

Certification

Buy Down & Copayment Table - Medicare Platino 2020

I, <u>Orlando González</u>, <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u> will offer the following by downs for each of the Medicare Platino 2020 products:

Contract – PBP and Plan Name	Buy down		
H4003-017	\$20.00		
MMM Diamante Platino	\$20.00		
H4003-041	<u>ተ</u> ደር ሰበ		
MMM Completo Platino	\$55.00		
H4003-047	#12E E0		
MMM Valor Platino	\$135.50		
H4003-049	¢0.00		
MMM Bienestar Platino	\$0.00		
H4004-061	φ94.00		
MMM Relax Platino	\$84.00		
H4004-048	¢20.00		
PMC Premier Platino	\$30.00		

In addition, I certify that the copays that <u>MMM Healthcare</u>, <u>LLC</u> establishes 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.

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0	2190	110	120	130	100	110	120	130
HOSPITAL Admission Nursery	\§ /				196			
Admission OS DE 3	\$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			1	 		•		· · · · · ·
Provided in a Hospital	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Emergency Room, (per visit)	40	"'	45	40	ΨΟ	40	Ψ0	Ψ0
Non-Emergency Services								
Provided in a Freestanding	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Emergency Room, (per visit)	, ,	'	'-	'	1 -	1 -	1 -	₹*
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO	17 300				28			1 (40) 14
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								
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			4.35					
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vaccines	\$0 ··	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$ 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL			1	1				
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$ 0	\$ 0
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
PHARMACY		<u> </u>						<u> Legaria</u>
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
SERVICES							1.2	
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	\$ 0	\$0	\$0	\$0	\$0	\$0	\$0	\$O _A
(Pharmacy)			·			·		(



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

President

06/03/2019 Date







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Service Contrato No	mero m	Covera	ge Code	1	MMN	4 Comp (H400	leto Pl 3-041)	
20-00	9100	110	120	130	100	110	120	130
HOSPITAL (1)	78/							
	3 P 30	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Admission Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)		<u> </u> ΨΟ	Ι ΨΟ		<u> </u>	<u> </u>	<u>μυ</u>	Ι ΨΟ
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non Engagement Continue	- 40	Ψ0	Ψ0-	ΨΟ	ΨΟ	ψυ-	μ0	- 30
Non-Emergency Services	40	44	ا م	40	40	40	40	40
Provided in a Hospital	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Emergency Room, (per visit)		-		<u> </u>		ļ ·		
Non-Emergency Services	10	10	1.0					
Provided in a Freestanding	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Emergency Room, (per visit)	1.5	1.5			1	1	1.5	<u> </u>
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO		T						
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	· · · · · · · · · · · · · · · · · · ·							
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	\$0
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0 \$0	\$0	\$ 0	\$0
SERVICE		Ι ΨΞ	7 2 2	[4 ~]		΄	40	Ψ0
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$ 0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0 \$0		\$0 \$0	
1,7 1 7	 '	' ' -	 	 		\$0 ¢0		\$0
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	<u>\$0</u>	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$ 0
DENTAL	3 8 8 W. L		1 10		###### 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		A	
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
PHARMACY		10 May 12		ะ อินเรียกร	4 G(14)	a ka 🌲 🔻		
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	_ \$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0.	\$0
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 \$0
Ambulatory Surgery	\$0 \$0	\$1	\$1.50	\$2	\$0	\$0 \$0	\$0	\$0 \$0
Special Coverage	\$0 \$0	\$1	\$1.50	\$2	\$0	\$0 \$0	\$0 \$0	\$0 \$0
	φ υ	1 Å∓	_ φ1.JU	₽ ∠	φU	φυ	φυ	p U
Outpatient Substance Abuse	\$0	\$0	\$ 0	\$0 👢	\$0	\$0	\$0	\$0,{\
(Pharmacy)	•	L		T	PK	lacksquare	· ·	/

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President

06/03/2019

Date

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MINISTA	MC/O				 			
Service Contrato	Vinero m	Covera	ge Code) "	MI	MM Val (H400	or Plat 3-047)	
\varphi\(\frac{20-1}{\sigma}\)	0180	110	120	130	100	110	120	130/
HOSPITAL G	75/					Andrews (
Admission Nursery	950	\$4	\$5	\$8	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)	ļāti: 17			34		<u> 14 1 14 11 1</u>		The stable
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			- 1 224					7
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			7.7					
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		The state of the s						
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0.	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL.			to a superior	***				
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
PHARMAGY								
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
SERVICES		Ψ	T	, 40	<u>Ψ</u> Ψ		40	1 40
Outpatient Substance Abuse	\$0	\$1	\$1.50	\$2	\$ 0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$1	\$1.50	\$2	\$0	\$ <u>0</u>	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0 \$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	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0 \$0	\$0 \$0	\$0 \$0	\$0
Special Coverage	\$0	<u>\$1</u>	\$1.50	\$2	\$0	\$0 \$0	\$0 \$0	,\$0
Outpatient Substance Abuse					·	Ψυ	,	/\
(Pharmacy)	\$0	\$0	\$0	\$0	*** S		\$0	

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Contract Number	Organization Name	Plan IĐ	Segment ID	Version	User ID/Name	Upload Confirmation Number	Upload Date/Time	Number of bids uploaded with submission	Plan successfully processed?	Error Messages
H4004	MMM HEALTHCARE, LLC	Ó48	N/A	4 .	mjnt/VIVIANA MARTINEZ	01893	06/02/2019 17:56:06	<u>37</u>	Yes	N/A
H4004	MMM HEALTHCARE, LLC	061	N/A	5	mjnt/VIVIANA MARTINEZ	01893	06/02/2019 17:56:06	37	Yes	N/A
				I					:	

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Bid Reports 2020

Bid Submission Status Report

Report Date: 6/3/2019 3:42:15 PM ET **Latest Uploads** | <u>All Uploads</u>



Bid 2020

Home



Contract Number	Organization Name	Plan ID	Segment ID	Version	User ID/Name	Upload Confirmation Number	Upload Date/Time	Number of bids uploaded with submission	Plan successfully processed?	Error Messages
									'	
H4003	MMM HEALTHCARE, LLC	017	N/A	5	mjnt/VIVIANA MARTINEZ	01893	06/02/2019 17:56:06	<u>37</u>	Yes	N/A
H4003	MMM HEALTHCARE, LLC	041	N/A	3	mjnt/VIVIANA MARTINEZ	01893	06/02/2019 17:56:06	37	Yes	N/A
H4003	MMM HEALTHCARE, LLC	047	N/A	3	mjnt/VIVIANA MARTINEZ	01893	06/02/2019 17:56:06	<u>37</u>	Yes	N/A
H4003	MMM HEALTHCARE, LLC	049	N/A	3	mjnt/VIVIANA MARTINEZ	01893	06/02/2019 17:56:06	<u>37</u>	Yes	N/A
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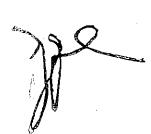
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President

06/03/2019 Date









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Service Contrato No	mero 2	Covera	ge Code)	PMC Premier Platino (H4004-048)			
HOSPITAL COS DE	top	110	120	130	100	110	120	130
HOSPITAL COS DE	9/							+ 1
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$ 0	\$0	\$0	\$0
EMERGENCY ROOM (ER)	1994		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		Vet 1999. Vest Seet 199		
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$ 0	\$0	\$0	\$0
Non-Emergency Services								
Provided in a Hospital	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Emergency Room, (per visit)					·			
Non-Emergency Services								
Provided in a Freestanding	\$0	\$2	\$3	\$4	\$ 0	\$0	\$0	\$0
Emergency Room, (per visit)								
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO								
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								
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					11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL	1 200		I T			1 11 2 1 2 4 2 1 4		
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Restorative	\$0	\$1	\$1.50	\$2	- \$0	\$0	\$0	\$0
PHARMACY					7 -			т -
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0 \$0	\$1	\$2	\$3	\$0 \$0	\$0	\$0	- \$0 \$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0 \$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0 >	350
SERVICES.	φυ	4J	рт (<u>φυ</u> <u>ι</u>	Ψ Ο	<u> </u>	_ \$U / [1
Outpatient Substance Abuse	\$0	\$1	\$1. 50	\$2	\$0	\$0	\$0 /	\$0
Outpatient Mental Health	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	√ \$0
/ision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0 \$0
Hearing Exams	<u>\$0</u> \$0	\$1	\$1.50	\$2	\$0	\$0 \$0	\$0	\$0 \$0
Physical Exam	\$0 \$0	\$1	\$1.50	\$2	\$0 \$0	\$0 \$0	\$0 \$0	ֆ 0 \$0
Ambulatory Surgery	\$ <u>0</u> \$0	\$1 \$1	\$1.50	\$2	\$0 \$0	\$0 \$0	\$0 \$0	\$ 0
	\$0 \$0	\$1	\$1.50			\$0 \$0		
Special Coverage Outpatient Substance Abuse	ъ∩ Ф	p	φτίου	\$2	\$0	<u>₽</u> ∪	\$0	\$0
Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$ 0

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President

06/03/2019 Date



Rev2019

INSTRACIO.								
Service Contrato Né	Covera	ge Code	MMM Bienestar Plat (H4003-049)					
20-0	0 200	110	120	130	100	110	120	130
HOSPITAL (A)	<u> \$ </u>						li vara il di	
	3 90	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Admission Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)			1 77	1 T T		h T		1 43
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital	\$0	\$4	\$5	\$8	\$0	. \$0	\$0	\$0
Emergency Room, (per visit)	Ψ0	۳۰ ا	Ψ5	Ψ0	φυ	. 40	ΨΟ	, \$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	, 49			1 44 I			- 40 - 20g 7	<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 \$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0 \$0	\$0
OTHER SERVICES	<u> </u>		<u>η φυ</u>	30	φU	1 \$0	Ъ О	<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	\$0
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0 \$0	\$0
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
SERVICE		, y -		<u> </u>		Ι ΨΟ Ι		
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL				100000000000000000000000000000000000000	1 Table 1 Tabl			AMOUNT OF THE
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Restorative	\$0	\$1	\$1.50	\$2	\$0	50	\$0	\$0
PHARMACY								
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	- \$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
SERVICES			, y .			72.	40	
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	•		,					A) =
(Pharmacy)	\$0	\$0	\$0	\$0	1305	\$0	\$0	

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President

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Service 0 2	Coverage Code				MN	MMM Relax Platino (H4004-061)			
SE	21/00	110	120	130	100	110	120	130	
HOSPITAL Admission	S)						<u> </u>		
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)	. dalahara								
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									
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						** **			
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0	
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X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0	
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
SERVICE	144					27		77 1 1	
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
DENTÁL			100	MARINE SERVICE SERVICE	and the second			2	
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
PHARMAGY								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0	
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0	
SERVICES		- 18,00 Total							
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	~\$Q 0	1	\$0	\$0	
Outpatient Substance Abuse (Pharmacy)	\$0	\$ 0	\$0	\$0	\$9	\$0	\$0		

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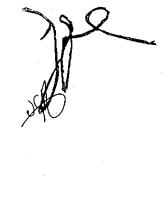
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