MEDICARE PLATINO CONTRACT

APPENDIX C (6) (23)

CO-PAYMENTS CERTIFICATION





I, Juan R. Serrano Carney, <u>President and Chief Strategy Officer</u> hereby certify that <u>Triple-S</u> <u>Advantage, Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

| | | | | | 2 |
|---|---|----|-------|---|---|
| | | - | m | Y | |
| | | VI | 1 | 1 | |
| | - | LA | | | |
| - | / | - | Comp. | | |

| Product Number | Buy down | |
|-----------------------------------|----------|--|
| H5774-025 Platino Ultra (HMO-SNP) | \$20 | |





| Service | SDESP | Covera | ge Code | | | Platino Ul H5774-02 | | | |
|--|-----------|--------|-----------|--------|----------|------------------------|----------|------|--|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 | |
| HOSPITAL | Barrell . | TELL | * FEET WE | | -11 = 15 | | | F115 | |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 | |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| EMERGENCY ROOM (ER) | | 10-12 | Q / L E | TEFE! | EUF .S. | | | | |
| 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 | | | | | | | | TLE" | |
| 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 | | | | | 17/01 | | NI SILEY | | |
| Preferred (Children 0-20, inclusive) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Preferred (Adult)*** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 | |
| Non-Preferred (Children 0-20, inclusive) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Non-Preferred (Adult)*** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 | |

| Service | | Covera | ge Code | | Platino Ultra H5774-025 | | | |
|---|---------|---------|---------|---------|----------------------------|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| Tier 1 - Preferred Generics (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Tier 2 - Generics (Preferred (Adult)****) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Tier 3 - Preferred Brand (Non- Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 5 - Specialty Generics (Preferred (Adult)***)/Specialty Brand (Non-Preferred (Adult)***) | \$0 | \$1/\$3 | \$2/\$4 | \$3/\$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 6 - Select Care Drugs (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| SERVICES | 1-1 - 1 | | Ballin. | | | | | |
| 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.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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 copay.
- 5. Wrap around table is subject to change in 01/01/2023.

Juan R. Serrano Carney

President and Chief Strategy Officer

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Triple-S Advantage, Inc.







I, Juan R. Serrano Carney, <u>President and Chief Strategy Officer</u> hereby certify that <u>Triple-S</u> <u>Advantage, Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

| Product Number | Buy down |
|----------------------------------|----------|
| H5774-024 Platino Plus (HMO-SNP) | \$150 |



| Service | S DESP Coverage Code | | | | | Platino Plus H5774-024 | | | |
|--|----------------------|-------|--------|--------|--------------------|---------------------------|---------|------|--|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 | |
| HOSPITAL | | NORT. | | | | | i Hell | | |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 | |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| EMERGENCY ROOM (ER) | ME L | | WE NE | | | | 14.2 | | |
| 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 | | | | | MATERIAL PROPERTY. | | | | |
| 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 | | | | | THE F | | | 7 2 | |
| 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 | | | | | | | | 1841 | |
| Preferred (Children 0-20, inclusive) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Preferred (Adult)*** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 | |
| Non-Preferred (Children 0-20, inclusive) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Non-Preferred (Adult)*** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | SAME | TRAC | |
| | | | | | | | 4 5 4 5 | | |

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| Service Service | DESAY | Coverag | ge Code | | | | tino Plus 774-024 | | |
|---|-------|---------|---------|---------|-----|-----|----------------------|-----|--|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 | |
| Tier 1 - Preferred Generics (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 | |
| Tier 2 - Generics (Preferred (Adult)****) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 | |
| Tier 3 - Preferred Brand (Non- Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 | |
| Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 | |
| Tier 5 - Specialty Generics (Preferred (Adult)***)/Specialty Brand (Non-Preferred (Adult)***) | \$0 | \$1/\$3 | \$2/\$4 | \$3/\$6 | \$0 | \$0 | \$0 | \$0 | |
| Tier 6 - Select Care Drugs (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$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.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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.
- center and receiving a code to waiver copay.

 RAMION around table is subject to change in 01/01/2023. 4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO

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Juan R. Serrano Carney President and Chief Strategy Officer Triple-S Advantage, Inc.

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I, Juan R. Serrano Carney, <u>President and Chief Strategy Officer</u> hereby certify that <u>Triple-S</u> <u>Advantage</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

| Product Number | Buy down | |
|-------------------------------------|----------|--|
| H5774-026 Platino Advance (HMO-SNP) | \$170.10 | |





| Service | | Covera | ge Code | | | | Advance 4-02 6 | |
|--|---------------|--------|----------|--------|--|-------|--------------------------|-------|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | Total Million | | | | | | | |
| 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 | | | THE TYPE | | | | | |
| 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 | | | | l | THE STATE OF THE S | | | |
| High-Tech Laboratories** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| Clinical Laboratories** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0.00 | STSTO |
| X Rays** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | 20All | \$0 |
| pecial Diagnostic Tests** | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$ 0 Co | 50 |
| SERVICE | | | | | H. W. | | 1 2 | 3 - |
| Therapy – Physical | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | 030 | \$0- |
| Therapy – Respiratory | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | (20) | \$0 |
| Therapy – Occupational | \$0 | \$1 | \$1.50 | \$2 | \$0 | \$0 | \$Q.4 | STE |
| Vaccines | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | -\$0- |
| Healthy Child Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| DENTAL | | | | | MENIT | | | |
| 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 | | | | | | 7 114 | | 6 11 |
| Preferred (Children 0-20, inclusive) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preferred (Adult)*** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Children 0-20, inclusive) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Adult)*** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |



| Service | | Covera | ge Code | | | | ntino Advance H5774-026 | | | |
|---|-----|---------|---------|---------|-----|-----|----------------------------|-----|--|--|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 | | |
| Tier 1 - Preferred Generics (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 | | |
| Tier 2 - Generics (Preferred (Adult)****) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 | | |
| Tier 3 - Preferred Brand (Non- Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 | | |
| Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 | | |
| Tier 5 - Specialty Generics (Preferred (Adult)***)/Specialty Brand (Non-Preferred (Adult)***) | \$0 | \$1/\$3 | \$2/\$4 | \$3/\$6 | \$0 | \$0 | \$0 | \$0 | | |
| Tier 6 - Select Care Drugs (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$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.

- 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



^{*} Does NOT apply to Medicare Platino.

^{**} Applies 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.

^{****} Copays 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.

- 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;
 and
 - 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 copay.
- 5. Wrap around table is subject to change in 01/01/2023.

Juan R. Serrano Carney
President and Chief Strategy Officer
Triple-S Advantage, Inc.

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Ce/8/2022 EMR Date





I, Juan R. Serrano Carney, President and Chief Strategy Officer hereby certify that <u>Triple-S</u> <u>Advantage</u>, Inc. will offer the following buy downs for each of the Medicare Platino 2023 products:

| Product Number 5774-028 Platino Blindao (HMO-SNP) | Buy down |
|--|----------|
| H5774-028 Platino Blindao (HMO-SNP) | \$170.10 |





| Service | | Covera | ge Code | | | | Blindao 4-028 | |
|--|----------|---------|---------|--------|---------|--------|------------------|-------------|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | in Emy | | H IN H | | | E 15 1 | | |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| EMERGENCY ROOM (ER) | 3.7 \0.0 | | | | THE I'M | | | III EE A |
| 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 | | HILL ST | | | | | | |
| 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 - 1 |
| High-Tech Laboratories** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| Clinical Laboratories** | \$0 | 50¢ | \$1 | \$1.50 | \$0 | \$0 | \$0 | \$0 |
| K-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 | | A GIFTU | | | in Head | | | |
| Preferred (Children 0-20, nclusive) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preferred (Adult)*** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Children 0-20, nclusive) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | SOUNIST | RACIO |
| Non-Preferred (Adult)*** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | 5 80 | \$0 Núme |

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| Service | | Covera | ge Code | Platino Blindao H5774-028 | | | | |
|---|-----|---------|---------|------------------------------|-----|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| Tier 1 - Preferred Generics (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Tier 2 - Generics (Preferred (Adult)****) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Tier 3 - Preferred Brand (Non- Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 5 - Specialty Generics (Preferred (Adult)***)/Specialty Brand (Non-Preferred (Adult)***) | \$0 | \$1/\$3 | \$2/\$4 | \$3/\$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 6 - Select Care Drugs (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$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. SMR

Platino wrap services are subject to the maximum co-payments in the table with exemptions.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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 copay.
- 5. Wrap around table is subject to change in 01/01/2023.

Juan R. Serrano Carney

President and Chief Strategy Officer

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Triple-S Advantage, Inc.

EMR (6/8/2028





I, Juan R. Serrano Carney, <u>President and Chief Strategy Officer</u> hereby certify that <u>Triple-S</u> <u>Advantage</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

| Product Number | Buy down | | | | |
|-------------------------------------|----------|--|--|--|--|
| H5774-035 Platino Alcance (HMO-SNP) | \$0 | | | | |







| Service | | Covera | ge Code | Platino Alcance H5774-035 | | | | |
|--|--------|---------|---------|------------------------------|-------|--------|--------|------|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | | | | | | 1281-1 | | |
| Admission | \$0 | \$4 | \$5 | \$8 | \$0 | \$0 | \$0 | \$0 |
| Nursery | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| EMERGENCY ROOM (ER) | | | | | | | | TUR |
| 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 | | | 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 | | | | | JEL P | | | |
| 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 | | 775 -27 | | A = 1 L | | | | |
| 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 st | | | I E I E E | WARE | | | |
| Preferred (Children 0-20, | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| inclusive) | 70 | 70 | | | 70 | Ų J | , , | 70 |
| Preferred (Adult)*** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Children 0-20, | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| inclusive) | 70 | | | + - | 7.0 | | CT | |
| Non-Preferred (Adult)*** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | SMEDIS | RACK |

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| Service | | Covera | ge Code | Platino Alcance H5774-035 | | | | |
|---|-----|---------|---------|------------------------------|-----|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| Tier 1 - Preferred Generics (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Tier 2 - Generics (Preferred (Adult)****) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Tier 3 - Preferred Brand (Non- Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 5 - Specialty Generics (Preferred (Adult)***)/Specialty Brand (Non-Preferred (Adult)***) | \$0 | \$1/\$3 | \$2/\$4 | \$3/\$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 6 - Select Care Drugs (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$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.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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



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- 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;
 and
 - 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 copay.
- 5. Wrap around table is subject to change in 01/01/2023.

Juan R. Serrano Carney

President and Chief Strategy Officer

han Enamo

Triple-S Advantage, Inc.

Date



EMR





I, Juan R. Serrano Carney, <u>President and Chief Strategy Officer</u> hereby certify that <u>Triple-S</u> <u>Advantage, Inc.</u> will offer the following buy downs for each of the Medicare Platino 2023 products:

| Product Number | Buy down | | | | |
|-----------------------------------|----------|--|--|--|--|
| H5774-036 Platino Titán (HMO-SNP) | \$170.10 | | | | |

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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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| Service | | Covera | ge Code | Platino Plus H5774-024 | | | | |
|--|-----|-----------|---------|---------------------------|-----|---------|----------------------|------|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| HOSPITAL | P H | I BOET LA | N.F. | | | 7 72 15 | | |
| 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 | | | | | | | | |
| 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 | | THE R | | | | | | |
| 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, inclusive) | \$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 |
| inclusive) | | | | | | | CT | RACI |
| Non-Preferred (Adult)*** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | Ophito ST Contrat | |

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CROSDES

| Service | | Covera | ge Code | Platino Plus H5774-024 | | | | |
|---|-----|---------|---------|---------------------------|-----|-----|-----|-----|
| | 100 | 110 | 120 | 130 | 100 | 110 | 120 | 130 |
| Tier 1 - Preferred Generics (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Tier 2 - Generics (Preferred (Adult)****) | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Tier 3 - Preferred Brand (Non- Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 4 - Non-Preferred Brand (Non-Preferred (Adult)***) | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 5 - Specialty Generics (Preferred (Adult)***)/Specialty Brand (Non-Preferred (Adult)***) | \$0 | \$1/\$3 | \$2/\$4 | \$3/\$6 | \$0 | \$0 | \$0 | \$0 |
| Tier 6 - Select Care Drugs (Preferred (Adult)***) | \$0 | \$1 | \$2 | \$3 | \$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.

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

Rev2021 Oficina de Servicio a Beneficiarios y Proveedores/ Oficina Sistemas de Información

^{*} Does NOT apply to Medicare Platino.

^{**} Applies 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.

^{****} Copays 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.

- 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; and
 - 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 copay.
- 5. Wrap around table is subject to change in 01/01/2023.

har Enaug Juan R. Serrano Carney

President and Chief Strategy Officer

Triple-S Advantage, Inc.