

# **APPENDIX C (6)**

## **Co-Payment Certification**



**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

I, **Ricardo Rivera Cardona**, President, hereby certify that **MMM Healthcare, LLC** 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
<b>H4003-017</b> MMM Diamante Platino	\$20.00

In addition, I certify that the copays that **MMM Healthcare, LLC** 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.



Buy Down & Copayment Table - Medicare Platino 2024

Service	Coverage Code				MMM Diamante Platino (H4003-017)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SERVICE</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

EMR



Notes:

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

\* NO apply to Medicare Platino.

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

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

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

1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:
  - Children from 0 to less than 21 years of age (0-20 years, inclusive)
  - Pregnant woman (during pregnancy and the 60-day post-partum period);
  - American Indians and Alaskan Natives (AI/AN)
  - Institutionalized Individuals; and
  - Individuals receiving hospice care.
2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:
  - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
  - Family planning services and supplies;
  - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
  - Pregnancy related services and counseling and drugs for cessation of tobacco use;
  - Provider-preventable services as defined in 42 CFR 447.26(b);
3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.
5. Wrap around table is subject to change in 01/01/2024.



**President**

EMR



06/09/23

**Date**



**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

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

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

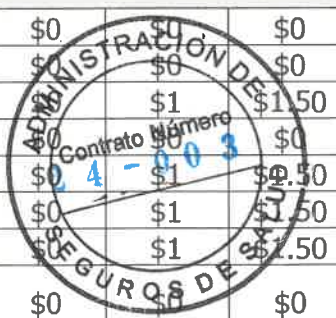
Contract – PBP and Plan Name	Buy down
H4003-049 MMM Valor Platino	\$120.00

In addition, I certify that the copays that MMM Healthcare, LLC 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.



Buy Down & Copayment Table - Medicare Platino 2024

Service	Coverage Code				MMM Valor Platino (H4003-049)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SERVICE</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$0.50	\$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



TRP

EMR

Notes:

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


\* NO apply to Medicare Platino.

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

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

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

1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:
  - Children from 0 to less than 21 years of age (0-20 years, inclusive)
  - Pregnant woman (during pregnancy and the 60-day post-partum period);
  - American Indians and Alaskan Natives (AI/AN)
  - Institutionalized Individuals; and
  - Individuals receiving hospice care.
2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:
  - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
  - Family planning services and supplies;
  - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
  - Pregnancy related services and counseling and drugs for cessation of tobacco use;
  - Provider-preventable services as defined in 42 CFR 447.26(b);
3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.
5. Wrap around table is subject to change in 01/01/2024.

  
\_\_\_\_\_

**President**



06/09/23

**Date**



**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

I, **Ricardo Rivera Cardona**, President, hereby certify that **MMM Healthcare, LLC** 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
<b>H4003-058</b> MMM Dorado Platino	\$100.00

*[Handwritten signature]*

In addition, I certify that the copays that **MMM Healthcare, LLC** 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*





Buy Down & Copayment Table - Medicare Platino 2024

Service	Coverage Code				MMM Dorado Platino (H4003-058)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SERVICE</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1	\$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

*Handwritten initials*



*EMR*

Notes:

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

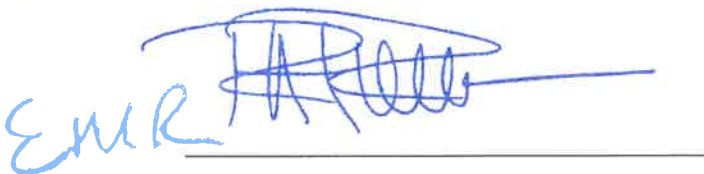
\* NO apply to Medicare Platino.

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

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

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

1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:
  - Children from 0 to less than 21 years of age (0-20 years, inclusive)
  - Pregnant woman (during pregnancy and the 60-day post-partum period);
  - American Indians and Alaskan Natives (AI/AN)
  - Institutionalized Individuals; and
  - Individuals receiving hospice care.
2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:
  - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
  - Family planning services and supplies;
  - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
  - Pregnancy related services and counseling and drugs for cessation of tobacco use;
  - Provider-preventable services as defined in 42 CFR 447.26(b);
3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.
5. Wrap around table is subject to change in 01/01/2024.



**President**



06/09/23

**Date**



**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

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

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

<b>Contract – PBP and Plan Name</b>	<b>Buy down</b>
<b>H4004-048</b> PMC Premier Platino	\$35.00

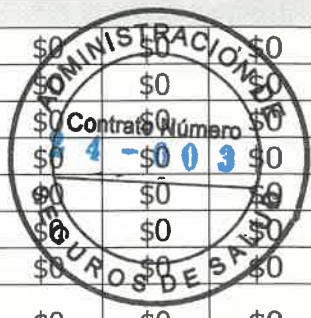
In addition, I certify that the copays that **MMM Healthcare, LLC** establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2024.



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

Service	Coverage Code				PMC Premier Platino (H4004-048)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SERVICE</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*THP*



*EMR*

Notes:

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

\* NO apply to Medicare Platino.

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

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

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

1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:
  - Children from 0 to less than 21 years of age (0-20 years, inclusive)
  - Pregnant woman (during pregnancy and the 60-day post-partum period);
  - American Indians and Alaskan Natives (AI/AN)
  - Institutionalized Individuals; and
  - Individuals receiving hospice care.
  
2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:
  - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
  - Family planning services and supplies;
  - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
  - Pregnancy related services and counseling and drugs for cessation of tobacco use;
  - Provider-preventable services as defined in 42 CFR 447.26(b);
  
3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
  
4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.
  
5. Wrap around table is subject to change in 01/01/2024.



EMR

President



06/09/23

Date



**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

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

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

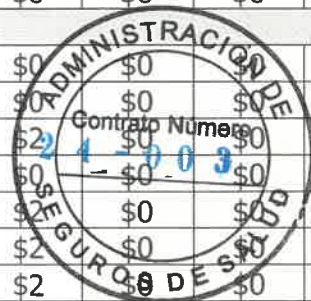
Contract – PBP and Plan Name	Buy down
H4004-062 MMM Relax Platino	\$86.00

In addition, I certify that the copays that **MMM Healthcare, LLC** 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.



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

Service	Coverage Code				MMM Relax Platino (H4004-062)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SERVICE</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



EMR

Notes:

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

\* NO apply to Medicare Platino.

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

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

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

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

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

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

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

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

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

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



President



06/09/23

Date







**APPENDIX C-6**

**Co-payment Certification**

Buy Down & Copayment Table - Medicare Platino 2024

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

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

<b>Contract – PBP and Plan Name</b>	<b>Buy down</b>
<b>H4004-067</b> MMM Plus Platino	\$164.90

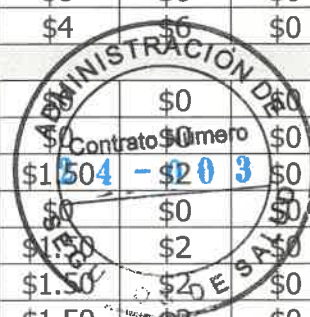
In addition, I certify that the copays that **MMM Healthcare, LLC** establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2024.



Buy Down & Copayment Table - Medicare Platino 2024

Service	Coverage Code				MMM Plus Platino (H4004-067)			
	100	110	120	130	100	110	120	130
<b>HOSPITAL</b>								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EMERGENCY ROOM (ER)</b>								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>AMBULATORY VISITS TO</b>								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER SERVICES</b>								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>SERVICE</b>								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DENTAL</b>								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PHARMACY</b>								
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
<b>SERVICES</b>								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

EMR



Notes:

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

\* NO apply to Medicare Platino.

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

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

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

1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:
  - Children from 0 to less than 21 years of age (0-20 years, inclusive)
  - Pregnant woman (during pregnancy and the 60-day post-partum period);
  - American Indians and Alaskan Natives (AI/AN)
  - Institutionalized Individuals; and
  - Individuals receiving hospice care.
2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:
  - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
  - Family planning services and supplies;
  - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
  - Pregnancy related services and counseling and drugs for cessation of tobacco use;
  - Provider-preventable services as defined in 42 CFR 447.26(b);
3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.
5. Wrap around table is subject to change in 01/01/2024.



**President**



06/09/23

**Date**