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	

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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.

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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

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.

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.

DHINISTRACIO Contrato Número c Q POSDE

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)	



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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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James P. O'Drobinak Chief Executive Officer

ENR

Contrato Número ROSD

12.25.2

Date