

2019

MMM CERO
(HMO-POS)

Summary of Benefits



MMM Healthcare, LLC is an HMO plan with a Medicare contract.
Enrollment in MMM depends on contract renewal.
Y0049_2019 1099 0003 I_M



2019 MMM CERO

Summary of Benefits

The information provided is a summary of benefits of what MMM covers and what you will pay. This information is not a complete description of benefits. Call 1-866-333-5470 (toll-free) or 1-866-333-5469 TTY (hearingimpaired) for more information.

To get a complete list of services and benefits we cover, call us and request the “Evidence of Coverage”. The formulary, pharmacy network, and /or providers network may change at any time. You will receive notice when necessary.

This information is available in other formats such as Braille, large print and audio tapes.

Questions? We're here to help. Please call Member Services at 787-620-2397 (Metro Area), 1-866-333-5470 (toll free) for additional information. TTY users should call 1-866-333-5469. We are available for phone calls Monday through Sunday, from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

Or you can check our website at www.mmmpr.com.



2019 MMM CERO

If you want to know about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a hard copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

MMM has formed a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our prescription drugs formulary and provider and pharmacy directory at our website (www.mmmpr.com), or if you want a printed copy, call us and we will send you the requested document.

To join MMM Cero (HMO-POS) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the 78 municipalities of Puerto Rico.

Covered services, hospital and prescription drug benefits

Services with a ¹ may require prior authorization.

Services with a ² have an **Out-of-Network benefit of service:** 20% of the cost up to a maximum limit per year of \$5,000. Requires preauthorization.



2019 MMM CERO

Premiums and Benefits

MMM Cero (HMO-POS)

What you should know

Monthly Plan Premium	\$0	You must keep paying your Medicare Part B premium.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket responsibility (does not include prescription drugs)	\$3,250	For medical services received from network and out-of-network providers.
Inpatient Hospital Coverage ^{1,2}	<ul style="list-style-type: none"> Preferred Network: You pay nothing \$0 copay in UNIDAD DORADA General Network: \$100 copay 	Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Coverage ^{1,2}	You pay nothing	
Doctor Visits ² <ul style="list-style-type: none"> Primary Specialists 	<ul style="list-style-type: none"> You pay nothing Preferred Network: You pay nothing General Network: \$5 copay 	
Preventive Care ^{1,2}	You pay nothing	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	<ul style="list-style-type: none"> You pay nothing Worldwide coverage: \$100 copay 	If you are admitted to the hospital within 1 day because of the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.



2019 MMM CERO

Premiums and Benefits

MMM Cero (HMO-POS)

What you should know

<p>Urgently Needed Services</p>	<ul style="list-style-type: none"> • You pay nothing • Worldwide coverage: \$100 copay 	
<p>Diagnostic Services/Labs/ Imaging^{1,2}</p> <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient X-rays 	<ul style="list-style-type: none"> • \$0-\$10 copay • 0%-20% of the cost • You pay nothing • You pay nothing 	
<p>Hearing Services^{1,2}</p> <ul style="list-style-type: none"> • Hearing services covered by Medicare • Supplemental hearing aid • Supplemental hearing aid fitting evaluation service 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing 	<p>Up to \$2,000 per year to be used toward the purchase of hearing aids for both ears-combined. One (1) supplemental routine hearing exam per year and one (1) supplemental fitting/evaluation for hearing aid per year.</p>
<p>Dental Services¹</p> <ul style="list-style-type: none"> • Preventive Services² • Restorative Services* • Prontodonthia* 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing 	<p>Up to \$1,000 annually for removable prosthodontia.</p> <p>*50% coinsurance applies for out-of-network services. Requires preauthorization.</p>
<p>Vision Services^{1,2}</p> <ul style="list-style-type: none"> • Exams to diagnose and treat diseases and conditions of the eye • Routine eye exam • Eyeglasses (frames and lenses) or contact lenses 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing 	<p>Up to a \$400 per year to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses. One (1) supplemental routine eye exam service per year. Maximum benefit amount applies for both In-Network and Out-of-Network.</p>



2019 MMM CERO

Premiums and Benefits

MMM Cero (HMO-POS)

What you should know

<p>Mental Health Services^{1,2}</p> <ul style="list-style-type: none"> • Inpatient hospital coverage • Outpatient group therapy visit • Outpatient individual therapy visit 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing 	<p>Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>Up to 90 days for an inpatient hospital stay.</p> <p>Up to 60 "lifetime reserve days".</p>
<p>Skilled Nursing Facility^{1,2}</p>	<ul style="list-style-type: none"> • You pay nothing 	<p>Up to 100 days in an SNF.</p>
<p>Physical therapy^{1,2}</p>	<ul style="list-style-type: none"> • You pay nothing 	
<p>Ambulance^{1,2}</p>	<ul style="list-style-type: none"> • You pay nothing 	<p>Authorization required, except for emergencies.</p>
<p>Supplemental Transportation¹</p>	<ul style="list-style-type: none"> • You pay nothing 	<p>Up to eighteen (18) one-way transportation trips to plan approved locations per year.</p>
<p>Medicare Part B Drugs^{1,2}</p> <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing 	
<p>Foot Care (podiatry services)^{1,2}</p> <ul style="list-style-type: none"> • Medicare covered podiatry services • Supplemental podiatry services 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing 	<p>This plan covers one (1) routine visit for supplemental podiatry services.</p>



2019 MMM CERO

Premiums and Benefits

MMM Cero (HMO-POS)

What you should know

Durable Medical Equipment/ Medical Supplies^{1,2}

- DME (e.g., wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs)
- Medical supplies
- Diabetes supplies

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

Wellness Programs

- **You pay nothing**

Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets.

- Programs for weight management, fitness, and stress management.
- Nursing hotline (24/7)
- Written health education materials
- Nutritional training and benefit

Chiropractic Care^{1,2}

- Medicare covered Chiropractic services
- Supplemental chiropractic services

- **You pay nothing**
- **You pay nothing**

Up to **\$1,000** annually for up to eight **(8)** routine visits for supplemental chiropractic services.



2019 MMM CERO

Premiums and Benefits

MMM Cero (HMO-POS)

What you should know

Over the counter items (OTC)

• **You pay nothing**

Up to **\$80** every three (3) months for OTC items and drugs. For more details, consult the OTC list available in our OTC at your door catalog or in our website.



2019 MMM CERO

Prescription Drugs

	Standard Retail Pharmacy Cost-Sharing 30-day supply	Standard Retail Pharmacy Cost-Sharing 90-day supply	Mail Order 90-day supply
Phase I: Initial Coverage			
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay
Tier 2: Non Preferred Generic	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$15 copay	\$30 copay	\$30 copay
Tier 4: Non Preferred Brand Drugs	\$20 copay	\$40 copay	\$40 copay
Tier 5: Specialty Drugs	25% of the cost	Not available	Not available

Cost-Sharing may change when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

* This plan includes drugs to treat erectile dysfunction: \$0 copay for up to four (4) pills per month.

