

# **APPENDIX C (6)**

## **Co-Payment Certification**



Co-payment Certification

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
H5774-024 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.

*EMR*  
*[Signature]*



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

Service	Coverage Code				Platino Plus H5774-024			
	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, 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)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)***	\$0	\$0	\$4	\$6	\$0	\$0	\$0	\$0



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

Service	Coverage Code				Platino Plus H5774-024			
	100	110	120	130	100	110	120	130
<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	\$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

**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.

\* 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).



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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.
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.

  
\_\_\_\_\_  
Thurman R Justice  
President  
Triple-S Salud and Triple-S Advantage

6/7/2023  
Date



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Co-payment Certification

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:

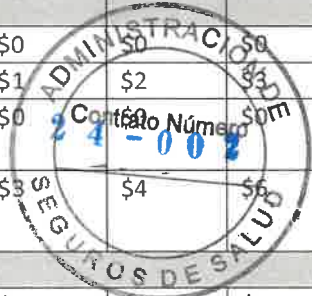
Product Number	Buy down
H5774-026 Platino Advance (HMO-SNP)	\$0

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.



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

Service	Coverage Code				Platino Advance H5774-026			
	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, 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)	\$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



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

Service	Coverage Code				Platino Advance H5774-026			
	100	110	120	130	100	110	120	130
	Outpatient Mental Health	\$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

**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.

\* 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:

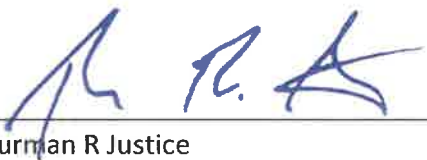
- Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
- Family planning services and supplies;
- Preventative services provided to children less than 18 years of age (0-17 years, inclusive);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

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.



Thurman R Justice  
President  
Triple-S Salud and Triple-S Advantage

6/7/2023  
Date



**Co-payment Certification**

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.



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

Service	Coverage Code				Platino Blindao			
	H5774-028							
	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, 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)	\$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



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

Service	Coverage 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

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.

\* 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.

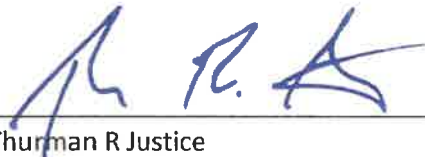
2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:

- 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).

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.

  
\_\_\_\_\_  
Thurman R Justice  
President  
Triple-S Salud and Triple-S Advantage

6/7/2023  
Date



EMR

**Co-payment Certification**

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.




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

Service	Coverage Code				Platino Enlace			
					H5774-035			
	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, 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)	\$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



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

Service	Coverage 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

**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.

\* Does NOT apply to Medicare Platino.

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- 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 MICO call center and receiving a code to waiver copay.
5. Wrap around table is subject to change in 01/01/2024.

  
\_\_\_\_\_  
Thurman R Justice  
President  
Triple-S Salud and Triple-S Advantage

6/7/2023  
Date



*EMR*



Plan de Salud  
**medicare**  
**PLATINO**  
Administración de Seguros de Salud  
Gobierno de Puerto Rico

Co-payment Certification

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
H5774-036 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.



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

Service	Coverage Code				Platino Titán			
	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, 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)	\$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



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

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

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.

\* 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.

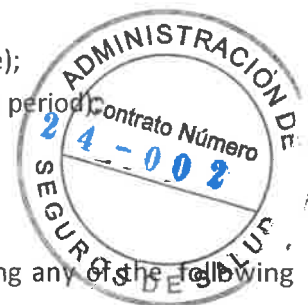
1. The following Medicaid/CHIP Beneficiaries\* are exempt of copays independent of their coverage code:

- 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.

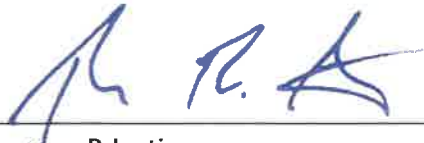
2. Medicaid/CHIP\* Beneficiaries are exempt of copays when receiving any of the following services:

- 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).

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.



Thurman R Justice  
President  
Triple-S Salud and Triple-S Advantage

6/7/2023

Date



EMR

**Co-payment Certification**

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.





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

Service	Coverage Code				Platino Selecto			
					H5774-040			
	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, 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)	\$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



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

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

**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.

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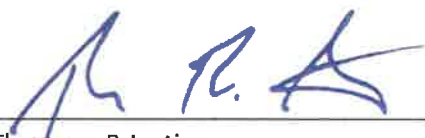
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  - Pregnant woman (during pregnancy and the 60-day post-partum period);
  - American Indians and Alaskan Natives (AI/AN);
  - Institutionalized Individuals; and
  - Individuals receiving hospice care.
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  - 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
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Thurman R Justice  
President  
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