APPENDIX C (6)

Co-Payment Certification





I, <u>Thurman R Justice</u>, <u>President</u> hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2024 products:

Product Number	Buy down
H5774-024 Platino Plus (HMO-SNP)	\$150

In addition, I certify that the copays that Triple-S Advantage, Inc. established will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2024.





Service		Coverag	e Code		Platino Plus H5774-024			
	100	110	120	130	100	110	120	130
HOSPITAL					E Value			
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	w =			53 - 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				State 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							A SHE	
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			HW, JE					
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)***	\$0-	\$1	\$2	\$3	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20, inclusive)	INIST RA	CION	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)***	ontrât Núr	nero Pri	\$4	\$6	\$0	\$0	\$0	\$0

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

Service		Covera	ge Code	Platino Plus H5774-024				
	100	110	120	130	100	110	120	130
SERVICES	DI VALLED				158 16	1.5		
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	\$0	\$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.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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); Contrato Número
 - 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).

MR

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

President

Triple-S Salud and Triple-S Advantage

Co /7 /2023









I, <u>Thurman R Justice</u>, <u>President</u> hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2024 products:

Product Number	Buy down	
H5774-026 Platino Advance (HMO-SNP)	\$0	

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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.



16

Service	Covera	ge Code			Platino Advance H5774-026				
	100	110	120	130	100	110	120	130	
HOSPITAL	1015			***		0.0		177	
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)	10 1111			11/1/20		ER or			
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		CONTROL SO	77					7.5	
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	70	70	70	1 40	70	ŢĢŪ	Ų.	70	
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			ET LATE		THE RESERVE	No.			
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	0 TE	MARKET		. 1711 111					
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			gir san		5 60				
Preferred (Children 0-20, inclusive)	\$0	\$0	TRA	C 30	\$0	\$0	\$0	\$0	
Preferred (Adult)***	\$0	\$1/0	\$2	188	\$0	\$0	\$0	\$0	
Non-Preferred (Children 0-20, inclusive)	\$0	\$0 20	Conteno Nú	nerosbrin	\$0	\$0	\$0	\$0	
Non-Preferred (Adult)***	\$0	\$3 00 m	\$4	50	\$0	\$0	\$0	\$0	
SERVICES		(c)	TOSDE	31					
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	



Service	Covera	ge Code			Platino Advance H5774-026				
	100	110	120	130	100	110	120	130	
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	\$0	\$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.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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.
 - Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the pollowing 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;
 and
 - 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 copay.
- 5. Wrap around table is subject to change in 01/01/2024.

President

Triple-S Salud and Triple-S Advantage

6/7/2023 Date







I, Thurman R Justice, President hereby certify that Triple-S Advantage, Inc. will offer the following buy downs for each of the Medicare Platino 2024 products:

Product Number	Buy down
H5774-028 Platino Blindao (HMO-SNP)	\$164.90

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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.



No

Service	Covera	ge Code						Platino Blindao H5774-028				
	100	110	120	130	100	110	120	130				
HOSPITAL	10			F-37 1111			THE PERSON					
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
EMERGENCY ROOM (ER)	100											
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			1000				05.50				
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-	7,0	7.0	1 7 7		7.07/		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						ETAL A		7500				
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	16 E 3						THIST					
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0/	50	150				
Preferred (Adult)***	\$0	\$1	\$2	\$3	\$0	50	C \$0	30-2				
Non-Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	\$0 2	Solo N	innero				
Non-Preferred (Adult)***	\$0	\$3	\$4	\$6	\$0	3000	\$0	30				
SERVICES	ÎBA E						S DE S	SA				
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				



Service	Covera	ge Code		Platino Blindao H5774-028				
	100	110	120	130	100	110	120	130
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	\$0	\$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.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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 MINISTRACIO 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), Contrato Número
 - 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 toflor 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; and
 - 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 copay.
- 5. Wrap around table is subject to change in 01/01/2024.

President

Triple-S Salud and Triple-S Advantage

6 7 2003









I, Thurman R Justice, President hereby certify that Triple-S Advantage, Inc. will offer the following buy downs for each of the Medicare Platino 2024 products:

Product Number	Buy down
H5774-035 Platino Enlace (HMO-SNP)	\$0

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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	Covera	ge Code			Platino Enlace H5774-035				
	100	110	120	130	100	110	120	130	
HOSPITAL					NEW YORK		HARRIE	i a	
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)				1 1 W	Tara testila				
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Non-Emergency Services Provided in	ćo	\$4	ćF	ćo	\$0	\$0	\$0	\$0	
a Hospital Emergency Room (per visit)	\$0	\$4	\$5	\$8					
Non-Emergency Services Provided in					\$0	\$0	\$0	\$0	
a Freestanding Emergency Room	\$0	\$2	\$3	\$4					
(per visit)									
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	17 15	A FILL		E REEL		Lant'			
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							The second	100	
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 Bijaraa							
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	50 115	TEOLC	\$0	
Preferred (Adult)***	\$0	\$1	\$2	\$3	\$0	\$0	\$0	\$0	
Non-Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0	1 1726	\$0 Número	PAP	
Non-Preferred (Adult)***	\$0	\$3	\$4	\$6	\$0	50	\$0	\$0	
SERVICES /		Maria			E L		P	1	
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0 05	135 SA	\$0	

Rev2923 Oficina de Servicio a Beneficiarios y Proveedores/ Oficina Sistemas de Información

Service	Covera	ge Code		Platino Enlace H5774-035				
	100	110	120	130	100	110	120	130
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	\$0	\$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.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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;
 and
 - Provider-preventable services as defined in 42 CFR 447.26(b).
 - 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 copay.
- 5. Wrap around table is subject to change in 01/01/2024.

President

Triple-S Salud and Triple-S Advantage

6/7/2023









I, <u>Thurman R Justice</u>, <u>President</u> hereby certify that <u>Triple-S Advantage</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2024 products:

Product Number	Buy down				
H5774-036 Platino Titán (HMO-SNP)	\$50.00				

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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

16

Service	Coverage Code				Platino Titán H5774-036				
	100	110	120	130	100	110	120	130	
HOSPITAL			TAU EN				THE WAY	na inte	
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)	Turking		P THY	BY K		-1 201		124	
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Non-Emergency Services Provided in					\$0	\$0	\$0	\$0	
a Hospital Emergency Room (per visit)	\$0	\$4	\$5	\$8					
Non-Emergency Services Provided in					\$0	\$0	\$0	\$0	
a Freestanding Emergency Room	\$0	\$2	\$3	\$4					
(per visit)									
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
AMBULATORY VISITS TO		100							
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	W 2 38							91,	
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		1 1 1 1 2					HELL	12	
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	111-11		THE RES			1011016	PION		
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0 /	50	\$0	\$0	
Preferred (Adult)***	\$0	\$1	\$2	\$3	\$0	2 Sontrate	\$0	0 50	
Non-Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0 % 00	\$0_	0 60 2	50	
Non-Preferred (Adult)***	\$0	\$3	\$4	\$6	\$0	2 50	\$0/5	\$0	
	7.5	7-		7 -		OSD	\$0 JC		
SERVICES	, al en					-	Tell III		
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Service	Coverage Code				Platino Titán H5774-036				
	100	110	120	130	100	110	120	130	
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	\$0	\$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.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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:
 - Pregnant woman (during pregnancy and the 60-day post-partum period) Contrato Número Children from 0 to less than 21 years of age (0-20 years, inclusive);

 - Institutionalized Individuals; and
 - Individuals receiving hospice care.
 - 2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the fall wing 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; and
 - Provider-preventable services as defined in 42 CFR 447.26(b).
 - 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 copay.
- 5. Wrap around table is subject to change in 01/01/2024.

President

Triple-S Salud and Triple-S Advantage

 C_0 $\frac{7}{20}$ $\frac{3}{20}$









I, Thurman R Justice, President hereby certify that Triple-S Advantage, Inc. will offer the following buy downs for each of the Medicare Platino 2024 products:

Product Number	Buy down				
H5774-040 Platino Selecto (HMO-SNP)	\$90				

In addition, I certify that the copays that Triple-S Advantage, Inc. established 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

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

Service	Coverage Code				Platino Selecto H5774-040				
	100	110	120	130	100	110	120	130	
HOSPITAL	TEV			Parl Parl					
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
EMERGENCY ROOM (ER)						JOHN DIE			
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Non-Emergency Services Provided in					\$0	\$0	\$0	\$0	
a Hospital Emergency Room (per visit)	\$0	\$4	\$5	\$8					
Non-Emergency Services Provided in					\$0	\$0	\$0	\$0	
a Freestanding Emergency Room	\$0	\$2	\$3	\$4	S.	37			
(per visit)							> 1		
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								Tun I	
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 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							1 1 25		
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 PERSON NAMED IN		THE STATE	MISTA			
Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0.0		CSQ.	\$0	
Preferred (Adult)***	\$0	\$1	\$2	\$3	\$0 /	\$0	502	\$0	
Non-Preferred (Children 0-20, inclusive)	\$0	\$0	\$0	\$0	\$0 2		mero m	\$0	
Non-Preferred (Adult)***	\$0	\$3	\$4	\$6	5000	\$0	50	\$0	
SERVICES						DES	N. Committee	Ėų, i i	
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	



Service	Coverage Code				Platino Selecto H5774-040				
	100	110	120	130	100	110	120	130	
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	\$0	\$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.

- * Does NOT apply to Medicare Platino.
- ** Applies 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.
- **** Copays 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 \GTR\eir_0 coverage code: Contrato Número
 - 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; and
 - Provider-preventable services as defined in 42 CFR 447.26(b).
 - 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 copay.
- 5. Wrap around table is subject to change in 01/01/2024.

President

Triple-S Salud and Triple-S Advantage

Co 7/2023

Contrato Número

2 4 - 0 0 2

POS DE SAL