Humana.

Humana Health Plans of Puerto Rico, Inc. 383 Ave FD Roosevelt San Juan PR 00918-2131 Humana.pr

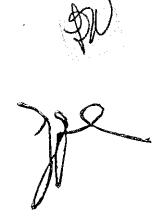
Certification

Buy Down & Copayment Table - Medicare Platino 2020

I, <u>Margarita Lizardi</u>, <u>Regulatory Compliance Director</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2020 products:

| Product Number | Buy down |
|----------------|----------|
| H4007-016 | \$15 |

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico, Inc.</u> establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2020.





| \Q | | | | | | | | |
|---|---------------------------------------|------------|------------------------|--------------|-----------------|------|-----------------|----------|
| Service | | Covera | Company Product Number | | | | | |
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | | | | Astronomic I | | | | |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| EMERGENCY ROOM (ER) | | | | | | | | |
| Emergency Room (ER) Visit | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Emergency Services Provided in a Hospital Emergency Room, (per visit) | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit) | \$0 | \$2 | \$3 | \$4 | \$0 | \$0 | \$0 | \$0 |
| Trauma | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| AMBULATORY VISITS TO | | | inger er til | | | | | |
| Primary Care Physician (PCP) | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Specialist | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Sub-Specialist | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Pre-natal Services | \$0 | \$0 | \$0 | \$0 | <u> </u> | \$0 | \$0 | \$0 |
| OTHER SERVICES | <u> </u> | | | | · · | | | <u> </u> |
| High-Tech Laboratories** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| Clinical Laboratories** | \$ 0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| X-Rays** | \$ 0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| Special Diagnostic Tests** | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Service | · · · · · · · · · · · · · · · · · · · | | · · | <u> </u> | | | · · | |
| Therapy – Physical | \$0 | \$1 | \$1.50 | \$2 | \$ 0 | \$0 | \$0 | \$0 |
| Therapy - Respiratory | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Therapy - Respiratory | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 | \$0 | \$0 |
| Vaccines | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Healthy Child Care | 50 \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| DENTAL | ٠,٠ | ا عن | 1 20 | 1 20 | 50 | 1 20 | 70 | <u> </u> |
| Preventive (Child) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preventive (Adult) | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 | \$0 | \$0 |
| | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 | \$0 | \$0 |
| Restorative | - JU | 31 | \$1.50 | عد ا | - 50 | 30 | <u>ي</u> ن ا | 30 |
| PHARMACY | *, *, | | - | | | Y | | - 1 |
| Tier 1 Preferred | | | | | | 60 | 60 | 40 |
| Generic (Children 0-20) | | ' | | | \$0 | \$0 | \$0 \$0 | \$0 |
| Generic (Adult)**** | | | | | \$0 | \$0 | \$0 | \$0 |
| Tier 2 Non-Preferred Generics | | GTRA | L | | 4.5 | 40 | | 40 |
| Generic (Children 0-20) | - Call | STRAC | | | \$0 | \$0 | \$0 | \$0 |
| Generic (Adult)**** | \\$/_ | <u> </u> | 10/ 10/ | | \$0 | \$0 | \$0 | \$0 |
| Tier 3 Preferred Brand | Co | trato Núme | $ \phi _{L_{i,i}}$ | ļ | ėo. | 60 | 40 | |
| Brand (Children 0-20) | (O | <u> </u> | | | \$0 ¢o | \$0 | \$0 | \$0 |
| Brand (Adult)**** | 1 1 | 4 | /o/ | | \$0 | \$0 | \$0 | \$0 |
| Tier 4 Non-Preferred Brand | - ∫ ₀ \$`` | SDES | \sim | - | <u> </u> | | 40 | 4.0 |
| Brand (Children 0-20) | 140 | SDES | | | \$0 | \$0 | \$0 | \$0 |
| Brand (Adult)**** | | - | | | \$0 | \$0 | \$0 | \$0 |
| Tier 5 Specialty | | <u> </u> | | | \$0 | \$0 | \$0 | \$0 |
| Tier 6 Select Care Drugs | | <u> </u> | | | \$0_ | \$0 | \$0 | \$0 |

B

| SERVICES | | | | | | - 4x / 1/2 | 100 | |
|---------------------------------------|-----|-----|--------|-----|-----|------------|-----|-----|
| Outpatient Substance Abuse | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Mental Health | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Vision Services | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Hearing Exams | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Physical Exam | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Ambulatory Surgery | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Special Coverage | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Substance Abuse (Pharmacy) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

¹Medicare 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.

Notes:

- * NO apply to Medicare Platino.
- ** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.
- *** Copays apply to each drug included in the same prescription pad.
- **** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.
 - 1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:
 - Children from 0 to less than 21 years of age (0-20 years, inclusive)
 - Pregnant woman (during pregnancy and the 60-day post-partum period);
 - American Indians and Alaskan Natives (AI/AN)
 - Institutionalized Individuals; and
 - Individuals receiving hospice care.
 - 2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:
 - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
 - Family planning services and supplies;
 - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
 - Provider-preventable services as defined in 42 CFR 447.26(b);
 - 3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
 - 4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.

Wrap around table is subject to change in 01/01/2020.







Regulatory Compliance Director



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Certification

Buy Down & Copayment Table - Medicare Platino 2020

I, <u>Margarita Lizardi</u>, <u>Regulatory Compliance Director</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2020 products:

| Product Number | Buy down |
|----------------|----------|
| H4007-018 | \$60 |

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico, Inc.</u> establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2020.





| Service | | Covera | ge Code | Company Product Number | | | | |
|---|---------------------------------------|-------------------|---|------------------------|------------|--|-------------|------------|
| · | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | | | | egites, etc. e | | | | |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| EMERGENCY ROOM (ER) | | | | | | | | - 1 |
| Emergency Room (ER) Visit | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Emergency Services Provided in a Hospital Emergency Room, (per visit) | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit) | \$0 | \$2 | \$3 | \$4 | \$0 | \$0 | \$0 | \$0 |
| Trauma | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$ 0 | \$0 |
| AMBULATORY VISITS TO | | • ; | | | | | į. | |
| Primary Care Physician (PCP) | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Specialist | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Sub-Specialist | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Pre-natal Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| OTHER SERVICES | , , , , , , , , , , , , , , , , , , , | , r- | | 1 - | • | | • | |
| High-Tech Laboratories** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| Clinical Laboratories** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| X-Rays** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| Special Diagnostic Tests** | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Service | | | <u>' '</u> | | | 1 | | • |
| Therapy – Physical | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Therapy – Physical Therapy – Respiratory | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 | \$0 \$0 | \$0 \$0 |
| Therapy - Respiratory Therapy - Occupational | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 | \$0 \$0 | \$0 \$0 |
| Vaccines | \$0 | \$1 \$0 | \$1.30 | \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | | \$0 \$0 | \$0 \$0 |
| Healthy Child Care DENTAL | ا عن | ا عن | <u> </u> | J 30 | Şυ | \$0 | - υ | , ŞU |
| Preventive (Child) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | \$0 \$0 | \$0 \$1 | \$1.50 | \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| Preventive (Adult) | \$0 \$0 | \$1 \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| Restorative | Συ | <u>эт</u> | 31.30 | \$2 | ŞU | ا کا | ŞU | ŞU |
| PHARMACY | | CTPA | | | <u> </u> | 1 - 1 - 1 | 15 12 | |
| Ter 1 Preferred | 2141 | STRACI | | <u> </u> | | 40 | 40 | ** |
| Generic (Children 0-20) | | | | | \$0 | \$0 | \$0 | \$0 |
| Generic (Adult)**** | Cont | rato Númer | $\sqrt{\omega}$ | | \$0 | \$0 | \$0 | \$0 |
| Tier 2 Non-Preferred Generics | B 0 - | A = 1 | | | | 4.5 | 4.0 | |
| Generic (Children 0-20) | 100 | -v-0-4 | /o/ | | \$0 | \$0 | \$0 | \$0 |
| Generic (Adult)**** | 6 | | | | \$0 | \$0 | \$0 | \$0 |
| Tier 3 Preferred Brand | EGURO | SDESP | / | | 60 | 40 | 40 | |
| Brand (Children 0-20) | | | | | \$0 | \$0 | \$0 | \$0 |
| Brand (Adult)**** | | _ | ļ | | \$0 | \$0 | \$0 | \$0 |
| Tier 4 Non-Preferred Brand | 10 | \mathcal{O} | | | · · · · · | | | 4 |
| Brand (Children 0-20) | 11 | | 4 | | \$0 | \$0 | \$0 | \$0 |
| Brand (Adult)**** | | | | | \$0 | \$0 | \$0 | \$0 |
| Tier 5 Specialty | | | | | \$0 | \$0 | \$0 | \$0 |
| Tier 6 Select Care Drugs | //V | | <u> </u> | | \$0 | \$0 | \$0 | \$0 |

| SERVICES | | | | | 1, 3 | | or a state of | 446.03 |
|---------------------------------------|-----|-----|--------|-----|------|-----|---------------|--------|
| Outpatient Substance Abuse | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Mental Health | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Vision Services | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Hearing Exams | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Physical Exam | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Ambulatory Surgery | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Special Coverage | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Substance Abuse (Pharmacy) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

¹Medicare 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.

Notes:

- * NO apply to Medicare Platino.
- ** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.
- *** Copays apply to each drug included in the same prescription pad.
- **** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.
 - 1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:
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 - Pregnant woman (during pregnancy and the 60-day post-partum period);
 - American Indians and Alaskan Natives (AI/AN)
 - Institutionalized Individuals; and
 - Individuals receiving hospice care.
 - 2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:
 - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
 - Family planning services and supplies;
 - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
 - Provider-preventable services as defined in 42 CFR 447.26(b);
 - 3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.

5. Wrap around table is subject to change in 01/01/2020.







Margaruta Lizardi

Regulatory Compliance Director

6/4/19 Date

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Certification

Buy Down & Copayment Table - Medicare Platino 2020

I, Margarita Lizardi, Regulatory Compliance Director, hereby certify that <u>Humana Health Plans of Puerto Rico, Inc.</u> will offer the following buy downs for each of the Medicare Platino 2020 products:

| Product Number | Buy down |
|----------------|----------|
| H4007-019 | \$80 |

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico, Inc.</u> establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2020.



| Service | | Covera | ge Code | Company Product Number | | | | |
|---|--------------|--------------|--|--|-------------|------------|-------------|-------------------------|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | | <u> </u> | | | | | | |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| EMERGENCY ROOM (ER) | | | | | | | | |
| Emergency Room (ER) Visit | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Emergency Services Provided in a Hospital Emergency Room, (per visit) | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit) | \$0 | \$2 | \$3 | \$4 | \$0 | \$0 | \$0 | \$0 |
| Trauma | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| AMBULATORY VISITS TO | | 1 4 6 | | <u> </u> | | | | |
| Primary Care Physician (PCP) | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Specialist | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Sub-Specialist | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Pre-natal Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| OTHER SERVICES | ' | .1 | ' | | • | ' | , | <u> </u> |
| High-Tech Laboratories** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| Clinical Laboratories** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| X-Rays** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| Special Diagnostic Tests** | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Service | | | <u> </u> | | 1 1 | | | • |
| Therapy – Physical | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$ 0 | \$0 |
| Therapy – Respiratory | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 |
| Therapy - Occupational | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 \$0 | \$0 \$0 | - \$0 \$0 |
| Vaccines | \$0 \$0 | \$0 | \$1.50 | \$0 | \$0 \$0 | \$0 | \$0 \$0 | \$0 |
| Healthy Child Care | \$0 \$0 | \$0 | \$0 | \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 |
| DENTAL | 30 | <u> </u> | ا عن | 30 | 30 | Ų | ŞU | 30 |
| Preventive (Child) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preventive (Adult) | \$0 \$0 | \$1 | \$1.50 | \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| Restorative | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| | 70 | 1 71 | 71.50 | ا عد | 70 | JU | ٠,٠ | Şυ |
| PHARMACY Tion 1 Desformed | | STRAC | | | | 1 | · . | |
| Tier 1 Preferred | | | P | | \$0 | ćΛ | ć۸ | <u> </u> |
| Generic (Children 0-20) | -/ &/ | | 18/ | | | \$0 ¢o | \$0 ¢0 | \$0 ¢0 |
| Generic (Adult)**** | / C | ntrato Núm | ero \ | | \$0 | \$0 | \$0 | \$0 |
| idr 2 Non-Preferred Generics | | -00 | 4 | | <u> </u> | ĊO. | <u> </u> | 44 |
| Generic (Children 0-20) Generic (Adult)**** | 18/ | | 78/ | | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| Tier 3 Preferred Brand | 101 | | (v) | | Ų | Ψ | \$0 | ٥٥ |
| Brand (Children 0-20) | | POSDE | | | \$0 | \$0 | \$0 | \$ 0 |
| Brand (Adult)**** | | | | | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| Tier 4 Non-Preferred Brand | • | _ | | | ψ | ψO | ψU | ب |
| Brand (Children 0-20) | | N | | | \$ 0 | \$0 | \$0 | ćΛ |
| Brand (Adult)**** | | | | | \$0 \$0 | \$2 | | \$0 \$2 |
| Tier 5 Specialty | ——- <u>l</u> | [| | | \$0 \$0 | \$2 \$3 | \$2 \$3 | \$2 \$3 |
| | | | | | | | | ~~ |

| SERVICES | | | | | | | | |
|---------------------------------------|-----|-----|--------|-----|-----|-----|-----|-----|
| Outpatient Substance Abuse | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Mental Health | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Vision Services | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Hearing Exams | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Physical Exam | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Ambulatory Surgery | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Special Coverage | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Substance Abuse (Pharmacy) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

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 - Institutionalized Individuals; and
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Margarta Lizardi

Regulatory Compliance Director

6/4/19 Date





