MEDICARE PLATINO CONTRACT



APPENDIX C (6) (22)

CO-PAYMENTS CERTIFICATION

My



I, Madeline Hernández-Urquiza, President, hereby certify that Triple-S Advantage, Inc. will offer the following buy downs for each of the Medicare Platino 2022 products:

Product Number	Buy down	
H5774-024 Platino Plus (HMO-SNP)	\$50	

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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		Covera	ge Code		Platino Plus H5774-024				
	100	110	120	130	100	110	120	130	
HOSPITAL	4,314	OF ALE	-114.000	210	2710	W. I. L.			
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)	* 111		11111	Jeani,					
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	8.7	ECC-010					arily E		
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	No.								
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	1.5			1.25		9,04		11.64	
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					5 U.V		1		
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	50	
Non-Preferred (Adult)***	\$0	\$3	\$4	\$6	\$0	\$0	MISTR	CION	

Service		Covera	ge 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					75		300	
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

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.
- **** 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:

Contrato Número

- 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;
 and
 - 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 01/01/2022.

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CONTRACTOR

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Mrs. Madeline Hernández-Urquiza

President

Triple-S Advantage, Inc.

<u>6- → - 2 |</u>
Date







Buy Down & Copayment Table - Medicare Platino 2022

I, <u>Madeline Hernández-Urquiza</u>, <u>President</u>, hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2022 products:

Product Number	Buy down	
H5774-025 Platino Ultra (HMO-SNP)	\$0	

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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.

- All





Service		Covera	ge Code				o Ultra 4-025	
	100	110	120	130	100	110	120	130
HOSPITAL	33.7		7			31157	Marie B	13-31
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)				U				
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			O LEEDS				A-00	13
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		16 11911	1115					
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			TELLS.	120		WATER TO		0.70
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							n de re	
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 \$0	\$0
Non-Preferred (Adult)***	\$0	\$3	\$4	\$6	\$0	(S)	\$0 atmto Nán	139

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								1 182
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

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.

**** 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:

Pregnant woman (during pregnancy and the 60-day post-partum period (AL/AN)

Institutionalized Individuals; and



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- 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;
 and
 - 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 01/01/2022.

Mrs. Madeline Herhández-Urquiza

Presiden

Triple-S Advantage, Inc.

6-4-21 Date







Buy Down & Copayment Table - Medicare Platino 2022

I, <u>Madeline Hernández-Urquiza</u>, <u>President</u>, hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2022 products:

Product Number	Buy down	
H5774-026 Platino Advance (HMO-SNP)	\$0	

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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		Covera	ge Code			Platino / H577	Advance 4-026	
	100	110	120	130	100	110	120	130
HOSPITAL	JIR J. S.	RENT H				010-00		
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)			B. 1993					
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		THE REAL PROPERTY.				WE N		
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				TITLE			Alexand	
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	AT ET	UI DI SE						76 E
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	THE STATE OF	國題
Non-Preferred (Adult)***	\$0	\$3	\$4	\$6	\$0	130	Coot 2 2	\$0

Service		Coverag	ge 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								
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

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.
- **** 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 ADMINISTRAC 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.
- 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 01/01/2022.

Mrs. Madeline Hernandez-Vrquiza

President

Triple-S Advantage, Inc.

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Buy Down & Copayment Table - Medicare Platino 2022

I, Madeline Hernández-Urquiza, President, hereby certify that **Triple-S Advantage**, Inc. will offer the following buy downs for each of the Medicare Platino 2022 products:

Product Number	Buy down				
H5774-028 Platino Blindao (HMO-SNP)	\$148.50				

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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.



Probleta littlera Processo Protesso Pro

Service		Coverag	ge Code		Platino Blindao H5774-028				
	100	110	120	130	100	110	120	130	
HOSPITAL		W = 1=0	Date: 1		54E 111	105	12/12/2012	THE	
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)	MALE A			MARIE I			215-14	100	
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			N 8 1 EU	2 3 3 3			The late	8.1 W	
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	7-	-	-	-				
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 SERVICE					5/1/		1	2.4	
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		MEILE IN			De North	17 500	+ 3 V		
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	MI SEC	. = 20 10	STEVILL			JH 72	STEEL !	(E5)	
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	OIN	STARAC	ON C	
Non-Preferred (Adult)***	\$0	\$3	\$4	\$6	\$0		atratS Wim	mro SE	

TRANSPORTER REV2021

Service		Coverag	ge 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	-HEYL				HELL TO			
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

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.
- **** 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 Pregnant woman (during pregnancy and the 60-day post-partum period); Contrato Namerican Indians and Alaskan Natives (AI/AN); coverage code:



- 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 01/01/2022.

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Mrs. Madeline Hernández Urquiza

Presiden

Triple-S Advantage, Inc.





Buy Down & Copayment Table - Medicare Platino 2022

I, Madeline Hernández Urquiza, President, hereby certify that Triple-S Advantage, Inc. will offer the following buy downs for each of the Medicare Platino 2022 products:

Product Number	Buy down		
H5774-035 Platino Alcance (HMO-SNP)	\$25		

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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.



H



Service	Coverage Code				Platino Alcance H5774-035			
	100	110	120	130	100	110	120	130
HOSPITAL	WS THE	199		128 59		14.01		N. I
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)					100		1000	
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			L UIA					
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					74 1	-		
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			TVE	CHURS!	ENT			
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	PVE		THE PARTY	TE TO		7 E E		No.
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)***	\$0	\$1	\$2	\$3	\$0	\$0 /	NISTRA	100
Non-Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	11/2	\$0 Contento) Semeno
Non-Preferred (Adult)***	\$0	\$3	\$4	\$6	\$0	ე0 დ	2 \$0. (0 \$20

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	-					. N . E		
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

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- *** 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) Contrato Número
 - American Indians and Alaskan Natives (AI/AN);



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- Institutionalized Individuals; and
- Individuals receiving hospice care.
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 - · Family planning services and supplies;
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 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
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Mrs. Madeline Hemández-Urquiza

President

Triple-S Advantage, Inc.

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Date

