MEDICARE PLATINO CONTRACT

APPENDIX C (6) (23)

CO-PAYMENTS CERTIFICATION





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

Product Number	Buy down
H4007-016	\$30

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> 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 2023.





Service		Covera	ge Code		H4007-016				
	100	110	120	130	100	110	120	130	
HOSPITAL									
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)			17						
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	Ψ,	4.5	1 7	T - 1	T	7.5	70	40	
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Specialist 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	\$0	
OTHER SERVICES	ΨΟ	Ι ΦΟ	φυ	μ ψ0	φυ	φυ	ΨΟ	φυ	
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0	
Clinical Laboratories**	\$0 \$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	φυ	φ1	μ φ1.50	<u> </u>	φυ	ψυ	φυ	φυ	
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 \$0	
DENTAL	ΦU	φυ	30	J \$0	φU	φυ	φ0	Φ0	
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0 \$0	
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
	φU	φ1	\$1.50	Φ2	φU	\$0	φU	φU	
PHARMACY Tion 1 Professor		-	-						
Tier 1 Preferred		-			¢Ω	¢0	40	¢Ω	
Generic (Children 0-20)					\$0	\$0	\$0	\$0	
Generic (Adult)****		STRACI	ON		\$0	\$0	\$0	\$0	
Tier 2 Non-Preferred Generics	-/3	STRAC	1ml		¢Ω	60	60	¢Ω	
Generic (Children 0-20)	18/	Contrato Nú	mero \		\$0	\$0	\$0	\$0	
Generic (Adult)****		Odinia.			\$0	\$0	\$0	\$0	
Tier 3 Preferred Brand	1	3	/>/		ФО.	ΦΩ.	00	ው	
Brand (Children 0-20)	l'or	1	5		\$0	\$0	\$0	\$0	
Brand (Adult)****	/	POS	E		\$0	\$0	\$0	\$0	
Tier 4 Non-Preferred Brand		The same of the sa			Φ.Ο.	Φ.Ο.	00	<u></u>	
Brand (Children 0-20)					\$0	\$0	\$0	\$0	
Brand (Adult)****			l'		\$0	\$0	\$0	\$C	

Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$O	\$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	\$O	\$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

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.

- * 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);

No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

Luis A. Torres Olivera
President

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Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

Product Number	Buy down
H4007-018	\$75

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico, Inc.</u> 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 2023.







Service		Coverag	ge Code		H4007-018				
	100	110	120	130	100	110	120	130	
HOSPITAL								13	
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	·		1						
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	ΨΟ	ΨΟ	Ψ	_ φσ]	ΨΟ	Ψ	ΨΟ	φφ	
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	ΨΟ	Ψ1	ψ1.50	ΨΣ	φυ	φυ	ΨΟ	_ φο	
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	φυ	φ0	φ0	Ι ΦΟ	ΨΟ	ΨΟ	ΨΟ	_ ΨΟ	
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	Ψ.σ	1	41.00		136,000			14/20	
Tier 1 Preferred									
Generic (Children 0-20)		15	RACION		\$0	\$0	\$0	\$0	
Generic (Adult)****		15		m	\$0	\$0	\$0	\$0	
Tier 2 Non-Preferred Generics		13/	RACION Missess		- 7 -				
Generic (Children 0-20)		Cos	00		\$0	\$0	\$0	\$0	
Generic (Adult)****		1 6		/5/	\$0	\$0	\$0	\$0	
Tier 3 Preferred Brand		100	,	6	7-2		1	1	
Brand (Children 0-20)		10	ROSDE		\$0	\$0	\$0	\$0	
Brand (Adult)****			103	1	\$0	\$0	\$0	\$0	
Tier 4 Non-Preferred Brand					45	+-	+5	+ 5	
Brand (Children 0-20)					\$0	\$0	\$0	\$0	
Brand (Adult)****					\$0	\$0	\$0	\$0	

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Tier 5 Specialty					\$0	\$0	\$O	\$0
Tier 6 Select Care Drug					\$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	\$O	\$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

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.

- * 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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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)
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Luis A. Torres Olivera
President

14/2000 Date







Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

Product Number	Buy down
H4007-019	\$105

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico, Inc.</u> 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 2023.





Service		Covera	ge Code	H4007-019				
	100	110	120	130	100	110	120	130
HOSPITAL				11.				
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)		111						
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	\$O	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO	· · · · · · · · · · · · · · · · · · ·							
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	Ψΰ	Ι ΨΟ	1 40	40	40	-	7.0	
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								
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Physical 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 DENTAL	ΨΟ	ΙΨΟ	φσ	Ι ΦΟ	ΨΟ	_ ψυ	Ψ0	_ ψυ
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	ΨΟ	Ψ1	Ψ1.50	Ψ2	φο	40	70	Ψ0
Tier 1 Preferred		+						
Generic (Children 0-20)			RACIOA		\$0	\$0	\$0	\$0
Generic (Adult)****		HIS	NO.		\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics		15/		w/	ΨΟ	Ψ0	ΨΟ	Ψ0
Generic (Children 0-20)		Contri	Número		\$0	\$0	\$0	\$0
Generic (Adult)****		23	002		\$0	\$0	\$0	\$0
Tier 3 Preferred Brand		100	1	2/	ψυ	ΨΟ	ΨΟ	Ψ0
Brand (Children 0-20)		1mg	3		\$0	\$0	\$0	\$0
Brand (Children 0-20) Brand (Adult)****		R	OSDES		\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand					φυ	фО	ΨΟ	φ0
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Children 0-20) Brand (Adult)****					\$0	\$0	\$0	\$0

Tier 5 Specialty					\$0	\$0	\$O	\$0
Tier 6 Select Care Drug					\$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

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.

- * 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 pe

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 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);

No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

Luis A. Torres Olivera

President

6/9/303 Date







Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

Product Number	Buy down
H4007-022	\$150

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> 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 2023.





Service		Covera	ge Code			H400	7-022	
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$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 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	\$O	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO			il .					
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	40	40	4.0	4.0	4.0	4.5	7.5	40
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	7.2							
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				
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								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****		MIST	RAC		\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics	-	OMIL	100					4.0
Generic (Children 0-20)		Cont	RAC ON Número		\$0	\$0	\$0	\$0
Generic (Adult)****		Onitrate	Número n		\$0	\$0	\$0	\$0
Tier 3 Preferred Brand	10	2	001	1	40	40	+5	40
Brand (Children 0-20)	1	6	18	/	\$0	\$0	\$0	\$0
Brand (Adult)****		1000	- V		\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		08	ES		ΨΟ	Ψ0	Ψυ	ΨΟ
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0

SER

Tier 5 Specialty					\$0	\$0	\$O_	\$0
Tier 6 Select Care Drug					\$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

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.

- * 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);

No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.



Luis A. Torres Olivera

President

6/9/2022 Date





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

Product Number	Buy down
H4007-026	\$170.10

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> 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 2023.







Service		Covera	ge Code	H4007-026				
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$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 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								***************************************
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	Ψ0	Ψ σ	1 40	4.0	-	4.0	4.5	40
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								
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								
Tier 1 Preferred	-	STRACI	ON					
Generic (Children 0-20)	The second	13	Jan 1		\$0	\$0	\$0	\$0
Generic (Adult)****	13	Contento No	merc		\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics	1	Contento	0		φο	Ψ0	Ψ0	Ψΰ
Generic (Children 0-20)	11	8.3	12/		\$0	\$0	\$0	\$0
Generic (Adult)****	\ 0		100		\$0	\$0	\$0	\$0
Tier 3 Preferred Brand	-	OUROS	OE.		40	+5	+5	45
Brand (Children 0-20)		NO:	a a superior		\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand					ΨΟ	Ψυ	Ψ0	Ψ0
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0

Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$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	\$O	\$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

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.

- * 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:

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- 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

- 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);

No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

Luis A. Torres Olivera President

Date





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

Product Number	Buy down
H4007-027	\$0

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico, Inc.</u> 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 2023.





Service		Covera	ge Code	H4007-027				
	100	110	120	130	100	110	120	130
HOSPITAL		,						
Admission	\$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 Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$O	\$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	-							
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Specialist 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	ΨΟ	Ψ0	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ
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	ΨΟ	Ψ1	ψ1.50	Ψ2	Ψ0	Ψ0	40	Ψ0
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	1 20	1 20	\$0	ΦU	φυ	φU	J
DENTAL Drawanting (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Child)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Preventive (Adult)				\$2	\$0 \$0	\$0	\$0	\$0
Restorative	\$0	\$1	\$1.50	\$2	Φυ	φU	\$0	ΦU
PHARMACY			-					-
Tier 1 Preferred					d) O	40	фо	40
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****		SMINIST	RAC		\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics	-	ON!	1		40	40		
Generic (Children 0-20)	/	Contrat	Número	1	\$0	\$0	\$0	\$0
Generic (Adult)****		43	Trumero	1	\$0	\$0	\$0	\$0
Tier 3 Preferred Brand		w\			4 -		4-	
Brand (Children 0-20)	39.5	"/	15		\$0	\$0	\$0	\$0
Brand (Adult)****		Pos	5		\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		US	DE					
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0

D

Tier 5 Specialty					\$0	\$0	\$ O	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
SERVICES		V	10		0	*/		
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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SMR

Contrato Número

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 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
 - Provider-preventable services as defined in 42 CFR 447.26(b);
 - 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.

Luis A. Torres Olivera
President

Date