

APPENDIX C-6

CO-PAYMENTS CERTIFICATIONS



APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2026

I, **Ricardo Rivera Cardona**, President, hereby certify that **MMM Healthcare, LLC** will offer the following buy downs for each of the Medicare Platino 2026 products:

Buy Down per product - Medicare Platino 2026



Product Number	Buy down
H4003-017 MMM Diamante Platino	\$20.00

In addition, I certify that the copays that **MMM Healthcare, LLC** establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Medicare Platino Product 2026.

ADMINISTRACION DE
SEGUROS DE SALUD

26 - 00002

Contrato Número

Yca.

Buy Down & Copayment Table - Medicare Platino 2026

Service	Coverage Code				MMM Diamante Platino (H4003-017)			
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SERVICE								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PHARMACY								
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1.00	\$2.00	\$3.00	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3.00	\$4.00	\$6.00	\$0	\$0	\$0	\$0
SERVICES								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Contrato Número

YOR.

Notes:

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

* NO apply to Medicare Platino.

** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

*** Copays apply to each drug included in the same prescription pad.

**** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.

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

- Children from 0 to less than 21 years of age (0-20 years, inclusive)
- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.

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

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

3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.

5. Wrap around table is subject to change in 01/01/2026.



President

ADMINISTRACION DE
SEGURIDAD DE SALUD

26 - 00002

Contrato Número

06/03/25

Date





APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2026

I, **Ricardo Rivera Cardona**, President, hereby certify that **MMM Healthcare, LLC** will offer the following buy downs for each of the Medicare Platino 2026 products:

Buy Down per product - Medicare Platino 2026



Product Name	Buy down
H4003-058 MMM Dorado Platino	\$100.00

In addition, I certify that the copays that **MMM Healthcare, LLC** establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Medicare Platino Product 2026.

ADMINISTRACIÓN DE
SEGUROS DE SALUD

26 - 00002

Contrato Número

A handwritten signature in blue ink, appearing to be "Yan".

Service	Coverage Code				MMM Dorado Platino (H4003-058)			
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SERVICE								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PHARMACY								
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1.00	\$2.00	\$3.00	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3.00	\$4.00	\$6.00	\$0	\$0	\$0	\$0
SERVICES								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Yor.

Notes:

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

* NO apply to Medicare Platino.

** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

*** Copays apply to each drug included in the same prescription pad.

**** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.

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

- Children from 0 to less than 21 years of age (0-20 years, inclusive)
- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.

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

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

3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.

5. Wrap around table is subject to change in 01/01/2026.



President

ADMINISTRACION DE
SERVICIOS DE SALUD

26 - 00002

Contrato Número

06/03/25

Date





APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2026

I, Ricardo Rivera Cardona, President, hereby certify that MMM Healthcare, LLC will offer the following buy downs for each of the Medicare Platino 2026 products:

Buy Down per product - Medicare Platino 2026



Product Name	Buy down
H4004-048 PMC Premier Platino	\$35.00

In addition, I certify that the copays that MMM Healthcare, LLC establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Medicare Platino Product 2026.

ADMINISTRACION DE
SEGUROS DE SALUD

26 - 00002

Contrato Número

YCR

Service	Coverage Code				PMC Premier Platino (H4004-048)			
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SERVICE								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PHARMACY								
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1.00	\$2.00	\$3.00	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3.00	\$4.00	\$6.00	\$0	\$0	\$0	\$0
SERVICES								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

26 - 00002

Yca.

Notes:

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

* NO apply to Medicare Platino.

** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

*** Copays apply to each drug included in the same prescription pad.

**** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.

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

- Children from 0 to less than 21 years of age (0-20 years, inclusive)
- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.

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

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

3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.

5. Wrap around table is subject to change in 01/01/2026.



President

ADMINISTRACIÓN
SECRETARÍA DE SALUD

26 - 00002

06/03/25
Date

Contrato Número





APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2026

I, **Ricardo Rivera Cardona**, President, hereby certify that **MMM Healthcare, LLC** will offer the following buy downs for each of the Medicare Platino 2026 products:

Buy Down per product - Medicare Platino 2026

Product Number	Buy down
H4004-068 MMM Combo Platino	\$50.00

A handwritten signature in blue ink, appearing to be "RR", located to the left of the table.

In addition, I certify that the copays that **MMM Healthcare, LLC** establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Medicare Platino Product 2026.

ADMINISTRACION DE
SEGUROS DE SALUD

26 - 00002

Contrato Número

A handwritten signature in blue ink, appearing to be "JCA", located in the bottom right corner.

Buy Down & Copayment Table - Medicare Platino 2026

Service	Coverage Code				MMM Combo Platino (H4004-068)			
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SERVICE								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PHARMACY								
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1.00	\$2.00	\$3.00	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3.00	\$4.00	\$6.00	\$0	\$0	\$0	\$0
SERVICES								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Yca.

Notes:

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

* NO apply to Medicare Platino.

** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

*** Copays apply to each drug included in the same prescription pad.

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

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

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

3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.

5. Wrap around table is subject to change in 01/01/2026.



President

ADMINISTRACION DE
SERVICIOS DE SALUD

26 - 00002

Contrato Número

06/03/25

Date





APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2026

I, **Ricardo Rivera Cardona**, President, hereby certify that **MMM Healthcare, LLC** will offer the following buy downs for each of the Medicare Platino 2026 products:

Buy Down per product - Medicare Platino 2026



Product Name	Buy down
H4004-069 MMM Flexi Platino	\$0.00

In addition, I certify that the copays that **MMM Healthcare, LLC** establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Medicare Platino Product 2026.

ADMINISTRACIÓN DE
SEGUROS DE SALUD

26 - 00002

Contrato Número

A handwritten signature in blue ink, appearing to be 'JCR'.

Service	Coverage Code				MMM Flexi Platino (H4004-069)			
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SERVICE								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PHARMACY								
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1.00	\$2.00	\$3.00	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3.00	\$4.00	\$6.00	\$0	\$0	\$0	\$0
SERVICES								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Notes:

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

* NO apply to Medicare Platino.

** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

*** Copays apply to each drug included in the same prescription pad.

**** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.

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

- Children from 0 to less than 21 years of age (0-20 years, inclusive)
- Pregnant woman (during pregnancy and the 60-day post-partum period);
- American Indians and Alaskan Natives (AI/AN)
- Institutionalized Individuals; and
- Individuals receiving hospice care.

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

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

3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.

4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.

5. Wrap around table is subject to change in 01/01/2026.



President

ADMINISTRACION DE
SEGURIDAD SALUD
26 - 00002

06/03/25
Date

Contrato Número





APPENDIX C-6

Co-payment Certification

Buy Down & Copayment Table - Medicare Platino 2026

I, Ricardo Rivera Cardona, President, hereby certify that MMM Healthcare, LLC will offer the following by downs for each of the Medicare Platino 2026 products:

Buy Down per product - Medicare Platino 2026



Product Name	Buy down
H4004-072-001; H4004-072-002; H4004-072-003 MMM Relax Platino	\$92.10

In addition, I certify that the copays that MMM Healthcare, LLC establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Medicare Platino Product 2026.

ADMINISTRACIÓN DE
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Buy Down & Copayment Table - Medicare Platino 2026

Service	Coverage Code				MMM Relax Platino (H4004-072-01)			
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO								
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES								
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SERVICE								
Therapy – Physical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL								
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PHARMACY								
Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred (Adult)****	\$0	\$1.00	\$2.00	\$3.00	\$0	\$0	\$0	\$0
Non-Preferred (Children 0-20)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Adult)****	\$0	\$3.00	\$4.00	\$6.00	\$0	\$0	\$0	\$0
SERVICES								
Outpatient Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Contrato Numero

Yan.

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- 
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 - Family planning services and supplies;
 - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
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President

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Contrato Número

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Date

