MEDICARE PLATINO CONTRACT

off

APPENDIX C (6) (23)

CO-PAYMENTS CERTIFICATION

EMR







Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, <u>Orlando González</u>, <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u> will offer the following by downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

Contract – PBP and Plan Name	Buy down
H4003-017	¢20.00
MMM Diamante Platino	\$20.00





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Service	Coverage Code			MMM	atino						
	100	110	120	130	100	110	120	130			
HOSPITAL		HANNE			EMAN.		AUGHE				
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0			
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
EMERGENCY ROOM (ER)	1 2 3 2 2 3							115			
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			ALL THE B.		no mis		2.2				
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0			
Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0			
Sub-Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0			
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
OTHER SERVICES											
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0			
Clinical Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0			
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0			
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0			
SERVICE						XXX FILL					
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						g state y					
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 STRACIO											
Outpatient Substance Abuse	0,50	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0			
Outpatient Mental Health	\$ 10	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0			
Vision Services 0 0	2 \$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0			
Hearing Exams	75\$1	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0			
Physical Exam	1	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0			
Ambulatory Surger	\$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.
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- 1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:
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 - 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;
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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.
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5. Wrap around table is subject to change in 01/01/2023.

06/10/22

EMR

Date

President







Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, <u>Orlando González</u>, <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u> will offer the following by downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

Contract - PBP and Plan Name	Buy down
H4003-047	¢170.10
MMM Valor Platino	\$170.10





Service		Covera	ge Code		MI	AD\ /	or Plati 3-047)	
	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)		Case Trial			The United States			
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								
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								
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			The state of			10 10 10 10	THE PLAN	
Outpatient Substance Abuse C/o	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Mental Pealth	0.50	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vision Services Contrato Núme		\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hooring Evame	140	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Physical Exam	739	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	250	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Special Coverage		\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0





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06/10/22

Date







Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

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Buy Down per product - Medicare Platino 2023

Contract – PBP and Plan Name	Buy down
H4003-049	¢0.00
MMM Grande Platino	\$0.00





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	Coverage Code		MMM Grande Platino					
Service	Coverage Code					3-049)		
	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)	100 100 10		TAX I TO					
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			LITE X				IN S. VI. X	
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES								
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
SERVICE					18. 1			
Therapy - Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL	A PART				X1 2 1			- 3718
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		THE PROPERTY.		T NIK		1 12	X 187 5 5	
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		18 18 1	1 SEGILANI	40	MINISTER	7.0	40	40
Outpatient Substance Abuse On	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Mental Health	m 50	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vision Services Contrato Número	A	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Physical Exam	390	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Physical Exam Ambulatory Surger Special Coverage Outpatient Substance Abuse	v 50	\$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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06/10/22

Date

Contrato Número

President





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

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Buy Down per product - Medicare Platino 2023

Contract - PBP and Plan Name	Buy down
H4003-058	¢0.00
MMM Dorado Platino	\$0.00





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Service	Coverage Code			MMM Dorado Platino (H4003-058)				
	100	110	120	130	100	110	120	130
HOSPITAL	00011000011		L I THE	T X X X X	34 [[2 5]			
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					- × 3.×0		- 132	14 34
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					12 - 11			
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				Telei i s				
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	7			- There is		X		
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	III III					il	NEW P	
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 Outpatient Substance Abuse		R III						
Outpatient Substance Abuse	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Menta Health	m \$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vinian Canting Contrato Número	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams 2 3 - 0 0 3	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
	3 50	\$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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06/10/22

EMR

Date

Commo Número M BOS DE SAVIO

President







Co-payment Certification

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Buy Down per product - Medicare Platino 2023

Contract – PBP and Plan Name	Buy down
H4004-048	¢3E 00
PMC Premier Platino	\$35.00





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1	(1	1	7
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Service	Coverage Code			PMC Premier Platino (H4004-048)				
	100	110	120	130	100	110	120	130
HOSPITAL					Alexander		7000	
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								te Silve
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								
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		TO BUT S			X4 05 100			
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		3 50	0.03		li eo x			
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		MER						ATTE ATTE
Outpatient Substance Abise 10	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Mental Pealth	0 \$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vision Services Contrato Númer	20 \$0 \$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$ \$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Physical Exam	75%	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Physical Exam Ambulatory Surgery Special Coverage Outpatient Substance Abuse	20	\$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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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.

Presiden

06/10/22

Date









Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2023

I, <u>Orlando González</u>, <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u> will offer the following by downs for each of the Medicare Platino 2023 products:

Buy Down per product - Medicare Platino 2023

Contract – PBP and Plan Name	Buy down		
H4004-062	49C 00		
MMM Relax Platino	\$86.00		



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Service	Coverage Code				MMM Relax Platino (H4004-062)				
	100	110	120	130	100	110	120	130	
HOSPITAL							su la l	No.	
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)				10.0511					
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		Early Think	X X X	- L - SU	E112.	Ply . Th	KJO, K	Hy -	
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						I RAFE			
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					En a 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						o gliba		S. o. P.	
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		AVY S		11181 10			19%	A 1	
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	
CEDVICEC				1 7 1	T.				
Outpatient Substance Above	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Outpatient Mental Health	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Vision Service	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Hearing Exame Contrato 0 0 3	2 \$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Physical Exam 3	2/\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Ambulatory Surgery	71	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Special Coverage Courses	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0	
Special Coverage Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	





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