

# Appendix C-6



Two handwritten signatures in black ink, one on the left and one on the right, positioned below the stamp.



### Certification

#### Buy Down & Copayment Table - Medicare Platino 2020

I, Dorelisse Juarbe Jiménez, Senior VP of Operations, hereby certify that Triple-S Advantage, Inc. will offer the following buy downs for each of the Medicare Platino 2020 products:

Product Number	Buy down
H5774-024 Platino Plus (HMO-SNP)	\$45

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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	Coverage Code				Platino Plus H5774-024			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
<b>OTHER SERVICES</b>								
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
<b>SERVICE</b>								
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
<b>DENTAL</b>								
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
<b>PHARMACY</b>								
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0

*Handwritten signature and initials on the left margin.*



**Buy Down & Copayment Table - Medicare Platino 2020**

Tier 1 - Preferred Generics (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Tier 2 - Generics (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Tier 3 - Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 5 - Specialty Generics (Preferred (Adult)****)/ Specialty Brand (Non-Preferred (Adult)****)	\$0	\$1/\$3	\$2/\$4	\$3/\$6	\$0	\$0	\$0	\$0
Tier 6 - Select Care Drugs (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
<b>SERVICES</b>								
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

<sup>1</sup>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.

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.

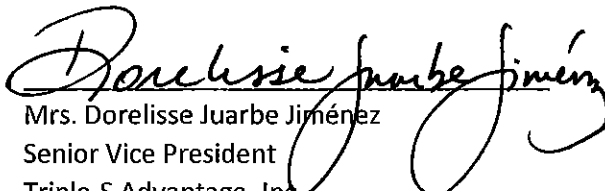
\*\*\*\* Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth\* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program\* in group ages 0-20.

1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:

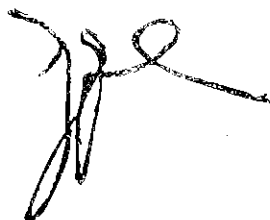
- Children from 0 to less than 21 years of age (0-20 years, inclusive)
- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.



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.

  
Mrs. Dorelisse Juarbe Jiménez  
Senior Vice President  
Triple-S Advantage, Inc.

6/4/2019  
Date





**Certification**

**Buy Down & Copayment Table - Medicare Platino 2020**

I, Dorelisse Juarbe Jiménez, Senior VP of Operations, hereby certify that Triple-S Advantage, Inc. will offer the following by downs for each of the Medicare Platino 2020 products:

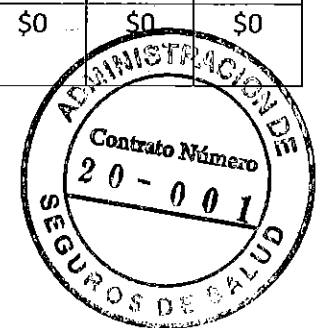
Product Number	Buy down
H5774-025 Platino Ultra (HMO-SNP)	\$0

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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	Coverage Code				Platino Ultra H5774-025			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
<b>OTHER SERVICES</b>								
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
<b>SERVICE</b>								
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
<b>DENTAL</b>								
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
<b>PHARMACY</b>								
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0

*Handwritten signatures and initials on the left margin.*



**Buy Down & Copayment Table - Medicare Platino 2020**

Tier 1 - Preferred Generics (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Tier 2 - Generics (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Tier 3 - Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 5 - Specialty Generics (Preferred (Adult)****)/ Specialty Brand (Non-Preferred (Adult)****)	\$0	\$1/\$3	\$2/\$4	\$3/\$6	\$0	\$0	\$0	\$0
Tier 6 - Select Care Drugs (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
<b>SERVICES</b>								
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

<sup>1</sup>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.

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.

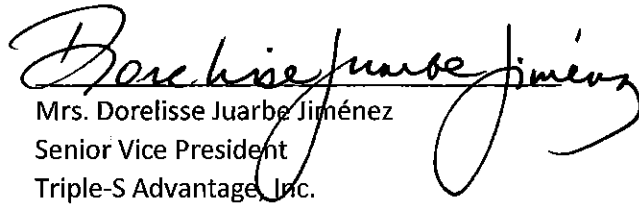
1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:

- 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.

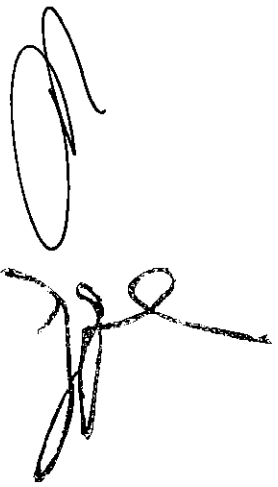


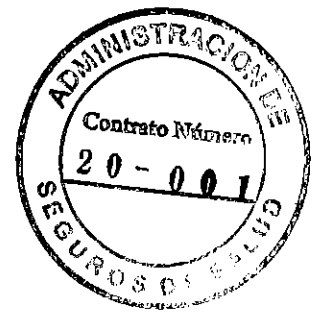


2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:
  - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
  - Family planning services and supplies;
  - 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.

  
Mrs. Dorelisse Juarbe Jimenez  
Senior Vice President  
Triple-S Advantage, Inc.

6/4/2019  
Date







**Certification**

**Buy Down & Copayment Table - Medicare Platino 2020**

I, Dorelisse Juarbe Jiménez, Senior VP of Operations, hereby certify that Triple-S Advantage, Inc. will offer the following buy downs for each of the Medicare Platino 2020 products:

Product Number	Buy down
H5774-026 Platino Advance (HMO-SNP)	\$100

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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	Coverage Code				Platino Advance H5774-026			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
<b>OTHER SERVICES</b>								
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
<b>SERVICE</b>								
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
<b>DENTAL</b>								
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
<b>PHARMACY</b>								
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0

*Handwritten signature and initials on the left side of the page.*



**Buy Down & Copayment Table - Medicare Platino 2020**

Tier 1 - Preferred Generics (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Tier 2 - Generics (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Tier 3 - Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 5 - Specialty Generics (Preferred (Adult)****)/ Specialty Brand (Non-Preferred (Adult)****)	\$0	\$1/\$3	\$2/\$4	\$3/\$6	\$0	\$0	\$0	\$0
Tier 6 - Select Care Drugs (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
<b>SERVICES</b>								
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

<sup>1</sup>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.

Notes:

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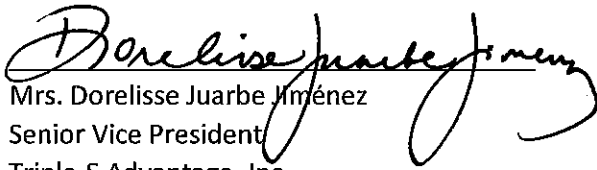
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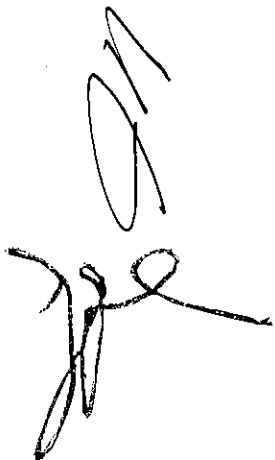
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- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.



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  - 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);
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Mrs. Dorelisse Juarbe Jiménez  
Senior Vice President  
Triple-S Advantage, Inc.

6/4/2019  
Date





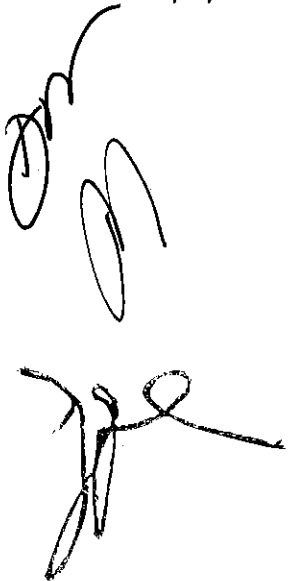
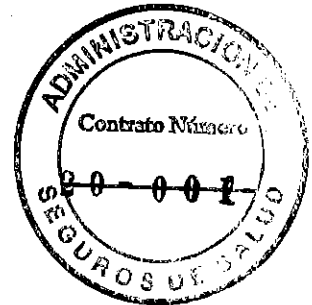
**Certification**

**Buy Down & Copayment Table - Medicare Platino 2020**

I, Dorelisse Juarbe Jiménez, Senior VP of Operations, hereby certify that Triple-S Advantage, Inc. will offer the following by downs for each of the Medicare Platino 2020 products:

Product Number	Buy down
H5774-028 Platino Blindao (HMO-SNP)	\$80

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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	Coverage Code				Platino Blindao H5774-028			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
<b>OTHER SERVICES</b>								
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
<b>SERVICE</b>								
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
<b>DENTAL</b>								
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
<b>PHARMACY</b>								
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0



**Buy Down & Copayment Table - Medicare Platino 2020**

Tier 1 - Preferred Generics (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Tier 2 - Generics (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Tier 3 - Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 5 - Specialty Generics (Preferred (Adult)****)/ Specialty Brand (Non-Preferred (Adult)****)	\$0	\$1/\$3	\$2/\$4	\$3/\$6	\$0	\$0	\$0	\$0
Tier 6 - Select Care Drugs (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
<b>SERVICES</b>								
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

<sup>1</sup>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.

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.

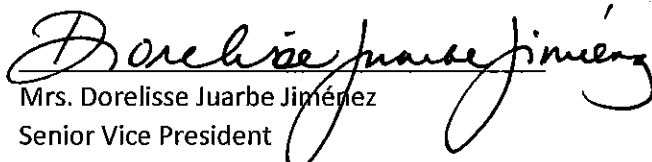
1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:

- Children from 0 to less than 21 years of age (0-20 years, inclusive)
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- Individuals receiving hospice care.

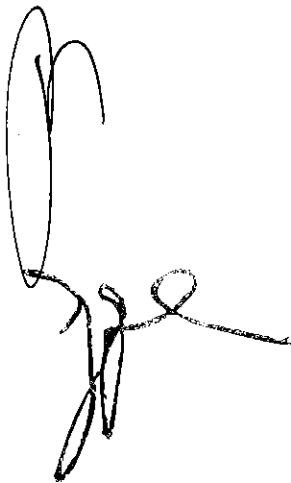




2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:
  - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
  - Family planning services and supplies;
  - 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.

  
Mrs. Dorelisse Juarbe Jiménez  
Senior Vice President  
Triple-S Advantage, Inc.

6/4/2019  
Date





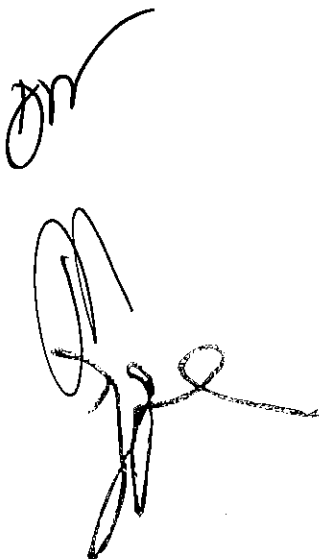
**Certification**

Buy Down & Copayment Table - Medicare Platino 2020

I, Dorelisse Juarbe Jiménez, Senior VP of Operations, hereby certify that Triple-S Advantage, Inc. will offer the following buy downs for each of the Medicare Platino 2020 products:

Product Number	Buy down
H5774-032 Platino Enlace (HMO-SNP)	\$10

In addition, I certify that the copays that Triple-S Advantage, Inc. established will not exceed those established by ASES as contained in the following table. The company must present a copy table for each Platino Product 2020.



Service	Coverage Code				Platino Home H5774-032			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
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Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
<b>SERVICE</b>								
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
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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*Handwritten signatures and initials on the left side of the page.*



**Buy Down & Copayment Table - Medicare Platino 2020**

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Tier 3 - Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)****)	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
Tier 5 - Specialty Generics (Preferred (Adult)****)/ Specialty Brand (Non-Preferred (Adult)****)	\$0	\$1/\$3	\$2/\$4	\$3/\$6	\$0	\$0	\$0	\$0
Tier 6 - Select Care Drugs (Preferred (Adult)****)	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
<b>SERVICES</b>								
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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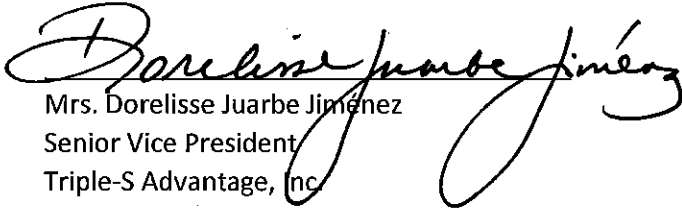
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