MEDICARE PLATINO CONTRACT

APPENDIX C (6) (22)

CO-PAYMENTS CERTIFICATION





Buy Down & Copayment Table - Medicare Platino 2022

I, **Orlando González**, President, hereby certify that **MMM Healthcare**, **LLC** will offer the following by downs for each of the Medicare Platino 2022 products:

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Contract – PBP and Plan Name	Buy down
H4003-017 MMM Diamante Platino	\$20.00
H4003-047 MMM Valor Platino	\$148.50
H4003-049 MMM Grande Platino	\$0.00
H4004-061 MMM Relax Platino	\$86.00
H4004-062 MMM Bono Platino	\$0.00
H4004-048 PMC Premier Platino	\$35.00





Buy Down & Copayment Table - Medicare Platino 2022

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Contract – PBP and Plan Name	Buy down	
H4003-017	<u> </u>	
MMM Diamante Platino	\$20.00	

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SHINISTRACION STATES **MMM Diamante Platino** Contrato Número **Coverage Code Service** (H4003-017) 0 0 3 100 110 120 130 100 110 120 130 HOSPITAL QUA ON TO SOON \$5 \$8 \$0 \$0 \$0 \$0 \$0 \$4 \$0 \$0 \$0 \$0 \$0 Nursery \$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 \$0 \$4 \$5 \$8 \$0 \$0 \$0 \$0 Emergency Room, (per visit) Non-Emergency Services Provided in a Freestanding \$0 \$2 \$3 \$4 \$0 \$0 \$0 \$0 Emergency Room, (per visit) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Trauma **AMBULATORY VISITS TO** \$0 Primary Care Physician (PCP) \$0 \$0 \$0 \$1 \$1.50 \$2 \$0 \$1.50 Specialist \$0 \$0 \$0 \$0 \$1 \$2 \$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** \$0 50¢ \$1.50 \$0 \$0 \$0 High-Tech Laboratories** \$0 \$1 Clinical Laboratories** \$0 50¢ \$1 \$1.50 \$0 \$0 \$0 \$0 X-Ravs** \$1.50 \$0 \$0 \$0 \$0 \$0 50¢ \$1 Special Diagnostic Tests** \$0 \$1.50 \$2 \$0 \$0 \$0 \$0 \$1 SERVICE Therapy – Physical \$0 \$1.50 \$2 \$0 \$0 \$0 \$0 \$1 \$0 \$0 Therapy – Respiratory \$0 \$1 \$1.50 \$2 \$0 \$0 Therapy - Occupational \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Vaccines \$0 \$0 \$0 \$0 \$0 \$0 Healthy Child Care \$0 \$0 \$0 \$0 \$0 \$0 DENTAL \$0 \$0 \$0 \$0 \$0 \$0 \$0 Preventive (Child) \$0 Preventive (Adult) \$0 \$0 \$0 \$0 \$1 \$1.50 52 \$0 Restorative \$0 \$0 \$0 \$0 \$1 \$1.50 \$2 \$0 **PHARMACY** Preferred (Children 0-20) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Preferred (Adult)**** \$0 \$1 \$2 \$3 \$0 \$0 \$0 \$0 \$0 Non-Preferred (Children 0-20) \$0 \$0 \$0 \$0 \$0 \$0 \$0 Non-Preferred (Adult)**** \$0 \$3 \$4 \$6 \$0 \$0 \$0 \$0 **SERVICES Outpatient Substance Abuse** \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 \$2 \$0 \$0 \$0 Outpatient Mental Health \$0 \$1 \$1.50 \$0 Vision Services \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Hearing Exams \$0 \$1 \$1.50 \$2 Physical Exam \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 \$0 **Ambulatory Surgery** \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 Special Coverage \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 Outpatient Substance Abuse \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 (Pharmacy)

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Notes:

- * NO apply to Medicare Platino.
- ** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.
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President

06/09/21

Contrato Número

Date



Plan de Salud del Gobierno

Rev2021



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Contract - PBP and Plan Name	Buy down	
H4003-047	#140 F0	
MMM Valor Platino	\$148.50	

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Nimero Service		Coverage Code		MMM Valor Platino (H4003-047)				
151	100	110	120	130	100	110	120	130
HOSP(TAL		31		1		193		
Adraission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Admission 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	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Emergency Room, (per visit) Non-Emergency Services	+0	40	10		46	10	4.0	46
Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma AMBULATORY VISITS TO	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	40	61	¢1 F0	42	¢0	φO	40	¢Ω
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**	ė0.	50¢	76H	\$1.50	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	50¢	\$1 \$1	\$1.50	\$0	\$0	\$0	\$0
X-Rays**	\$0 \$0	-	\$1	\$1.50	50	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	50¢ \$1	\$1.50	\$1.50	\$0	\$0	\$0 \$0	\$0
SERVICE	φυ	ÞΙ	\$1.50	\$Z	3 0	\$ 0	ΨU	PU.
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	1 40	70	1 40	1 40 1	-50	-90	.90	.40
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	Ψ0	Ψ1	Ψ1.50	42	40	40	40	40
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)		50	50	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
SERVICES	1 40	40	1 91	- 90	40	90	40	40
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	50	\$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
	\$0	\$1	+	\$2	\$0	\$0	\$0 \$0	
Special Coverage Outpatient Substance Abuse	ΨU	31	\$1.50	74	Φ0	30	ΨU	\$0
(Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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Notes:

- * NO apply to Medicare Platino.
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 - · Individuals receiving hospice care.
 - 2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:
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-President

06/09/21

Date

Contrato Número



edicare Rev2021



Buy Down & Copayment Table - Medicare Platino 2022

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Contract - PBP and Plan Name	Buy down	
H4003-049	40.00	
MMM Grande Platino	\$0.00	

of





Service		Coverage Code			MMM Grande Platino (H4003-049)				
151	100	110	120	130	100	110	120	130	
HOSETTAL Admission			-			1157		7	
Agmission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0	
Nursery	50	50	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)			A				FIRE		
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Non Emorgonov Convigos	Ψ0	40	Ψ.	ΨΨ	ΨΟ	40	ΨΟ	40	
Non-Emergency Services Provided in a Hospital	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0	
Emergency Room, (per visit)	அப	φт	حو	фО	φU	ъO	φŲ	Ф О	
Non-Emergency Services									
Provided in a Freestanding	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0	
Emergency Room, (per visit)	40	4~	42	Ψ'	40	40	40	40	
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
AMBULATORY VISITS TO								7.0	j
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	1
Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	1
Sub-Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1
OTHER SERVICES	-	-T-		Lin attended		7.7	7	-	1
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0	1
Clinical Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0	1
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0	1
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	1
SERVICE						4 . 5			ĺ
Therapy - Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	ĺ
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	Ì
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	l
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	l
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
DENTAL								9 177	
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								MILEV	
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	-
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0	
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0	
SERVICES		1231					III/b		
Outpatient Substance Abuse	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Outpatient Mental Health	50	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

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06/09/21

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Contract - PBP and Plan Name	Buy down
H4004-048	42E 00
PMC Premier Platino	\$35.00





WHISTRACION ON Contrato Número **PMC Premier Platino** 0 0 3 **Coverage Code** Service (H4004-048) WHO HOSPITAL Admission 100 110 120 130 100 110 120 130 \$5 \$0 \$4 \$8 \$0 \$0 \$0 \$0 \$0 \$0 Nursery \$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 \$0 \$4 \$5 \$8 \$0 \$0 \$0 \$0 Emergency Room, (per visit) Non-Emergency Services Provided in a Freestanding \$0 \$2 \$3 \$4 \$0 \$0 \$0 \$0 Emergency Room, (per visit) \$0 Trauma \$0 \$0 \$0 \$0 \$0 \$0 \$0 **AMBULATORY VISITS TO** Primary Care Physician (PCP) \$0 \$1.50 \$0 \$1 \$2 \$0 \$0 \$0 Specialist \$0 \$1.50 \$0 \$0 \$0 \$1 \$2 \$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** 50¢ \$0 High-Tech Laboratories** \$0 \$1 \$1.50 \$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 \$1.50 \$0 \$0 \$0 \$0 \$1 \$2 Therapy - Occupational \$0 \$1 \$1.50 \$2 \$0 50 \$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) \$1 \$1.50 \$0 \$0 \$0 \$2 \$0 \$0 Restorative \$1 \$0 \$1.50 \$2 \$0 \$0 \$0 \$0 PHARMACY Preferred (Children 0-20) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Preferred (Adult)**** \$0 \$1 \$2 \$3 \$0 \$0 \$0 \$0 Non-Preferred (Children 0-20) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Non-Preferred (Adult)**** \$0 \$3 \$4 \$6 \$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 \$0 \$0 \$0 \$1 \$1.50 \$2 \$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** \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 (Pharmacy)



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Contract - PBP and Plan Name	Buy down	
H4004-061	фос оо	
MMM Relax Platino	\$86.00	





HISTRACIO, MMM Relax Platino **Coverage Code** Contrata Número Service (H4004-061)22 - 0 0 HOSE HOSE NURSERY 100 120 130 100 110 120 130 110 HOSRITAL \$0 \$4 \$5 \$0 \$0 \$8 \$0 \$0 \$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 \$0 \$4 \$5 \$8 \$0 \$0 \$0 \$0 Emergency Room, (per visit) Non-Emergency Services Provided in a Freestanding \$0 \$2 \$3 \$4 \$0 \$0 \$0 \$0 Emergency Room, (per visit) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Trauma **AMBULATORY VISITS TO** Primary Care Physician (PCP) \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 Specialist \$0 \$1.50 \$2 \$0 \$0 \$0 \$0 \$1 Sub-Specialist \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 Pre-natal Services 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 **OTHER SERVICES** \$1.50 \$0 High-Tech Laboratories** \$0 50¢ \$0 \$0 \$0 \$1 Clinical Laboratories** \$0 50¢ \$1 \$1.50 \$0 \$0 \$0 \$0 X-Ravs** \$0 50¢ \$1 \$1.50 \$0 \$0 \$0 \$0 Special Diagnostic Tests** \$0 \$0 \$0 \$0 \$1 \$1.50 \$0 \$2 SERVICE Therapy - Physical \$1.50 \$0 \$0 \$0 \$0 \$1 \$2 \$0 Therapy – Respiratory \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 Therapy - Occupational \$0 \$1.50 \$2 \$0 \$0 \$0 \$1 \$0 \$0 \$0 Vaccines \$0 \$0 \$0 \$0 \$0 \$0 Healthy Child Care \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 DENTAL \$0 Preventive (Child) \$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) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Preferred (Adult)**** \$3 \$0 \$0 \$0 \$0 \$0 \$1 \$2 \$0 Non-Preferred (Children 0-20) \$0 \$0 50 \$0 \$0 \$0 \$0 Non-Preferred (Adult)**** \$0 \$0 \$0 \$3 \$4 \$6 \$0 \$0 **SERVICES Outpatient Substance Abuse** \$0 \$1.50 \$2 \$0 \$0 50 \$0 \$1 \$0 \$0 Outpatient Mental Health \$1 \$1.50 \$2 \$0 \$0 \$0 \$2 \$0 \$0 \$0 Vision Services \$0 \$1 \$1.50 \$0 \$0 Hearing Exams \$0 \$1 \$1.50 \$2 50 \$0 \$0 \$1.50 \$2 \$0 \$0 Physical Exam \$0 \$1 \$0 \$0 Ambulatory Surgery \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 Special Coverage \$0 \$2 \$0 \$0 \$0 \$1 \$1.50 \$0 **Outpatient Substance Abuse** \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 (Pharmacy)



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 01/01/2022.

President

Date

06/09/21

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Buy Down & Copayment Table - Medicare Platino 2022

I, **Orlando González**, President, hereby certify that **MMM Healthcare**, **LLC** will offer the following by downs for each of the Medicare Platino 2022 products:

Contract – PBP and Plan Name	Buy down	
H4004-062	\$0,00	
MMM Bono Platino	\$0.00 	

296





AISTRACION MMM Bono Platino **Coverage Code** Contrate N Service (H4004-062)120 100 110 120 130 100 110 130 HOSPITAL CURO Authission \$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 \$0 \$4 \$5 \$8 \$0 \$0 \$0 \$0 Emergency Room, (per visit) Non-Emergency Services Provided in a Freestanding \$0 \$0 \$2 \$3 \$4 \$0 \$0 \$0 Emergency Room, (per visit) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Trauma **AMBULATORY VISITS TO** Primary Care Physician (PCP) \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 Specialist \$1.50 \$2 \$0 \$0 \$0 \$0 \$0 \$1 Sub-Specialist \$1.50 \$2 \$0 \$0 \$0 \$0 \$0 \$1 Pre-natal Services \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 **OTHER SERVICES** \$1.50 50¢ \$1 \$0 \$0 \$0 \$0 High-Tech Laboratories** \$0 Clinical Laboratories** \$0 50¢ \$1 51.50 \$0 \$0 \$0 \$0 X-Rays** \$0 \$0 50¢ \$1 \$1.50 \$0 \$0 \$0 Special Diagnostic Tests** \$1.50 \$0 \$0 \$0 \$0 \$1 \$2 \$0 SERVICE Therapy – Physical \$1.50 \$2 \$0 \$0 \$0 \$0 \$0 \$1 Therapy – Respiratory \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 Therapy - Occupational \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Vaccines \$0 \$0 50 \$0 \$0 Healthy Child Care \$0 \$0 \$0 \$0 \$0 \$0 50 \$0 DENTAL \$0 \$0 \$0 \$0 \$0 Preventive (Child) \$0 \$0 \$0 Preventive (Adult) \$0 \$0 \$0 \$0 \$1 \$1.50 \$2 \$0 Restorative \$2 \$0 \$0 \$0 \$0 \$0 \$1 \$1.50 PHARMACY Preferred (Children 0-20) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Preferred (Adult)**** \$0 \$1 \$2 \$3 \$0 \$0 \$0 \$0 Non-Preferred (Children 0-20) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Non-Preferred (Adult)**** \$3 \$4 \$6 \$0 \$0 \$0 \$0 \$0 **SERVICES** Outpatient Substance Abuse \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 Outpatient Mental Health \$1.50 \$2 \$0 \$0 \$0 \$0 \$0 \$1 Vision Services \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 \$0 Hearing Exams \$0 \$1.50 \$0 \$0 \$0 \$1 \$2 Physical Exam \$0 \$1.50 \$2 \$0 \$0 \$0 \$0 \$1 \$0 Ambulatory Surgery \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 Special Coverage \$0 \$1 \$1.50 \$2 \$0 \$0 \$0 \$0 **Outpatient Substance Abuse** \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 (Pharmacy)



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5. Wrap around table is subject to change in 01/01/2022.

Are

President

06/09/21 -

Date



