MEDICARE PLATINO 2021

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

Appendix C-6

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I, <u>Dorelisse Juarbe Jiménez</u>, <u>Senior VP of Operations</u>, hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> 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





Service Contrato Number	1/3/	Covera	Coverage Code			Platino Plus H5774-024			
LOCAL AL	3100	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				1					
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		Transition of							
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	





Contrato Número

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	- 151 4								
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 Artable.

Plating 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 prevention of some

*** 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);



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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;
 - 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.

Centrato Número

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OR POS DE SE

06/01/2020

Date





Buy Down & Copayment Table - Medicare Platino 2021

I, <u>Dorelisse Juarbe Jiménez</u>, <u>Senior VP of Operations</u>, hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> 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









Ontrato	AC/ON ON	Виу	Down & (Copaymen	t Table -	- Wiedicar	e Platino	2021
Service 21 -	001	covera	ge Code			o Ultra 4-025		
ROS	D 1000	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	-9-0-	70000	1 1 1 1		-			
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						- 23		
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





Centrato Número

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 ArchivesTRA 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 prevention 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.
 - 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 Juar be Jiménez Senior Vice President

Triple-S Advantage, Inc.

OMINISTRACION PORTE Contrato Número

Date



Buy Down & Copayment Table - Medicare Platino 2021

I, <u>Dorelisse Juarbe Jiménez</u>, <u>Senior VP of Operations</u>, hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> 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







Service GUROS D	ESPY	Covera	ge Code				Advance 4-026	
	100	110	120	130	100	110	120	130
HOSPITAL			10					
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)					17 11 1			
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				- UK	4 7			
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								BILL
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								EV.
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				Edito		77.11		
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





Contrato Número

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	Maria Ind	-118,1		HFL					
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 And RAC table.

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

Notes:

- * Does NOT apply to Medicare Platino.
- ** Applies to diagnostic tests only. Copays do not apply to tests required as part of a prevention specific spe 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 Juarde liméne

Senior Vice President Triple-S Advantage, Inc. 06/01/2028

Date

Rev2020



Buy Down & Copayment Table - Medicare Platino 2021

I, <u>Dorelisse Juarbe Jiménez</u>, <u>Senior VP of Operations</u>, hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> 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







Service Contrato I	Túmero	Covera	ge Code	WAIN			Blindao 4-028	
UROSI	E 200	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)			I TUEL					
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)	ŞU	Ş4	Şo	36				
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	50	\$0	\$0	\$0
AMBULATORY VISITS TO	γU	, JO	70	70	30	90	20	90
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	\$0
Pre-natal Services	\$0	\$0	\$1.50	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES	٥٦	20	٥٦	, 2 0	ŞU	ŞU	JU	ŞU
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0 \$0	\$0	\$0
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0 \$0	\$1	\$1.50	\$1.50	\$0	\$0	\$0	\$0
SERVICE	ŢŪ.	ŲΤ	71.50	72	JU.	Ų	50	ŞÜ
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	Ψ.	70	7,0	70	70	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	T-	70	7.	7~	7.0
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

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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.
 - The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of the

Contrato Número

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.

OMINISTRACION Contrato Número POSDE



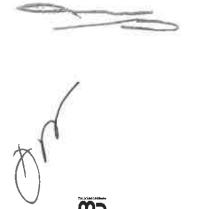




Buy Down & Copayment Table - Medicare Platino 2021

I, <u>Dorelisse Juarbe Jiménez</u>, <u>Senior VP of Operations</u>, hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> 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





OMINISTRA	CION OM	Виу	Down &	Сорауте	nt Table -	- Medicar	e Platino	2021
Service OCAOS D	977	Coverage Code			Platino Enlace H5774-032			
000	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)		4.000						
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services					\$0	\$0	\$0	\$0
Provided in a Hospital Emergency Room (per visit)	\$0	\$4	\$5	\$8	ŞU	ŞU	50	ŞU
Non-Emergency Services					\$0	\$0	\$0	\$0
Provided in a Freestanding	\$0	\$2	\$3	\$4	7.	957	955	40
Emergency Room (per visit)	7.			, ,				
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	70	70	70	90	Ţ.	γo	70	70
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	70	71	\$1.50	ΥL	Ų.	ΨU	Ç0	J U
	4.5	4.		-		4.		-
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	4.0	4.5		4.	4.5	4.5	A = 1	1.
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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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.

Mrs. Dorelisse Juar he Iménez Senior Vice President

Triple-S Advantage Inc.

06/01/2020







Buy Down & Copayment Table - Medicare Platino 2021

I, <u>Dorelisse Juarbe Jiménez</u>, <u>Senior VP of Operations</u>, hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> 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				







Contrato Núme	ON OFF	Buy Down & Copayment Table - Medicare Platino 2021						
Servit & POS DE	0777	Coverage Code			Platino Alcance H5774-035			
08.07	100	110	120	130	100	110	120	130
HOSPITAL		**					М. П.	
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	50	50	\$0	\$0
AMBULATORY VISITS TO		70	70	70	4.77	-	40	
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	ΨŪ	γo	70	ŞÜ	γU	ŢŪ.	Ç0	70
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	7-				T-
	ĊO	Ċ1	Ć1 F0	ća	ćo	ćo	ćo	ćo
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0 ¢o	\$0 \$0	\$0	\$0
Therapy - Respiratory	\$0 \$0	\$1	\$1.50	\$2 \$2	\$0 \$0	\$0 \$0	\$0	\$0 \$0
Therapy - Occupational	\$0 \$0	\$1 \$0	\$1.50 \$0	\$2	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Vaccines			\$0					
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Child)	\$0 \$0	\$0 \$1	\$1.50	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Restorative (Adult)	\$0 \$0	\$1 \$1	\$1.50	\$2	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
	ŞU	ĎΤ	01.30	ŞΖ	ŞU	ŞU	Ų	ŞU
PHARMACY Preferred (Children 0-20,	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
inclusive)	70		70		70	70	+~	Ψ.
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





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								1101		
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.

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Mrs. Dorelisse Juarbe Jimenez Senior Vice President

Triple-S Advantage, Inc

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06/01/2020

Date

