APPENDIX C (6)

Co-Payment Certification



Appendix C-6

Copayment Certification

H5577 - 002

ADMINISTRACION DE SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>James P. O'Drobinak</u>, <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</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
H5577 – 002	\$120 monthly
MCS Classicare Platino Ideal	
(HMO D-SNP)	

In addition, I certify that the copays that <u>MCS Advantage</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.

ADMINISTRACION DE SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

Buy Down & Copayment Table - Medicare Platino 2024

Service		Covera	ge 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	Ψ	Ψ	_ ψ0	Ψυ	Ψυ	ψυ	ΨU	\$0
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 OTHER SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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	\$0	Φ0	ΨΟ	\$0	Ψυ	\$0	\$0	\$0
The state of the s	40	40	Φ0	Φ.0	do.	d o	0.0	Φ0
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 ADMINISTRACION DI	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CECIDOC DE CALITO		Φ0	Φ0	Φ0	Φ0	00	0.0	40
rieventive (Clind)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult) Preventive (Adult) 2 4 - 0 0 0 4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PHARMACY Contrate Numer	Ф.О.	40	Φ.0	Φ.0	40	Φ.0	th o	4.0
Preferred (Children 0- Contrato Número	\$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	0.0	0.0	Φ.0	Φ.0	d.c.	фо	0.0	A.C.
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 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

Shief Executive Officer MCS Advantage, Inc.

ADMINISTRACION DE SEGUROS DE SALUD

№24-0004

6.8.2023

Date

Contrato Número



Appendix C-6 Copayment Certification H5577 - 017

ADMINISTRACION DE SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número EMR





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>James P. O'Drobinak</u>, <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</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
H5577 – 017	\$45 monthly
MCS Classicare Platino Progreso	
(HMO D-SNP)	

In addition, I certify that the copays that <u>MCS Advantage</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.

ADMINISTRACION DE SEGUROS DE SALUD

№24-0004

Contrato Número

Service	Coverage Code					H5577 – 017 MCS Classicare Platino Progreso (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	φυ	Ψυ	φυ	Ψυ	φυ	φυ	ΨΟ	Ψυ
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	φU	ЪU	J JU	ΦU	φυ	φυ	ΦU	φU
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
- *	ΦU	\$0	φ0	Φυ	φ0	φυ	\$0	Φυ
Service				4.0	-	4.0		
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy Occupation INISTRACION DE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines SEGUROS DE SALLID	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL № 2 4 - 0 0 0 4		1						
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

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.

ADMINISTRACION DE SEGUROS DE SALUD

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James P. O'Drobinak

Chief Executive Officer MCS Advantage, Inc.

№24-0004

Contrato Número



Appendix C-6

Copayment Certification

H5577 - 029

ADMINISTRACION DE SEGUROS DE SALUD

№24-0004

Contrato Número





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>James P. O'Drobinak</u>, <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</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
H5577 – 029 MCS Classicare Platino MásCa\$h (HMO D-SNP)	\$164.90 monthly

In addition, I certify that the copays that <u>MCS Advantage</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.

ADMINISTRACION DE SEGUROS DE SALUD

№24-0004

Contrato Número

Service	Coverage Code				H5577 – 029 MCS Classicare Platin 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	Φ.0	Φ.4	Φ.5	40	40	ФО	Φ0	0.0	
Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0	
Non-Emergency Services Provided in a	Φ0	40	0.0	Ф.4	do.	do	фо	0.0	
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						1.	7.		
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Therapy – Physical		\$0		\$0	\$0	\$0	\$0	\$0	
Therapy – Respiratory	\$0		\$0	\$0	\$0	\$0	\$0	\$0	
Therapy - Occupation INISTRACION DE	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Vaccines SEGUROS DE SALUD	\$0	\$0	\$0	\$0		\$0	\$0	\$0 \$0	
Healthy Child Care DENTAL № 2 4 - 0 0 0 4	\$0	\$0	\$0	20	\$0	20	20	20	
	40	\$0	Φ0	\$0	\$0	\$0	\$0	\$0	
Preventive (Child)	\$0	\$0	\$0		\$0	\$0			
Preventive (Adult) Contrato Número	\$0	\$0	\$0	\$0		-	\$0	\$0	
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
PHARMACY	Φ.0	40	ф.	Φ.Ο.	40	Φ0	0.0	0.0	
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					40			• •	
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	\$9	\$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 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.

ADMINISTRACION DE SEGUROS DE SALUD

№24-0004

· 8 · 2023

Date

Contrato Número

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



Appendix C-6

Copayment Certification

H5577 - 046

ADMINISTRACION DE SEGUROS DE SALUD

№24-0004

Contrato Número





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>James P. O'Drobinak</u>, <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</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
H5577 – 046	\$0 monthly
MCS Classicare Platino Total	
(HMO D-SNP)	

In addition, I certify that the copays that <u>MCS Advantage</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.

ADMINISTRACION DE SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

Service		Coveraș	ge 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			1					
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				7				
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			1					
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Respiratory Therapy - Occupational	\$0 \$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	\$0	\$0	\$0	\$0	ψ0	φυ	ψU	ΦU
TO ADMINISTRACION DR	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Child's EGUROS DE SALUD Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dantaunting	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nº / 4 - () () //	ΨΟ	30	ΨΟ	Ψ0	90	90	90	φυ
PHARMACY Description (Children 0.20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Children 0-20) Preferred (Adult)**Contrato Número			+	\$3	\$0	\$0	-	
Nan Busfamad (Children 0.20)	\$0 \$0	\$1 \$0	\$2 \$0	\$0	\$0	\$0	\$0 \$0	\$0
Non-Preferred (Children 0-20)		\$3	\$4	\$6	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	Φ3	\$4	\$0	ΦΟ	Φυ	\$0	\$0
SERVICES Outputiont Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	-		\$2	\$0	\$0		\$0
Vision Services	\$0	\$1 \$0	\$1.50 \$0	\$2 \$0	\$0	\$0	\$0 \$0	\$0
Hearing Exams Physical Exam	\$0			\$2	\$0	\$0	+	_
Physical Exam	\$0	\$1 \$1	\$1.50 \$1.50	\$2		\$0	\$0 \$0	\$0
Ambulatory Surgery				\$2	\$0	\$0	\$0	\$0
Special Coverage Outpatient Substance Abuse (Pharmacy)	\$0 \$0	\$1 \$0	\$1.50 \$0	\$0	\$0 \$0	\$0	20	\$0 \$0

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

- * NO apply to Medicare Platino.
- ** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.
- *** Copays apply to each drug included in the same prescription pad.
- **** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.
 - 1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:
 - Children from 0 to less than 21 years of age (0-20 years, inclusive)
 - Pregnant woman (during pregnancy and the 60-day post-partum period);
 - American Indians and Alaskan Natives (AI/AN)
 - Institutionalized Individuals; and
 - Individuals receiving hospice care.
 - 2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:
 - Emergency services, including ambulatory, hospital, and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
 - Family planning services and supplies;
 - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
 - Provider-preventable services as defined in 42 CFR 447.26(b);
 - 3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

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

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

James P. O'Drobinak Chief Executive Officer ADMINISTRACION DE SEGUROS DE SALUD,

№ 24-0004

Date

MCS Advantage, Inc.

Contrato Número



Appendix C-6 Copayment Certification H5577 - 054

ADMINISTRACION DE SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>James P. O'Drobinak</u>, <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</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
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 <u>MCS Advantage</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.

ADMINISTRACION DE SEGUROS DE SALUD

№24-0004

Contrato Número

Service		Coverag	ge Code	H5577 - 054 - MCS Classicare Platino Máximo (HMO D-SNP) Region 1 H5577 - 054 - MCS Classicare Platino Máximo (HMO D-SNP) Region 2 H5577 - 054 - MCS Classicare Platino Máximo (HMO D-SNP) Region 3				
	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)			17.		70'			
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		,
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	7	-						
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 ADMINISTRACION DE	\$ \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Service SEGUROS DE SALUD								
Therapy – Physical P 2 4 – 0 0 0 4	\$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 Contrato Número	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL	A.C.	0.0	th c	40	Ф.	0.0	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				A -			4.5	* "
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$0	\$0
SERVICES	*	T & ^	A ^	0.0	. .	0.0	Φ0	40
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 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 2 4 - 0 0 0 4

Date

Contrato Número



Appendix C-6

Copayment Certification

H5577 - 055

ADMINISTRACION DE SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>James P. O'Drobinak</u>, <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</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
H5577 – 055	\$150 monthly
MCS Classicare Platino Del Sur	
(HMO D-SNP)	

In addition, I certify that the copays that <u>MCS Advantage</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.

ADMINISTRACION DE SEGUROS DE SALUD

№24-0004

Contrato Número

SMR

Service	Coverage Code				H5577 – 055 MCS Classicare Platino Del Sur (HMO D-SNP)			
	100	110	120	130	100	110	120	130
HOSPITAL		1					l/	
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	Φ.Ο.	Φ.4	0.5	ΦO	\$0	\$0	\$0	\$0
Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	20	ΦU	\$0
Non-Emergency Services Provided in a	Φ.Δ	Φ2	ФЭ	d) 4	d'O.	0.0	0.0	¢Λ
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		1						
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								
CECLIDOC DE CALLED	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Physical					\$0		\$0	\$0
Therapy - Respiration 2 4 - 0 0 0 4	\$0	\$0	\$0	\$0	\$0	\$0		
Therapy - Occupational	\$0	\$0	\$0	\$0		\$0	\$0	\$0
Vaccines Contrato Número	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Treatury Crime Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL	Φ0	фо	Φ0	Φ0	Φ0	00	Φ.O.	0.0
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

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.

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 - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
 - 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.

SEGUROS DE SALUD

Contrato Número 🥥 🕢

Ray2021 Oficina de Sarvicio a Reneficiarios y Proyectores/ Oficina Sistemas