APPENDIX C (4) Bid Report - Summary of Benefits

Bid Submission Status Report

Report Date: 6/3/2024 8:21:33 PM EDT

05/31/2024 10:41:44	871	kvtl/ASHLEY KLINK	1	N/A	031	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4007
05/31/2024 10:41:44	871	kvtl/ASHLEY KLINK	1	N/A	030	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4007
05/31/2024 16:27:16	1092	kvtl/ASHLEY KLINK	1	N/A	027	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4007
05/31/2024 10:41:44	871	kvtl/ASHLEY KLINK	1	N/A	026	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4007
05/31/2024 16:27:16	1092	kvtl/ASHLEY KLINK	1	N/A	018	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4007
05/31/2024 10:41:44	871	kvtl/ASHLEY KLINK	2	N/A	016	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4007
Submission Date/Time	Submission Confirmation Number	User ID/Name	Version	Plan ID Segment ID Version	Plan ID	Organization Name	Contract Number



ADMINISTRACION DE SEGUROS DE SALUD

25-00001

APPENDIX C (4) Bid Report - Summary of Benefits

Bid Submission Status Report

Report Date: 6/3/2024 8:21:33 PM EDT

05/31/2024 10:41:44	871	kvtl/ASHLEY KLINK	Ь	N/A	031	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4007
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Submission Date/Time	Submission Confirmation Number	User ID/Name	Version	Plan ID Segment ID Version	Plan ID	Organization Name	Contract Number

ADMINISTRACION DE SEGUROS DE SALUD

25-00001

Benefits Summary Report

HUMANA HEALTH PLANS OF PUERTO RICO, INC. H4007 - 015

MA Uniformity Flexibility: Yes
Special Supplemental Benefits for the Chronically III: No
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
		BPT Worksheet Report
Month Plan Premium	Coming Soon	PBP Section D (iiian level)
Health I lan deductible	\$0.00	PBP Section D (lan level)
		PBP Section B (category level)
Other health lan deductibles?	Na	PBP Section C cate level
Maximum out-of-pocket enrollee responsibility (does not		
include arescription drugs)	3 = 0 in-network	PBP Section D
Choice of Dactors?	Plan Doctors for Most Services	
O tional su lemental benefits?	No	Optional surrelemental
Prescription Drug Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for		
enrollees with certain health conditions?	No	

Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
				Inpatient Hospital-Acute
				Medicare-covered stay
atient hos ital covera e	сорау	Yes	L.	Additional days
Buent nos mai coreta e	Сирау	res	No	Outpatient Hospital Services
The second second second	Here's			Medicare-covered Outpatient Hospital Services
utpatient hos ital covera e	\$0 co	Yes	No	-
	,			Primary Care Physician Services
octor visits	\$0 conta	N/A	N/A	
	Specialist			Observing Consisting Company
octor visits	\$0 conin	No	Yes	Physician Specialist Services
eventive care	\$0 cor u y	No	No	Medicare-covered Preventive Services
	Emergency			Smart Services
mer en car u ent care	\$0 canin	N/A	N/A	Emergency Care
	Urgent care			
me ency care/u ent care	O co. y	N/A	N/A	Urgently Needed Services
the little care of the left care	o to y	N A	N/A	Outpatlent Diagnostic Procedures, Tests and Lab Service
				Medicare-covered Diagnostic Procedures/Tests
	Diagnostic tests and procedures	II.		
a mostic rocedures/lab services/im win	\$0 co	Yes	Yes	Medicare-covered Lab Services
	146		7.00	Outpatient Diagnostic Procedures, Tests and Lab Service
	Lab services		110	Medicare-covered Diagnostic Procedures/Tests
	MD SELAIDEZ			Medicare-covered Lab Services
iagnostic rocedures/lab services/ima in	\$0 copay	Yes	Yes	INCONDIE-SUPERED ESD SELVICES
				Outpatient Diagnostic/Therapeutic Radiological Services
	Diagnostic radiology services (e.g., MRI)			Medicare-covered Diagnostic Radiological Services
				Medicare-covered X-ray services
nostic rocedures ab services/Ima in	\$0 co a	Yes	No	
				Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services
	Outpatient x-rays	li		The state of the s
nostic rocedures/lab services/ima ing	\$0 c	Yes		Medicare-covered X-ray services
noone rosecures in services the ing	70 C	165	No	Hearing Exams
				Medicare-covered benefits
	Hearing exam			
earing	\$0 co	No	No	Fitting/Evaluation for Hearing Aid
	Fitting/evaluation			Hearing Exams
	\$0 copay			Medicare-covered benefits
	An animal			Fitting/Evaluation for Hearing Aid
earin	There may be limits on how much the lan will provide.	No	No	
				Hearing Aids All Types
				on these
	L			Inner ear
	Hearing aids			Outer ear
	\$0 copay	[]	TI.	
a net	The second secon	U	W.	Over the ear
eari	There may be limits on how much the plan will provide. Hearing aids	No	No	
	\$0 copay		A. I	Hearing Aids
earing	There may be limits on how much the Ilan will provide.	No	Na	отс
-	Medicare Dental Services		Tett	
edicare Dental Services	10 collay	Yes	Yes	Medicare Dental Services

ADMINISTRACION DE SEGUROS DE SALUD

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1				111
			11	Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Oral exam			Other Diagnostic Services
	\$0 copay			Other Preventive Services
Dia nostic and Preventive dental	There may be limits on how much the Ilan will rovide.	No	No	
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Cleaning			Other Diagnostic Services
	S0 copay			Other Preventive Services
Dia nostic and Preventive dental	There may be limits on how much the lian will rovide.	No	No	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
		iii ii		Dental X-rays
	Fluoride treatment			Other Diagnostic Services
Dia nostic and Preventive dental	Not covered	21/2	21/2	Other Preventive Services
Dia prostic and Preventive dental	MOL COARLEG	N/A	N/A	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Dental x-ray(s)			Dental X-rays
	\$0 copay			Other Diagnostic Services
Diagnostic and Preventive dental	There may be limits on how much the plan will provide.	No	No	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Other Diagnostic Services		11	Dental X-rays
	\$0 copay			Other Diagnostic Services
Diamostic and Preventive dental	There may be limits on how much the Ilan will rovide.	No	No	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Other Preventive Services			Other Diagnostic Services
	\$0 copay			Other Preventive Services
Diagnostic and Preventive dental	There may be limits on how much the lian will rovide.	No	No	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
]			Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Prosthodontics, removable			Orthodontics
	\$0 copay			Adjunctive General Services
Com rehensive dental	There may be limits on how much the plan will provide.	Yes	No	

25-00001





				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Restorative services			Oral Maxillofacial Surgery
	50 copay			Orthodontics
Com. hensive dental	There may be limits on how much the lian will rovide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthadantics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Endodontics			
	\$0 copay			Orthodontics
Com rehensive dental	There may be limits on how much the plan will provide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Periodontics			
	\$0 copay			Orthodontics
Com rehensive dental	There may be limits on how much the plan will provide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthadantics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxiflo facial Prosthetics
			II.	Implant Services
				Oral Maxillofacial Surgery
	Prosthodontics, fixed			Orthodontics
	\$0 copay			Adjunctive General Services
Com rehensive dental	There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodantics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
				Drthodontics
	Maxillofacial Prosthetics			Adjunctive General Services
Com rehensive dental	Not covered	N/A	N/A	



				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Implant Services			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Com rehensive dental	There m be limits on how much the _lan will _royide,	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
		1		
		1		Restorative Services
				Endodantics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Oral and Maxillofacial Surgery			Orthodontics
	\$0 copay			Adjunctive General Services
Comure hensive dental	There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endadontics
				Periodontics
				Prosthadantics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
				Orthodontics
	Orthodontics			
Com rehensive dental	Not covered	N/A	N/A	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
	1			Implant Services
				Oral Maxillofacial Surgery
	Adjunctive General Services			Orthodontics
Com rehensive dental	Not covered	N/A	N/A	Adjunctive General Services
	Routine eye exam			Eye Exams Routine Eye Exams
	\$0 copay			Other
Vision	There m = be limits on how much the sian will servide.	Yes	No	
				Eye Exams Routine Eye Exams
l	Other			Other
Vision	Not covered	N/A	N/A	Eyewear
				Contact lenses
				Eyeglasses (lenses and frames)
	Contact lenses			Eyeglass lenses
		1		Eyeglass frames
	\$0 copay			Upgrades
Vision	There may be limits on how much the lian will provide.	Yes	No	





				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglasses (frames and lenses)			Eyeglass frames
	\$0 copay			
Vision	There may be limits on how much the lian will provide.	Yes	No	Upgrades
				Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (tenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Eyeglass frames			
Vision	Not covered	N/A	N/A	Upgrades
131011	lede Contract		13/75	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyegiass lenses			Eyeglass frames
		W.		Upgrades
Vision	Not covered	N/A	N/A	Evewear
				Medicare-covered benefits
		0		Contact lenses
		l.		
				Eyeglasses (lenses and frames)
				Eyeglass lenses
			ni -	Eyeglass frames
	Upgrades			Upgrades
Vision	Not covered	N/A	N/A	
				Inpatient Hospital Psychiatric Medicare-covered stay
	Inpatient hospital - psychiatric	10		
Mental health services	\$0 collay	Yes	No	Additional days
				Psychiatric Services
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Individual Sessions
Mental health services	DE conse	No	No	Medicare-covered Group Sessions
Mental heatth services	The Editor	140	NO	Psychiatric Services
	Outpatient individual therapy visit with a psychiatrist			Medicare-covered Individual Sessions
				Medicare-covered Group Sessions
Mental health services	\$0 coway	No	No	Mental Health Specialty Services
	L		U.	Medicare-covered Individual Sessions
	Outpatient group therapy visit			Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	Mental Health Specialty Services
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient individual therapy visit			Medicare-covered Group Sessions
Mental health services	\$0 capay	No	No	
				Skilled Nursing Facility Medicare-covered stay
Skilled Nursing Facility	\$0 copay	Yes	No	Additional days
	Occupational therapy visit			Occupational Therapy Services
Rehabilitation services	\$0 co	Yes	No	Medicare-covered benefits
	Physical therapy and speech and language therapy visit			PT and 5P Services Medicare-covered benefits
Rehabilitation services	\$0 copes	Yes	No	
Ground Ambulance	\$0 copay	N A	N/A	Ambulance Services
		U		023. 10.00
Transportation	There may be limits on how much the plan will provide.	Yes	No	Trans ritation Services Podiatry Services
	Fact assets and tractiff			Medicare-covered benefits
	Foot exams and treatment	III.		Routine foot care
Foot care diatry services)	\$0 co	No	No	
				Padiatry Services Medicare-covered benefits
	Routine foot care			Routine foot care
Foot care diat services	Not covered	N/A	N/A	
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (OME) Medicare-covered benefits
Medical equipment/supplies	12 00	Yes	N/A	
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs)	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices





Medicare Part B dru Medicare Part B dru	10 co.my \$0 co.my	Yes Yes	N/A N/A	Other Medicare Part B Drugs
	Other Part & drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B dru	Chemotherapy 50 many	B-85	NOV	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
National programs (e.g., Trinspo, nursing Horring)	Covered	Yes	No	Eff, ible Supplemental Benefits as Defined in Chapter 4
hubia: saupriers/lupuzes	Diabetes supplies	No	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts

	Outpatient Prescription Drugs Coverage Information	n
Descriptor	Value	Data Source
Monthi Premium	\$0.00	BPT Worksheet Report
Deductible	\$590.00	PBP Section Rx
Formula - Website	https://www.humana.com/pharmacy/prescription- covera_es/medicare-drug-list	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link, Navigate to the Bid Submission Start Page and select the Manage Plans link.

		Initial Coverage Phase		
	Standard Retail 1 Month	Standard Retail 3 Month	Standaré Mail Order 3 Month	Data Source
25%		25%	25%	PBP Section Rx

	Insulin Cost Share Data	
Drug Type	Cost Share Information	Data Source
Generic drugs	25%	PBP Section Rx
Brand-name dru	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,000)				
Drug Type	Cost Share Information	Data Source		
Generic dru	Not applicable	PBP Section Rx		
Brand-name dru	Not a licable	PBP Section Rx		

25-00001



Benefits Summary Report

HUMANA HEALTH PLANS OF PUERTO RICO, INC. H4007 - 018

MA Uniformity Flexibility: No Special Supplemental Benefits for the Chronically Iii: No Part O Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
		BPT Worksheet Report
Monthl Plan Premium	Camin Soon	PBP Section D I I lan level
Health plan deductible	\$0.00	PBP Section D (plan level)
		PBP Section B (category level)
Other health lan deductibles?	Na	PBP Section C cate on level
Maximum out-of-pocket enrollee responsibility (does not		
include rescription drups	11.4/0 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
0 fonal su femental benefits?	No	O tional su elemental
Prescription Drug Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for		
enrollees with certain health conditions?	No	

	He	alth and Medical Benefits		
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
				Inpatient Hospital-Acute Medicare-covered stay Additional days
tient hos ital covera e	\$0 copay	Yes	No	
ut atient hos ital coverage	\$0 course	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
	Primary			Primary Care Physician Services
octor visits	Specialist	N A	N/A	
octor visits	\$0 co	No	V	Physician Specialist Services
reventive care	\$0 co	No	Yes No	Medicare-covered Preventive Services
	Emergency			Emergency Care
me ency care/u ent care	\$0 county	N/A	N/A	emergency care
me jen i care/u jent care	Urgent care	N/A	N/A	Urgently Needed Services
	Diagnostic tests and procedures			Outpatient Diagnostic Procedures, Tests and Lab Service Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
ia nostic rocedure lab services/imagin	\$0 comm	Yes	Yes	
	Lab services			Outpatient Diagnostic Procedures, Tests and Lab Service Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
ia nostic rocedures/lab service lima in	\$0 copay	Yes	Yes	
	Diagnostic radiology services (e.g., MRI)			Outpatient Diagnostic/Therapeutic Radiological Service Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
ia nostic rocedures/lab services/im in	50 co a	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Service
	Outpatient x-rays			Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
ia nostic procedures/lab services/im-sin	50 cojim	Yes	No	Hearing Exams
	Hearing exam			Medicare-covered benefits Fitting/Evaluation for Hearing Aid
earln	\$0 contra	No	No	
	Fitting/evaluation \$0 copay			Hearing Exams Medicare-covered benefits
earin	There may be limits on how much the Illan will Provide.	No	No	Fitting/Evaluation for Hearing Aid
.13				Hearing Aids All Types
	Hearing aids			Inner ear Outer ear
earin	\$0 copay There may be fimits on how much the flan will rovide.	No	No	Over the ear
***************************************	Hearing aids SO copay		100	Hearing Aids
earin earin	There may be limits on how much the plan will provide. Medicare Dental Services	No	No	отс
	diam's			
fedicare Dental Services	Jil ca iiii	Yes	Yes	Medicare Dental Services

ADMINISTRACION DB SEGUROS DE SALUD

25-00001





				_
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Oraf exam			Other Diagnostic Services
	\$0 copay			Other Preventive Services
Di nostic and Preventive dental	There m _m be limits on how much the plan will provide.	No	Nα	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	L.			Dental X-rays
	Geaning			Other Diagnostic Services
	\$0 copay			Other Preventive Services
Dia nostic and Preventive dental	There may be limits on how much the alan will provide.	No	No	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Fluoride treatment	II.		Other Diagnostic Services
Dia nostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
Dia mostic and Preventive dental	NOT COVERED	N/A	NA	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Dental x-ray(s)			Dental X-rays
	\$0 сорау			Other Diagnostic Services
Di nostic and Preventive dental	There may be limits on how much the lian will provide.	No	No	Other Preventive Services
7				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Other Diagnostic Services			Dental X-rays
	\$0 copay			Other Diagnostic Services
Dia mostic and Preventive dental	There may be limits on how much the plan will provide.	No	No	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Other Preventive Services			Other Diagnostic Services
	\$0 copay			Other Preventive Services
Di nostic and Preventive dental	There may be limits on how much the lian will rovide.	No	No	Comprehensive Dental
l.				Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthadontics fixed
	ľ			Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Prosthodontics, removable			Orthodontics
	\$0 copay	1		Adjunctive General Services
Com rehensive dental	There may be limits on how much the plan will provide.	Yes	No	

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				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Restorative services			Oral Maxiliofacial Surgery
	\$0 copay			Orthodontics
Com_rehensive dental	There may be limits on how much the plan will rovide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxiilofacial Prosthetics
				Implant Services
	Endodontics			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Periodontics			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Com-rehensive dental		Yes	No	Adjunctive General Services
	THE STATE OF THE S	T Vot		Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Prosthodontics, fixed			Oral Maxillofacial Surgery
	\$0 copay	0)		Orthodontics
Com rehensive dental	There may be limits on how much the lian will provide.	Yes	No	Adjunctive General Services
	The state of the s			Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endadontics
				Períodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Maxillofacial Prosthetics			Orthodontics
Com rehensive dental	Not covered	N/A	N/A	Adjunctive General Services
henrichensiae neurai	proc sortica	hato	nyA	





				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Implant Services		1	Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Com rehensive dental	There m be limits on how much the lian will provide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthadontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Oral and Maxillofacial Surgery			Oral Maxillofacial Surgery
	\$0 copay			Orthodoratics
Com rehensive dental	There may be limits on how much the lan will provide.	Yes	No	Adjunctive General Services
	1			Comprehensive Dental Prosthodontics removable
				Restarative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Orthodontics			Orthodontics
Com rehensive dental	Not covered	N A	N/A	Adjunctive General Services
			T .	Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Adjunctive General Services			Orthodontics
Com rehensive dental	Not covered	N/A	N A	Adjunctive General Services
	Routine eye exam			Eye Exams Routine Eye Exams
	\$0 copay			
Vision	There may be limits on how much the plan will provide.	Yes	No	Other
				Eye Exams Routine Eye Exams
	Other	11.	1	Other
Vision	Not covered	N/A	N A	Eyewear
				Contact lenses
				Eyeglasses (lenses and frames)
	Contact lenses			Eyeglass lenses
	\$0 copay			Eyeglass frames
Mirlon			No	Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	

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ADMINISTRACION DE SEGUROS DE SALUD





				Eyewear Medicare-covered benefits
	ľ			Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglasses (frames and lenses)			Eyeglass frames
	\$0 сорау			
Vision	There may be limits on how much the plan will provide,	Yes	No	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglass frames			Eyeglass frames
				Upgrades
Vision	Not covered	N/A	N/A	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
			Til.	Eyeglass lenses
				Eyeglass frames
	Eyeglass lenses			
Vision	Not covered	N/A	N/A	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Upgrades			Eyeglass frames
				Upgrades
Vision	Not covered	N/A	N/A	Inpatient Hospital Psychiatric
	Inpatient hospital - psychiatric			Medicare-covered stay
Mantal health renderer		Yes	No	Additional days
Mental health services	0 co 5	Yes	NO	Psychiatric Services
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Individual Sessions
Mental health services	50 co	No	No	Medicare-covered Group Sessions
				Psychiatric Services Medicare-covered Individual Sessions
	Outpatient individual therapy visit with a psychiatrist			•
Mental health services	\$0 co	No	No	Medicare-covered Group Sessions
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient group therapy visit			
Mental health services	M repay	Nο	No	Medicare-covered Group Sessions
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient individual therapy visit			Medicare-covered Group Sessions
Mental health services	\$0 co y	No	No	
				Skilled Nursing Facility Medicare-covered stay
		U		Additional days
Skilled Nursin Facil	\$0 ca Occupational therapy visit	Yes	No	Occupational Therapy Services
D. L. B. W. L. W.		L.		Medicare-covered benefits
Rehabilitation services	\$0 copay Physical therapy and speech and language therapy visit	Yes	No	PT and SP Services
Rehabilitation services	N- CO PAY	Yes	No	Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
<u> </u>	An authora		.,	220 17 17
Tran ortation	L 33.5	L.	No	Trans rtation Services
	There may be limits on how much the plan will provide.	Yes	110	Podfatry Services
		Yes	,,,,	Podiatry Services Medicare-covered benefits
2-1	Foot exams and treatment			
E-1		Yes No	No	Medicare-covered benefits Routine foot care Podiatry Services
E-1	Foot exams and treatment			Medicare-covered benefits Routine foot care
Foat care (padiatry services)	Foot exams and treatment 50 copay Routine foot care	No	No	Medicare-covered benefits Routine foot care Podiatry Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay			Medicare-covered benefits Routine foot care Podiatry Services Medicare-covered benefits Routine foot care Durable Medical Equipment (DME)
Foot care (podiatry services) Foot care odiat= services)	Foot exams and treatment \$0 copay Routine foot care Not covered Durable medical equipment (e.g., wheelchairs, oxygen) \$0 cosses	No	No	Medicare-covered benefits Routine foot care Podiatry Services Medicare-covered benefits Routine foot care Durable Medical Equipment (DME) Medicare-covered benefits
2-1	Foot exams and treatment 50 copay Routine foot care Not covered Durable medical equipment (e.g., wheelchairs, oxygen)	No.	No N/A	Medicare-covered benefits Routine foot care Podiatry Services Medicare-covered benefits Routine foot care Durable Medical Equipment (DME)





Medical e ui ment/su illes	Diabetes supplies	No	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Wellness pro rams e; fitness, nursin hotline	Covered	Yes	No	El'alble Sur l'emental Benefits as Defined in Charter 4
Medicare Part B drug	Chematherapy	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B dry	Other Part B drugs	Yes	N/A	Medicare Part B Chemotherapy Orugs Other Medicare Part B Drugs
Medicare Part B dru	- III coma i	Yes	N/A	

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Month Premium	0.00	BPT Worksheet Report	
Deductible	\$590.00	PBP Section Rx	
Formula Website	https://www.humana.com/pharmacy/prescription- cover es/medicare-dru -list	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start P - e and select the Mana e Plans link.	

	Initial Coverage Phase		
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Insulin Cost Share Data			
Drug Type	Drug Type Cost Share Information		
Generic drug	25%	PBP Section Rx	
Brand-name dru	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,000)				
Drug Type	Cost Share Information	Data Source		
Generic drugs	Not applicable	PBP Section Rx		
Brand-name drugs	Not applicable	PBP Section Rx		

25 - 00001

Contrato Número

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Benefits Summary Report

HUMANA HEALTH PLANS OF PUERTO RICO, INC. H4007 - 025

MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically III: No
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
	2.01	BPT Worksheet Report
Monthi Plan Premium	Comin Soon	PBP Section D plan level)
Health plan deductible	\$0.00	PBP Section D lan level
		PBP Section B (category level)
Other health Ilan deductibles?	No	PBP Section C (catego level)
Maximum out-of-pocket enrollee responsibility (does no		
include prescription of last	\$3,400 in-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Outional supplemental benefits?	No	Optional sussiemental
Prescription Drug Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for		
enrollees with certain health conditions?	No	

	He	alth and Medical Benefits		
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
150 151 161				Inpatient Hospital-Acute Medicare-covered stay Additional days
n tient hos ital covera e	\$0 communer stay	Yes	No	Outpatient Hospital Services
Out stient hos sital coverage	\$0 com	Yes	No	Medicare-covered Outpatient Hospital Services
	Primary			Primary Care Physician Services
Octor visits	\$0 copay	N/A	N/A	
	Specialist			Physician Specialist Services
octor visits	\$0 copay	No	Yes	Physician specialist services
reventive care	\$0 co. y	No	Nα	Medicare-covered Preventive Services
	Emergency			Emergency Care
mergency care/urgent care	\$0 co a	N/A	N/A	emer@enet.cets
	Urgent care			
me sen care/u sent care	\$0 co a	N A	N/A	Urgently Needed Services
me en care/o en care	30 cone	N/A	N/A	Outpatient Diagnostic Procedures, Tests and Lab Services
	Diagnostic tests and procedures			Medicare-covered Diagnostic Procedures/Tests
lia nostic rocedure lab services/ima in	10 co	Yes	Yes	Medicare-covered Lab Services
	Lab services			Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
VOV	1000			Medicare-covered Lab Services
Dia nostic rocedures/lab services/ima in	\$0 collaly	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services
pla nostic =rocedures/lab services/(ma iin	Diagnostic radiology services (e.g., MRI)			Durpatient Diagnostic/ Inerapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
na mostic roceduresylad servicesylma in	20 citati	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services
	Outpatient x-rays			Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
ia nostic rocedures lab services/ima in	0 col(s)	Yes	No	
	Hearing exam			Hearing Exams Medicare-covered benefits
earin.	\$0 copay	No	No	Fitting/Evaluation for Hearing Aid
	Fitting/evaluation \$0 copay		100	Hearing Exams Medicare-covered benefits
				Fitting/Evaluation for Hearing Ald
rearing	There may be limits on how much the lian will provide.	No	No	
				Hearing Aids All Types
	Hearing aids			Outer ear
	\$0 copay			Over the ear
tearin .	There may be limits on how much the "lan will "rovide.	No	No	
	Hearing aids \$0 copay			Hearing Alds
fearing	There may be limits on how much the alan will provide.	No	No	отс
real file	Medicare Dental Services	110	red	

ADMINISTRACION DE SEGUROS DE SALUD

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Suppose of Preventive Services Claiming Clai					
Particular and Provention denies of Provention deni					
Del team Server Coperation for Provention destall Controlling Contr					
Account of Properties Annies and Enterior Section 1992 (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (1992) (19					Prophylaxis (Cleaning)
Does de com- Server de Ser					Fluoride treatment
Suppositive of Prevention duration The or may be further on how much the date of ill provides The orange of the further on how much the date of ill provides Compared to the provides durated Compared to the					Dental X-rays
Street comments of the control of th		Oral exam			Other Disensatic Services
The manufacture forms of Prevention Annual Prevention Control of C		\$0 copay			
Case into Case in a Company of Case in Company of Case in Company of Case in Company of Case in Case in Company of Case in Cas	Diagnostic and Preventive dental	There may be limits on how much the lian will provide.	No	Na	Other Preventive Services
Chaming Dispersion and Proceeding Global Dispersion for the analysis indicated in the mode fine plan will provide. Dispersion and Proceeding Global Dispersion for the analysis indicated in the mode fine plan will provide. Dispersion for the proceding Global Disper					
Causeling Country Description of the Prevention Annual Provides Annual Provid					
Charles and Preventive dental Dental is wright					Prophylaxis (Cleaning)
Description of Processina destald There may be limited to the mine would the plan will provide. Description of Processina destald The many be limited to the mean which the plan will provide. Description of Processina destald The many be limited to the mean which the plan will provide. Description of Processina destald Desc)		Fluoride treatment
Sequence and Prevention dental Direct sequences forming Forming sequences Forming					Dental X-rays
Despects and Provestive denial There was jie hithis on hear much the ainse will provide. The was jie hithis on hear much the ainse will provide. Thousands trust wass Thousa		Cleaning			Other Diagnostic Services
Departing and Procession dental Procession of the search in the Initia on force much the gian will provide. Records treatment Proposition of Procession dental And covered And		\$0 copay			
Data Survey Proposition of Preventive during Data Survey Description of Preventive during Description of	Diagnostic and Preventive dental	There may be limits on how much the pan will provide.	No	No	
Prophylical (Chaning) Novelet treatment Suprouts and Preventine dental Not covered NA VA Suprouts and Preventine dental Not covered NA One Preventine Services One Suprouts confirmation One Preventine Services One Manufactural Constitution Associated Services One Manufactural Constitution Suprouts and Preventine Services One Manufactural Constitution Associated Services One Manufactural Constitution Suprouts and Preventine Services One Manufactural Constitution Suprouts and Preventine Services One Manufactural Constitution Suprouts and Preventine Services One S					Diagnostic and Preventive Dental Oral Exams
Reside recommend Reside recommend Not covered 110 VA Upspecific and Preventive dented Districts on Preventive dented Di					
Part Preventive dental			III.		
Ricords tead recent All Preventive dental All Preventive dental Dental k-ray(d) Dental k-ray(d) Dental k-ray(d) Dental k-ray(d) Dental k-ray(d) Dental k-ray(d) Dies black ray Other Preventive dental Dental k-ray(d) Dies black ray Other Preventive dental Dental k-ray(d) Dies black ray Other Preventive dental Dental k-ray Other Preventive dental Dental k-ray Dental k-ray Other Preventive dental Dental k-ray Dent					Fluoride treatment
Records and Preventive dental Not covered NA NA NA NA NA Other Treventive Services Other Frequency Services Other Services Other Frequency					Dental X-rays
Taymonts and Preventive dental Soil covered Not covered Dental k-my(s) Soil Course Preventive dental Dental k-my(s) Soil copy Other Diagnostic territors Other Diagnostic Services Other Preventive dental Other Diagnostic Services Other Preventive Services Other Diagnostic Services Other Preventive Services Other Services Other Preventive Services Other Services Other Preventive Serv					Other Diagnostic Services
Diagnostic and Preventive dental Destal avery(d) Destal avery(d) Destal avery(d) Destal avery(d) So copy Destal avery(d) Destal avery(d		Fluoride treatment			Other Preventive Services
Dental x-ray(c) Dental x-ray(c) So copis Dispositic and Preventive dental There may be limited on how much the plan will provide. Other Diagnostic Services Other Preventive Services Other Services Other Preventive Services Other Servi	Diagnostic and Preventive dental	Not covered	N/A	N/A	
Detail a vay(s) So capay Other Diagnostic services Other Preventive detail There may be limits on how much the plan will provide. Other Diagnostic services Other Preventive dental There may be limits on how much the sian will provide. Other Preventive dental Other Diagnostic services					
Detail a vay(s) So capay Other Diagnostic services Other Preventive detail There may be limits on how much the plan will provide. Other Diagnostic services Other Preventive dental There may be limits on how much the sian will provide. Other Preventive dental Other Diagnostic services					Prophylaxis (Cleaning)
Dental X-rays So copy There may be limits on how much the plan will provide. Other Preventive dental There may be limits on how much the plan will provide. Other Preventive dental Other Preventive dental Other Preventive dental There may be limits on how much the plan will provide. Other Preventive dental Othe					
Other Diagnostic and Preventive dental There may be limits on how much the plan will provide. Other Preventive dental Other Diagnostic services Other Preventive dental Other Diagnostic services Other Preventive dental Other Preventive dental There may be limits on how much the plan will provide. Other Preventive dental Other Preventiv					Fluoride treatment
Other Preventive Services Other Diagnostic Services Other Preventive Serv		Dental v.rovich			Dental X-rays
Dispositic and Preventive dental There may be limits on how much the plan will provide. Other Dispositic services Other Dispositic services Other Dispositic services Other Dispositic services Other Preventive Services Dispositic and Preventive dental There may be limits on how much the plan will provide. Other Preventive Services Other Dispositic services Other Preventive Services Other Dispositic services Oth					Other Diagnostic Services
Dagnostic and Preventive Gental Other Diagnostic Services Other Diagnostic Services Other Diagnostic Services Other Preventive Services Other Services Othe		50 сорау			Other Preventive Services
Order Diagnostic Services Other Preventive Services Other Diagnostic and Preventive Services Other Preventive Services Other Preventive Services Other Diagnostic Services Other Preventive Services Other Preventive Services Other Preventive Services Other Diagnostic Services Other Preventive Services Other Preventive Services Other Diagnostic Services Other Preventive Services Other Diagnostic Services Other Preventive Services Other Preventive Services Other Diagnostic Services Other Preventive Services Other Diagnostic Services Other Preventive Services Other Diagnostic Services Other Preventive Services Other Preventive Services Other Diagnostic Services Oth	Di nostic and Preventive dental	There may be limits on how much the plan will provide.	No	No	Disaportic and Proportion Dantal
Other Diagnostic Services SD copay Other Diagnostic Services Other Preventive Services Frosthodomics removable Prosthodomics French Macilloficial Preventics Implant Services Ond Macilloficial Surgery Othodomics Othodomics Adjunctive General Services Adjunctive General Services					
Other Diagnostic Services SD copay Other Diagnostic Services Other Preventive Services Frosthodomics removable Prosthodomics French Macilloficial Preventics Implant Services Ond Macilloficial Surgery Othodomics Othodomics Adjunctive General Services Adjunctive General Services					Prophylaxis (Cleaning)
Other Diagnostic Services So copsy There may be limits on how much the alan will provide. Other Preventive dental Other Preventive Services Other Diagnostic and Preventive Dental Oral Izams Prophydads (Cleaning) Flooride treatment Oental X-rays Other Diagnostic Services Other Dia					Fluoride treatment
Other Diagnostic Services SD capsy There may be limits on how much the plan will provide. Other Preventive Services Other Preve					
Other Preventive dental There may be limits on how much the alan will provide. Other Preventive Services Other Diagnostic and Preventive Services Other Preventive Services Other Diagnostic and Preventive Services Other Preventive Services Other Diagnostic and Preventive Services Other Diagno		Other Diagnostic Services			Dental X-rays
Diagnostic and Preventive dental There may be limits on how much the alan will arovide. No Diagnostic and Preventive Dental Crial Islams Prophylads (Cleaning) Fluoride treatment Dental X-rays Other Preventive Services 50 copay There may be limits on how much the alan will provide. No No No Comprehensive Dental Preventive Services Other Preventive Services					Other Diagnostic Services
Diagnostic and Preventive Services Other Preventive Services Other Preventive Services Other Diagnostic Services Other Diagnostic Services Other Preventive Services Comprehensive Dental Proschedontics removable Restorative Services Endodontics Periodontics Periodontics Prosthodontics Reed Macillofacial Prosthetics Implant Services Oral Macillofacial Surgery Orthodontics Adjunctive General Services					Other Preventive Services
Other Preventive Services Cither Preventive Services Other Diagnostic and Preventive dental There may be limits on how much the plan will provide. No Comprehensive Dental Prosthodontics removable Restorative Services Comprehensive Dental Prosthodontics Periodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Oral Maxillofacial Surgery Orthodontics Adjunctive General Services Adjunctive General Services	Diagnostic and Preventive dental	There m is be limits on how much the ilan will irovide.	No	No	Diagnostic and Preventive Dental
Cther Preventive Services Cther Preventive Services Cther Preventive Services Cther Preventive Services Copay Cher Preventive Services Other Preventive Services Comprehensive Dental Prosthodomtics removable Restorative Services Endodomtics Periodomtics Prosthodomtics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodomtics Adjunctive General Services			ll J		
Other Preventive Services SD copey There may be limits on how much the alan will provide. No No Comprehensive Dental Preventive Services Comprehensive Dental Preventive Services Prosthodontics Endodontics Periodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services			l'i		Prophylaxis (Cleaning)
Other Preventive Services SD copey There may be limits on how much the alan will provide. No No Comprehensive Dental Preventive Services Comprehensive Dental Preventive Services Prosthodontics Endodontics Periodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services					Fluoride treatment
Other Preventive Services \$0 copay There may be limits on how much the alan will provide. No Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Frosthodontics, removable Oral Maxillofacial Surgery Orthodontics Adjunctive General Services					
S0 copay There may be limits on how much the alan will provide. No Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Periodontics insed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Frosthodontics, removable Oral Maxillofacial Surgery Orthodontics Adjunctive General Services		Other Preventive Services			
Dia mostic and Preventive dental There may be limits on how much the stan will provide. No Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Madilofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services Adjunctive General Services Adjunctive General Services		\$0 copay			
Comprehensive Cental Prosthodomics removable Restorative Services Endodomics Periodomics Periodomics Prosthodomics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodomics Adjunctive General Services	Dia mostic and Preventive dental		No	No	Other Preventive Services
Restorative Services Endodontics Periodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Oral Maxillofacial Surgery Adjunctive General Services	The state of the s	TOTAL THE STATE OF			
Endodontics Periodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics, removable Orthodontics Adjunctive General Services					
Periodontics Prosthodontics fixed Madillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics, removable Orthodontics Adjunctive General Services					Restorative Services
Prosthodonitics fixed Madillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodonitics, removable Orthodonitics Adjunctive General Services					Endodontics
Prosthodonitics fixed Madillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodonitics, removable Orthodonitics Adjunctive General Services					Periodontics
Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics, removable Orthodontics Adjunctive General Services					
Implant Services Oral Maxillofacial Surgery Orthodontics Outhodontics Adjunctive General Services					
Prosthodontics, removable Oral Maxillofacial Surgery Orthodontics SD copay Adjunctive General Services					Maxillofacial Prosthetics
Prosthodontics, removable Orthodontics SD copay Adjunctive General Services					Implant Services
Orthodontics SD copay Adjunctive General Services					Oral Maxillofacial Surgery
\$0 copay Adjunctive General Services	(Prosthodontics, removable			Orthodontics
Com rehensive dental There may be limits on how much the Ilan will rovide. Yes No		\$0 copay			
	Com rehensive dental	There may be limits on how much the sian will provide.	Yes	No	Projective deticted services

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				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodantics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Restorative services			Oral Maxillofacial Surgery
	50 copay			Orthodontics
Com rehensive dental		Yes	No	Adjunctive General Services
	100			Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
	1			Implant Services
	Endodontics			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Com rehensive dental	1	Yes	No	Adjunctive General Services
	115			Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodentics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Periodontics			Oral Maxillofacial Surgery
	\$0 сорау			Orthodontics
Com rehensive dental	There may be limits on how much the lian will provide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Prosthodontics, fixed			Oral Maxillofacial Surgery Orthodontics
	\$0 copay			
Comprehensive dental	There may be limits on how much the Ilan will Irovide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
			l l	Oral Maxillofacial Surgery
				Orthodontics
	Maxillofacial Prosthetics			Adjunctive General Services
Com rehensive dental	Not covered	NIA	N/A	





				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Implant Services			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Com rehensive dental	There may be limits on how much the plan will provide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodonties
				Prosthadantics fixed
				Maxillofacial Prosthetics
				Implant Services
	Oral and Maxillofacial Surgery			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Com rehensive dental	There may be (Imits on how much the plan will provide.	Yes	No	Adjunctive General Services
COM PENSINE OFFICE	There may be times on now moon the plan with applice.	Tes	No	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endedontics
				Perfodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Orthodontics			Orthodontics
				Adjunctive General Services
Com rehensive dental	Not covered	N/A	N/A	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofadal Surgery
	Adjunctive General Services			Orthodontics
Samuel Company		Alfa		Adjunctive General Services
Comprehensive dental	Not covered Routine eye exam	N/A	N/A	Eye Exams
	\$0 copay			Routine Eye Exams
Vision	There may be limits on how much the lian will rovide.	Yes	No	Other
				Eye Exams Routine Eye Exams
	Other			Other
Vision	Not covered	N/A	N/A	Eyewear
				Contact lenses
				Eyeglasses (lenses and frames)
	Contact learner			Eyeglass lenses
	Contact lenses			Eyeglass frames
	\$0 сорау			Upgrades
Vision	There may be limits on how much the alan will provide.	Yes	No	





				15
				Eyewear Medicare-covered benefits
				Contact lenses
			11	Eyeglasses (lenses and frames)
	Eyeglasses (frames and lenses)			Eyeglass lenses
	\$0 copay			Eyeglass frames
ision	There may be limits on how much the plan will provide.	Yes	Na	Upgrades
Siton	there thay be affect on now industrie pigh will trovide.	16	No	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Eyeglass frames			Upgrades
ision	Not covered	N/A	N/A	
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeg(ass lenses
	Eyegiass lenses			Eyeglass frames
N-ion		6156		Upgrades
ision	Nat covered	N/A	N/A	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Upgrades			
islon	Not covered	N/A	N/A	Upgrades
				Inpatient Hospital Psychiatric Medicare-covered stay
	Inpatient hospital - psychiatric			Additional days
lental health services	\$0 copay per stay	Yes	No	
				Psychiatric Services Medicare-covered Individual Sessions
	Outpatient group therapy visit with a psychiatrist	l'		Medicare-covered Group Sessions
Iental health services	(O core)	Na	No	Psychiatric Services
				Medicare-covered Individual Sessions
	Outpatient individual therapy visit with a psychiatrist			Medicare-covered Group Sessions
lental health services	\$0 co a	No	No	Mental Health Specialty Services
	Custophicus arous short ou visit			Medicare-covered Individual Sessions
	Outpatient group therapy visit			Medicare-covered Group Sessions
lental health services	\$0 copay	No	No	Mental Health Specialty Services
	Outpatient individual therapy visit			Medicare-covered Individual Sessions
				Medicare-covered Group Sessions
lental health services	\$0 cope	No	No	Skilled Nursing Facility
				Medicare-covered stay
sillad Nussing English		Yes		Additional days
killed Nursing Facility	Occupational therapy visit	i e	No	Occupational Therapy Services
ehabilitation services	\$0 co = y	Yes	No	Medicare-covered benefits
	Physical therapy and speech and language therapy visit			PT and SP Services Medicare-covered benefits
ehabilitation services	\$0 copay	Yes	No.	
round Ambulance	\$0 copay	N/A	N/A	Ambulance Services
ansportation	There may be limits on how much the plan will provide.	Yes	No	Transmortation Services
				Podiatry Services Medicare-covered benefits
	Foot exams and treatment			
oot care diat services)	\$0 cope	Na	No	Routine foot care
				Podiatry Services Medicare-covered benefits
	Routine foot care			
oot care sodiat services	Not covered	N/A	N/A	Routine foot care
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME) Medicare-covered benefits
		v	1114	
tedical e ui men Isvii fies	Prosthetics (e.g., braces, artificial limbs)	Yes	N/A	Prosthetics/Medical Supplies

SEGUROS DE SALUD





Medical equipment/happing	Diabetes supplies		N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Arthur programs (e.g., Please, nathing fairline)	Covered	(New)	No	Eli ible Supstemental Benefits as Defined in Chapter 4
Medicare Part B dry	Chemotherapy	Test :	m/A.	Medicare Part B Chemotherapy Drugs Other Medicare Part 8 Drugs
Aedicare Part B drugs	Other Part B drugs	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Redicare Part B drugs	\$0 сарау	Yes	N/A	

Outpatient Prescription Drugs Coverage Information					
Descriptor	Value	Data Source			
Month! Premium	\$0.00	BPT Worksheet Re ert			
Deductible	90.00	PBP Section Rx			
Formula Website	https://www.humana.com/pharmacy/prescription- covera_es/medicare-dru_Hist	HFMS Plan Marketing Data – Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.			

Initial Coverage Phase				
Standard Retail 1 Month	Standard Mail Order 3 Month	Data Source		
25%	25%	25%	PBP Section Rx	

Insulin Cost Share Data				
Drug Type	Drug Type Cost Share Information Da			
Seneric drugg	25%	PBP Section Rx		
Brand-name dru	25%	PBP Section Rx		

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,000)			
Drug Type	Data Source		
Generic drugs	Not applicable	PBP Section Rx	
Brand-name dru s	Not ap licable	PBP Section Rx	

25 - 000001

Contrato Número

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Benefits Summary Report

HUMANA HEALTH PLANS OF PUERTO RICO, INC. H4007 - 02? VBID: Yes - Part C MA Uniformity Flexibility: No Special Supplemental Benefits for the Chronically Ill: No Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
		BPT Worksheet Report
Monthly Plan Premium	Comin Soon	PBP Section D (plan level)
Health slan deductible	\$0.00	PBP Section D plan level
		PBP Section B (category level)
Other health plan deductibles?	No	PBP Section C cate o level
Maximum out-of-pocket enrollee responsibility (does not	5.0	144 145 14
include rescription drupp	\$3 # 0 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
O itional supplemental benefits?	No	Optional supplemental
Prescription Drugs Covered?	Yes	P8P Section Rx
Additional benefits and/or reduced cost-sharing for		
enrollees with certain health conditions?	Yes contact wan for further details	

Selected Benefits	Cost Share Information	Authorization Referral		Data Source	
				Inpatient Hospital-Acute Medicare-covered stay	
patient hospital coverage	O c er sta	Yes	No	Additional days	
attent nospital Myerage	DC 11 318	16	NO	Outpatient Hospital Services	
t sitient hos ital covera e	\$0 co a	Yes	No	Medicare-covered Outpatient Hospital Services	
The state of the s	Primary		1.10		
ctor visits	\$0 comm	N/A	N/A	Primary Care Physician Services	
	Specialist			Physician Specialist Services	
ctor visits	Mickey	No	Yes		
eventive care	\$0 c Emergency	Na	No	Medicare-covered Preventive Services	
				Emergency Care	
ne en care/u ent care	\$0 co z Urgent care	N/A	N/A		
	No.			Urgently Needed Services	
nergency care/urgent care	11 co 2 y	N/A	N/A	Outpatient Diagnostic Procedures, Tests and Lab Service	
	Dispractic tasts and assessing			Medicare-covered Diagnostic Procedures/Tests	
	Diagnostic tests and procedures			Medicare-covered Lab Services	
nostic rocedures/lab services/ima in	\$0 copey	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Service	
				Medicare-covered Diagnostic Procedures/Tests	
	Lab services			Medicare-covered Lab Services	
nostic procedures/lab services/imaging	SE COURT	Yes	Yes		
	Diagnostic radiology services (e.g., MRI)			Outpatient Diagnostic/Therapeutic Radiological Service: Medicare-covered Diagnostic Radiological Services	
nostic rocedures/lab services/ima in	\$0 co=a	Yes	No	Medicare-covered X-ray services	
	Outpatient x-rays			Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services	
nostic (rocedures/lab services/lma in	\$0 col ay	Yes	No	Hearing Exams	
	Mearing exam			Medicare-covered benefits Fitting/Evaluation for Hearing Ald	
earing	Fitting/evaluation	No	No	Hearing Exams	
				Medicare-covered benefits	
	\$0 copay			Fitting/Evaluation for Hearing Aid	
earl —	There may be limits on how much the sian will provide.	No	No	Hearing Alds	
				All Types	
				Inner ear	
	Hearing aids				
	\$0 copay			Outer ear	
and a		No.	No	Over the ear	
earin_	There may be limits on how much the lian will rovide. Hearing sids	No	No	t	
	50 copay			Hearing Aids	
earing	There may be limits on how much the plan will provide.	No	No		
	Medicare Dental Services				

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00001





				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Oral exam			Dental X-rays
	\$0 copay			Other Diagnostic Services
Dia_nostic and Preventive dental	There m be limits on how much the lan will provide.	No	No	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Cleaning			Other Diagnostic Services
	\$0 copay			
Dia mostic and Preventive dental	There m — be limits on how much the lien will provide.	No	No	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
				Other Diagnostic Services
	Fluoride treatment			Other Preventive Services
Dia mostic and Preventive dental	Not covered	N/A	N/A	
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
			0	Fluoride treatment
				Dental X-rays
	Dental x-ray(s)			Other Diagnostic Services
	\$0 copay			Other Preventive Services
Dia nostic and Preventive dental	There may be limits on how much the plan will provide.	No	No	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Other Diagnostic Services			Other Diagnostic Services
	\$0 copay			Other Preventive Services
Dia nostic and Preventive dental	There m be limits on how much the lan will woulde.	No	No	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Other Preventive Services			Other Diagnostic Services
	\$0 copay			Other Preventive Services
Dia mostic and Preventive dental	There m be limits on how much the lan will provide.	No	No	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
			1	Implant Services
				Oral Maxillofacial Surgery
	Prosthodontics, removable			Orthodontics
	\$0 copay			Adjunctive General Services
Com rehensive dental	There may be limits on how much the lian will provide.	Yes	No	

25 - 000001





			Comprehensive Dental Prosthodontics removable
			Restorative Services
			Endodontics
			Periodontics
		1	Prosthodontics fixed
			Maxillofacial Prosthetics
			Implant Services
	Restorative services		Oral Maxillofacial Surgery
	\$0 copay		Orthodontics
om rehensive dental	There m be limits on how much the lan will rovide. Yes	No	Adjunctive General Services
			Comprehensive Dental
			Prosthodantics removable
			Restorative Services
			Endodontics
			Periodontics
			Prosthodontics fixed
			Maxillofacial Prosthetics
			Implant Services
	Endodontics		Oral Maxillofacial Surgery
	\$0 copay		Orthodontics
			Adjunctive General Services
Comprehensive dental	There may be limits on how much the plan will provide. Yes	No	Comprehensive Dental
	II.		Prosthodontics removable
			Restorative Services
			Endodontics
			Periodontics
			Prosthodontics fixed
			Maxillofacial Prosthetics
			Implant Services
	L		Oral Maxillofacial Surgery
	Periodontics		Orthodontics
	\$0 copay		Adjunctive General Services
om rehensive dental	There may be limits on how much the Illan will provide. Yes	No	
			Comprehensive Dental Prosthodontics removable
			Restorative Services
			Endodontics
			Periodontics
			Prosthadontics fixed
			Maxillofacial Prosthetics
			Implant Services
			Oral Maxillofacial Surgery
	Prosthodontics, fixed		
	\$0 copay		Orthodontics
om rehensive dental	There may be limits on how much the Jan will rovide. Yes	No	Adjunctive General Services
			Comprehensive Dental
			Prosthodontics removable
			Restorative Services
			Endodontics
			Periodontics
			Prosthodontics fixed
			Maxillofacial Prosthetics
			Implant Services
		(1	Oral Maxillofacial Surgery
	Maxillaforini Peasthatire		Orthodontics
	Maxillofacia Divisionis TRACI	DR	Adjunctive General Services
m - hensive dental	Nint amount	N/A	

25 - 000001





				Comprehensive Dental Prosthodontics removable
				Restorative Services
			- 4	Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	tambant Familian			Oral Maxillofacial Surgery
	Implant Services			Orthodontics
	\$0 copay			Adjunctive General Services
Comprehensive dental	There m be limits on how much the Itan will I rovide.	Yes	No	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endodantics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Oral and Maxillofacial Surgery			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Com_rehensive dental	There may be limits on how much the lan will provide.	Yes	No	Adjunctive General Services
and the same				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
				Orthodontics
	Orthodontics			
Comprehensive dental	Nat covered	N/A	N/A	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
	1			
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
				Orthodontics
	Adjunctive General Services		TI.	Adjunctive General Services
Comprehensive dental	Not covered Routine eye exam	N/A	N/A	Eye Exams
	\$0 copay			Routine Eye Exams
				Other
Visian	There may be limits on how much the plan will provide.	Yes	No	Eye Exams
	Other			Routine Eye Exams
Vision	Not covered	N/A	n/A	Other
· inner	THE EURING		1760	Eyewear Contact losses
				Contact lenses
				Eyeglasses (lenses and frames)
	Contact lenses			Eyeglass lenses
	\$0 copay			Eyeglass frames
		U-	0111	Upgrades
Vision	There may be limits on how much the plan will provide.	Ves Ves	No	

AD III SEGUROS DE SALUD





				Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglasses (frames and lenses)			Eyeglass frames
	\$0 copay			Upgrades
sion	There may be limits on how much the dan will provide.	Yes	No	
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Eyeglass frames			Upgrades
síon	Not covered	N/A	N/A	
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	L			Eyeglass frames
	Eyeglass lenses			Upgrades
ision	Not covered	N/A	N/A	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
		ľ		Eyeglass lenses
	L			Eyeglass frames
	Upgrades			Upgrades
ision	Not covered	N/A	N/A	Inpatient Hospital Psychiatric
	Leave to the second			Medicare-covered stay
	Inpatient hospital - psychiatric			Additional days
lental health services	50 co per sta	Yes	No	Psychlatric Services
				Medicare-covered Individual Sessions
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Group Sessions
ental health services	0 co (5)	No	No	Psychlatric Services
				Medicare-covered Individual Sessions
	Outpatient individual therapy visit with a psychiatrist			Medicare-covered Group Sessions
lental health services	\$0 co a	No	No	
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient group therapy visit			Medicare-covered Group Sessions
ental health services	\$0 co a	No	No	
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient individual therapy visit			Medicare-covered Group Sessions
ental health services	\$0 00 0	No	No	
				Skilled Nursing Facility Medicare-covered stay
illed Nursing Facility	\$0 copay lier stay	Yes	No	Additional days
	Occupational therapy visit			Occupational Therapy Services Medicare-covered benefits •
ehabilitation services	\$0 co	Yes	No	
	Physical therapy and speech and language therapy visit			PY and SP Services Medicare-covered benefits
habilitation services ound Ambulance	\$0 co ay	Yes N/A	No N/A	Ambulance Services
***************************************	\$0 copay		liy P	
ansitortation	There may be limits on how much the #lan will #rovide.	Yes	No	Transillortation Services
				Podiatry Services Medicare-covered benefits
	Foot exams and treatment			
		IT	No	Routine foot care
ot care andiaton services)	\$0 co	No		
ot care 🤉 diatr services)	\$0 co	No		Podiatry Services
ot carediatr_services)	\$0 col == Routine foot care	No		Medicare-covered benefits
newstern W	Routine foot care			
nesoneo W		No N/A	N/A	Medicare-covered benefits Routine foot care Durable Medical Equipment (DME)
oot care andiatin services) oot care andiatin services edical equipment/supplies	Routine foot care Not covered	N/A		Medicare-covered benefits Routine foot care





Medical equipment/su - dies	Diabetes supplies \$0 copay	No	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g.; fitness, nursi 🍿 hotline)	Covered	Yes	No	Elia ble Sua elemental Benefits as Defined in Charter 4
Medicare Part 8 drugs	Chemotherapy	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part 8 dru	Other Part B drugs	Yes	N/A	Medicare Part 8 Chemotherapy Drugs Other Medicare Part 8 Drugs
Medicare Part B dru	\$0 call	Yes	N A	

Outpatient Prescription Drugs Coverage Information						
Descriptor	Value	Data Source				
Monthl Premium	\$0.00	BPT Worksheet Re rt				
Deductible	\$590.00	PBP Section Rx				
Formula - Website	https://www.humana.com/pharmacy/prescription- covera_es/medicare-drulist	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.				

Initial Coverage Phase						
Standard Retail 1 Month		Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source		
25%	25%		25%	PBP Section Rx		

Insulin Cost Share Data						
Drug Type	Cost Share Information	Data Source				
Generic drug	25%	PBP Section Rx				
Brand-name drugs	25%	PBP Section Rx				

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,000)					
Drug Type Cost Share Information Data Source					
Generic dru	Not a dicable	PBP Section Rx			
Brand-name dru Not a uficable PBP Section Rx					

25 - 00001

GUROS DE SALUD

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Benefits Summary Report

HUMANA HEALTH PLANS OF PUERTO RICO, INC. H4007 - 030 VBID: Yes - Part C MA Uniformity Flexibility: No Special Supplemental Benefits for the Chronically III: No Part D Senior Savings Model: No

Selected Benefits	Enrollea Detalls	Data Source
		BPT Worksheet Report
Monthly Plan Premium	Comin Soon	PBP Section D alan level
Health I lan deductible	\$0.00	PBP Section D I lan level
		PBP Section B (category level)
Other health plan deductibles?	No	PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not		
include rescription drups	\$3 II 0 In-network	PBP Section D
Choice of Dactors?	Plan Doctors for Most Services	
O prional supplemental benefits?	No	Optional supplemental
Prescription Drupp Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for		
enrollees with certain health conditions?	Yes, contact Illan for further details	

enrollees with certain health conditions?	Yes, contact I lan for further details			
	Has	ilth and Medical Benefits		
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
n satient hos ital covera	0 c er sta	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
				Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Outpatient has ital covera	\$0 co ra	Yes	No	Primary Care Physician Services
Doctor visits	\$0 co i a Specialist	N/A	N/A	Physician Specialist Services
Doctor visits Preventive care	50 c	No No	Yes No	Medicare-covered Preventive Services
Eme jen care/u ent care	\$0 c day	N/A	N/A	Emergency Care
Eme en care/u ent care	\$0 co/a	N/A	N/A	Urgently Needed Services Outpatient Diagnostic Procedures, Tests and Lab Services
	Diagnostic tests and procedures			Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
Di nostic rocedures/lab services/im in	10 cola	Yes	Yes	Medicare-covered Lab Services
	Diagnostic radiology services (e.g., MRI)			Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Dia nostic rocedures/lab services/ima in	S0 co #	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicane-covered Diagnostic Radiological Services
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered X-ray services Hearing Exams
Hearin	Hearing exam	No	No	Medicare-covered benefits Fitting/Evaluation for Hearing Aid
	Fitting/evaluation \$0 copay			Hearing Exams Medicare-covered benefits
Hearin	There m — be limits on how much the Jan will rovide.	No	No	Fitting/Evaluation for Hearing Aid Hearing Aids
	Hearing aids			All Types Inner ear Cuter ear Over the ear
Hearin	There may be limits on how much the Illan will Provide. Hearing aids \$0 copay	No	No	Hearing Aids
Hearin I	There m be limits on how much the lan will provide. Medicare Dental Services	No	No	OTC
Medicare Dental Services	DMINISTRACION DE	Yes	Yes	Medicare Dental Services

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00001

Contrato Número

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				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Oral exam			Dental X-rays
	\$0 copay			Other Diagnostic Services
Dia nostic and Preventive dental	There may be limits on how much the Itan will provide.	No	No	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Cleaning			Dental X-rays
	\$0 copay			Other Diagnostic Services
Diagnostic and Preventive dental		No.		Other Preventive Services
Diagnostic and Preventive dental	There may be limits on how much the Ilan will provide.	No	No	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
				Other Diagnostic Services
	Fluoride treatment			Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
			I.	Fluoride treatment
			1	Dental X-rays
	Oental x-ray(s)			Other Diagnostic Services
	\$0 copay			
Dia nostic and Preventive dental	There may be limits on how much the plan will provide.	No	No	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Other Diagnostic Services			Dental X-rays
	\$0 copay			Other Diagnostic Services
Diagnostic and Preventive dental	There may be limits on how much the plan will provide,	No	No	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Other Preventive Services			Dental X-rays
	\$0 copay			Other Diagnostic Services
Dia_nostic and Preventive dental	There may be limits on how much the Illan will provide.	No	No	Other Preventive Services
Pre-present and preventing defield	TOURS.			Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Prosthodontics, removable			Orthodontics
	\$0 copay			
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Adjunctive General Services

25 - 00001





,		+		
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
			1)	Maxillofacial Prosthetics
				Implant Services
	Restorative services			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Comprehensive dental	There may be limits on how much the Ilan will roylde.	Yes	No	Adjunctive General Services
comprehensive demon	The Emily Se and Ser loss mach the 160 Was 10000.			Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	L			Oral Maxillofacial Surgery
	Endadontics			Orthodontics
	\$0 copay			Adjunctive General Services
Com rehensive dental	There m be limits on how much the lan will rovide.	Yes	No	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endodontics
				Periodonties
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Periodontics			Orthodontics
	\$0 copay		Ĭ.	
Com rehensive dental	There may be limits on how much the lian will roylde.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
	ll.			Implant Services
	Prosthodontics, fixed			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Comprehensive dental	There may be limits on how much the lan will provide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
			ii i	Restorative Services
			m .	
				Endodontics
				Periodonties
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Dral Maxillofacial Surgery
				Orthodontics
Macono.	Maxillofacial Prosthetics Not cover A D MT STRACI	N DE		Adjunctive General Services
Comprehensive dental	Not cover A D M I N I D I IVACL	AT TID	N/A	

SEGUROS DE SALUD

25 - 00001





				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Implant Services			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endadontics
				Periodontics
				Prosthodantics fixed
				Maxillofacial Prosthetics
				Implant Services
	Cord and have file facial former.			Oral Maxillofacial Surgery
	Oral and Maxillofacial Surgery			Orthodontics
	\$0 copay			Adjunctive General Services
Comprehensive dental	There may be limits on how much the lan will rovide.	Yes	No	Comprehensive Dental
	T.			Prosthodontics removable
			li.	Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
				Orthodontics
	Orthodontics			Adjunctive General Services
Com rehensive dental	Not covered	N/A	N/A	
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Adjunctive General Services			Orthodontics
Comprehensive dental	Not covered	N/A	N/A	Adjunctive General Services
	Routine eye exam			Eye Exams Routine Eye Exams
	\$0 copay			Other
Vision	There m = be limits on how much the lan will rovide.	Yes	No	Eye Exams
	Other			Routine Eye Exams
Vision			MIZA	Other
Vision	Not covered	N/A	N/A	Eyewear
				Contact lenses
				Eyeglasses (lenses and frames)
	Contact lenses		10	Eyeglass lenses
	\$0 copay			Eyeglass frames
White-		ACION DE		Upgrades
Vision	There m be limits on h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACTOM DE	No	

SEGUROS DE SALUD





				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
	Eyeglasses (frames and lenses)			Eyeglass lenses
				Eyeglass frames
	\$0 copay			Upgrades
fision	There may be limits on how much the lian will provide.	Yes	No	
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Eyeglass frames			Upgrades
ision	Not covered	N/A	N/A	
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	1			Eyeglass frames
	Eyegiass lenses			Upgrades
ision	Not covered	N/A	N/A	
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyegiass frames
	Upgrades			Upgrades
lision	Not covered	N/A	N/A	
				Inpatient Hospital Psychiatric Medicare-covered stay
	Inpatient hospital - psychiatric			Additional days
viental health services	\$0 colline er stay	Yes	No	
				Psychiatric Services Medicare-covered Individual Sessions
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Group Sessions
dental health services	\$0 comm	No	No	
				Psychiatric Services Medicare-covered Individual Sessions
	Outpatient individual therapy visit with a psychiatrist			
fental health services	\$0 co	No	No	Medicare-covered Group Sessions
Mental health services	\$0 co	No	No	Mental Health Specialty Services
fental health services	SO co	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions
		No No	No No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
	Outpatient group therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services
	Outpatient group therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions
lental health services	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services
fental health services	Outpatient group therapy visit	No	No	Mental Health Specialty Services Medicare-covered individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility
fental health services	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay
fental health services fental health services	Outpatient group therapy visit \$0 copsy Outpatient Individual therapy visit \$0 cops	No	No No	Mental Health Specialty Services Medicare-covered individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility
fental health services fental health services fental health services	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit	No No	No	Memtal Health Specialty Services Medicare-covered individual Sessions Medicare-covered Group Sessions Memtal Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services
fental health services fental health services	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit \$0 cops 0 cops persts Occupational therapy visit	No No	No No	Mental Health Specialty Services Medicare-covered individual Sessions Medicare-covered froup Sessions Mental Health Specialty Services Medicare-covered Group Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered Stay Additional days Occupational Therapy Services Medicare-covered benefits
fental health services fental health services killed Nursing Facility	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit \$0 come Occupational therapy visit	No No Yes	No No	Merital Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services
fental health services fental health services dilled Nursin Facility ehabilitation services	Outpatient group therapy visit \$0 copay Outpatient individual therapy visit \$0 copas Occupational therapy visit Occupational therapy visit \$0 copay Physical therapy and speech and language therapy visit \$0 copay	No No Yes Yes	No No No	Merral Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Group Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits
iental health services Iental health services Glied Nursin Facility Shabilitation services	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit \$0 copsy Occupational therapy visit \$0 copsy per stay Occupational therapy visit \$0 copsy Physical therapy and speech and language therapy visit	No No Yes	No No No	Merital Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services
fental health services fental health services cilled Nursing Facility ehabilitation services ehabilitation services round Ambulance	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit \$0 copsy Occupational therapy visit Occupational therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy \$0 copsy Not copsy Not covered	No No Yes Yes N A	No No No No No	Merital Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Group Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits Ambulance Services
fental health services fental health services killed Nursing Facility ehabilitation services ehabilitation services round Ambulance	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit \$0 cops 0 copsy per stal Occupational therapy visit \$2 copsy Physical therapy and speech and language therapy visit \$3 copsy \$5 copsy \$5 copsy	No No Yes Yes	No No No	Merital Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits Antibulance Services Transportation Services Paddatry Services Paddatry Services
fental health services fental health services killed Nursing Facility ehabilitation services ehabilitation services round Ambulance	Outpatient group therapy visit \$0 copsy Outpatient Individual therapy visit \$0 copsy Occupational therapy visit \$0 copsy Physical therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy \$10 copsy Not covered There may be limits on how much the ten will rovide.	No No Yes Yes N A	No No No No No	Mental Health Specialty Services Medicare-covered individual Sessions Medicare-covered froup Sessions Medicare-covered Group Sessions Medicare-covered Froup Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PY and SP Services Medicare-covered benefits Ambulance Services Transportation Services
fental health services fental fental health y entablitation services round Ambulance ransportation	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit \$0 copsy Occupational therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy Not covered There may be limits on how much the stan will grovide. Foot exams and treatment	No No Yes Yes Yes N A	No No No No No No	Merital Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits Antibulance Services Transportation Services Paddatry Services Paddatry Services
fental health services fental fental health y entablitation services round Ambulance ransportation	Outpatient group therapy visit \$0 copsy Outpatient Individual therapy visit \$0 copsy Occupational therapy visit \$0 copsy Physical therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy \$10 copsy Not covered There may be limits on how much the ten will rovide.	No No Yes Yes N A	No No No No No	Merital Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits Ambulance Services Transportation Services Paddatry Services Medicare-covered benefits Transportation Services Paddatry Services Medicare-covered benefits
fental health services fental health services killed Nursing Facility ehabilitation services ehabilitation services round Ambulance	Outpatient group therapy visit \$0 copsy Outpatient Individual therapy visit \$0 cops 0 copsy per sta Occupational therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy \$0 copsy There may be limits on how much the tan will rovide.	No No Yes Yes Yes N A	No No No No No No	Merral Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PY and SP Services Medicare-covered benefits Ambulance Services Transportation Services Pediatry Services Medicare-covered benefits Routine foot care
fental health services ehabilitation services ehabilitation services round Ambulance ransportation bot care (= diatry services)	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit \$0 cops Occupational therapy visit \$0 cops Physical therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy Not covered There may be limits on how much the ten will rovide.	No Yes Yes Yes N A N/A	No N	Merital Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Group Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits Ambulance Services Podiatry Services Medicare-covered benefits Routine foot care Podiatry Services Podiatry Services Podiatry Services
dental health services dental health services delted Nursin Facility ehabilitation services ehabilitation services ransportation bot care (= diatry services)	Outpatient group therapy visit \$0 copsy Outpatient Individual therapy visit \$0 cops Occupational therapy visit \$0 copsy Physical therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy \$0 copsy Not covered There may be limits on how much the stan will grovide. Foot exams and treatment \$0 copsy Routine foot care Not covered Not covered Not covered Not covered Not covered Not covered	No Yes Yes Yes N A N/A	No No No No No No	Merital Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits Ambulance Services Transportation Services Medicare-covered benefits Routine Foot care Podiatry Services Medicare-covered benefits Routine foot care Podiatry Services Medicare-covered benefits Routine foot care
fental health services fental fental health services fental fental health services fental fental health services found Ambulance fental	Outpatient group therapy visit \$0 copsy Outpatient Individual therapy visit \$0 cops Occupational therapy visit \$0 copsy Physical therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy \$0 copsy Not covered There may be limits on how much the stan will grovide. Foot exams and treatment \$0 copsy Routine foot care Not covered Not covered Not covered Not covered Not covered Not covered	No Yes Yes Yes N A N/A	No No No No No No No No N/A	Merital Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Mental Health Specialty Services Medicare-covered Group Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits Ambulance Services Prodistry Services Medicare-covered benefits Routine Foot care Podiatry Services Medicare-covered benefits Routine foot care Podiatry Services Medicare-covered benefits Routine Foot care
fental health services fental fental health y entablitation services round Ambulance ransportation	Outpatient group therapy visit \$0 copsy Outpatient individual therapy visit \$0 copsy Occupational therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy Physical therapy and speech and language therapy visit \$0 copsy Not covered There may be limits on how much the fan will rovide. Foot exams and treatment \$0 comey Routine foot care Not covered	No Yes Yes Yes N A N/A	No N	Merral Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits P* and SP Services Medicare-covered benefits Ambulance Services Transportation Services Paddiatry Services Medicare-covered benefits Routhe Foot care Podiatry Services Medicare-covered benefits Routhe Foot care Podiatry Services Medicare-covered benefits Routhe Foot care Durable Medical Equipment (DME)

25 - 00001





Medical equipment/supplies	Diabetes supplies	No	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Wellness marams e.g. fitness nursing hotline	Covered	Yes	No	Eli_ible Su lemental Benefits as Defined in Cha_ter 4
Medicare Part B dru	Chemotherapy	Yes	N/A	Medicare Part B Chemotherapy Orugs Other Medicare Part B Drugs
Medicare Part B dru	Other Part 8 drugs	Yes	N/A	Medicare Part 8 Chemotherapy Drugs Other Medicare Part 8 Drugs
Medicare Part B dru	\$0 comm	Yes	N/A	

Outpatient Prescription Drugs Coverage Information					
Descriptor	Value	Data Source			
Monthl Premium	\$0.00	BPT Worksheet Report			
Deductible	\$590.00	PBP Section Rx			
Formula Website	https://www.humana.com/pharmacy/prescription- cover = e medicare-dru = list	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Palle and select the Manalle Plans link.			

	Initial Coverage Phase							
	Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source				
25%		25%	25%	PBP Section Rx				

Insulin Cost Share Data					
Drug Type	Cost Share Information	Data Source			
Generic drugs	25%	PBP Section Rx			
Brand-name drugs	25%	PBP Section Rx			

Catastrophic Coverage Phase (When your annual out-of-pociet costs exceed \$2,000)					
Drug Type Cost Share Information Data Sour					
Generic dru	Not a lícable	PBP Section fix			
rand-name dru		PBP Section Rx			

25 - 00001





Benefits Summary Report

HUMANA HEALTH PLANS OF PUERTO RICO, INC. H4007 - 031 VBID: Yes - Part C MA Uniformity Flexibility: No Special Supplemental Benefits for the Chronically III: No Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
		BPT Worksheet Report
Monthly Plan Premium	Coming Soon	PBP Section O Inlan level
Health an deductible	\$0.00	PBP Section D (illan level)
		PBP Section 8 (category level)
Other health plan deductibles?	No	PBP Section C category level
Maximum aut-of-pocket enrollee responsibility (does not		
include rescription drups	13 MG In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
O itional supplemental benefits?	No	O ional su lemental
Prescription Drug Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for		
enrollees with certain health conditions?	Yes contact plan for further details	

	1			Y
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
				Inpatient Hospital-Acute
				Medicare-covered stay
				Additional days
patient hospital coverage	\$0 copay liers	Yes	No	
				Outpatient Hospital Services
ut atient hos ital coverage	\$0 00	Yes	No	Medicare-covered Outpatient Hospital Services
at stient nos ital covera e	Primary	res	NG	
	1			Primary Care Physician Services
octor visits	\$0 comm	N/A	N/A	
	Specialist			La contraction of the contractio
octor visits	M copay	No	Yes	Physician Specialist Services
reventive care	\$0 co ++	No	No	Medicare-covered Preventive Services
	Emergency			
	4.27.27.7	I.I.		Emergency Care
mer enc care/u ent care	Urgent care	N/A	N/A	+
	organi care			Urgently Needed Services
mergency care/urgent care	\$0 copay	N/A	N/A	
				Outpatient Diagnostic Procedures, Tests and Lab Service
	Diagnostic tests and procedures			Medicare-covered Diagnostic Procedures/Tests
	pragnostic tests and procedures			Medicare-covered Lab Services
i nostic rocedures/lab services/ima in	\$0 co	Yes	Yes	Alcordic covered bib services
				Outpatient Diagnostic Procedures, Tests and Lab Service
	Lab services			Medicare-covered Diagnostic Procedures/Tests
	Lab services			Medicare-covered Lab Services
mostic procedures/lab services/imaging	\$0 cop =	Yes	Yes	Medicale-careles can selectes
				Outpatient Diagnostic/Therapeutic Radiological Services
				Medicare-covered Diagnostic Radiological Services
	Diagnostic radiology services (e.g., MRI)			Medicare-covered X-ray services
Di nostic rocedures/lab services/ima in	\$0 collay	Yes	No	INCUICAL G-COVEL ET V-LSA ZEL ALGES
				Outpatient Diagnostic/Therapeutic Radiological Services
	L			Medicare-covered Diagnostic Radiological Services
	Outpatient x-rays			Medicare-covered X-ray services
i mostic rocedures/lab services/ima in	\$0 com	Yes	No	medicale-covered x-ray services
	1 -900			Hearing Exams
				Medicare-covered benefits
	Hearing exam		III.	Fitting/Evaluation for Hearing Aid
earin	O cops	No	No	Priving Evaluation for Rearing And
				Hearing Exams
				Medicare-covered benefits
	and the state			INICORGIFE COVERED DELIGITIES
	Fitting/evaluation			
learin	Fitting/evaluation Not covered	N/A	N/A	Fitting/Evaluation for Hearing Aid
learin		N/A	N/A	
learin.		N/A	N/A	Fitting/Evaluation for Hearing Aid
earin		N/A	N/A	Fitting/Evaluation for Hearing Aid Hearing Aids All Types
dearing		N/A	N/A	Fitting/Evaluation for Hearing Aid Hearing Aids
learin.	Not covered	N/A	N/A	Fitting/Evaluation for Hearing Aid Hearing Aids All Types
learin		N/A	MA	Fitting/Evaluation for Hearing Aid Hearing Aids All Types Inner ear Outer ear
	Not covered Hearing aids - inner ear			Fitting/Evoluation for Hearing Aid Hearing Aids All Types Inner ear
	Not covered	N/A	N/A	Fitting/Evaluation for Hearing Aid Hearing Aids All Types Inner ear Outer ear
	Not covered Hearing aids - inner ear			Fitting/Evaluation for Hearing Aid Hearing Aids All Types Inner ear Outer ear
	Not covered Hearing aids - inner ear			Fitting/Evaluation for Hearing Aid Hearing Aids All Types Inner ear Outer ear Cver the ear Hearing Aids All Types
dearing dearing	Not covered Hearing aids - inner ear			Fitting/Evoluation for Hearing Aid Hearing Aids All Types Inner ear Outer ear Over the ear Hearing Aids
	Not covered Hearing aids - inner ear			Fitting/Evaluation for Hearing Aid Hearing Aids All Types Inner ear Over the ear Hearing Aids All Types Inner ear
	Not covered Hearing aids - inner ear			Fitting/Evaluation for Hearing Aid Hearing Aids All Types Unter ear Cyer the ear Hearing Aids All Types

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00001

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p-		-		the site and a
				Hearing Aids All Types
				Inner ear
	h. et al.			Outer ear
	Hearing aids - over the ear			Over the ear
Hearing	Not covered	N/A	N/A	Carabas Alda
	Hearing aids			Hearing Aids OTC
Hearin	Not covered Medicare Dental Services	N/A	N/A	
	Medicare Dental Services			
Medicare Dental Services	0 co	Yes	Yes	Medicare Dental Services Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
		J.	10	Dental X-rays
	Oral exam			Other Diagnostic Services
	\$0 сорау	U		Other Preventive Services
Dia nostic and Preventive dental	There may be limits on how much the plan will provide,	No	No	Other Preventive Services
				Diagnostic and Preventive Dental
				Oral Exams
		J.		Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Cleaning			
	\$0 copay			Other Diagnostic Services
				Other Preventive Services
Dia nostic and Preventive dental	There may be limits on how much the Ilan will provide.	No	No	Diagnostic and Preventive Dental
		n		Oral Exams
				Prophylaxis (Cleaning)
				Auoride treatment
		10		Oental X-rays
	Plantide Assessment			Other Diagnostic Services
	Fluoride treatment	10		Other Preventive Services
Dia nostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Destal and the			Dental X-rays
	Dental x-ray(s)			Other Diagnostic Services
	\$0 copay		- 1	Other Preventive Services
Dia nostic and Preventive dental	There me be limits on how much the clan will provide.	No	No	
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Auoride treatment
				Dental X-rays
	Other Diagnostic Services			Other Diagnostic Services
	\$0 copay	10		
Dia nostic and Preventive dental	There m be limits on how much the Ilan will Frovide.	No	No	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Avoride treatment
				Dental X-rays
	Other Preventive Services			
	\$0 copay			Other Diagnostic Services
				Other Preventive Services
Di nostic and Preventive dental	There m be limits on how much the Itan will Provide.	No	No	

25 - 00001





				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Prosthodontics, removable			Oral Maxillofacial Surgery
				Orthodontics
	\$0 copay			Adjunctive General Services
Com rehensive dental	There may be limits on how much the Ilan will rovide.	Yes	No	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Restorative services			
	\$0 copay			Orthodontics
Com, rehensive dental	There may be limits on how much the plan will provide.	Yes	No	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodantics
				Periodontics
				Prasthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Endodontics			Oral Maxillofadal Surgery
	\$0 copay		1	Orthodontics
				Adjunctive General Services
Com rehensive dental	There may be limits on how much the Jan will provide.	Yes	No	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endadontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Periodontics			Orthodontics
	\$0 copay			Adjunctive General Services
Com rehensive dental	There may be limits on how much the Jan will rovide.	Yes	No	Comprehensive Dental
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
			10	Implant Services
	Prosthodontics, fixed			Oral Maxillofacial Surgery
	\$0 copay			Orthadantics
A contract of the contract of	the same of the sa	Y	No	Adjunctive General Services
	There may be limits on how much the lan will rov'.	106		





		1		Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endadontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
				Orthodontics
	Maxillofacial Prosthetics			Adjunctive General Services
Comprehensive dental	Nat covered	N/A	N A	
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
				Orthodontics
	Implant Services			Adjunctive General Services
Com rehensive dental	Nat covered	N/A	N/A	Comprehensive Dental
				Prasthodontics removable
				Restorative Services
				Endodontics
				Períodontics
		1		Prosthadontics fixed
				Maxillofacial Prosthetics
				Implant Services
	Oral and Maxillofacial Surgery			Oral Maxillofacial Surgery
	\$0 copay			Orthodontics
Com rehensive dental	There may be limits on how much the plan will provide.	Yes	No	Adjunctive General Services
cotti delletiziae betimi	mere may be times on now much the plan will provide.	ies .	No	Comprehensive Dental
				Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
				Prosthodontics fixed
				Maxillofacial Prosthetics
				Implant Services
				Oral Maxillofacial Surgery
	Orthodontics			Orthodontics
Comprehensive dental	Not covered	N/A	N/A	Adjunctive General Services
				Comprehensive Dental Prosthodontics removable
				Restorative Services
				Endodontics
				Periodontics
	III			Prosthodontics fixed
				Maxiliofacial Prosthetics
				Implant Services
	II.			Orai Maxillofacial Surgery
	1			Orthodontics
	Adjunctive General Services			
Com-rehensive dental	Not covered Routine eye exa ADMINISTRA	CTON DB	N/A	Adjunctive General Services
		CATTID		Eye Exams Routine Eye Exams
	50 copay SEGUROS DE	POUTON		
	0,500-1.			Other

25 - 00001





				Eye Exams Routine Eye Exams
	Other			
Vision	Not covered	N/A	N/A	Other
Figure	MOS FOASIER	170	170	Eyewear
				Contact lenses
				Eyeglasses (lenses and frames)
	Contact lenses			Eyeglass lenses
				Eyeglass frames
	\$0 copay			Unarrelae
/ision	There may be limits on how much the sian will provide.	Yes	No	Upgrades
				Eyewear
				Medicare-covered benefits
			111	Contact lenses
			UI.	Eyeglasses (lenses and frames)
			01	
	Eyegiasses (frames and lenses)			Eyeglass lenses
	cyeglasses (mames and lenses)			Eyeglass frames
	\$0 copay			
fision	There may be limits on how much the plan will provide.	Yes	No	Upgrades
200	THE CHAPTER WITH BY HOW HIGH THE BETT WITH HOTILE.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ND .	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglass frames			Eyeglass frames
				Upgrades
Visian	Not covered	N/A	N/A	Suppose
				Eyewear Medicare-covered benefits
			m .	Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Eyeglass lenses			Numerature
Vision	Not covered	N/A	N/A	Upgrades
				Eyewear
				Medicare-covered benefits
				Contact lenses
			11	Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Upgrades			ryegiass il airies
		L		Upgrades
Vision	Not covered	N/A	N/A	Inpatient Hospital Psychiatric
				Medicare-covered stay
	Inpatient hospital - psychiatric	The second secon		Additional days
viental health services	0 cor er sta	Yes	No	ANGELIGINE GAYS
				Psychiatric Services
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Individual Sessions
	enchance Break seriaht ser sini a batmingr			Medicare-covered Group Sessions
Mental health services	\$0 co//2 /	No	No	Section in the second
				Psychiatric Services Medicare-covered Individual Sessions
	Outpatient individual therapy visit with a psychiatrist		11	
Mental health services	\$0 co a	No	No	Medicare-covered Group Sessions
	V		100	Mental Health Specialty Services
				Medicare-covered Individual Sessions
	Outpatient group therapy visit			Medicare-covered Group Sessions
Mental health services	\$0 com y	No	No	
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient individual therapy visit			
d		I.I.	J.,	Medicare-covered Group Sessions
dental health services	\$0 сор м	No	No	Skilled Nursing Facility
				Medicare-covered stay
		III.		Additional days
killed Nursin Facilit	\$0 commersta	Yes	No	
	Occupational therapy visit			Occupational Therapy Services
Rehabilitation services	\$0 co ay	Yes	No	Medicare-covered benefits
	Physical therapy and speech and language therapy visit			PT and SP Services
	1100	U.	u-	Medicare-covered benefits
Advantage of the second	\$0 co 44	Yes N/A	No N/A	Ambulance Services
lehabilitation services Ground Ambulance	III copay			
lehabilitation services Ground Ambulance	Not covered	DR	17.7	Partodiance Services
lehabilitation services Fround Ambulance Trans tatlon	Not covered INISTRACION That on From much the Harn will provide the	DB	N/A	Transantation Services

25 - 00001



Medicare Part 8 drug					Podiatry Services
Routine foot care Routine foot care Not covered Durable medical equipment (e.g., wheelchairs, oxygen) feedical equipment/supplies Prosthetics (e.g., braces, artificial limbs) And covered Note of 10% coinsurance written Ves N/A Prosthetics (e.g., braces, artificial limbs) And covered prosthetic devices Medicare-covered prosthetic devices Note of 10% coinsurance written Ves N/A Diabetes Supplies and Services Medicare-covered Diabetic therapeutic shoes or inservices in early in the supplies and services Medicare-covered Diabetic therapeutic shoes or inservices in early in the supplies i	oot care (podiatry services)		No	No	
Durable medical equipment (e.g., wheelchairs, oxygen) Aedical equipment (you get a control collaburance are item Yes N/A Prosthetics (e.g., braces, artificial limbs) Aedicare-covered prosthetic devices N/A Diabetes Supplies and Services Medicare-covered piabetic supplies Medicare-covered piabetic supplies Medicare-covered piabetic supplies Medicare-covered piabetic supplies Medicare-covered piabetic therapeutic shoes or inservices in the interest of the interest	pot care (podlatry services)		N/A	N/A	Medicare-covered benefits
Prosthetics (e.g., braces, artificial limbs) Addicare overed prosthetic (e.g., braces, artificial limbs) Addicare overed prosthetic devices N/A Diabetes supplies of Medicare covered prosthetic devices Medicare covered Diabetic supplies of No Addicare covered Diabetic supplies of Medicare covered Diabetic supplies of No Addicare covered Diabetic supplies of No Addicare covered Diabetic supplies of No Eliable Surferential Benefits as Defined in Chaiter Addicare Part 8 Chemotherapy Drugs Chemotherapy Chemotherapy Addicare Part 8 Chemotherapy Drugs Other Medicare Part 8 Drugs Other Part 8 Drugs Other Part 8 Drugs Other Medicare Part 8 Drugs	fedical equi-ment/su Hies		Yes	N/A	
Diabetes supplies Diabetes supplies Diabetes supplies Diabetes supplies Diabetes supplies Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or Inserved Medicare-covered Diabetic therapeutic shoes or Inserved Medicare Part B Covered Ves No Diabetes supplies Medicare-covered Diabetic therapeutic shoes or Inserved Medicare Part B Chemotherapy Drugs Other Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs Medicare Part B drugs Other Part B drugs Medicare Part B drugs Other Medicare Part B Drugs Medicare Part B Drugs Other Medicare Part B Drugs Medicare Part B Drugs Medicare Part B Drugs Other Medicare Part B Drugs			Yes		
Wellness in rams is all fitness, nursin hotline Covered Yes No Elisible Sul Immental Benefits as Defined in Chalter Medicare Part 8 Chemotherapy Chemotherapy Other Medicare Part 8 Drugs Other Part 8 drugs Other Part 8 drugs Other Medicare Part 8 Drugs	vedical e uii ment/su ilies		No	N/A	
Chemotherapy Chemotherapy Medicare Part 8 drugs Other Part 8 drugs Other Part 8 drugs Other Part 8 drugs Other Medicare Part 8 Drugs					Eli ible Su I lemental Benefits as Defined in Charter 4
Other Part 8 drugs Other Part 8 drugs Other Medicare Part 8 Drugs Ves N/A	vledicare Part 8 drugs		Yes	N/A	
	Medicare Part B drum		Yes	N/a	
	Aedicare Part B dru	IC course	Yes	N/A	-

Outpatient Prescription Drugs Coverage Information				
Descriptor	Value	Data Source		
Month! Premium	\$0.00	BPT Worksheet Report		
Deductible	\$590.00	PBP Section Rx		
Formula Website	https://www.hurnana.com/pharmacy/prescription- cover == s/medicare-dru = list	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.		

	Initial Coverage Phas		
Standard Retall 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Insufin Cost Share Data		
Drug Type	g Type Cost Share Information Data Source	
Generic drugs	25%	PBP Section Rx
Brand-name dru	25%	PBP Section Rx

Catastrophic Coverage Phase [When your annual out-of-pocket costs exceed \$2,000]		
Drug Type	Cost Share Information	Data Source
Generic dru	Not a plicable	PBP Section Rx
Brand-name drugs	Not a pilicable	PBP Section Rx

25 - 00001

Contrato Número

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