

# MEDICARE PLATINO CONTRACT



APPENDIX B (1) (22)

PREMIUM PAYMENT

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**Monthly Payment of Premiums per Member  
by Geographic Areas**

**TRIPLE-S ADVANTAGE, INC.**

<i>Service Area:</i>	H5774-024 H5774-025 H5774-026 H5774-028 H5774-035
<b>East</b>	\$20.00
<b>Metro-North</b>	\$20.00
<b>North</b>	\$20.00
<b>North East</b>	\$20.00
<b>San Juan</b>	\$20.00
<b>South East</b>	\$20.00
<b>South-West</b>	\$20.00
<b>West</b>	\$20.00

