

MEDICARE PLATINO CONTRACT

APPENDIX C (7) (22)

BENEFITS NOT-COVERED BY
WRAP AROUND SUPPLEMENTARY
BENEFITS PART C





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 2022 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 \$20 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 |



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| 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 |
| OTC - \$200 maximum amount per month | N/A | N/A | N/A | N/A |
| VBID Debit 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



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 2022 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 \$65 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 |



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| 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 Non-medical transportation – 36 one-way trips | \$0 | \$0 | \$0 | \$0 |
| VBID Debit Card - \$50 maximum amount per month | N/A | N/A | N/A | N/A |

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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 \$100 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 |




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| Description Benefits | Copay | | | |
|---|-------|-----|-----|-----|
| | 100 | 110 | 120 | 130 |
| Bathroom Safety Devices (Bath Chair) | \$0 | \$0 | \$0 | \$0 |
| 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 |
| VBID Debit Card - \$50 maximum amount per month | N/A | N/A | N/A | N/A |

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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 \$148.50 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) – \$15 maximum amount per quarter | \$0 | \$0 | \$0 | \$0 |
| SilverSneakers (Fitness Program) | \$0 | \$0 | \$0 | \$0 |
| Blood Pressure Monitor | \$0 | \$0 | \$0 | \$0 |



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| Description Benefits | Copay | | | |
|---|-------|-----|-----|-----|
| | 100 | 110 | 120 | 130 |
| Bathroom Safety Devices (Bath Chair) | \$0 | \$0 | \$0 | \$0 |
| 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 |
| VBID Debit 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



Date




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