

**APPENDIX C (7)**  
**Benefits Not- Covered by**  
**Wrap Around Supplementary**  
**Benefits Part C**

## APPENDIX C -7

### Part C Supplementary Benefits Certification 2025

I, **Luis A. Torres Olivera** as **President & CEO**, hereby certify that **Humana Health Plans of Puerto Rico, Inc.**, will be offering the following additional benefits not covered in the Wrap-Around 2025 to all members enrolled in:

**Product Identification: H4007-016**

Description Benefits	Copay			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$50 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 24 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0
Extended OTC for Elderly Home Care - \$125 maximum amount per month	N/A	N/A	N/A	N/A
Chiropractic (routine) – up to 12 visit(s) per year	\$0	\$0	\$0	\$0

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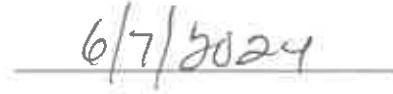
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These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



**Luis A. Torres Olivera**

**President & CEO**



**Date**



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## APPENDIX C -7

### Part C Supplementary Benefits Certification 2025

I, Luis A. Torres Olivera as President & CEO, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2025 to all members enrolled in:

**Product Identification: H4007-018**

Description Benefits	Copay			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$100 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 24 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0

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**Luis A. Torres Olivera**

**President & CEO**



**Date**



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### Part C Supplementary Benefits Certification 2025

I, **Luis A. Torres Olivera** as **President & CEO**, hereby certify that **Humana Health Plans of Puerto Rico, Inc.**, will be offering the following additional benefits not covered in the Wrap-Around 2025 to all members enrolled in:

**Product Identification: H4007-026**

Description Benefits	Copoly			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$174.70 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 24 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0

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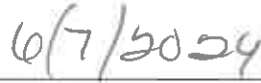
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**Luis A. Torres Olivera**

**President & CEO**



**Date**



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## APPENDIX C -7

### Part C Supplementary Benefits Certification 2025

I, Luis A. Torres Olivera as President & CEO, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2025 to all members enrolled in:

**Product Identification:** H4007-027

Description Benefits	Copoly			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Worldwide Coverage	\$0	\$0	\$0	\$0
Transportation – 12 one-way trip(s)	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0
VBID Debit Card - \$190 maximum amount per month	N/A	N/A	N/A	N/A

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**Luis A. Torres Olivera**

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## APPENDIX C -7

### Part C Supplementary Benefits Certification 2025

I, Luis A. Torres Olivera as President & CEO, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2025 to all members enrolled in:

**Product Identification: H4007-030**

Description Benefits	Copoly			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$90 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing	\$0	\$0	\$0	\$0
SilverSneakers (Fitness Program)	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0
VBID Debit Card - \$105 maximum amount per month	N/A	N/A	N/A	N/A
Chiropractic (routine) – up to 12 visit(s) per year	\$0	\$0	\$0	\$0

*[Handwritten Signature]*

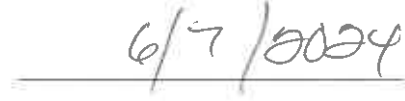
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**Luis A. Torres Olivera**

**President & CEO**



**Date**

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### Part C Supplementary Benefits Certification 2025

I, Luis A. Torres Olivera as President & CEO, hereby certify that Humana Health Plans of Puerto Rico, Inc., will be offering the following additional benefits not covered in the Wrap-Around 2025 to all members enrolled in:

**Product Identification:** H4007-031

Description Benefits	Copay			
	100	110	120	130
Meal Benefit post-hospitalization	\$0	\$0	\$0	\$0
Disease Management and other clinical programs	\$0	\$0	\$0	\$0
Inpatient Hospital-Acute Services – additional days	\$0	\$0	\$0	\$0
Outpatient Blood Services – three (3) pint deductible waived	\$0	\$0	\$0	\$0
Medicare Part B Reduction of \$100 available as part of the plan	N/A	N/A	N/A	N/A
Worldwide Coverage	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Vision	\$0	\$0	\$0	\$0
Hearing exam	\$0	\$0	\$0	\$0
Blood Pressure Monitor	\$0	\$0	\$0	\$0
Bathroom Safety Devices (Bath Chair)	\$0	\$0	\$0	\$0
Smoking Cessation	\$0	\$0	\$0	\$0
VBID Debit Card - \$135 maximum amount per month	N/A	N/A	N/A	N/A

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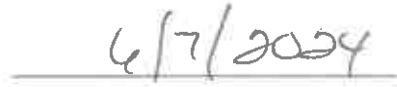
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**Luis A. Torres Olivera**

**President & CEO**



**Date**



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