# MEDICARE PLATINO CONTRACT

APPENDIX C (7) (23)

BENEFITS NOT-COVERED BY
WRAP AROUND SUPPLEMNTARY
BENEFITS PART C



#### APPENDIX C (7)

#### Part C Supplementary Benefits Certification

I, <u>Luis A. Torres Olivera</u> as <u>President</u>, hereby certify that Humana Health Plans of Puerto Rice, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2023 to all members enrolled in:

**Product Identification:** <u>H4007-016</u>

D	Copay					
Description Benefits	100	110	120	130		
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0		
Disease Management and other clinical programs	\$0	\$0	\$0	\$0		
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0		
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0		
Medicare Part B Reduction of \$30 available as part of the plan	N/A	N/A	N/A	N/A		
Worldwide Coverage	\$0	\$0	\$0	\$0		
Transportation – unlimited trip(s)	\$0	\$0	\$0	\$0		
Dental	\$0	\$0	\$0	\$0		
Vision	\$0	\$0	\$0	\$0		
Hearing	\$0	\$0	\$0	\$0		
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0		
Blood Pressure Monitor	\$0	\$0	\$0	\$0		
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0		
Smoking Cessation	\$0	\$0	\$0	\$0		
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A		
Extended OTC - \$200 maximum amount per month	N/A	N/A	N/A	N/A		



VBID Debit Card - \$50 maximum amount per month	N/A	N/A	N/A	N/A
Adult diapers (up to 3 boxes per month)	\$0	\$0	\$0	\$0
Papa Pals	N/A	N/A	N/A	N/A

Luis A. Torres Olivera

President

Date



Contrato Número

#### APPENDIX C (7)

#### **Part C Supplementary Benefits Certification**

I, <u>Luis A. Torres Olivera</u> as <u>President</u>, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2023 to all members enrolled in:

**Product Identification: H4007-018** 

Description Penefits	Copay				
Description Benefits	100	110	120	130	
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0	
Disease Management and other clinical programs	\$0	\$0	\$0	\$0	
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0	
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0	
Medicare Part B Reduction of \$75 available as part of the plan	N/A	N/A	N/A	N/A	
Worldwide Coverage	\$0	\$0	\$0	\$0	
Transportation – 48 one-way trip(s)	\$0	\$0	\$0	\$0	
Dental	\$0	\$0	\$0	\$0	
Vision	\$0	\$0	\$0	\$0	
Hearing	\$0	\$0	\$0	\$0	
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0	
Blood Pressure Monitor	\$0	\$0	\$0	\$0	
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0	
Smoking Cessation	\$0	\$0	\$0	\$0	
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A	
VBID Debit Card - \$75 maximum amount per month	N/A	N/A	N/A	N/A	



SMS

Adult Diapers - up to one (1) box per month	\$0	\$0	\$0	\$0
SSBCI Non-medical transportation – 36 one-way trips	\$0	\$0	\$0	\$0
Papa Pals	N/A	N/A	N/A	N/A

Luis A. Torres Olivera

luis a Facy Oc

President

Date

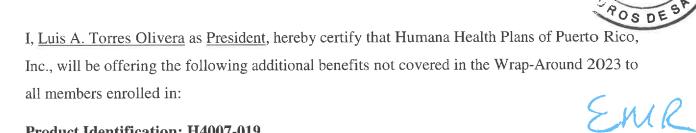


Contrato Número



# APPENDIX C (7)

#### Part C Supplementary Benefits Certification



**Product Identification: H4007-019** 

		Cop		
Description Benefits	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$105 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 24 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0
VBID Debit Card - \$75 maximum amount per month	N/A	N/A	N/A	N/A
Visa Flex Card	N/A	N/A	N/A	N/A



Luis A. Torres Olivera

President

Date

6/10/2022



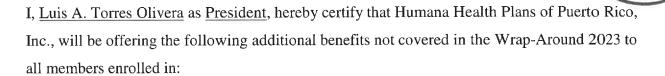




Contrato Número

#### APPENDIX C (7)

#### Part C Supplementary Benefits Certification



**Product Identification: H4007-022** 

		Copay		
Description Benefits	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$150 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 24 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A
VBID Debit Card - \$50 maximum amount per month	N/A	N/A	N/A	N/A





Visa Flex Card	N/A	N/A	N/A	N/A

Luis A. Torres Olivera

President

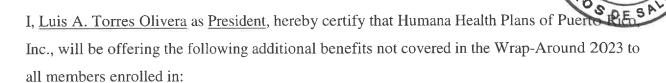
Date

4/10/2022



### APPENDIX C (7)

#### Part C Supplementary Benefits Certification



**Product Identification: H4007-026** 

		oay	ıy	
Description Benefits	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$170.10 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 24 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A



SEN SEN

Card - \$75 maximum amount per month	N/A	N/A	N/A	N/A	
--------------------------------------	-----	-----	-----	-----	--

Luis A. Torres Olivera

**President** 

Date







### APPENDIX C (7)

#### Part C Supplementary Benefits Certification

I, <u>Luis A. Torres Olivera</u> as <u>President</u>, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2023 to all members enrolled in:

**Product Identification:** <u>H4007-027</u>

	Copay				
Description Benefits	100	110	120	130	
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0	
Disease Management and other clinical programs	\$0	\$0	\$0	\$0	
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0	
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0	
Worldwide Coverage	\$0	\$0	\$0	\$0	
Transportation – 24 one-way trip(s)	\$0	\$0	\$0	\$0	
Dental	\$0	\$0	\$0	\$0	
Vision	\$0	\$0	\$0	\$0	
Hearing	\$0	\$0	\$0	\$0	
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0	
Blood Pressure Monitor	\$0	\$0	\$0	\$0	
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0	
Smoking Cessation	\$0	\$0	\$0	\$0	
Wigs (hair loss related to chemotherapy treatment) – up to a \$500 maximum benefit per year	N/A	N/A	N/A	N/A	
VBID Debit Card - \$265 maximum amount per month	N/A	N/A	N/A	N/A	



SMR

Luis A. Torres Olivera

President

Date

6/10/2022

