MEDICARE PLATINO 2021

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



Certification

Buy Down & Copayment Table - Medicare Platino 2021

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

Product Number	Buy down					
H4007-016	\$16					

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico</u>, 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		Covera	ge Code			H400	7-016	
	100	110	120	130	100	110	120	130
HOSPITAL								
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	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
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								
	ćo	Ċ1	¢1.50	da l	ĊΟ	ćo	ćo	\$0
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0 ¢0	\$0 ¢0	\$0 \$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0		\$0
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL	d o	T 40	CO.	do	ćo	Ć0.	Ć0	¢0
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						0 10		
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics						1751		
Generic (Children 0-20)		MIS	KAC/O		\$0	\$0	\$0	\$0
Generic (Adult)****		W Contra	RACION	2/	\$0	\$0	\$0	\$0
Tier 3 Preferred Brand			to Numero	1			19270	
Brand (Children 0-20)		0.1	0.0		\$0	\$0	\$0	\$0
Brand (Adult)****		100/	4 4 4	0	\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		10	5 05	\[
Brand (Children 0-20)		PR	COES		\$0	\$0	\$0	\$0
Brand (Adult)****		1	00		\$0	\$0	\$0	\$0
Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drugs					\$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
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.
 - 5. Wrap around table is subject to change in 01/01/2021.





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Certification

Buy Down & Copayment Table - Medicare Platino 2021

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following by downs for each of the Medicare Platino 2021 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 2021.







Service		Covera	ge Code	H4007-018				
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)					- 1915			
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services								
Provided in a Hospital Emergency	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
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		Y			MIL			
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								
	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy - Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0 \$0
Therapy - Respiratory Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0 \$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$1.50	\$0	\$0	\$0	\$0 \$0	\$0 \$0
Vaccines								\$0
Healthy Child Care DENTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	ćo	¢0	¢0	ćo	ćn	¢0	ćo	ćn
Preventive (Child)	\$0 \$0	\$0	\$0	\$0 \$2	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Preventive (Adult) Restorative	\$0 \$0	\$1	\$1.50	\$2	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
	ŞU	\$1	\$1.50	ŞZ	ŞU	ŞÜ	ŞÜ	Şυ
PHARMACY								
Tier 1 Preferred					- 44	40	40	A-0
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics					4.0	4.0	46	
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)***					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand		MINISTR	AC/		40	40	4.0	
Brand (Children 0-20)		TIM	10		\$0	\$0	\$0	\$0
Brand (Adult)****		5/	120	1	\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		Contrato	Miliago	1	40	4.5	d a	A.
Brand (Children 0-20)	-	21-	004/0	1	\$0	\$0	\$0	\$0
Brand (Adult)****		6	3	/	\$0	\$0	\$0	\$0
Tier 5 Specialty		CURO!	1.81	1	\$0	\$0	\$0	\$0

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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

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);
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 - Institutionalized Individuals; and
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 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
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 - 5. Wrap around table is subject to change in 01/01/2021.







Luis A. Torres Olivera

President









Certification

Buy Down & Copayment Table - Medicare Platino 2021

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

Product Number	Buy down	
H4007-019	\$90	

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 2021.







Service		Covera	age Code			H400	7-019	
	100	110	120	130	100	110	120	130
HOSPITAL					1000	1111	- 74	
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)	_			-				- 11100
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		0						
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			.1.					
	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0		\$1.50	\$2	\$0 \$0	\$0 \$0	\$0	\$0 \$0
Therapy - Occupational Vaccines	\$0	\$1 \$0	\$1.50	\$2	\$0 \$0	\$0	\$0	\$0 \$0
				+				
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL PRODUCTION (Child)	ćo	Ć0.	Ċ0	Ć0	ćo	ćo	ćo	ćo
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0 ¢0	\$1	\$1.50	\$2	\$0 ¢o	\$0 ¢o	\$0	\$0
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
PHARMACY								
Tier 1 Preferred					7200	750	74757	29654
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics						-2:		
Generic (Children 0-20)			200		\$0	\$0	\$0	\$0
Generic (Adult)****		Sul HIST	KAC/O		\$0	\$0	\$0	\$0
Tier 3 Preferred Brand		13/	1	100				
Brand (Children 0-20)		Contri	Numero	Y 1	\$0	\$0	\$0	\$0
Brand (Adult)****		0.1	0 0 4		\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		100		19/				
Brand (Children 0-20)		100/	1	5/	\$0	\$0	\$0	\$0
Brand (Adult)****		100	OS DE		\$0	\$2	\$2	\$2
Tier 5 Specialty		_	080		\$0	\$3	\$3	\$3
Tier 6 Select Care Drugs					\$0	\$0	\$0	\$0

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SERVICES		0.0				9.0		
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.
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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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 - · Family planning services and supplies;
 - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
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 - 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.







Date

Contrato Número

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Certification

Buy Down & Copayment Table - Medicare Platino 2021

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

Product Number	Buy down				
H4007-022	\$144				

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico</u>, 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		Covera	ge Code			H400	7-022	
	100	110	120	130	100	110	120	130
HOSPITAL							10.	
Admission	\$0	\$4	\$5	\$8	\$0	50	\$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						100	AXT	
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
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	Ţ.	70	70	Ψ.	70	φ0	70	70
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-	7.	72.00	7-	7 -	7.	7-	73
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics					9000	99	20	70
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****			_		\$0	\$0	\$0	\$0
Tier 3 Preferred Brand		/	STRAC/C		-	T-		171
Brand (Children 0-20)		- Alle		(m)	\$0	\$0	\$0	\$0
Brand (Adult)****		18/	atrato Núme	100	\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		63	- 0 0	4				
Brand (Children 0-20)		1 1	-	101	\$0	\$0	\$0	\$0
Brand (Adult)****		1 m		100	\$0	\$2	\$2	\$2
Tier 5 Specialty		165	PCS OF	9/	\$0	\$3	\$3	\$3
Tier 6 Select Care Drugs			000		\$0	\$0	\$0	\$0

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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

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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 - 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;
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Certification

Buy Down & Copayment Table - Medicare Platino 2021

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, **Inc.** will offer the following by 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 <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 2021.



Service	Coverage Code				H4007-023			
	100	110	120	130	100	110	120	130
HOSPITAL								
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								
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				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	ŢŪ.	J U	70	70	Ų	70	Ç.	70
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
	ÇÜ	71	\$1.50	72	70	ÇÜ.	JO.	70
PHARMACY Tion 1 Professor								
Tier 1 Preferred		-			\$0	\$0	\$0	\$0
Generic (Children 0-20)		-			\$0	\$0	\$0	\$0
Generic (Adult)****		-			30	ŞU	50	Şυ
Tier 2 Non-Preferred Generics					\$0	ćo	\$0	\$0
Generic (Children 0-20) Generic (Adult)****		000			\$0	\$0 \$0	\$0	\$0 \$0
Tier 3 Preferred Brand		1/2	TRACIO		ŞU.	ŞU	50	Şυ
Brand (Children 0-20)		Quill's	1	m	\$0	\$0	\$0	\$0
Brand (Children 0-20) Brand (Adult)****		1/4/cont	ato Número	//	\$0 \$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		2 1	0.0		Ų	ŞU	ŞU	30
Brand (Children 0-20)		0	- 19-5	19/	\$0	\$0	\$0	\$0
Brand (Adult)***		1 -0.3	-	(~/	\$0 \$0	\$0 \$0	\$0	\$0
		160	OSDE	/	\$0 \$0	\$0	\$0	\$0
Tier 5 Specialty Tier 6 Select Care Drugs			08 D		\$0 \$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
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.

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