Appendix C (3)

Services Provider by Department of Health PR

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 0 0 0 0 2

NÚMERO DE CONTRATO

APPENDIX C (3)

Services Provider by Puerto Rico Department of Health

Immunization Certification 2027

I, **Agustín González Cuadrado**, **President**, hereby certify that **MMM Healthcare, LLC** will offer the following services, which are not included in the Medicaid Wrap Around benefits, but are instead provided directly by the Puerto Rico Department of Health (DOH). This certification is submitted in accordance with applicable federal and local regulatory requirements and is intended to support compliance with the standards established by CMS.

Product Platino Identification: MMM Diamante Platino (H4003-017)

I. VACCINES FOR CHILDREN AGES 0–20 | These vaccines follow the current CDC/ACIP Pediatric and Adolescent Immunization Schedule
Routine Vaccines

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP
- Hib
- Polio (IPV)
- Influenza (LAIV or IIV)
- MMR; Varicella (VAR)
- Tdap
- HPV

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Pneumococcal Vaccines | PCV15 and PCV20 (CDC-recommended pneumococcal conjugate vaccines); PPSV23 for risk-based indications.

Meningococcal Vaccines | MenACWY-D; MenACWY-CRM; The one-vial formulation must not be administered before age 10; MenB-4C; MenB-FHbp.

Dengue Vaccine | Recommended only for seropositive children ages 9–16 living in endemic areas; Not recommended for travelers or seronegative individuals.

Pediatric COVID-19 Vaccines | CDC nomenclature: 1v (monovalent), 2v (bivalent), mRNA, aPS; The MAO must follow CMS guidance for pediatric COVID-19.

II. VACCINES FOR ADULTS AGES 21+ | These vaccines follow the CDC Adult Immunization Schedule

Routine Adult Vaccines

- Hib
- HepA
- HepA-HepB
- HepB
- HPV
- Influenza (IIV4, LAIV4, RIV4)
- MMR
- Td
- Tdap
- Varicella (VAR)
- Recombinant Zoster (RZV)

Meningococcal Vaccines | MenACWY-D; MenACWY-CRM; MenACWY-TT; MenB-4C; MenB-FHbp.

Pneumococcal Vaccines | PCV15; PCV20 (CDC-preferred conjugate vaccine for adults); PPSV23.

III. POST–BONE MARROW TRANSPLANT PATIENTS | All required revaccinations must follow the CDC revaccination schedule for hematopoietic stem cell transplant (HSCT).

Revaccination Requirement | Full revaccination is required regardless of prior immunization history.

IV. COVID-19 VACCINE (ALL AGES) | COVID-19 vaccines are not included in the Medicaid Wrap Around but are provided by PRDOH.

Compliance Requirements | The MAO must follow CMS instructions for coverage and administration.

CDC nomenclature: 1v, 2v, mRNA, aPS.

V. COMPLIANCE AND UPDATES | These benefits are subject to changes according to:

CMS | *Final CMS approval*

CDC/ACIP | *Annual CDC/ACIP updates*

President

6/5/26

Date

APPENDIX C (3)

Services Provider by Puerto Rico Department of Health

Immunization Certification 2027

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Product Platino Identification: PMC Premier Platino (H4004-048)

I. VACCINES FOR CHILDREN AGES 0–20 | These vaccines follow the current CDC/ACIP Pediatric and Adolescent Immunization Schedule
Routine Vaccines

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP
- Hib
- Polio (IPV)
- Influenza (LAIV or IIV)
- MMR; Varicella (VAR)
- Tdap
- HPV

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Pneumococcal Vaccines | PCV15 and PCV20 (CDC-recommended pneumococcal conjugate vaccines); PPSV23 for risk-based indications.

Meningococcal Vaccines | MenACWY-D; MenACWY-CRM; The one-vial formulation must not be administered before age 10; MenB-4C; MenB-FHbp.

Dengue Vaccine | Recommended only for seropositive children ages 9–16 living in endemic areas; Not recommended for travelers or seronegative individuals.

	Pediatric COVID-19 Vaccines | CDC nomenclature: 1v (monovalent), 2v (bivalent), mRNA, aPS; The MAO must follow CMS guidance for pediatric COVID-19.
II.	**VACCINES FOR ADULTS AGES 21+ |** These vaccines follow the CDC Adult Immunization Schedule **Routine Adult Vaccines** • Hib • HepA • HepA-HepB • HepB • HPV • Influenza (IIV4, LAIV4, RIV4) • MMR • Td • Tdap • Varicella (VAR) • Recombinant Zoster (RZV) **Meningococcal Vaccines** | MenACWY-D; MenACWY-CRM; MenACWY-TT; MenB-4C; MenB-FHbp. **Pneumococcal Vaccines** | PCV15; PCV20 (CDC-preferred conjugate vaccine for adults); PPSV23.
III.	**POST–BONE MARROW TRANSPLANT PATIENTS | All required revaccinations must follow the CDC revaccination schedule for hematopoietic stem cell transplant (HSCT).** **Revaccination Requirement** | Full revaccination is required regardless of prior immunization history.
IV.	**COVID-19 VACCINE (ALL AGES) | COVID-19 vaccines are not included in the Medicaid Wrap Around but are provided by PRDOH.** **Compliance Requirements** | The MAO must follow CMS instructions for coverage and administration. CDC nomenclature: 1v, 2v, mRNA, aPS.
V.	**COMPLIANCE AND UPDATES | These benefits are subject to changes according to:** **CMS** | *Final CMS approval* **CDC/ACIP** | *Annual CDC/ACIP updates* **Puerto Rico Department of Health** | PRDOH guidelines

President

6/5/26

Date

APPENDIX C (3)

Services Provider by Puerto Rico Department of Health

Immunization Certification 2027

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Product Platino Identification: MMM Dorado Platino (H4003-058)

I. VACCINES FOR CHILDREN AGES 0–20 | These vaccines follow the current CDC/ACIP Pediatric and Adolescent Immunization Schedule
Routine Vaccines

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP
- Hib
- Polio (IPV)
- Influenza (LAIV or IIV)
- MMR; Varicella (VAR)
- Tdap
- HPV

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Pneumococcal Vaccines | PCV15 and PCV20 (CDC-recommended pneumococcal conjugate vaccines); PPSV23 for risk-based indications.

Meningococcal Vaccines | MenACWY-D; MenACWY-CRM; The one-vial formulation must not be administered before age 10; MenB-4C; MenB-FHbp.

Dengue Vaccine | Recommended only for seropositive children ages 9–16 living in endemic areas; Not recommended for travelers or seronegative individuals.

Pediatric COVID-19 Vaccines | CDC nomenclature: 1v (monovalent), 2v (bivalent), mRNA, aPS; The MAO must follow CMS guidance for pediatric COVID-19.

II. VACCINES FOR ADULTS AGES 21+ | These vaccines follow the CDC Adult Immunization Schedule

Routine Adult Vaccines

- Hib
- HepA
- HepA-HepB
- HepB
- HPV
- Influenza (IIV4, LAIV4, RIV4)
- MMR
- Td
- Tdap
- Varicella (VAR)
- Recombinant Zoster (RZV)

Meningococcal Vaccines | MenACWY-D; MenACWY-CRM; MenACWY-TT; MenB-4C; MenB-FHbp.

Pneumococcal Vaccines | PCV15; PCV20 (CDC-preferred conjugate vaccine for adults); PPSV23.

III. POST–BONE MARROW TRANSPLANT PATIENTS | All required revaccinations must follow the CDC revaccination schedule for hematopoietic stem cell transplant (HSCT).

Revaccination Requirement | Full revaccination is required regardless of prior immunization history.

IV. COVID-19 VACCINE (ALL AGES) | COVID-19 vaccines are not included in the Medicaid Wrap Around but are provided by PRDOH.

Compliance Requirements | The MAO must follow CMS instructions for coverage and administration.

CDC nomenclature: 1v, 2v, mRNA, aPS.

V. COMPLIANCE AND UPDATES | These benefits are subject to changes according to:

CMS | *Final CMS approval*

CDC/ACIP | *Annual CDC/ACIP updates*

President

6/5/26

Date

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

APPENDIX C (3)

Services Provider by Puerto Rico Department of Health

Immunization Certification 2027

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Product Platino Identification: MMM Combo Platino (H4004-068)

I. VACCINES FOR CHILDREN AGES 0–20 | These vaccines follow the current CDC/ACIP Pediatric and Adolescent Immunization Schedule
Routine Vaccines

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP
- Hib
- Polio (IPV)
- Influenza (LAIV or IIV)
- MMR; Varicella (VAR)
- Tdap
- HPV

ADMINISTRACIÓN DE SEGUROS DE SALUD
27 - 00002
NÚMERO DE CONTRATO

Pneumococcal Vaccines | PCV15 and PCV20 (CDC-recommended pneumococcal conjugate vaccines); PPSV23 for risk-based indications.

Meningococcal Vaccines | MenACWY-D; MenACWY-CRM; The one-vial formulation must not be administered before age 10; MenB-4C; MenB-FHbp.

Dengue Vaccine | Recommended only for seropositive children ages 9–16 living in endemic areas; Not recommended for travelers or seronegative individuals.

	Pediatric COVID-19 Vaccines | CDC nomenclature: 1v (monovalent), 2v (bivalent), mRNA, aPS; The MAO must follow CMS guidance for pediatric COVID-19.
II.	**VACCINES FOR ADULTS AGES 21+** | These vaccines follow the CDC Adult Immunization Schedule **Routine Adult Vaccines** • Hib • HepA • HepA-HepB • HepB • HPV • Influenza (IIV4, LAIV4, RIV4) • MMR • Td • Tdap • Varicella (VAR) • Recombinant Zoster (RZV) **Meningococcal Vaccines** | MenACWY-D; MenACWY-CRM; MenACWY-TT; MenB-4C; MenB-FHbp. **Pneumococcal Vaccines** | PCV15; PCV20 (CDC-preferred conjugate vaccine for adults); PPSV23.
III.	**POST–BONE MARROW TRANSPLANT PATIENTS | All required revaccinations must follow the CDC revaccination schedule for hematopoietic stem cell transplant (HSCT).** **Revaccination Requirement** | Full revaccination is required regardless of prior immunization history.
IV.	**COVID-19 VACCINE (ALL AGES) | COVID-19 vaccines are not included in the Medicaid Wrap Around but are provided by PRDOH.** **Compliance Requirements** | The MAO must follow CMS instructions for coverage and administration. CDC nomenclature: 1v, 2v, mRNA, aPS.
V.	**COMPLIANCE AND UPDATES | These benefits are subject to changes according to:** **CMS** | *Final CMS approval* **CDC/ACIP** | *Annual CDC/ACIP updates*

President

6/5/26

Date

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

APPENDIX C (3)

Services Provider by Puerto Rico Department of Health

Immunization Certification 2027

I, **Agustín González Cuadrado, President,** hereby certify that **MMM Healthcare, LLC** will offer the following services, which are not included in the Medicaid Wrap Around benefits, but are instead provided directly by the Puerto Rico Department of Health (DOH). This certification is submitted in accordance with applicable federal and local regulatory requirements and is intended to support compliance with the standards established by CMS.

Product Platino Identification: MMM Relax Platino (H4004-072-01; H4004-072-02; H4004-072-03)

I. VACCINES FOR CHILDREN AGES 0–20 | These vaccines follow the current CDC/ACIP Pediatric and Adolescent Immunization Schedule
Routine Vaccines

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP
- Hib
- Polio (IPV)
- Influenza (LAIV or IIV)
- MMR; Varicella (VAR)
- Tdap
- HPV

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Pneumococcal Vaccines | PCV15 and PCV20 (CDC-recommended pneumococcal conjugate vaccines); PPSV23 for risk-based indications.

Meningococcal Vaccines | MenACWY-D; MenACWY-CRM; The one-vial formulation must not be administered before age 10; MenB-4C; MenB-FHbp.

	Dengue Vaccine | Recommended only for seropositive children ages 9–16 living in endemic areas; Not recommended for travelers or seronegative individuals. **Pediatric COVID-19 Vaccines** | CDC nomenclature: 1v (monovalent), 2v (bivalent), mRNA, aPS; The MAO must follow CMS guidance for pediatric COVID-19.
II.	**VACCINES FOR ADULTS AGES 21+** | These vaccines follow the CDC Adult Immunization Schedule **Routine Adult Vaccines** • Hib • HepA • HepA-HepB • HepB • HPV • Influenza (IIV4, LAIV4, RIV4) • MMR • Td • Tdap • Varicella (VAR) • Recombinant Zoster (RZV) **Meningococcal Vaccines** | MenACWY-D; MenACWY-CRM; MenACWY-TT; MenB-4C; MenB-FHbp. **Pneumococcal Vaccines** | PCV15; PCV20 (CDC-preferred conjugate vaccine for adults); PPSV23.
III.	**POST–BONE MARROW TRANSPLANT PATIENTS | All required revaccinations must follow the CDC revaccination schedule for hematopoietic stem cell transplant (HSCT).** **Revaccination Requirement** | Full revaccination is required regardless of prior immunization history.
IV.	**COVID-19 VACCINE (ALL AGES) | COVID-19 vaccines are not included in the Medicaid Wrap Around but are provided by PRDOH.** **Compliance Requirements** | The MAO must follow CMS instructions for coverage and administration. CDC nomenclature: 1v, 2v, mRNA, aPS.
V.	**COMPLIANCE AND UPDATES | These benefits are subject to changes according to:** **CMS** | *Final CMS approval*

CDC/ACIP | *Annual CDC/ACIP updates*

Puerto Rico Department of Health | PRDOH guidelines

Medicare | Annual Medicare schedule

President

6/5/26

Date

APPENDIX C (3)

Services Provider by Puerto Rico Department of Health

Immunization Certification 2027

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Product Platino Identification: MMM Preciso Platino (H4004-076-01; H4004-076-02; H4004-076-03)

I. VACCINES FOR CHILDREN AGES 0–20 | These vaccines follow the current CDC/ACIP Pediatric and Adolescent Immunization Schedule
Routine Vaccines

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP
- Hib
- Polio (IPV)
- Influenza (LAIV or IIV)
- MMR; Varicella (VAR)
- Tdap
- HPV

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Pneumococcal Vaccines | PCV15 and PCV20 (CDC-recommended pneumococcal conjugate vaccines); PPSV23 for risk-based indications.

Meningococcal Vaccines | MenACWY-D; MenACWY-CRM; The one-vial formulation must not be administered before age 10; MenB-4C; MenB-FHbp.

	Dengue Vaccine | Recommended only for seropositive children ages 9–16 living in endemic areas; Not recommended for travelers or seronegative individuals. **Pediatric COVID-19 Vaccines** | CDC nomenclature: 1v (monovalent), 2v (bivalent), mRNA, aPS; The MAO must follow CMS guidance for pediatric COVID-19.
II.	**VACCINES FOR ADULTS AGES 21+** | These vaccines follow the CDC Adult Immunization Schedule **Routine Adult Vaccines** • Hib • HepA • HepA-HepB • HepB • HPV • Influenza (IIV4, LAIV4, RIV4) • MMR • Td • Tdap • Varicella (VAR) • Recombinant Zoster (RZV) **Meningococcal Vaccines** | MenACWY-D; MenACWY-CRM; MenACWY-TT; MenB-4C; MenB-FHbp. **Pneumococcal Vaccines** | PCV15; PCV20 (CDC-preferred conjugate vaccine for adults); PPSV23.
III.	**POST–BONE MARROW TRANSPLANT PATIENTS | All required revaccinations must follow the CDC revaccination schedule for hematopoietic stem cell transplant (HSCT).** **Revaccination Requirement** | Full revaccination is required regardless of prior immunization history.
IV.	**COVID-19 VACCINE (ALL AGES) | COVID-19 vaccines are not included in the Medicaid Wrap Around but are provided by PRDOH.** **Compliance Requirements** | The MAO must follow CMS instructions for coverage and administration. CDC nomenclature: 1v, 2v, mRNA, aPS.
V.	**COMPLIANCE AND UPDATES | These benefits are subject to changes according to:** **CMS** | *Final CMS approval*

CDC/ACIP | *Annual CDC/ACIP updates*

Puerto Rico Department of Health | PRDOH guidelines

Medicare | Annual Medicare schedule

6/5/26

President **Date**