

APPENDIX C (6)

Co-Payment Certification

Appendix C-6

Copayment Certification

H5577 – 002

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR



APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, **James P. O'Drobinak**, Chief Executive Officer, hereby certify that **MCS Advantage, Inc.** will offer the following buy downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

| Product Number | Buy down |
|--|---------------|
| H5577 – 002 MCS Classicare Platino Ideal (HMO D-SNP) | \$120 monthly |

In addition, I certify that the copays that **MCS Advantage, 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**

Nº 2 4 - 0 0 0 4

Contrato Número

Buy Down & Copayment Table - Medicare Platino 2024

| Service | Coverage Code | | | | H5577 – 002 MCS Classicare Platino Ideal (HMO D-SNP) | | | |
|---|---------------|-----|--------|-----|--|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 ADMINISTRACION DE SEGUROS DE SALUD | | | | | | | | |
| 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 Contrato Número | | | | | | | | |
| Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preferred (Adult)**** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Adult)**** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| SERVICES | | | | | | | | |
| Outpatient Substance Abuse | \$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 |

EMR

Notes:

¹ 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.



James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.

ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número



6.8.2023
Date

EMR

Appendix C-6

Copayment Certification

H5577 – 017

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR



APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, **James P. O'Drobinak**, Chief Executive Officer, hereby certify that **MCS Advantage, Inc.** will offer the following buy downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

| Product Number | Buy down |
|---|--------------|
| H5577 – 017 MCS Classicare Platino Progreso (HMO D-SNP) | \$45 monthly |

In addition, I certify that the copays that **MCS Advantage, 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.

**ADMINISTRACION DE
SEGUROS DE SALUD**

Nº 24 - 0004

Contrato Número

Notes:

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

* NO apply to Medicare Platino.

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

*** Copays apply to each drug included in the same prescription pad.

**** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.

1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:

- Children from 0 to less than 21 years of age (0-20 years, inclusive)
- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.

2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:

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

3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

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

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


James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número



6-8-2023

Date

EMR

Appendix C-6

Copayment Certification

H5577 – 029

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR



APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, **James P. O'Drobinak**, Chief Executive Officer, hereby certify that **MCS Advantage, Inc.** will offer the following buy downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

| Product Number | Buy down |
|---|------------------|
| H5577 – 029 MCS Classicare Platino MásCa\$h (HMO D-SNP) | \$164.90 monthly |

In addition, I certify that the copays that **MCS Advantage, 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**

Nº 24 - 0004

Contrato Número

Buy Down & Copayment Table - Medicare Platino 2024

| Service | Coverage Code | | | | H5577 – 029 MCS Classicare Platino MásCa\$h (HMO D-SNP) | | | |
|---|---------------|-----|--------|-----|--|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 № 24 - 0004 | | | | | | | | |
| Preventive (Child) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preventive (Adult) Contrato Número | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Restorative | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| PHARMACY | | | | | | | | |
| Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preferred (Adult)**** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Adult)**** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| SERVICES | | | | | | | | |
| 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 |

EMK

Notes:

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

* NO apply to Medicare Platino.

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

*** Copays apply to each drug included in the same prescription pad.

**** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.

1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:

- Children from 0 to less than 21 years of age (0-20 years, inclusive)
- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.

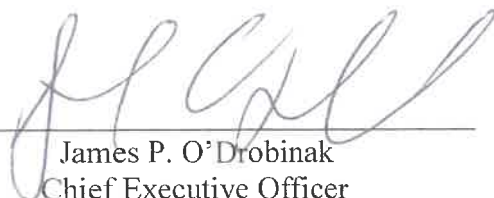
2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:

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

3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

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

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



James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.



ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

6.8.2023

Date

Contrato Número

EMR

Appendix C-6

Copayment Certification

H5577 – 046

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR



APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, **James P. O'Drobinak**, Chief Executive Officer, hereby certify that **MCS Advantage, Inc.** will offer the following buy downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

| Product Number | Buy down |
|--|-------------|
| H5577 – 046 MCS Classicare Platino Total (HMO D-SNP) | \$0 monthly |

In addition, I certify that the copays that **MCS Advantage, 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.

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

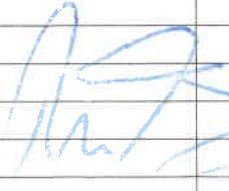
Contrato Número

Buy Down & Copayment Table - Medicare Platino 2024

| Service | Coverage Code | | | | H5577 – 046 MCS Classicare Platino Total (HMO D-SNP) | | | |
|---|---------------|-----|--------|-----|---|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preferred (Adult)** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Adult)**** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| SERVICES | | | | | | | | |
| Outpatient Substance Abuse | \$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 |

ADMINISTRACION DE SEGUROS DE SALUD
 No 24 - 0004

Contrato Número



SUR

Notes:

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

* NO apply to Medicare Platino.

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

*** Copays apply to each drug included in the same prescription pad.

**** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.

1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:

- Children from 0 to less than 21 years of age (0-20 years, inclusive)
- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.

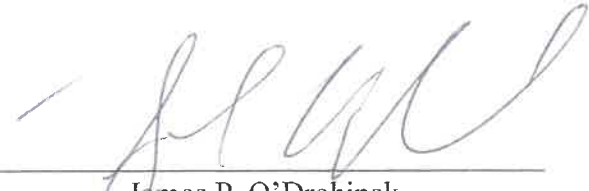
2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:

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

3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

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

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



James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.



ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

6.8.2023

Date

EMR

Appendix C-6

Copayment Certification

H5577 – 054

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 2 4 - 0 0 0 4

Contrato Número

EMR



APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, **James P. O'Drobinak**, Chief Executive Officer, hereby certify that **MCS Advantage, Inc.** will offer the following buy downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

| Product Number | Buy down |
|--|---------------|
| H5577 - 054 - MCS Classicare Platino Máximo (HMO D-SNP) Region 1 | \$100 monthly |
| H5577 - 054 - MCS Classicare Platino Máximo (HMO D-SNP) Region 2 | \$100 monthly |
| H5577 - 054 - MCS Classicare Platino Máximo (HMO D-SNP) Region 3 | \$100 monthly |

In addition, I certify that the copays that **MCS Advantage, 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

Nº 24 - 0004

Contrato Número

Buy Down & Copayment Table - Medicare Platino 2024

| Service | Coverage Code | | | | H5577 - 054 - MCS Classicare Platino Máximo (HMO D-SNP) Region 1 | | | |
|---|---------------|-----|--------|-----|--|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| ADMINISTRACION DE SEGUROS DE SALUD | | | | | | | | |
| 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 | | | | | | | | |
| Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preferred (Adult)**** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Adult)**** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| SERVICES | | | | | | | | |
| Outpatient Substance Abuse | \$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 |

EMR

| | | | | | | | | |
|---------------------------------------|-----|-----|--------|-----|-----|-----|-----|-----|
| 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:

¹ 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.


 James P. O'Drobinak
 Chief Executive Officer
 MCS Advantage, Inc.

**ADMINISTRACION DE
 SEGUROS DE SALUD**

№ 24 - 0004

Contrato Número

6-8-2023

Date



Appendix C-6

Copayment Certification

H5577 – 055

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR



APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, **James P. O'Drobinak**, Chief Executive Officer, hereby certify that **MCS Advantage, Inc.** will offer the following buy downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

| Product Number | Buy down |
|--|---------------|
| H5577 – 055 MCS Classicare Platino Del Sur (HMO D-SNP) | \$150 monthly |

In addition, I certify that the copays that **MCS Advantage, 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.

ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

Buy Down & Copayment Table - Medicare Platino 2024

| Service | Coverage Code | | | | H5577 – 055 MCS Classicare Platino Del Sur (HMO D-SNP) | | | |
|---|---------------|-----|--------|-----|---|-----|-----|-----|
| | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 ADMINISTRACION DE SEGUROS DE SALUD | | | | | | | | |
| 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 | | | | | | | | |
| Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preferred (Adult)**** | \$0 | \$1 | \$2 | \$3 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Children 0-20) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Preferred (Adult)**** | \$0 | \$3 | \$4 | \$6 | \$0 | \$0 | \$0 | \$0 |
| SERVICES | | | | | | | | |
| Outpatient Substance Abuse | \$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 |

ADMINISTRACION DE SEGUROS DE SALUD

#24-0004

Contrato Número

[Handwritten signature]

[Handwritten signature]

Notes:

¹ 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.



James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número



6-8-2023

Date

EMR