

# MEDICARE PLATINO CONTRACT

APPENDIX C (6) (22)

CO-PAYMENTS  
CERTIFICATION





## 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:

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

In addition, I certify that the copays that MMM Healthcare, LLC establish will not exceed those established by ASES as contained in the following table. The company must present a copy table for each Platino Product 2022.





## Certification

### Buy Down & Copayment Table - Medicare Platino 2022

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

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

In addition, I certify that the copays that MMM Healthcare, LLC establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.





Service	Coverage Code				MMM Diamante Platino (H4003-017)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
<b>OTHER SERVICES</b>								
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
<b>SERVICE</b>								
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
<b>DENTAL</b>								
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
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
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

*Handwritten signature and scribbles in blue ink on the left margin.*

<sup>1</sup>Medicare 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.

*J. Spino*

\_\_\_\_\_  
President

06/09/21

Date





## Certification

### Buy Down & Copayment Table - Medicare Platino 2022

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

Contract – PBP and Plan Name	Buy down
<b>H4003-047</b> MMM Valor Platino	\$148.50

In addition, I certify that the copays that **MMM Healthcare, LLC** establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.





Service	Coverage Code				MMM Valor Platino (H4003-047)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
<b>OTHER SERVICES</b>								
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
<b>SERVICE</b>								
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
<b>DENTAL</b>								
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
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
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

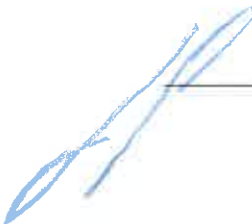
*[Handwritten signature/initials in blue ink]*

<sup>1</sup>Medicare 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.
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  - 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

06/09/21

Date







## Certification

### Buy Down & Copayment Table - Medicare Platino 2022

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

Contract – PBP and Plan Name	Buy down
<b>H4003-049</b> MMM Grande Platino	\$0.00

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In addition, I certify that the copays that MMM Healthcare, LLC establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.

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Service	Coverage Code				MMM Grande Platino (H4003-049)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
<b>OTHER SERVICES</b>								
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
<b>SERVICE</b>								
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
<b>DENTAL</b>								
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
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
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

*Handwritten initials*

*Handwritten signature*

<sup>1</sup>Medicare 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

06/09/21

Date






## Certification

### Buy Down & Copayment Table - Medicare Platino 2022

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



Contract – PBP and Plan Name	Buy down
<b>H4004-048</b> PMC Premier Platino	\$35.00

In addition, I certify that the copays that MMM Healthcare, LLC establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.





Service	Coverage Code				PMC Premier Platino (H4004-048)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
<b>OTHER SERVICES</b>								
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
<b>SERVICE</b>								
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
<b>DENTAL</b>								
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
<b>PHARMACY</b>								
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
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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

*Handwritten signature/initials*

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J. G. Spino

President

06/09/21

Date





## Certification

### Buy Down & Copayment Table - Medicare Platino 2022

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

Contract – PBP and Plan Name	Buy down
<b>H4004-061</b> MMM Relax Platino	\$86.00

In addition, I certify that the copays that **MMM Healthcare, LLC** establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.





Service	Coverage Code				MMM Relax Platino (H4004-061)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
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
<b>OTHER SERVICES</b>								
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
<b>SERVICE</b>								
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
<b>DENTAL</b>								
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
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
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

*Handwritten signature and scribbles in blue ink on the left margin.*

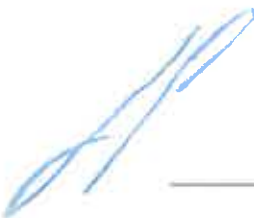


<sup>1</sup>Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

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.

  
J. C. G. G. G.  
President

06/09/21  
Date







## Certification

### Buy Down & Copayment Table - Medicare Platino 2022

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

Contract – PBP and Plan Name	Buy down
<b>H4004-062</b> MMM Bono Platino	\$0.00

*Handwritten signature*

In addition, I certify that the copays that MMM Healthcare, LLC establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.

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J. G. G. G.

President

06/09/21

Date



Rev2021

