

MEDICARE PLATINO 2021

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

Appendix C-6

Certification

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 2021 products:

| Product Number | Buy down |
|----------------------------------|----------|
| H5774-024 Platino Plus (HMO-SNP) | \$50 |

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 2021.






| Service | Coverage Code | | | | Platino Plus H5774-024 | | | |
|---|---------------|-----|--------|--------|------------------------|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 |

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Buy Down & Copayment Table - Medicare Platino 2021

| Service | Coverage Code | | | | Platino Plus H5774-024 | | | |
|--|---------------|---------|---------|---------|---------------------------|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| 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 |
| 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:

* Does NOT apply to Medicare Platino.

** Applies 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.

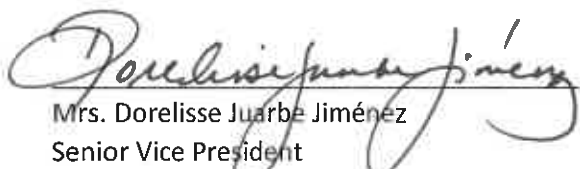
1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:

- 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.




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

06/01/2020
Date

Certification

Buy Down & Copayment Table - Medicare Platino 2021

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 2021 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 2021.





| Service | Coverage Code | | | | Platino Ultra H5774-025 | | | |
|---|---------------|-----|--------|--------|-------------------------|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 2021

| Service | Coverage Code | | | | Platino Ultra H5774-025 | | | |
|--|---------------|---------|---------|---------|----------------------------|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| 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 |
| 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:

* Does NOT apply to Medicare Platino.

** Applies 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.

**** Copays 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.

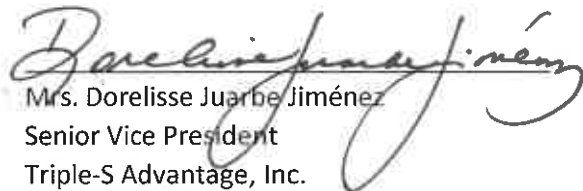
1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:

- 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.




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



06/01/2020

Date



Certification

Buy Down & Copayment Table - Medicare Platino 2021

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 2021 products:

| Product Number | Buy down |
|-------------------------------------|----------|
| H5774-026 Platino Advance (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 2021.





Buy Down & Copayment Table - Medicare Platino 2021

| Service | Coverage Code | | | | Platino Advance H5774-026 | | | |
|--|---------------|-----|--------|--------|------------------------------|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 |

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Buy Down & Copayment Table - Medicare Platino 2021

| Service | Coverage Code | | | | Platino Advance H5774-026 | | | |
|--|---------------|---------|---------|---------|------------------------------|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| 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 |
| 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 |

Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table.

Platino wrap services are subject to the maximum copayments in the table with exemptions.

Notes:

* Does NOT apply to Medicare Platino.

** Applies 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.

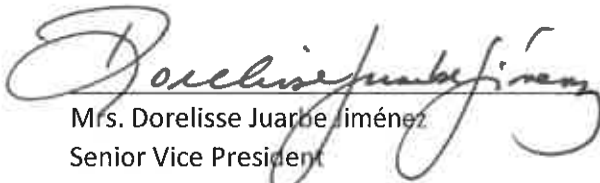
**** Copays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.

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 copay.
 5. Wrap around table is subject to change in 01/01/2021.



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



06/01/2020
Date

Certification

Buy Down & Copayment Table - Medicare Platino 2021

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 2021 products:

| Product Number | Buy down |
|-------------------------------------|----------|
| H5774-028 Platino Blindao (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 copy table for each Platino Product 2021.



Buy Down & Copayment Table - Medicare Platino 2021



| Service | Coverage Code | | | Platino Blindao H5774-028 | | | | |
|---|---------------|-----|--------|------------------------------|-----|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 |

DM



Rev2020

Buy Down & Copayment Table - Medicare Platino 2021

| Service | Coverage Code | | | | Platino Blindao H5774-028 | | | |
|--|---------------|---------|---------|---------|------------------------------|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| 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 |
| 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:

* Does NOT apply to Medicare Platino.

** Applies 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.

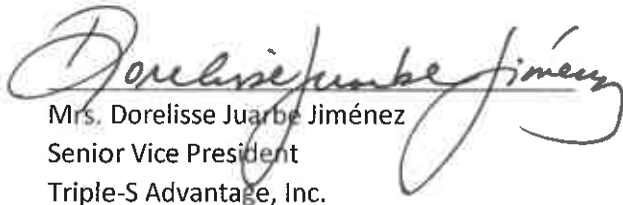
1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:

- 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.




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

06/01/2020
Date

Certification

Buy Down & Copayment Table - Medicare Platino 2021

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 2021 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 2021.





| Service | Coverage Code | | | | Platino Enlace H5774-032 | | | |
|--|---------------|-----|--------|--------|-----------------------------|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 2021

| Service | Coverage Code | | | | Platino Enlace H5774-032 | | | |
|--|---------------|---------|---------|---------|-----------------------------|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| 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 |
| 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 copayments in the table with exemptions.

Notes:

* Does NOT apply to Medicare Platino.

** Applies 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 copay.
 5. Wrap around table is subject to change in 01/01/2021.

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

06/01/2020
Date



Certification

Buy Down & Copayment Table - Medicare Platino 2021

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 2021 products:

| Product Number | Buy down |
|-------------------------------------|----------|
| H5774-035 Platino Alcance (HMO-SNP) | \$25 |

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 2021.





| Service | Coverage Code | | | | Platino Alcance H5774-035 | | | |
|---|---------------|-----|--------|--------|------------------------------|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 2021

| Service | Coverage Code | | | | Platino Alcance H5774-035 | | | |
|--|---------------|---------|---------|---------|------------------------------|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| 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 |
| 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:

* Does NOT apply to Medicare Platino.

** Applies 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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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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 5. Wrap around table is subject to change in 01/01/2021.



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

06/01/2020

Date