APPENDIX C (6)

Co-Payment Certification





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>Luis A. Torres Olivera</u>, <u>President & CEO</u>, hereby certify that <u>Humana Health Plans of</u> <u>Puerto Rico</u>, <u>Inc.</u> 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 <u>Humana Health Plans of Puerto Rico, 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 2024.





Service		Coverag	ge Code	H4007-016				
	100	110	120	130	100	110	120	130
HOSPITAL						TAT		
Admission	\$0	\$0	\$0	\$0	\$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		Trula		1 12	15,017	78		
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
OTHER SERVICES	ΨΟ	ΨΟ	φο	φυ	φο	Ψ	ΨΟ	φυ
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
Service		NATE .						
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
DENTAL		40	40		Jugilla i		PLANT	11
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
PHARMACY	ΨΟ	40	Ψ0	-	ΨΟ	40	40	Ψΰ
Tier 1 Preferred								
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics		, IN	ISTRAC,		Ψυ	Ψΰ	40	Ψ0
Generic (Children 0-20)		DMI		12	\$0	\$0	\$0	\$0
Generic (Adult)****		Cor	trato Núme	100	\$0	\$0	\$0	\$0
Tier 3 Preferred Brand		1 6 4	~ O o	7	40	40	40	40
Brand (Children 0-20)		l m		101	\$0	\$0	\$0	\$0
Brand (Adult)****		10/		/3/	\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		CA	SDES		ΨΟ	ΨΟ	ΨΟ	ΨΟ
Brand (Children 0-20)			ODE		\$0	\$0	\$0	\$0
Brand (Adult)****		71	AK		\$0	\$0	\$0	\$0

Tier 5 Specialty					\$0	\$0	\$0	\$0
								
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
SERVICES								
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	60	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Pharmacy)	\$0	\$0	ΦΟ	ΦU	ΦΟ	φυ	ΦU	\$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 service
 - 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.

Luis A. Torres Olivera President & CEO





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>Luis A. Torres Olivera</u>, <u>President & CEO</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> 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 <u>Humana Health Plans of Puerto Rico</u>, <u>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 2024.



EMR Contrato Número m

OUPOS DE SAVO

Service		Coverag	ge Code		H4007-018				
	100	110	120	130	100	110	120	130	
HOSPITAL								117-01	
Admission	\$0	\$0	\$0	\$0	\$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					HILLIAN	THE TOWN TO	THE	X 30	
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	
OTHER SERVICES	ΨΟ	1 40	Ψ.	Ψ.	ΨΨ	40	ΨΟ		
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	
Service		REINE :		4 18 7				- 51	
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	
DENTAL	W W	40	40	40	40	40	40	40	
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	
PHARMACY		ELEMAN	40				4.0	40	
Tier 1 Preferred									
Generic (Children 0-20)	_				\$0	\$0	\$0	\$0	
Generic (Adult)****					\$0	\$0	\$0	\$0	
Tier 2 Non-Preferred Generics		11	TRACIO		Ψ0	Ψ	Ψ	ΨΟ	
Generic (Children 0-20)		(MI)	10		\$0	\$0	\$0	\$0	
Generic (Adult)****		1 Tont	rato Número	/m/	\$0	\$0	\$0	\$0	
Tier 3 Preferred Brand		9 4	- 0 0 1		40	40	#5	40	
Brand (Children 0-20)		l w	- 00	101	\$0	\$0	\$0	\$0	
Brand (Adult)****		1 4	/	V - /	\$0	\$0	\$0	\$0	
Tier 4 Non-Preferred Brand		100	OSDES		ΨΟ	ΨΟ	ΨΟ	ΨΟ	
Brand (Children 0-20)		-	8 032		\$0	\$0	\$0	\$0	
Brand (Adult)****			11/1/		\$0	\$0	\$0	\$0	

Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
SERVICES								
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

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.

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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;
 - 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.
 - . 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.

Luis A. Torres Olivera
President & CEO





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>Luis A. Torres Olivera</u>, <u>President & CEO</u>, hereby certify that <u>Humana Health Plans of</u> <u>Puerto Rico</u>, <u>Inc.</u> 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 <u>Humana Health Plans of Puerto Rico</u>, <u>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 2024.





Service		Coverag	ge Code	H4007-026				
	100	110	120	130	100	110	120	130
HOSPITAL						Too F		
Admission	\$0	\$0	\$0	\$0	\$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	43	1 7			MITH			7.0
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist 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
OTHER SERVICES	Ψ0	φ0	μ Φ0	Ι ΦΟ	ΨΟ	ΨΟ	Ψ0	φυ
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
Service Service	ΨΟ	Τ ΦΟ	Ψ0	Ι ΨΟ	ΨΟ	φο	φ0	Ψυ
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
DENTAL DENTAL	ΨΟ	φο	ΨΟ	Ι ΦΟ	ΨΟ	Ψ0	ΨΟ	ΨΟ
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative (Addit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	30	90	Φ0	ΨΟ	ΦΟ	ΨΟ	ΨΟ
PHARMACY Tion 1 Desferred								
Tier 1 Preferred					¢0	\$0	\$0	0.0
Generic (Children 0-20)		115	RACIO		\$0 \$0		\$0	\$0
Generic (Adult)**** Tier 2 Non-Preferred Generics		W/W	RACIO		ΦU	\$0	ΦΟ	\$0
		18/	to Número	m	\$0	\$0	\$0	\$0
Generic (Children 0-20)		2 4		1 1	\$0	\$0	\$0	\$0
Generic (Adult)**** Tier 3 Preferred Brand		0	UVI	0	Ψ	φU	90	ΦU
		In I	/	D/	\$0	\$0	0.2	\$0
Brand (Children 0-20)		OG A	SDES	/		\$0	\$0 \$0	\$0
Brand (Adult)**** Tion 4 Non Professed Brand		1	SUE		\$0	ΦU	ΦU	⊅ U
Tier 4 Non-Preferred Brand		-	1411)	40	40	40	ውለ
Brand (Children 0-20)		-	MK		\$0	\$0	\$0	\$0 \$0
Brand (Adult)****			000		\$0	\$0	\$0	

Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
SERVICES	11 11 11 11							
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

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- ** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.
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 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
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Luis A. Torres Olivera President & CEO







Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

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Buy Down per product - Medicare Platino 2024

Product Number	Buy down
H4007-019	\$99

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico</u>, <u>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 2024.

APS.

A)

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00001

Contrato Número

Service		Covera	ge Code		H4007-019				
	100	110	120	130	100	110	120	130	
HOSPITAL									
Admission	\$0	\$0	\$0	\$0	\$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	\$O	\$0	\$0	
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
AMBULATORY VISITS TO									
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	
OTHER SERVICES	Ψ0	Ψ0	Ψ.σ	40	40	40	40	Ψυ	
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	
Service									
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	
DENTAL									
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	
PHARMACY									
Tier 1 Preferred									
Generic (Children 0-20)					\$0	\$0	\$0	\$0	
Generic (Adult)****					\$0	\$0	\$0	\$0	
Tier 2 Non-Preferred Generics					, -			+0	
Generic (Children 0-20)					\$0	\$0	\$0	\$0	
Generic (Adult)****	A 133	מידיפוואוו	ACION E	R	\$0	\$0	\$0	\$0	
Tier 3 Preferred Brand			E SALUI						
Brand (Children 0-20)	O.L.		J. J. A. J.	-	\$0	\$0	\$0	\$0	
Brand (Adult)****	21	- 0	0001		\$0	\$0	\$0	\$0	
Tier 4 Non-Preferred Brand	free				45	40	45	Ψ0	
Brand (Children 0-20)	14		NT4		\$0	\$0	\$0	\$0	
Brand (Adult)****		Contrato	numero		\$0	\$0	\$0	\$0	

AB

\$

Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
SERVICES								
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

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) ADMINISTRACION DE
 - Pregnant woman (during pregnancy and the 60-day post-partum period)\$EGUROS DE SALUD
 - American Indians and Alaskan Natives (AI/AN)

• Institutionalized Individuals; and

• Individuals receiving hospice care.

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.

Luis A. Torres Olivera President & CEO Date

ADMINISTRACION DE SEGUROS DE SALUD

24-00001

Contrato Número

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





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>Luis A. Torres Olivera</u>, <u>President & CEO</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> 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 <u>Humana Health Plans of Puerto Rico, 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 2024.





Service	Coverage Code				H4007-027			
	100	110	120	130	100	110	120	130
HOSPITAL	HELD !			52 /2				
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)	WEST							
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	7200	14 5		WE F	111111	The state of		
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
OTHER SERVICES	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	φυ	φυ	φυ
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
Service Service		1 4 5	1 1			111111111111111111111111111111111111111		40
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
DENTAL	Ψ0	ΨΟ	Ψ0		ΨΟ	40	ΨΟ	ΨΟ
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
PHARMACY	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ
Tier 1 Preferred								
				-	\$0	\$0	\$0	\$0
Generic (Children 0-20) Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics					φυ	φυ	φυ	φυ
Generic (Children 0-20)		/19	TRACIO		\$0	\$0	\$0	\$0
Generic (Adult)****		THE STATE OF	.0		\$0	\$0	\$0	\$0
Tier 3 Preferred Brand		18/000	ato Número	(m)	Ψυ	Ψυ	ΨΟ	φυ
		Contr			\$0	\$0	\$0	\$0
Brand (Children 0-20)		4 -	001	101	\$0	\$0	\$0	\$0
Brand (Adult)**** Tion 4 Non Brafarrad Brand		100	1	(3)	ΦU	ΦU	ΦU	ΦU
Tier 4 Non-Preferred Brand		(C)	OSDES		¢0	φn	40	60
Brand (Children 0-20) Brand (Adult)****		-	SDE		\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0

Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
SERVICES								
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

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

- 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.



Luis A. Torres Olivera
President & CEO





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>Luis A. Torres Olivera</u>, <u>President & CEO</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, 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 <u>Humana Health Plans of Puerto Rico, 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 2024.







Service	Coverage Code				H4007-030			
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$0	\$0	\$0	\$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			1.300	THE	123			N.
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
OTHER SERVICES	Ψ0	ΨΟ	ψυ	ΨΟ	ΨΟ	40	ΨΟ	ΨΟ
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
Service	Ψ0	Ι ΨΟ	Ψ0	φο	ΨΟ	ΨΟ	Ψ0	φσ
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
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care DENTAL	φU	\$ U	30	φυ	ŞU.	φυ	\$U	90
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult) Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	20	20	20	30	\$0	\$0	\$0	\$0
PHARMACY	DO NO							
Tier 1 Preferred					40	00	00	00
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****			7704		\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics		M	STRAC		фо	фо	0.0	00
Generic (Children 0-20)		1011	STRAC	101	\$0	\$0	\$0	\$0
Generic (Adult)****		/ /Cor	INITIO NUMB	m/"/	\$0	\$0	\$0	\$0
Tier 3 Preferred Brand		2 4	-00		Φ0	Φ.Ο.	0.0	ф.c
Brand (Children 0-20)		10		3	\$0	\$0	\$0	\$0
Brand (Adult)****		10		(×/	\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		1	OSDE	/	4.5	4.5	4.5	4 -
Brand (Children 0-20)					\$0	\$0	\$0	\$0
Brand (Adult)****		5	IN 1	N	\$0	\$0	\$0	\$0

Tier 5 Specialty					\$0	\$0	\$0	\$0
Tier 6 Select Care Drug					\$0	\$0	\$0	\$0
SERVICES								- 161
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

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Luis A. Torres Olivera
President & CEO