

# **APPENDIX C (6)**

## Co-Payment Certification



**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

I, **Luis A. Torres Olivera**, President & CEO, hereby certify that **Humana Health Plans of Puerto Rico, Inc.** will offer the following buy downs for each of the Medicare Platino 2024 products:

***Buy Down per product - Medicare Platino 2024***

Product Number	Buy down
H4007-016	\$25

In addition, I certify that the copays that **Humana Health Plans of Puerto Rico, Inc.** establish will not exceed those established by ASES as contained in the following table. The company must present a copy table for each Platino Product 2024.



**By Down & Copayment Table - Medicare Platino 2024**

Service	Coverage Code				H4007-016			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Service</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0



*EMR*

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Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$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

Notes:

<sup>1</sup> Medicare 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.

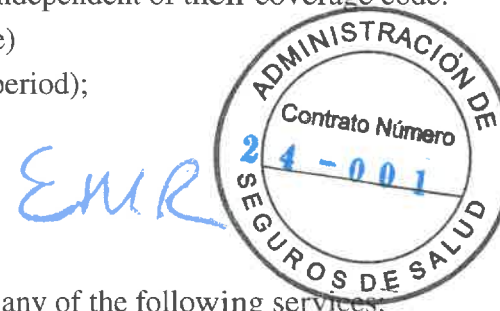
\*\* Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

\*\*\* 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 01/01/2024.



Luis A. Torres Olivera  
President & CEO



Date





APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, Luis A. Torres Olivera, President & CEO, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following buy downs for each of the Medicare Platino 2024 products:

**Buy Down per product - Medicare Platino 2024**

Product Number	Buy down
H4007-018	\$70

In addition, I certify that the copays that Humana Health Plans of Puerto Rico, Inc. establish will not exceed those established by ASES as contained in the following table. The company must present a copy table for each Platino Product 2024.

EMR





**By Down & Copayment Table - Medicare Platino 2024**

Service	Coverage Code				H4007-018			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Service</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0



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Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$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

Notes:

<sup>1</sup> Medicare 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.

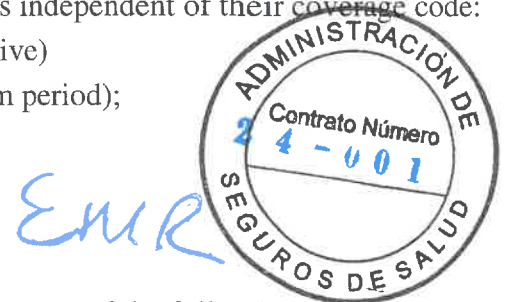
\*\* Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

\*\*\* 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 01/01/2024.



Luis A. Torres Olivera  
President & CEO



Date





**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

I, **Luis A. Torres Olivera**, President & CEO, hereby certify that **Humana Health Plans of Puerto Rico, Inc.** will offer the following buy downs for each of the Medicare Platino 2024 products:

***Buy Down per product - Medicare Platino 2024***

Product Number	Buy down
H4007-026	\$164.90

In addition, I certify that the copays that **Humana Health Plans of Puerto Rico, Inc.** 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 2024.



**By Down & Copayment Table - Medicare Platino 2024**

Service	Coverage Code				H4007-026			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Service</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0



EMR

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Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$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

Notes:

<sup>1</sup> Medicare 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.

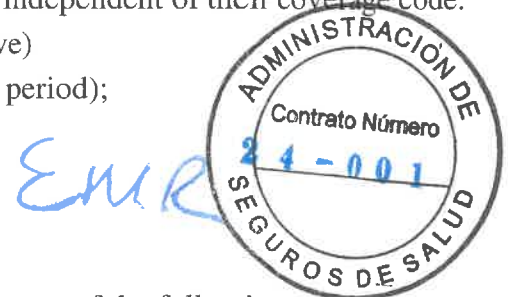
\*\* Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

\*\*\* 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.

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- 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;
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- 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.

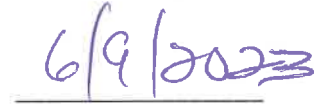


4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.

5. Wrap around table is subject to change in 01/01/2024.



Luis A. Torres Olivera  
President & CEO



Date

EMR







**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

I, Luis A. Torres Olivera, President & CEO, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following buy downs for each of the Medicare Platino 2024 products:

**Buy Down per product - Medicare Platino 2024**

Product Number	Buy down
H4007-019	\$99

In addition, I certify that the copays that Humana Health Plans of Puerto Rico, Inc. 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 2024.

ADMINISTRACION DE  
SEGUROS DE SALUD

24 - 00001

Contrato Número

**By Down & Copayment Table - Medicare Platino 2024**

Service	Coverage Code				H4007-019			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Service</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0

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ADMINISTRACION DE SEGUROS DE SALUD

24 - 00001

Contrato Número

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Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$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

Notes:

<sup>1</sup> Medicare 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.

ADMINISTRACION DE  
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**24 - 00001**  
Contrato Número

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 01/01/2024.



Luis A. Torres Olivera  
President & CEO



Date



ADMINISTRACION DE  
SEGUROS DE SALUD

24 - 00001

Contrato Número



**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

I, Luis A. Torres Olivera, President & CEO, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following buy downs for each of the Medicare Platino 2024 products:

*Buy Down per product - Medicare Platino 2024*

Product Number	Buy down
H4007-027	N/A

In addition, I certify that the copays that Humana Health Plans of Puerto Rico, Inc. 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 2024.

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By Down & Copayment Table - Medicare Platino 2024

Service	Coverage Code				H4007-027			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Service</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0



*Handwritten initials in blue ink.*

*Handwritten signature 'EMR' in blue ink.*

Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$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

Notes:

<sup>1</sup> Medicare 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.

*EMR*



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.

*AS*

5. Wrap around table is subject to change in 01/01/2024.



Luis A. Torres Olivera  
President & CEO



Date





**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

I, Luis A. Torres Olivera, President & CEO, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following buy downs for each of the Medicare Platino 2024 products:

*Buy Down per product - Medicare Platino 2024*

Product Number	Buy down
H4007-030	\$150

In addition, I certify that the copays that Humana Health Plans of Puerto Rico, Inc. 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 2024.





**By Down & Copayment Table - Medicare Platino 2024**

Service	Coverage Code				H4007-030			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
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
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Service</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 3 Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand								
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0



*EMR*

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Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$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

Notes:

<sup>1</sup> Medicare 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.

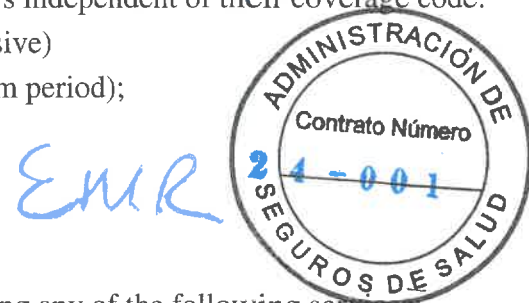
\*\* Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

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- 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:

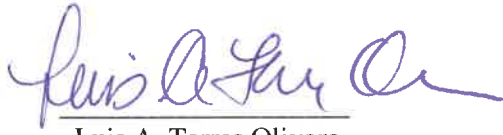
- Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
- Family planning services and supplies;
- Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
- Pregnancy related services and counseling and drugs for cessation of tobacco use;
- Provider-preventable services as defined in 42 CFR 447.26(b);

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Luis A. Torres Olivera  
President & CEO



Date

