertension) ○ CPAP ○ Wound Care ○ Ostomized ○ Dementia

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			○ Patients with ESRD on dialysis ○ Stroke or severe cerebral infarction. ○ Advanced degenerative heart condition ○ Parkinson's disease **Talk to your doctor to find out about your eligibility in case one of the aforementioned health episodes occurs.**
	Nutritional / Dietary Benefit	$0	A maximum of twelve (12) individual visits per year to a nutritionist.
	Prosthetic services	$0	Some prosthetics may require prior authorization.
	Radiation therapy	$0	Some services may require prior authorization.
	Services to help manage your disease	$0	
	Special Supplemental Benefits for the Chronically Ill (SSBCI)	$0	$215 every month cumulative. (Debit card with monetary funds for payment and purchase of select goods and services) • The purchase of food, groceries, cleaning products and payment of grocery delivery charges, this will not include: ○ beer, wine, liquor, cigarettes, tobacco, cannabis, or any derivatives thereof

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			○ pet foods, paper products, other household supplies (excepting cleaning products), or cosmetics. • House cleaning performed by a contracted professional, • Purchase of gasoline through contracted merchants, • For utilities restricted to propane gas, water, electricity, internet and telephone, through contracted merchants. • The purchase of OTC items. To be eligible for these benefits you must comply with all the following requirements: • Have one or more comorbid and medically complex chronic conditions that is/are life threatening or significantly limit your overall health or function, these conditions include, but are not limited to, chronic cardiac arrhythmia, asthma, diabetes mellitus, pulmonary hypertension, and chronic heart failure (see your Evidence of Coverage for a complete list)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			• Have a high risk of hospitalization or other adverse health outcomes; and • Requires intensive care coordination. **The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.** Use your **ComboCard** to access your benefits. Benefit is cumulative, and funds will be deposited once every month of the year while the member remains active in Platino Advance Region 3. Balance is not transferred from one year to the next.
	Wellness Program: • Health education materials, group interventions, and telephone education on nutrition and weight management based on your health profile.	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	• Teleconsulta – Nursing line for health consultations, available 24 hours a day, 7 days a week. Members can call 1-800-255-4375. • Teleconsejo – Emotional support line available 24 hours a day, 7 days a week. Members can call 1-800-383-4457 • MiConsulta MD – Care stations where you can connect with a healthcare professional virtually and privately without prior appointments, and receive an instant assessment and diagnosis. Prescriptions and medical orders are provided according to the evaluation performed. For information about locations and hours, please contact our plan.		

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Platino Advance Region 3 *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Platino Advance Region 3 Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.sssadvantage.com.

D. Benefits covered outside of Platino Advance Region 3

There are some services that you can get that aren't covered by Platino Advance Region 3 but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Since you are eligible for the Puerto Rico Health Government Program and the Medicaid Office of the Puerto Rico Health Department (Puerto Rico's Medicaid Program), you will receive the following services as part of the Plan, which otherwise you would have had to pay. You pay the following copay for these services:

Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	**Your costs**
Inpatient Hospital Services Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the Medicare Advantage Organization (MAO) supplementary benefit coverage and included as covered services on Medicaid State plan. Access to a semi-private room (bed available twenty-four (24) hours a day, every Calendar Day of the year). Coverage includes: • Isolation room for medical reasons. • Specialized diagnostic / treatment such as electrocardiograms, electroencephalograms, arterial gases, and other specialized diagnostic and/or treatment that are available in the hospital facilities and which are required to be performed while the patient is hospitalized. • Short Term Rehabilitation Services: To hospitalize patients, including physical, occupational, and speech therapy. Blood: Blood, plasma, and their derivatives without limitations, to include irradiated and autologous blood; Monoclonal Factor IX per authorization of a certified hematologist; Antihemophilic Factor with intermediate purity concentration (Factor VIII) A; Antihemophilic Monoclonal Type Factor per authorization of a certified hematologist and Prothrombin Activated Complex (Auto flex and Feiba) per authorization of a certified hematologist.	$0 per benefit covered under the Puerto Rico Government Health Plan.

Platino Advance Region 3, (HMO D-SNP) | 2027 Summary of Benefits

Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	Your costs
Coverage Code 100: $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	
Inpatient Hospital for Mental Health Diseases Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day, every Calendar Day of the year). **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.
Inpatient Substance Use Disorder Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid State plan. Access to a semi-private room (bed available twenty-four (24) hours a day, every Calendar Day of the year). **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.

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Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	Your costs
Outpatient Substance Use Disorder Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid State plan. Access to a semi-private room (bed available twenty-four (24) hours a day), every Calendar Day of the year. **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.
Outpatient Mental Healthcare and Professional Services All mental health related OPD services and twenty-four (24) hours a day, seven (7) days a week emergency and crisis intervention non-covered by Medicare or the MAO supplementary benefits but included in the State plan. **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.

Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	Your costs
Laboratory and High-Tech Laboratories 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. Health Certificates are covered under the GHP, provided that cost sharing and/or deductibles applicable for necessary procedures and laboratory testing related to generating a Health Certificate will be the Enrollee's responsibility. Such certificates shall include: • Venereal Disease Research Laboratory("VDRL") tests. • Tuberculosis ("TB") tests; and • Hepatitis C virus: Anti HCV and or HCV- RNA as required. • Hepatitis B virus: HBsAg; HBcAb IgM and or IbG If needed. • Hepatitis A virus: HAV IgM; HAV RNA, as required. [1] Any Certification for GHP Enrollees related to eligibility for the Medicaid Program (provided at no charge). **Coverage must follow Puerto Rico Department of Health and CDC guidelines.** **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.

[1] **As ordered by the Department of Health of Puerto Rico, administrative order 594 dated 7/30/2024**

Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	Your costs
Family Planning Family planning services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. 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 Necessary and approved through a Prior Authorization or through an exception process and the prescribing Provider can demonstrate at least one of the following situations: • Contra-indication with drug that the Enrollee is already taking, and no other methods are covered/available that can be used by the Enrollee. • History of adverse reaction by the Enrollee to contraceptive methods covered. • History of adverse reaction by the Enrollee to the contraceptive medications that are covered. Federal Sterilization Requirements: • Beneficiary must be at least 21 years old. • Federal consent form must be signed 30–180 days prior to the procedure. • Emergency sterilizations are prohibited. • Interpreter services must be provided when needed. • Coercion is prohibited. **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.

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Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	Your costs
Tobacco Cessation Tobacco cessation services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Smoking cessation drugs are covered for individuals under age 21 and for pregnant women when medically necessary and prescribed by a physician. In these cases, the plan covers prescription and non-prescription aids as indicated by a physician. **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.
Maternity Services Maternity services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Abortions when the pregnancy is a result of rape or incest as certified by a physician. Severe and long-lasting damage would be caused to the mother if the pregnancy is carried to terms as certified by a physician. **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.

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Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	Your costs
Medical and Surgical Medical and Surgical services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Voluntary sterilization of men and women of legal age and sound mind, provided that they have been previously informed about the medical procedure's implications, and that there is evidence of Enrollee's written consent by completing the Sterilization Consent Form included as Appendix (O) (18) of the Contract. **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.
Vision Services Vision services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Eyeglasses or lenses for beneficiaries between the ages of 0 to > 21 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 months. All types of lenses have to be preauthorized except intraocular lenses. Repair or replacement of eyeglasses within 24 months when this is medically necessary and approved by the pre-authorization will be covered. **Coverage Code 100**: $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.

Dental Services Preventive & Restorative Dental services non-covered by Medicare and/or the MAO supplementary benefits but included in the State plan. The following are the benefits included in the GHP: • All preventative and corrective services for children under age twenty-one (21). • Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21). • Stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy. • Preventive dental services for adults. • Restorative dental services for adults. • One (1) comprehensive oral exam per year. • One (1) periodical exam every six months. • One (1) defined problem-limited oral exam. • One (1) full series of intra-oral radiographies, including bites, every three (3) years. • One (1) initial periapical intra-oral radiography. • Up to five (5) additional periapical/intra-oral radiographies per year. • One (1) single film-bite radiography per year. • One (1) two-film bite radiography per year. • One (1) panoramic radiography every three (3) years. • One (1) adult cleans every six (6) months. • One (1) child cleansed every six (6) months. • One (1) topical fluoride application every six (6) 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. • Sedation and anesthesia services for beneficiaries with physical or mental handicaps in compliance with local laws • Periodontal Scaling and root planning up to 4 quadrants per beneficiary. • Interim removable partial dentures (upper and lower). • Hospital visits.	$0 per benefit covered under the Puerto Rico Government Health Plan.

Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	Your costs
• All limitations may be exceeded based on medical necessity and approved thorough prior preauthorization or exemption process. **Preventive (Child) 100**-$0.00 / **110**-$0.00 / **120**-$0.00 / **130**-$0.00 **Preventive (Adult) 100**-$0.00 / **110**-$0.00 / **120**-$0.00 / **130**-$0.00 **Restorative 100**-$0.00 / **110**-$0.00 / **120**-$0.00 / **130**-$0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.
Hearing Exams Hearing related services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.
Preventive Services Immunization services non-covered by: 1. Medicare Part B. 2. MAO Part D Drug Formulary. 3. MAO supplementary plan benefits. 4. Not covered by the Puerto Rico Department of Health Immunization Program but included in the Puerto Rico Medicaid State Plan. **All immunizations required for post bone marrow transplant patients.** **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.

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Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	Your costs
Physical, Occupational, Speech Therapy Coverage without limits under Medicare Part B (Medical Insurance). Do not apply within Wrap around. **Coverage Code 100:** $0.00 **Coverage Code 110:** $0.00 **Coverage Code 120:** $0.00 **Coverage Code 130:** $0.00	$0 per benefit covered under the Puerto Rico Government Health Plan.

Platino Advance Region 3, (HMO D-SNP) | 2027 Summary of Benefits

Benefits Covered by the Medicaid Office of the Puerto Rico Health Department (Puerto Rico Medicaid Program) under Medicare Platino	Your costs
Prescription Drugs Prescription drugs non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Any cost-sharing not included in the MAO benefit design as approved by CMS, including deductible, coinsurances or coverage gaps exceeding the State Plan. The drug needs to be in the GHP Formulary and needs to be subject to the applicable edits as established in the GHP Formulary of Medications in Coverage (FMC). It also needs to comply with the following: • All MAO's pharmacy benefit will provide full year drug coverage with their CMS approved Part D Drugs Formulary and subject to established Platino copayments as the only out-of-pocket contribution. • Drugs not included in the MAOs Part D Drugs Formulary should undergo CMS-required exception process for possible approval of non-covered drugs. If exception process denial is sustained by the MAO, including the appeals process, but if the drug is covered by the GHP Formulary, the drug will be covered under Wrap-Around. The prescriber physician needs to exhaust available MAO Formulary on the needed drug category. • Wrap around drugs to be considered need to be part of the GHP Formulary. All MAO's Part D Drugs formularies should have the same therapeutic classes as the GHP Formulary. **Coverage Code: 100**-$0.00 / **110**-$1.00 / **120**-$2.00 / **130**-$3.00 Preferred (Adult)**** **Coverage Code: 100**-$0.00 / **110**-$3.00 / **120**-$4.00 / **130**-$6.00 Non-Preferred (Adult)**** **Coverage Code: 100**-$0.00 / **110**-$0.00 / **120**-$0.00 / **130**-$0.00 Outpatient Substance Abuse	$0 copayment for all prescription drugs covered under the Puerto Rico Government Health Plan.

Observations:

[1]Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table.

Platino wrap services are subject to the maximum co-payments in the table with exemptions and zero co-payments for Medicaid/CHIP beneficiaries and certain services as follows:

Medicaid/CHIP Beneficiaries

- **American Indians and Alaskan Natives (AI/AN)**
- **Institutionalized Individuals; and**
- **Individuals receiving Hospice Care.**

Services

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

Notes: 1. Wrap around table is subject to change in 01/01/2027.

2. N/A= Medicare fulfill or exceeds PSG benefit

3. The $0.00 copayments changes under non-Rx copays and MH/SA copays is a result of the compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) under the Platino 2027 Wrap Around.

Additional comments:

2026 Medicare Part D Redesign

The 2026 redesign includes:

- **A $2,400 annual out of pocket cap.**
- **New Manufacturer Discount Program (MDRP).**
- **Optional smoothing program to distribute out of pocket costs across the year.**
- **All ACIP recommended vaccines covered at $0.**

A. Wrap Around Drug Coverage

Wrap Around coverage applies only when Medicare and the MAO do not cover the drug and the State Plan does.

Compliance:

- **The CMS exception process must be completed first.**
- **Documentation must demonstrate that formulary alternatives were attempted or contraindicated.**

B. Federal Citations

- **Medicare: 42 USC §1395; 42 CFR 400–429**
- **Medicaid: 42 USC §1396; 42 CFR 430–456**
- **MHPAEA: 42 CFR 438.910**
- **Sterilization: 42 CFR 441.200–208**
- **Emergency Services: 42 CFR 438.114**
- **Part D Redesign: CMS Final Rule 2025–2026**

E. Services that Platino Advance Region 3, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member at the numbers listed at the bottom of this page to find out about other excluded services.

Services Platino Advance Region 3, Medicare, and Medicaid don't cover	
Custodial care Custodial care is personal care that doesn't require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing	Not covered under any condition
Full-time nursing care in your home	Not covered under any condition
Reversal of sterilization procedures and or non-prescription contraceptive supplies	Not covered under any condition
Services considered not reasonable and necessary, according to Original Medicare standards	Not covered under any condition

F. Your rights as a member of the plan

As a member of Platino Advance Region 3, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance.
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge.
  - Be free from any form of physical restraint or seclusion.

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover.
  - How to get services
  - How much services will cost you.
  - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year.
  - Use a women's health care provider without a referral.
  - Get your covered services and drugs quickly.
  - Know about all treatment options, no matter what they cost or whether they're covered.
  - Refuse treatment, even if your health care provider advises against it.
  - Stop taking medicine, even if your health care provider advises against it.
  - Ask for a second opinion. Platino Advance Region 3 will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive.
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care.
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency.
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:

- Ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected.
- Have your personal health information kept private
- Have privacy during treatment.

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - File a complaint with Platino Advance Region 3 Appeals and Grievances Department at 1-888-620-1919 (TTY/TDD 1-866-620-2520) or email at appeals-grievances@sssadvantage.com.
  - Appeal certain decisions made by our providers. Call Platino Advance Region 3 Appeals and Grievances Department at 1-888-620-1919 (TTY/TDD 1-866-620-2520) or email at appeals-grievances@sssadvantage.com.
  - Ask for a State Hearing at Puerto Rico Health Insurance Administration, in Spanish ASES, at PROBENE Office PO Box 195661 San Juan PR 00936 or call 1-800-981-2737 (TTY 787-474-3389) Monday-Friday 8 a.m.-4:30 p.m.
  - Get a detailed reason for why services were denied.

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Platino Advance Region 3 member at the numbers listed at the bottom of this page.

You can also call State Health Insurance Assistance Program (SHIP) Education and Community Relations Area, Office of the Advocate for Older Adults (OPPEA) at 1-877-725-4300, Monday-Friday 7:30 a.m.-4:30 p.m., or the Puerto Rico Health Insurance Administration in Spanish ASES at 1-800-981-2737, (TTY 787-474-3389), Monday - Friday 8 a.m.-4:30 p.m.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Platino Advance Region 3 should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage.* You can also call Platino Advance Region 3 Member Services at the numbers listed at the bottom of this page.

Service Representative
Grievances & Appeals Unit
P.O Box 11320,
San Juan, PR 00922-1320
Telephone: 1-888-620-1919, TTY: 1-866-620-2520
Fax. 787-993-3261
E-mail: appeals-grievances@sssadvantage.com

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Platino Advance Region 3 Member Services. Phone numbers are listed at the bottom of this page.
- Or call the Puerto Rico Health Insurance Administration at 1-800-981-2737. TTY users may call 1-787-474-3389. Hours of operation are Monday-Friday 8 a.m.-4:30 p.m.
- Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

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If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Platino Advance Region 3 Member Services:

1-888-620-1919

Calls to this number are free. Monday through Sunday from 8:00 a.m. to 8:00 p.m.
Member Services also has free language interpreter services available for non-English speakers.

1-866-620-2520

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free. Monday through Sunday from 8:00 a.m. to 8:00 p.m.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call Teleconsulta. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the Teleconsulta are:
1-877-879-5964
Calls to this number are free. Available 24 hours a day, 7 days a week.
Platino Advance Region 3 also has free language interpreter services available for non-English speakers.

If you need immediate mental health care, please call the Teleconsejo:

1-800-383-4457
Calls to this number are free. Available 24 hours a day, 7 days a week.
Platino Advance Region 3 also has free language interpreter services available for non-English speakers.

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS AND NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

Triple-S Advantage, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)**). Triple-S Advantage, Inc.** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Triple-S Advantage, Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a Service Representative of Triple-S Advantage.

If you believe that **Triple-S Advantage, Inc**. has failed to provide these services or discriminated in another way on the basis of race, color national origin, age, disability, or sex, you can file a grievance with:

Service Representative
Grievances & Appeals Unit
P.O Box 11320,
San Juan, PR 00922-1320
Telephone: 1-888-620-1919, TTY: 1-866-620-2520
Fax. 787-993-3261
E-mail: appeals-grievances@sssadvantage.com

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, a **Service Representative** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services,

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

This notice is available at Triple-S Advantage website: sssadvantage.com.