MEDICARE PLATINO CONTRACT

APPENDIX C (6) (23)

CO-PAYMENTS CERTIFICATION





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, James P. O'Drobinak, Chief Executive Officer, hereby certify that MCS Advantage, Inc. 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 | | | | | |
|--|---------------|--|--|--|--|--|
| H5577 – 002 MCS Classicare Platino Ideal (HMO D-SNP) | \$120 monthly | | | | | |

SMINISTRAC Contrato Número EMR OSDE

Buy Down & Copayment Table - Medicare Platino 2023

| Code | H5577 – 002 MCS Classicare Platino Idea (HMO D-SNP) | | | | |
|---|---|------------------------------|-------------------------------------|---|--|
| 120 130 | 100 | 110 | 120 | 130 | |
| 11-11-11-11-11-11-11-11-11-11-11-11-11- | - | | | | |
| \$5 \$8 | \$0 | \$0 | \$0 | \$0 | |
| \$0 \$0 | \$0 | \$0 | \$0 | \$0 | |
| | TAP YOUT | | | | |
| \$0 \$0 | \$0 | \$0 | \$0 | \$0 | |
| \$5 \$8 | \$0 | \$0 | \$0 | \$0 | |
| \$3 \$4 | \$0 | \$0 | \$0 | \$0 | |
| \$0 \$0 | \$0 | \$0 | \$0 | \$0 | |
| ψ υ φ υ | \$0 | - 20 | D | ЪU | |
| 61.50 \$2 | \$0 | \$0 | \$0 | \$0 | |
| 51.50 \$2 51.50 \$2 | \$0 | | | \$0 | |
| 51.50 \$2 51.50 \$2 | \$0 | \$0 \$0 | \$0 \$0 | <u>\$0</u> \$0 | |
| \$0 \$0 | \$0 | \$0 | \$0 | <u>\$0</u> \$0 | |
| \$0 \$0 | D | D | ΦU | <u> </u> | |
| \$1 \$1.50 | \$0 | \$0 | \$0 | \$0 | |
| \$1 \$1.50 \$1 \$1.50 | | \$0 | \$0 | \$0 \$0 | |
| \$1 \$1 \$1.50 | | \$0 | | | |
| | | | \$0 | \$0 | |
| \$1.50 \$2 | \$0 | \$0 | \$0 | \$0 | |
| | | | 1999 | | |
| \$1.50 \$2 | \$0 | \$0 | \$0 | \$0 | |
| \$1.50 \$2 | \$0 | \$0 | \$0 | \$0 | |
| \$1.50 \$2 | \$0 | \$0 | \$0 | \$0 | |
| \$0 \$0 | \$0 | \$0 | \$0 | \$0 | |
| \$0 \$0 | \$0 | \$0 | \$0 | \$0 | |
| | | | | | |
| \$0 \$0 | \$0 | \$0 | \$0 | \$0 | |
| \$1.50 \$2 | \$0 | \$0 | \$0 | \$0 | |
| \$1.50 \$2 | \$0 | \$0 | \$0 | \$0 | |
| | | | | | |
| \$0 \$0 | \$0 | \$0 | \$0 | \$0 | |
| \$2 \$3 | \$0 | \$0 | \$0 | \$0 | |
| \$0 \$0 | \$0 | \$0 | \$0 | \$0 | |
| \$4 \$6 | \$0 | \$0 | \$0 | \$0 | |
| | | | | | |
| \$1.50 \$2 | \$0 | \$0 | \$0 | \$0 | |
| \$1.50 \$2 | \$0 | \$0 | \$0 | \$0 | |
| \$1.50 \$2 | \$0- | \$0 | \$0 | \$0 | |
| \$1.50 \$2 | \$0 ** | | \$0-1 | \$0 | |
| \$1.50 \$2 | \$0 | \$0 | \$0% | \$0 | |
| 51.50 / \$2/ | \$0 | \$0 | 1,50 | \$0 | |
| \$1.50 \$2 | \$0 | \$0 | 1.50 | \$0 | |
| \$0 \$0 | \$0 | \$0 | \$0 | \$0 | |
| 5 | 1.50\$21.50\$2 | 1.50 \$2/ \$0 1.50 \$2 \$0 | 1.50 \$2 \$0 \$0 1.50 \$2 \$0 \$0 | 1.50 \$2 \$0 \$0 \$0 1.50 \$2 \$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.

- 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 01/01/2023.

PHINISTRAC **INA 8, 202-2** Date 0 Drob Contrato N Chief Executive Officer MCS Advantage, Inc. OSDE





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, James P. O'Drobinak, Chief Executive Officer, hereby certify that MCS Advantage, Inc. 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 | |
|---|--------------|--|
| H5577 – 017 MCS Classicare Platino Progreso (HMO D-SNP) | \$40 monthly | |

DMINISTRA Contrato Número SDES EMR

| Service | | Covera | ge Code | H5577 – 017 MCS Classicare Platino Progreso (HMO D-SNP) | | | | |
|---|-------------|--------------|------------|--|--|-------------|----------|-------------|
| | 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) | | | | | 1.1 | 1.1 | 11.1.1 | 110 |
| Emergency Room (ER) Visit | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Emergency Services Provided in a | | | | | \$0 | \$0 | \$0 | \$0 |
| Hospital Emergency Room, (per visit) | \$0 | \$4 | \$5 | \$8 | | | | |
| Non-Emergency Services Provided in a | \$ 0 | # 0 | * 2 | . | \$0 | \$0 | \$0 | \$0 |
| Freestanding Emergency Room, (per visit) | \$0 | \$2 | \$3 | \$4 | | | | |
| 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 | | | 1 | | | | | |
| 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 | | | | | 20157 | | Deskings | THE ST |
| Therapy – Physical | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Therapy – Respiratory | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Therapy - Occupational | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Vaccines | \$0 | \$0 | \$1.50 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Healthy Child Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| DENTAL | - D | φυ | <u> </u> | ψυ | ψυ | ΨΟ | ΨΟ | ψU |
| Preventive (Child) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preventive (Adult) | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Restorative (Adult) | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| PHARMACY | 20 | - D I | \$1.50 | Ψ2 | ψŪ | \$ 0 | Ψυ | 90 |
| | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preferred (Children 0-20) | \$0 | \$1 | \$0 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Preferred (Adult)**** Non-Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Adult)**** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| SERVICES | - JU | 50 | 0 + | - \$U | <u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u> | \$0 | \$0 | \$ U |
| Outrationt Substance Abuse 74 | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Montal Hachtheric | \$0 | \$1 | \$1.50 | \$2 | \$0- | \$0 | \$0 | \$0 |
| Vision Services | \$0 | \$1 | \$1.50 | \$21 | \$0, | \$0 | \$0 | \$0 |
| Outpatient Substance Abuse STRAC/OV Outpatient Mental Health Vision Services Hearing Exams | \$0 | \$1 | \$1.50 | \$2 | \$0.4 | \$0 | \$0 | \$0 |
| | 0.0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Autolation Courses (D) | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Ambulatory Surgery Special Coverage Outpatient Substance Abuse | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 \$0 |
| Special Coverage | \$0 | \$0 | \$1.50 | \$2 | \$0 | \$0 | 20 | \$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.

- 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 01/01/2023.

Chief Executive Officer MCS Advantage, Inc.

OMINISTRAC/0 Contrato Núme G POSDE





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, James P. O'Drobinak, Chief Executive Officer, hereby certify that MCS Advantage, Inc. 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 |
|--|--------------|
| H5577 – 037 MCS Classicare Platino @Home (HMO D-SNP) | \$50 monthly |

In addition, I certify that the copays that <u>MCS Advantage, 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.

EMR



Buy Down & Copayment Table - Medicare Platino 2023

| Service | | Covera | ge Code | H5577 – 037 MCS Classicare Platino @Home (HMO D-SNP) | | | | |
|--|------------|----------------|-----------|---|------|-------|-------------|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | | 1.0 | | | | 1.5 | gin more u | 502 |
| 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 | · | | | | \$0 | \$0 | \$0 | \$0 |
| Hospital Emergency Room, (per visit) | \$0 | \$4 | \$5 | \$8 | φU | φυ | φU | фU |
| Non-Emergency Services Provided in a | | | | | \$0 | \$0 | \$0 | \$0 |
| Freestanding Emergency Room, (per visit) | \$0 | \$2 | \$3 | \$4 | ΨU | φυ | φυ | φU |
| Trauma | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| AMBULATORY VISITS TO | ψυ | μψυ Ι ψυ | 1 40 | Ψ | ΦΟ | Ψυ | Ψυ | ψυ |
| 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 | \$0 |
| Pre-natal Services | \$0 | \$0 | \$1.50 | \$0 | \$0 | \$0 | \$0 | \$0 |
| OTHER SERVICES | ţ0 | \$0 | - \$U | φU | \$U | φU | φU | φU |
| 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 \$0 | \$1 | \$1.50 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| | \$U | <u><u></u></u> | \$1.50 | ΨΖ | ΨU | φυ | \$ 0 | φU |
| Service | | | 1 4 4 4 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 |
| SERVICES | | | | | | 1.1.1 | | |
| SERVICES Outpatient Substance Abuse TRACION | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Mental Heath | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Vision Services Contrato Número | \$0 | \$1 | \$1.50 | \$2 | \$0. | \$0 | \$01 | \$0 |
| Hearing Exams | \$0 | \$1 | \$1.50 | \$2 | \$0 | -\$0 | \$04 | \$0 |
| Physical Exam | \$0 | \$1 | \$1.50 | \$2 1 | \$0 | \$0 | \$0 | \$0 |
| | \$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.

- 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 01/01/2023.

NISTRACION UN 8,2022 Contrato Número P. O'Drobinak Date Chief Executive Officer MCS Advantage, Inc. OUROSDE NR





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, James P. O'Drobinak, Chief Executive Officer, hereby certify that MCS Advantage, Inc. will offer the following buy downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

| Buy down |
|-------------|
| \$0 monthly |
| |



| Service | 100 | | ge Code | H5577 - 041 MCS Classicare Platino Solido (HMO D-SNP) | | | | |
|--|------------|------------|---------|--|------------|-----------|-------------|----------|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | | . | | 0 | . | | # 0 | . |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| EMERGENCY ROOM (ER) | [| | | | # 0 | 0 | 0 | 0.0 |
| 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 | ΨΨ | | | 40 | 40 | 40 | ΨΟ | φυ |
| 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 | 40 | 40 | 4 0 | \$ | | 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 | | | | | No. | | | |
| Therapy – Physical | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Therapy – Respiratory | \$0 \$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 | | 4 ° | 1 40 | | | 4. | 4. | |
| 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 | ti ki ji | | | | | | | -77.77 |
| 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 Proformed (Adult)**** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| SERVICES Outpatient Substance Abdated Stractory | | | | | | | | 1.074 |
| Outpatient Substance Abase | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Outpatient Mental Heal | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Vision Services Contrato Numera | \$0 | \$1 | \$1.50 | \$2 \$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 Special Coverage | \$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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- * 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.
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 - Family planning services and supplies;
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- 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 01/01/2023.

Chief Executive Officer MCS Advantage, Inc.

POHINISTRACIO Contrato Número POSDESP





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, James P. O'Drobinak, Chief Executive Officer, hereby certify that MCS Advantage, Inc. 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 | |
|---|-------------|--|
| H5577 – 046 MCS Classicare Platino Total | \$0 monthly | |
| (HMO D-SNP) | | |

EMR



| Service | | | ge Code | H5577 – 046 MCS Classicare Platino Total (HMO D-SNP) | | | | |
|--|------------|-------------|----------|---|---|-------|-----------|------|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | 3-14-1 | | | | 1.77.77 | 1 | | |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| EMERGENCY ROOM (ER) | | | | | 1.1 | | 1.0 | |
| 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 | | \$ 0 | 1 40 | 40 | 40 | 40 | 40 | Ψ0 |
| 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 | - 1.5 | | Sector 1 | | 1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2 | | | |
| Therapy – Physical | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Therapy – Respiratory | \$0 \$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 | φ0 | ψυ | | φσ | 40 | 1 40 | φ0 | 40 |
| Preventive (Child) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preventive (Adult) | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Restorative S M/R | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| PHARMACY | \$ | 4. | | +- | 40 | 4. | \$ | 40 |
| 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 |
| SERVICES | ~~~ | +- | | | 4.5 | TE | | ~ |
| SERVICES Outpatient Substance Abus, STRACIO, Outpatient Mental Health | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$00 | /\$0 | .\$0 |
| Outpatient Mental Health | \$0 | \$1 | \$1.50 | \$2 | \$0 | /\$0 | \$0 | \$0 |
| Outpatient Mental Health Vision Services | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 |
| Hearing Exams | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | 80 4 | -\$0 |
| Physical Exam | 5/\$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); •
- 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 01/01/2023.

James P. O'Drobinak Chief Executive Officer MCS Advantage, Inc.

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JULE 8, 2022

Date



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3y Down & Copayment Table - Medicare Platino 2023



APPENDIX C-6

Co-payment Certification

By Down & Copayment Table - Medicare Platino 2023

I, James P. O'Drobinak, Chief Executive Officer, hereby certify that MCS Advantage, Inc. will offer the following by downs for each of the Medicare Platino 2023 products:

By Down per product - Medicare Platino 2023

| Product Number | By down |
|--|------------------|
| H5577 – 029 MCS Classicare Platino MasCa\$h | \$164.90 monthly |
| (HMO D-SNP) | |



ENR

By Down & Copayment Table - Medicare Platino 2023

| , Service | | Coveraș | ge Code | | H5577 – 029 MCS Classicare Platino MasCa\$h (HMO D-SNP) | | | | |
|---|------------|------------|---------------|------------|--|------------|------------|------------|--|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 | |
| HOSPITAL | | | | | 1. J. 18 A | | | | |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 | |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| EMERGENCY ROOM (ER) | | 1-2-1-1-1 | 100.00 | 12 C - L | | | | | |
| 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 | | ψ | ΨΫ | | + | | | |
| Primary Care Physician (PCP) | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 | |
| Specialist | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 | |
| Specialist | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 | |
| Pre-natal Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| OTHER SERVICES | Ψΰ | | ψŪ | φ° | | | | | |
| 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 | φυ | ψ1 | \$1100 | | | | | - 24.19 | |
| | ¢0 | ¢1 | ¢1.50 | \$2 | \$0 | \$0 | \$0 | \$0 | |
| Therapy – Physical | \$0 \$0 | \$1 | \$1.50 | | \$0 | \$0 | \$0 | \$0 | |
| Therapy – Physical Therapy – Respiratory Therapy - Occupational Vaccines | \$0 \$0 | \$1 | \$1.50 | \$2 | | | \$0 | \$0 | |
| Therapy - Occupational | \$0 | \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 \$0 | \$0 | \$0 | |
| | \$0 | \$0 | \$0 | \$0 | | \$0 | \$0 | \$0 | |
| Healthy Child Care | \$0 | \$0 | \$0 | \$0 | \$0 | 20 | 20 | 30 | |
| | | 0 | 0 | 0.0 | ¢0 | \$0 | \$0 | \$0 | |
| Preventive (Child) | \$0 | \$0 | \$0 | \$0 | \$0 | | | | |
| Preventive (Adult) | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 | |
| Restorative | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 | |
| PHARMACY | | 0 | # 0 | | | 0.0 | ¢0 | 0.0 | |
| Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Preferred (Adult)**** | \$0 © | \$1 | \$2 | \$3 | \$0 \$0 | \$0 | \$0 | \$0 | |
| Non-Preferred (Children 0-20) | \$0 \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Non-Preferred (Adult)**** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 | |
| SERVICES | \$0 | ¢1 | ¢1.50 | 60 | \$0 | \$0 | \$0 | \$0 | |
| Outpatient Substance Abuse | \$0 \$0 | \$1 | \$1.50 | \$2 \$2 | \$0 \$0 | \$0 | \$0 | \$0 | |
| Outpatient Mental Health | \$0 \$0 | \$1 | \$1.50 | | \$0 \$0 | \$0 | \$0 | \$0 | |
| Vision Services | \$0 \$0 | \$1 | \$1.50 | \$2 | | - | | \$0 | |
| Hearing Exams | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 \$0 | \$0 \$0 | \$0 \$0 | | |
| Physical Exam | \$0 \$0 | \$1 | \$1.50 | \$2 | | | | \$0 | |
| Ambulatory Surgery | \$0 \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$0 | \$0 \$0 | |
| Special Coverage | \$0 \$0 | \$1 \$0 | \$1.50 \$0 | \$2 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | |

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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.

- 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:
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 - 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 center and receiving a code to waiver co-pay.
- 5. Wrap around table is subject to change in 01/01/2023.

James P. O'Drobinak Chief Executive Officer

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Contrato Número ROSD

12.25.2

Date