

APPENDIX C (4)
Bid Report - Summary of
Benefits

Bid Reports 2025

Bid Submission Status Report

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

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

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APPENDIX C (4)
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Bid Reports 2025

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Contract Number	Organization Name	Plan ID	Segment ID	Version	User ID/Name	Submission Confirmation Number	Submission Date/Time
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Bid Reports 2025

Benefits Summary Report

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

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

Selected Benefits	Enrollee Details	Data Source
Month Plan Premium	Coming Soon	BPT Worksheet Report
Health Plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	13.10 In-network	PBP Section B (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)
Optional supplemental benefits?	No	PBP Section D
Prescription Drugs Covered?	Yes	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	PBP Section Rx

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay Emergency	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay Fitting/evaluation	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	No	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	No	No	Hearing Aids OTC
Medicare Dental Services	\$0 copay	Yes	Yes	Medicare Dental Services

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

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Comprehensive dental	Restorative services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Endodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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

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	Eyeglasses (frames and lenses) \$0 copay			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	
	Eyeglass frames			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Eyeglass lenses			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Upgrades			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Inpatient hospital - psychiatric			Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	\$0 copay	Yes	No	
	Outpatient group therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	
	Outpatient individual therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	
	Outpatient group therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	
	Outpatient individual therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	
				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay	Yes	No	
	Occupational therapy visit			Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	
	Physical therapy and speech and language therapy visit			PT and SP Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	\$0 copay			
Transportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
	Foot exams and treatment			Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	\$0 copay	No	No	
	Routine foot care			Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Not covered	N/A	N/A	
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	\$0 copay	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	\$0 copay	Yes	N/A	

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Medical equipment/supplies	Diabetes supplies	No	N/A	Diabetes Supplies and Services
Other medical programs (e.g., Personal Caregiver, etc.)	Covered	Yes	No	Medicare-covered Diabetic supplies
				Medicare-covered Diabetic therapeutic shoes or inserts
Medicare Part B drug	Chemotherapy	Yes	N/A	Eligible Supplemental Benefits as Defined in Chapter 4
				Medicare Part B Chemotherapy Drugs
				Other Medicare Part B Drugs
Medicare Part B drug	Other Part B drugs	Yes	N/A	Medicare Part B Chemotherapy Drugs
Medicare Part B drug	Other Part B drugs	Yes	N/A	Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$590.00	PBP Section Rx
Formulary Website	https://www.humana.com/pharmacy/prescription-coverage/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	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-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

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Bid Reports 2025

Benefits Summary Report

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

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

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$0.00 In-network	PBP Section C (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section D
Optional supplemental benefits?	No	Optional supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency	N/A	N/A	Emergency Care
Emergency care/urgent care	Urgent care	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures			Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	Yes	Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services			Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	Yes	Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI)			Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays			Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered X-ray services
Hearing	Hearing exam			Hearing Exams Medicare-covered benefits
Hearing	\$0 copay	No	No	Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation			Hearing Exams Medicare-covered benefits
Hearing	\$0 copay	No	No	Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Aids All Types
Hearing	Hearing aids			Inner ear
Hearing	\$0 copay	No	No	Outer ear
Hearing	There may be limits on how much the plan will provide.	No	No	Over the ear
Hearing	Hearing aids			Hearing Aids OTC
Hearing	\$0 copay	No	No	Hearing Aids OTC
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Aids OTC
Medicare Dental Services	Medicare Dental Services	Yes	Yes	Medicare Dental Services

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

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Comprehensive dental	Restorative services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Endodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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

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				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	Yes	No	
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	\$0 copay Occupational therapy visit	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	\$0 copay Physical therapy and speech and language therapy visit	Yes	No	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	No	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care Not covered	N/A	N/A	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	N/A	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices

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	Diabetes supplies			Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	\$0 cost	No	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Flexible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 cost	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 cost	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	\$0 cost	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$500.00	PBP Section Rx
Formula Website	https://www.humana.com/pharmacy/prescription-coverage/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	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 drug	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

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Bid Reports 2025

Benefits Summary Report

HUMANIA HEALTH PLANS OF PUERTO RICO, INC.
H4007 - 026

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

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 in-network	PBP Section B (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)
Optional supplemental benefits?	No	PBP Section D
Prescription Drugs Covered?	Yes	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	PBP Section Rx

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay per stay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay Emergency	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids \$0 copay	No	No	Hearing Aids OTC
Hearing	There may be limits on how much the plan will provide. Medicare Dental Services	No	No	Hearing Aids OTC
Medicare Dental Services	\$0 copay	Yes	Yes	Medicare Dental Services

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

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Comprehensive dental	Restorative services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Endodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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

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				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	Yes	No	
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay per stay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	\$0 copay per stay Occupational therapy visit	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	\$0 copay Physical therapy and speech and language therapy visit	Yes	No	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	No	Routine foot care
Foot care (podiatry services)	Routine foot care Not covered	N/A	N/A	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay or 10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% coinsurance	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices

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	Diabetes supplies			Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	\$0 copay	Yes	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies (e.g., prostheses, nursing facilities)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	
	Other Part B drugs			Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	
Medicare Part B drugs	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$190.00	PBP Section Rx
Formulary Website	https://www.humana.com/pharmacy/prescription-coverage/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	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 drug	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

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Bid Reports 2025

Benefits Summary Report

HUMANA HEALTH PLANS OF PUERTO RICO, INC.
 HA007 - 027
 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
Monthly Plan Premium	Coming Soon	PBP Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,000 In-network	PBP Section B (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)
Optional supplemental benefits?	No	PBP Section D
Prescription Drugs Covered?	Yes	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	PBP Section Rx

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay per stay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay Emergency	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay	No	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	There may be limits on how much the plan will provide. Hearing aids \$0 copay	No	No	Hearing Aids OTC
Medicare Dental Services	Medicare Dental Services \$0 copay	Yes	Yes	Medicare Dental Services

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

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Comprehensive dental	Restorative services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Endodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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SEGUROS DE SALUD

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PPF

PPF

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

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POS.

PS

	Eyeglasses (frames and lenses) \$0 copay	Yes	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	
	Eyeglass frames	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Eyeglass lenses	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Upgrades	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Inpatient hospital - psychiatric \$0 copay per stay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services		Yes	No	
	Outpatient group therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services		No	No	
	Outpatient individual therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services		No	No	
	Outpatient group therapy visit \$0 copay	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services		No	No	
	Outpatient individual therapy visit \$0 copay	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services		No	No	
				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay per stay	Yes	No	
	Occupational therapy visit \$0 copay	Yes	No	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services		Yes	No	
	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and ST Services Medicare-covered benefits
Rehabilitation services		Yes	No	
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	\$0 copay			
Transportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
	Foot exams and treatment \$0 copay	No	No	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)		No	No	
	Routine foot care Not covered	N/A	N/A	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)		N/A	N/A	
	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay or 10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies		Yes	N/A	
	Prosthetics (e.g., braces, prosthetic limbs) 0% or 10% coinsurance	N/A	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies		N/A	N/A	

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RPL

SA

	Diabetes supplies			Diabetes Supplies and Services
Medical equipment/supplies	\$0 copay	No	N/A	Medicare-covered Diabetic supplies
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Medicare-covered Diabetic therapeutic shoes or inserts
				Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$590.00	PBP Section Rx
Formulary Website	https://www.humana.com/pharmacy/prescription-coverage/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	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 drug	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 drug	Not applicable	PBP Section Rx
Brand-name drug	Not applicable	PBP Section Rx

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Bid Reports 2025

Benefits Summary Report

HUMANA HEALTH PLANS OF PUERTO RICO, INC.

H4007 - 030

VBI/D: Yes - Part C

MA Uniformity Flexibility: No

Special Supplemental Benefits for the Chronically Ill: No

Part D Senior Savings Model: No

Selected Benefits	Enroll Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health Plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,000 In-network	PBP Section B (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)
Optional supplemental benefits?	No	PBP Section D
Prescription Drugs Covered?	Yes	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	PBP Section Rx

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	10 coinsurance per stay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 coinsurance Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 coinsurance Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 coinsurance	No	Yes	Physician Specialist Services
Preventive care	\$0 coinsurance Emergency	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 coinsurance Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 coinsurance	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services 10 coinsurance	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 coinsurance	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 coinsurance Fitting/evaluation \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	No	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	No	No	Hearing Aids OTC
Medicare Dental Services	\$0 coinsurance	Yes	Yes	Medicare Dental Services

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

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Comprehensive dental	Restorative services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Endodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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

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				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	Yes	No	
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 coinsurance per stay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 coinsurance	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 coinsurance	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 coinsurance	No	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 coinsurance per stay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 coinsurance	Yes	No	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Ground Ambulance \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Transportation	Not covered	N/A	N/A	Ambulance Services
Foot care (podiatry services)	Foot exams and treatment \$0 coinsurance	No	No	Transportation Services Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care Not covered	N/A	N/A	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 coinsurance or 10% coinsurance	N/A	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, prosthetic limbs) 0% or 10% coinsurance	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices

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	Diabetes supplies			Diabetes Supplies and Services
Medical equipment/supplies	\$0 coinsurance	No	N/A	Medicare-covered Diabetic supplies
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Medicare-covered Diabetic therapeutic shoes or inserts
				Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drug	\$0 coinsurance	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drug	\$0 coinsurance	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drug	\$0 coinsurance	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$590.00	PBP Section Rx
Formula Website	https://www.humana.com/pharmacy/prescription-coverage/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	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-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

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Bid Reports 2025

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 Ill: No

Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$0.00 In-network	PBP Section B (category level)
Choice of doctors?	Plan Doctors for Most Services	PBP Section C (category level)
Optional supplemental benefits?	No	Optional supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay per stay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary \$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency	N/A	N/A	Emergency Care
Emergency care/urgent care	Urgent care	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation Not covered	N/A	N/A	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids - inner ear Not covered	N/A	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids - outer ear Not covered	N/A	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear

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				Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids - over the ear Not covered Hearing aids	N/A	N/A	Hearing Aids OTC
Hearing	Not covered Medicare Dental Services	N/A	N/A	
Medicare Dental Services	ID copay	Yes	Yes	Medicare Dental Services
				Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Oral exam \$0 copay 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 Preventive Services
Diagnostic and Preventive dental	Cleaning \$0 copay 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 Preventive Services
Diagnostic and Preventive dental	Fluoride treatment Not covered	N/A	N/A	
				Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Dental x-ray(s) \$0 copay 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 Preventive Services
Diagnostic and Preventive dental	Other Diagnostic Services \$0 copay 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 Preventive Services
Diagnostic and Preventive dental	Other Preventive Services \$0 copay 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 Preventive Services

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Comprehensive dental	Prosthodontics, removable \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Restorative services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Endodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Implant Services Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Oral and Maxillofacial Surgery \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Orthodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Adjunctive General Services Not covered Routine eye exams \$0 copay	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Vision	There may be limits on how much the plan will provide.	Yes	No	Eye Exams Routine Eye Exams Other

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	Other			Eye Exams Routine Eye Exams
Vision	Not covered	N/A	N/A	Other
	Contact lenses			Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	
	Eyeglasses (frames and lenses)			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	
	Eyeglass frames			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Eyeglass lenses			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Upgrades			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Inpatient hospital - psychiatric			Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	\$0 copay per stay	Yes	No	
	Outpatient group therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	
	Outpatient individual therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	
	Outpatient group therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	
	Outpatient individual therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	
	Occupational therapy visit			Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay per stay	Yes	No	
	Physical therapy and speech and language therapy visit			Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	
				PT and SP Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	Not covered			
Transportation	There may be limits on how much the plan will provide.		N/A	Transportation Services

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Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	No	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care Not covered	N/A	N/A	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 coinsurance or 10% coinsurance per item Prosthetics (e.g., braces, artificial limbs)	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 coinsurance per item	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or Inserts
Wellness programs (e.g., Fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 coinsurance	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 coinsurance	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	IO coinsurance	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$6.00	BPT Worksheet Report
Deductible	\$550.00	PBP Section Rx
Formulary Website	https://www.humana.com/pharmacy/prescription-coverage/members/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	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-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

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