APPENDIX C (6)

Co-Payment Certification





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>Ricardo Rivera Cardona</u>, <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u> will offer the following by downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

Contract - PBP and Plan Name	Buy down
H4003-017	¢20.00
MMM Diamante Platino	\$20.00







Service	Coverage Code				MMM Diamante Platine (H4003-017)				
	100	110	120	130	100	110	120	130	
HOSPITAL					0 0 1		- 110		
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)			100 1200 100 1	X 2 X 18 8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×1		00 00 00.0	
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		11X 18				74 8 - 01-			
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		0.00000			2 12 21	0 0		18 ° 8	
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Pherapy - 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.N	STROLO	\$0	
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	80	ST\$040 \$0 \$0 ato \$6mer	60	
Vision Services	\$0	\$1	\$1.50	\$2	\$0	1 30 ans	\$0	0\$0 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	ato Mamer		
Physical Exam	\$0	\$1	\$1.50	\$2	\$0	(p)\$0	\$0.0	3 \$0	
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0	1 mgo	\$0	7.050	
Special Coverage	\$0	\$1	\$1.50	\$2	\$0	1000	\$0	V An	
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	S DE SP	\$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.
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 - 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)
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 - 3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
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 - 5. Wrap around table is subject to change in 01/01/2024.

President

06/09/23

Date

OMINISTRACION

Contrato Número





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>Ricardo Rivera Cardona</u>, <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u> will offer the following by downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

Contract - PBP and Plan Name	Buy down	
H4003-049	¢120.00	
MMM Valor Platino	\$120.00	





Service	Coverage Code				MMM Valor Platino (H4003-049)				
	100	110	120	130	100	110	120	130	
HOSPITAL			N II II		The IX				
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)		Y			N 1000 100	-V- 8 1 1	1.8		
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	211 27 211	18 1			a Tall			lan Pilipan	
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			98 10 118	811					
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		HATE		7 9 0				1188 10	
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			THE RESERVE	90 0 90 0	with a				
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					3 7 8	A NIES			
Outpatient Substance Abuse	\$0	2450	\$0	\$0	\$0	\$0	\$0	\$0	
Outpatient Mental Health	\$0.5	RASTON	6.50	\$0	\$0	\$0	\$0	\$0	
Vision Services	1 doc /	4.1	\$150	\$2	\$0	\$0	\$0	\$0	
Hearing Exams	186		\$ \ \$0	\$0	\$0	\$0	\$0	\$0	
Physical Exam	\$0.4	- \$10	\$2.50	\$2	\$0	\$0	\$0	\$0	
Ambulatory Surgery	1 \$0	\$1	43 KO	\$2	\$0	\$0	\$0	\$0	
Special Coverage	1-8-1	d-1	EN FO	\$2	\$0	\$0	\$0	\$0	
Outpatient Substance Abuse (Pharmacy)	\$0	ROSD	\$0	\$0	\$0	\$0	\$0	\$0	

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Contrato Número

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

President

06/09/23





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

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Buy Down per product - Medicare Platino 2024

Contract - PBP and Plan Name	Buy down	
H4003-058 MMM Dorado Platino	\$100.00	





Service		Covera	ge Code	MMM Dorado Platino (H4003-058)				
	100	110	120	130	100	110	120	130
HOSPITAL		X 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				. x x ii.	u 100 pao	, salită
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)		0 - 0 -	NEW XE			000		
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			0.000	LIVE	X X III O			
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	38.83	- 12	State					
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					333 011 01	1 - 1 1 1 mg		20 Hg - 8
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	11 8 8 1	l loc	0.00	. 8 -				-nVik B
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	STORA	C/APQ	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0 \$0 \$1 \$0 \$1 \$1	\$0	30	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1/50/	\$2	mersom	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	SU N	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$1\50_	\$20	\$0/0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.500	\$2	\$00	\$0	\$0	\$0
Special Coverage	\$0	\$1	\$1.50	12	0 £ \$8	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0 s	\$0	\$0	\$0	\$0

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Contrato Número

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President

06/09/23





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>Ricardo Rivera Cardona</u>, <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u> will offer the following by downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

Contract - PBP and Plan Name	Buy down
H4004-048	¢3E 00
PMC Premier Platino	\$35.00







Service	Coverage Code				PMC Premier Platino (H4004-048				
	100	110	120	130	100	110	120	130	
HOSPITAL		**************************************	XIIIEEE						
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)		8 8 8811			the state of the	I			
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	311 88								
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	7.5	1	1	1	1	1		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							. Higheite	S LS ALE	
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		Un Princip						201383	
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			100						
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$8,11	\$0 \$0	10:50	\$0	
Outpatient Mental Health	\$0	\$0	\$0	\$0	150°	\$0	O ane	\$0	
Vision Services	\$0	\$1	\$1.50	\$2	\$VCo	ntrata Wúrr	ero SU	\$0	
Hearing Exams	\$0	\$0	\$0	\$0	¢4 4	-40	9 dn 1	\$0	
Physical Exam	\$0	\$1	\$1.50	\$2	100	\$0	10	\$0	
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$6	\$0	130	\$0	
Special Coverage	\$0	\$1	\$1.50	\$2	\$8	OARE	5 80	\$0	
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0 \$0 \$0 \$0 \$0	\$0	\$0	

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Contrato Número

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06/09/23





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

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Buy Down per product - Medicare Platino 2024

Contract – PBP and Plan Name	Buy down
H4004-062	#96 AA
MMM Relax Platino	\$86.00





Service	Coverage Code				MMM Relax Platino (H4004-062)				
	100	110	120	130	100	110	120	130	
HOSPITAL				<u>" </u>					
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)					11 X X				
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					A 3-8				
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								Luxx.	
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		X 0 2 0	0 0 0	1 00000 =0	0.00	2000			
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	0 000		, 2 po	/	WSTR/	1CI			
Outpatient Substance Abuse	\$0	\$0	\$0	\$000	\$0	30	\$0	\$0	
Outpatient Mental Health	\$0	\$0	\$0	\$0 1	\$0	\$000	\$0	\$0	
Vision Services	\$0	\$1	\$1.50	\$20	ontrato Ni	mergo/	\$0	\$0	
Hearing Exams	\$0	\$0	\$0	\$2m		\$0	\$0	\$0	
Physical Exam	\$0	\$1	\$1.50	12-1	40	+49	\$0	\$0	
Ambulatory Surgery	\$0	\$1	\$1.50	\$200	\$0 \$0 \$0 D	E 500/	\$0	\$0	
Special Coverage	\$0	\$1	\$1.50	\$2	38 D	E-\$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.

Contrato Número

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

President

06/09/23





Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2024

I, <u>Ricardo Rivera Cardona</u>, <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u> will offer the following by downs for each of the Medicare Platino 2024 products:

Buy Down per product - Medicare Platino 2024

Contract – PBP and Plan Name	Buy down
H4004-067	¢164.00
MMM Plus Platino	\$164.90

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In addition, I certify that the copays that <u>MMM Healthcare</u>, <u>LLC</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				М		ıs Plati 4-067)	
	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						<u> </u>	n (1981), 21	4. X II.
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.	7.5	1 7	7.7	7-	7.	7.	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	7-							
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	1 40	40	40	40	1 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
	\$0)) 0	φU	φU	Φ 0	\$ 0	\$ 0	<u></u> φυ
PHARMACY	+0	1 40	+0	+0	+0	+0	40	40
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	TRACIC	\$0	\$0	\$0	\$0
SERVICES	+0	+0	MINIS	TRAC/C	NO.	40	40	40
Outpatient Substance Abuse	\$0	\$0	139/	\$0	7440	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0		rato\$@me		\$0	\$0	\$0
Vision Services	\$0	\$1	\$1,504	SPEC U		\$0	\$0	\$0
Hearing Exams	\$0	\$0	150	\$0	/\$B)	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$130	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$40 8	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$1	\$1.50	10x10x152	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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Contrato Número
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06/09/23

President