

MEDICARE PLATINO
2021

APPENDIX C (7) (21)
BENEFITS NOT-COVERED BY
WRAP AROUND



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



APPENDIX C (7)

Part C Supplementary Benefits Certification

I, Luis A. Torres Olivera as President, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2021 to all members enrolled in:

Product Identification: H4007-016

Description Benefits	Copay			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$16 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – unlimited trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
Over-the-Counter (OTC) – \$50 maximum amount per quarter	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0

Description Benefits	Copay			
	100	110	120	130
Smoking Cessation	\$0	\$0	\$0	\$0
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A
Adult Diapers – up to one (1) box every month	\$0	\$0	\$0	\$0
SSBCI Allowance through Case Manager (\$500 maximum benefit per year)	N/A	N/A	N/A	N/A
SSBCI Meal for Chronic Conditions	\$0	\$0	\$0	\$0
VBID Healthy Food Card - \$25 maximum amount per month	N/A	N/A	N/A	N/A

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



Luis A. Torres Olivera
President

6/1/2020

Date






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Part C Supplementary Benefits Certification

I, Luis A. Torres Olivera as President, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2021 to all members enrolled in:

Product Identification: H4007-018

Description Benefits	Copay			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$60 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 48 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
Over-the-Counter (OTC) – \$50 maximum amount per quarter	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0

Description Benefits	Copay			
	100	110	120	130
Smoking Cessation	\$0	\$0	\$0	\$0
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A
Adult Diapers – up to one (1) box every month	\$0	\$0	\$0	\$0
SSBCI Allowance through Case Manager (\$1,000 maximum benefit per year)	N/A	N/A	N/A	N/A
SSBCI Meal for Chronic Conditions	\$0	\$0	\$0	\$0
SSBCI Debit Card - \$40 maximum amount per month	N/A	N/A	N/A	N/A
SSBCI Non-medical Transportation – 36 one-way trips	\$0	\$0	\$0	\$0

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6/1/2020

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I, Luis A. Torres Olivera as President, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2021 to all members enrolled in:

Product Identification: H4007-019

Description Benefits	Copay			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$90 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 24 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
Over-the-Counter (OTC) – \$30 maximum amount per quarter	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0

Description Benefits	Copay			
	100	110	120	130
Smoking Cessation	\$0	\$0	\$0	\$0
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A
SSBCI Allowance through Case Manager (\$500 maximum amount per year)	N/A	N/A	N/A	N/A
SSBCI Meal for Chronic Conditions	\$0	\$0	\$0	\$0
VBID Healthy Food Card - \$25 maximum amount per month	N/A	N/A	N/A	N/A

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6/11/2020

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I, Luis A. Torres Olivera as President, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2021 to all members enrolled in:

Product Identification: H4007-022

Description Benefits	Copay			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$144 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 12 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
Over-the-Counter (OTC) – \$15 maximum amount per quarter	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0

Description Benefits	Copay			
	100	110	120	130
Smoking Cessation	\$0	\$0	\$0	\$0
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



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President

6/11/2020

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I, Luis A. Torres Olivera as President, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2021 to all members enrolled in:

Product Identification: H4007-023

Description Benefits	Copay			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 36 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
Over-the-Counter (OTC) – \$45 maximum amount per quarter	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0

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Description Benefits	Copay			
	100	110	120	130
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A
SSBCI Debit Card - \$60 maximum amount per month	N/A	N/A	N/A	N/A
SSBCI Non-medical Transportation – 24 one-way trips	\$0	\$0	\$0	\$0
SSBCI Meal for Chronic Conditions	\$0	\$0	\$0	\$0
VBID Healthy Food Card - \$75 maximum amount per month	N/A	N/A	N/A	N/A

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Luis A. Torres Olivera
President

6/11/2020

Date


