

# MEDICARE PLATINO 2021

APPENDIX C (6) (21)  
CO-PAYMENT CERTIFICATION



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 2021

I, Luis A. Torres Olivera, President, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following buy downs for each of the Medicare Platino 2021 products:

Product Number	Buy down
H4007-016	\$16

In addition, I certify that the copays that Humana Health Plans of Puerto Rico, Inc. 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 2021.



Service	Coverage Code				H4007-016			
	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>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 5 Specialty								
					\$0	\$0	\$0	\$0
Tier 6 Select Care Drugs								
					\$0	\$0	\$0	\$0



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**Buy Down & Copayment Table - Medicare Platino 2021**

<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 01/01/2021.



*[Handwritten signatures]*



Luis A. Torres Olivera  
President



Date





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383 Ave FD Roosevelt  
San Juan PR 00918-2131  
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## Certification

### Buy Down & Copayment Table - Medicare Platino 2021

I, Luis A. Torres Olivera, President, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following buy downs for each of the Medicare Platino 2021 products:

Product Number	Buy down
H4007-018	\$60

In addition, I certify that the copays that Humana Health Plans of Puerto Rico, Inc. 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 2021.



Service	Coverage Code				H4007-018			
	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>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drugs					\$0	\$0	\$0	\$0



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**Buy Down & Copayment Table - Medicare Platino 2021**

<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.

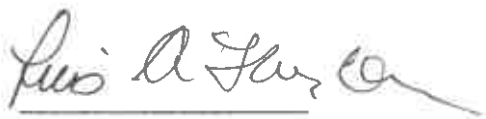
1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:
  - Children from 0 to less than 21 years of age (0-20 years, inclusive)
  - Pregnant woman (during pregnancy and the 60-day post-partum period);
  - American Indians and Alaskan Natives (AI/AN)
  - 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 01/01/2021.

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*[Handwritten signature]*





Luis A. Torres Olivera  
President



Date





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### Certification

#### Buy Down & Copayment Table - Medicare Platino 2021

I, Luis A. Torres Olivera, President, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following buy downs for each of the Medicare Platino 2021 products:

Product Number	Buy down
H4007-019	\$90

In addition, I certify that the copays that Humana Health Plans of Puerto Rico, Inc. 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 2021.



Service	Coverage Code				H4007-019			
	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>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$2	\$2	\$2
Tier 5 Specialty					\$0	\$3	\$3	\$3
Tier 6 Select Care Drugs					\$0	\$0	\$0	\$0



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**Buy Down & Copayment Table - Medicare Platino 2021**

<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)
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2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:
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  - Family planning services and supplies;
  - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
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3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
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5. Wrap around table is subject to change in 01/01/2021.



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Luis A. Torres Olivera  
President



Date





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### Certification

#### Buy Down & Copayment Table - Medicare Platino 2021

I, Luis A. Torres Olivera, President, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following buy downs for each of the Medicare Platino 2021 products:

Product Number	Buy down
H4007-022	\$144

In addition, I certify that the copays that Humana Health Plans of Puerto Rico, Inc. 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 2021.



Service	Coverage Code				H4007-022			
	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>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$2	\$2	\$2
Tier 5 Specialty					\$0	\$3	\$3	\$3
Tier 6 Select Care Drugs					\$0	\$0	\$0	\$0



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**Buy Down & Copayment Table - Medicare Platino 2021**

<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.
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  - 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 01/01/2021.



*[Handwritten signatures]*





Luis A. Torres Olivera  
President

6/1/2020

Date





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 2021

I, Luis A. Torres Olivera, President, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following buy downs for each of the Medicare Platino 2021 products:

Product Number	Buy down
H4007-023	N/A

In addition, I certify that the copays that Humana Health Plans of Puerto Rico, Inc. establish will not exceed those established by ASES as contained in the following table. The company must present a copy table for each Platino Product 2021.

*fw*

*[Signature]*



Service	Coverage Code				H4007-023			
	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>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drugs					\$0	\$0	\$0	\$0



*[Handwritten signature and initials]*

**Buy Down & Copayment Table - Medicare Platino 2021**

<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
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