

2019



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1-866-333-5470 | 1-866-333-5469
(toll free) | TTY (hearing impaired)

Monday through Sunday, from 8:00 a.m. to 8:00 p.m.

SALES REPRESENTATIVE: _____

TELEPHONE: _____

PLAN: _____



MEDICARE ADVANTAGE PLAN OPTIONS

MP-MKD-MIS-5973-071218-E
MMM Healthcare, LLC is an HMO and PPO plan with a Medicare contract.
Enrollment in MMM depends on contract renewal.
Y0049_2019 1099 0004 1_M



KNOWING US BETTER IS A GOOD START

In this new stage in your path, it's convenient to know in detail what the plan offers for your healthcare. In this brochure, we present you a summary of benefits available to you, so you can compare options and general facts that will help you completely understand what the Medicare program is and how it works.

You can call the Member Services Department if you have any questions about your plan or benefits. We are at your service at 1-866-333-5470 (toll-free), or at 1-866-333-5469 TTY (hearing impaired), Monday through Sunday from 8:00 a.m. to 8:00 p.m.

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BIG REASONS TO BE PART OF MMM



You are joining the plan that started everything.

MMM was the first Medicare Advantage plan established in Puerto Rico. Throughout this time we have dedicated ourselves to know in depth the needs and expectations of our people, to be able to offer the quality care your health deserves, how you need it and when you need it. More than 200,000 members accompany you in this path of well-being and quality of life.

Your preventive and coordinated care is our priority.

A focus on the prevention of diseases and complications allows us to maintain the wellness of our members, their relatives and caregivers. As the center of our efforts, the member receives expert and coordinated attention of a complete team of healthcare professionals, from the primary doctor and the specialist, the pharmacy, the laboratory and hospitals, among many others.

Quality and innovation recognized at a local and national level.

Throughout our path, we have received acknowledgments in numerous areas of our operations by private and governmental entities. This leads us to even higher goals in the service we provide each day.



MMM OFFERS YOU MORE

Additional services and programs:

- **MEMBERS CLUB:** exclusive centers for members, free of charge, with fun and educational activities.
- **CAMP:** (Primary Medicine Support Centers): urgency medical care, when your Primary Care Physician (PCP) is not available.
- **HACIENDO CONTACTO:** Medical consulting line available 7 days a week, 24 hours a day.
- **CUIDÁNDOTE MUCHO MÁS:** Gathers personalized services for members with chronic conditions and special needs.
- **RECOMPENSANDO TU SALUD:** Program that recognizes members who perform preventive measures on their own.
- **PATITAS CALIENTES:** groups that exercise and remain active for greater physical and emotional wellness.
- **MMM Mobile Application:** secure access to your health information and plan services, at any time, from your cell phone or computer.
- **CUIDÁNDOTE MUCHO MÁS:** Program that gathers personalized services for members with chronic conditions and special needs.
- **CAREGIVERS PROGRAM:** Program that offers support to members' caregivers. It includes chats and orientations in Members Club facilities and special articles in Bienestar Magazine.

An extensive network of providers:

About 9,000 Primary Care Physicians (PCP), specialists, hospitals, pharmacies, laboratories, radiology centers, durable medical equipment suppliers and others, that constantly review the standards of regulatory agencies, in a way that all together can offer the care that your health requires.

COVERAGE TYPE AND THEIR PROVIDERS

Know the type of your coverage.
This is indicated by initials next to the name of your coverage:

HMO:

Health Maintenance Organization

In an HMO plan you will receive service care through doctors, hospitals and other healthcare providers contracted by the plan. To maintain coordination of your care, the selection of a Primary Care Physician (PCP) will be necessary. In general, HMO-type plans require a referral from your Primary Care Physician (PCP) to receive services from other network providers. However, our HMO plans do not require referrals. You can use an Out-of-Network provider as long as it is an emergency case, a need for urgent care, kidney dialysis service, while you are out of your plan's service area, or when network providers are not available.

HMO-POS:

Point of Service Option

As in an HMO, in this plan you must select a Primary Care Physician (PCP) to coordinate your services within the network of providers contracted by the plan. Plans with Point-of-Service Option (POS) allow you access outside of the network in the United States and its territories for a higher shared cost (copay or coinsurance). Our HMO-POS plans have a maximum annual benefit for Out-of-Network services of up to \$5,000.

For more details about services that are covered out-of-network, you can refer to your Evidence of Coverage.

PPO:

Preferred Provider Organization

In a PPO plan you will have access to services in and outside the network of contracted providers in the United States and its territories. You will pay less if you use the services of providers in network. Unlike the HMO plans, the selection of a Primary Care Physician (PCP) is not necessary, which is known as a free selection plan.

COVERAGE TYPE AND THEIR PROVIDERS (cont.)

HMO-SNP:

Special Needs Plan

Medicare SNP Plans are exclusive for people with specific characteristics or conditions. The benefits, provider options and medication formularies are designed to better meet the specific needs of the groups they serve. As in an HMO, in this plan you must select a Primary Care Physician (PCP) to coordinate your services within the provider network contracted by the plan.

MMM offers two types of special needs plans:

- **Chronic Special Needs (C-SNP)** - for people who have specific chronic conditions. The chronic conditions established in our plan are: diabetes, chronic heart failure and cardiovascular disorders.
- **Dual Eligibility (D-SNP)** - Our plan contracts with the Medicaid Program to offer a D-SNP plan, also known as the Medicare Platino Program. For people who are eligible for both Medicare and Medicaid.

For more details about services that are covered Out-of-Network, and/or the provider network, you can call Member Services Monday to Sunday, from 8:00 a.m. at 8:00 p.m. at:

1-866-333-5470 (Toll Free)

1-866-333-5469 (TTY)

Or visit our webpage www.mmmpr.com



KNOW COMMON DEFINITIONS IN THE PLAN

ANNUAL MEDICAL CHECK-UP

(Annual Health Assessment, also known as AHA, for its acronym in English). It is a complete medical check-up that must be done once a year.

\$ COINSURANCE

Coinsurance is the portion of the cost you will pay for medical services or prescription drugs (for example, 20%).

\$ COPAYMENT

A copayment is a fixed dollar amount that you will pay as your share of the cost for a medical service or supply, such as a medical visit, an outpatient visit to a hospital, or a prescription (for example, \$2 for visits to Specialists).

\$ MAXIMUM OUT OF POCKET

The maximum amount of what you will pay in the year in copayments, coinsurance and deductibles for medical services. Once this amount is reached, the plan will pay the additional costs of additional covered medical services. This cap does not include your costs for prescription drugs.

\$ DEDUCTIBLE

The previous amount you pay for your health care services or drugs before the plan begins to pay your share of the covered services or drugs. It's possible that your Medicare Advantage coverage may not require you to pay a deductible; you can verify by calling your Sales Representative, your Member Service Representative, or referring to the Evidence of Coverage document. Our plans don't have a deductible.

📄 NETWORK PHARMACY

A pharmacy where members of our plan can get their prescription drugs because they have a contract with our plan.

KNOW COMMON DEFINITIONS IN THE PLAN (cont.)

📄 DRUG COVERED LIST (FORMULARY OR "DRUGS LIST")

A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists, following the established clinical guidelines to have at least one alternative therapy for each medical need. The list includes both brand name and generic drugs.

🏥 PREAUTHORIZATION

A simple process that must be completed before acquiring certain services or drugs, in which the plan approves services or medications in advance so that they are covered before use.

🏥 PROVIDER IN THE NETWORK

A doctor, hospital, facility, or other provider that participates in the plan's contracted network of providers.

🏥 PROVIDER OUT-OF-NETWORK

A doctor, hospital, facility, or other provider that does not participate in the plan's network of providers. Under certain coverages, you may visit providers outside of our plan's network; although you may have to pay higher coinsurance.

🏥 PREFERRED NETWORK

Refers to doctors, hospitals, medical organizations and other healthcare providers that meet with certain requirements and credentials, which result in the efficiency of the services rendered to you. By using the services of providers and hospitals under this network, it means that your co-insurance or co-payment could be less than the general network.



COVERAGES COMPARATIVE TABLE

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 the services and benefits we cover, call 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 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.

COVERAGES COMPARATIVE TABLE (cont.)

What else you should know?

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 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 Único (HMO-POS), MMM Elite (HMO-POS), MMM Extra (HMO-POS), MMM Supremo (HMO-SNP), MMM Advantage (PPO) or PMC Max (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.

To be eligible for MMM Supremo (HMO-SNP), you must have Diabetes Mellitus, Chronic Heart Failure and/or Cardiovascular Disorders.

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.

Services with a ³ you pay 20% of the cost for out-of-network.



SUMMARY OF BENEFITS

HMO-POS PLANS

PREMIUM AND BENEFITS	<div style="text-align: right; font-size: small;">THIS IS YOUR PLAN</div> MMM ÚNICO (HMO-POS)	<div style="text-align: right; font-size: small;">THIS IS YOUR PLAN</div> MMM ELITE (HMO-POS)	<div style="text-align: right; font-size: small;">THIS IS YOUR PLAN</div> MMM EXTRA (HMO-POS)	<div style="text-align: right; font-size: small;">THIS IS YOUR PLAN</div> PMC MAX (HMO-POS)
Monthly Plan Premium You must keep paying your Medicare Part B premium.	\$15	\$0	\$0	\$0
Part B Premium Buy-Down	Does not apply	Does not apply	\$40 monthly	Does not apply
Deductible This plan does not have a deductible.	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Maximum Out-of-Pocket responsibility (does not include prescription drugs) For medical services received from network and out-of-network providers.	\$3,250	\$3,250	\$3,250	\$3,250
Inpatient Hospital Coverage^{1,2} Our plan covers an unlimited number of days for an inpatient hospital stay.	<ul style="list-style-type: none"> • Preferred Network: You pay nothing \$0 copay in UNIDAD DORADA • General Network: \$75 copay 	<ul style="list-style-type: none"> • Preferred Network: You pay nothing \$0 copay in UNIDAD DORADA • General Network: \$50 copay 	<ul style="list-style-type: none"> • Preferred Network: \$25 copay \$0 copay in UNIDAD DORADA • General Network: \$100 copay 	<ul style="list-style-type: none"> • Preferred Network: \$25 copay \$0 copay in UNIDAD DORADA • General Network: \$50 copay
Outpatient Hospital Coverage^{1,2}	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Doctor Visits² <ul style="list-style-type: none"> • Primary • Specialists 	<ul style="list-style-type: none"> • You pay nothing • Preferred Network: You pay nothing • General Network: \$8 copay 	<ul style="list-style-type: none"> • You pay nothing • Preferred Network: You pay nothing • General Network: \$5 copay 	<ul style="list-style-type: none"> • You pay nothing • Preferred Network: \$5 copay • General Network: \$10 copay 	<ul style="list-style-type: none"> • You pay nothing • Preferred Network: \$1 copay • General Network: \$5 copay
Preventive Care^{1,2} Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Emergency Care 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 Coverage" section of this booklet for other costs.	<ul style="list-style-type: none"> • \$50 copay • Worldwide coverage: \$100 copay 	<ul style="list-style-type: none"> • \$50 copay • Worldwide coverage: \$100 copay 	<ul style="list-style-type: none"> • \$75 copay • Worldwide coverage: \$100 copay 	<ul style="list-style-type: none"> • \$40 copay • Worldwide coverage: \$100 copay

SUMMARY OF BENEFITS

HMO-POS PLANS

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM ÚNICO (HMO-POS)	THIS IS YOUR PLAN MMM ELITE (HMO-POS)	THIS IS YOUR PLAN MMM EXTRA (HMO-POS)	THIS IS YOUR PLAN PMC MAX (HMO-POS)
<p>Urgently Needed Services</p>	<ul style="list-style-type: none"> • You pay nothing • Worldwide coverage: \$100 copay 	<ul style="list-style-type: none"> • You pay nothing • Worldwide coverage: \$100 copay 	<ul style="list-style-type: none"> • You pay nothing • Worldwide coverage: \$100 copay 	<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.j., MRI) • Lab services • Diagnostic tests and procedures • Outpatient X-rays 	<ul style="list-style-type: none"> • \$10-\$20 copay • 0%-20% of the cost • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • \$20-\$25 copay • 0%-20% of the cost • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • \$30-\$40 copay • 0%-20% of the cost • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • \$15-\$25 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 \$200 every three (3) years 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>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to \$1,250 every three (3) years 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>	<ul style="list-style-type: none"> • \$10 copay • You pay nothing • \$5 copay <p>Up to \$200 every three (3) years 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>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to \$1,000 every three (3) years 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* • Prosthodontia* <p>*50% coinsurance applies for out-of-network services. Requires preauthorization.</p>	<ul style="list-style-type: none"> • You pay nothing • 20% of the cost • 25% of the cost <p>Up to \$1,000 annually for removable prosthodontia.</p>	<ul style="list-style-type: none"> • You pay nothing • 25% of the cost • 25% of the cost <p>Up to \$2,000 annually for removable prosthodontia.</p>	<ul style="list-style-type: none"> • \$10 copay • 33% of the cost • 33% of the cost <p>Up to \$500 annually for removable prosthodontia.</p>	<ul style="list-style-type: none"> • You pay nothing • 33% of the cost • 33% of the cost <p>Up to \$1,500 annually for removable prosthodontia.</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 <p>Maximum benefit amount applies for both In-Network and Out-of-Network.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to \$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.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to \$800 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.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to \$200 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.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to \$300 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.</p>

SUMMARY OF BENEFITS

HMO-POS PLANS

PREMIUM AND BENEFITS	<small>THIS IS YOUR PLAN</small> MMM ÚNICO <small>(HMO-POS)</small>	<small>THIS IS YOUR PLAN</small> MMM ELITE <small>(HMO-POS)</small>	<small>THIS IS YOUR PLAN</small> MMM EXTRA <small>(HMO-POS)</small>	<small>THIS IS YOUR PLAN</small> PMC MAX <small>(HMO-POS)</small>
<p>Mental Health Services^{1,2}</p> <ul style="list-style-type: none"> • Inpatient hospital coverage • Outpatient group therapy visit • Outpatient individual therapy visit <p>Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Up to 90 days for an inpatient hospital stay. Up to 60 "lifetime reserve days".</p>	<ul style="list-style-type: none"> • \$50 copay • \$8 copay • \$8 copay 	<ul style="list-style-type: none"> • \$50 copay • \$5 copay • \$5 copay 	<ul style="list-style-type: none"> • \$75 copay • \$10 copay • \$10 copay 	<ul style="list-style-type: none"> • \$50 copay • \$5 copay • \$5 copay
<p>Skilled Nursing Facility^{1,2} (SNF)</p> <p>Up to 100 days in an SNF.</p>	<p>You pay nothing</p>	<p>You pay nothing</p>	<p>You pay nothing</p>	<p>You pay nothing</p>
<p>Physical Therapy^{1,2}</p>	<ul style="list-style-type: none"> • \$4 copay 	<ul style="list-style-type: none"> • \$4 copay 	<ul style="list-style-type: none"> • \$4 copay 	<ul style="list-style-type: none"> • \$4 copay
<p>Ambulance^{1,2}</p> <p>Authorization required except for emergencies.</p>	<p>You pay nothing</p>	<p>You pay nothing</p>	<p>You pay nothing</p>	<p>You pay nothing</p>
<p>Supplemental Transportation¹</p>	<p>You pay nothing</p> <p>Up to twenty (20) one-way transportation trips to plan approved locations per year.</p>	<p>You pay nothing</p> <p>Up to eighteen (18) one-way transportation trips to plan approved locations per year.</p>	<p>Not covered</p>	<p>You pay nothing</p> <p>Up to sixteen (16) 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"> • 5% of the cost • 0%-10% of the cost 	<ul style="list-style-type: none"> • You pay nothing • 0%-10% of the cost 	<ul style="list-style-type: none"> • 20% of the cost • 0%-20% of the cost 	<ul style="list-style-type: none"> • You pay nothing • 0-10% of the cost

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<p>Foot Care (podiatry services)^{1,2}</p> <ul style="list-style-type: none"> • Medicare covered podiatry services • Supplemental podiatry services <p>These plans cover up to one (1) routine visit for supplemental podiatry services.</p>	<ul style="list-style-type: none"> • \$5 copay • \$5 copay 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • \$10 copay • \$10 copay 	<ul style="list-style-type: none"> • \$5 copay • \$5 copay
<p>Durable Medical Equipment/ Medical Supplies^{1,2}</p> <ul style="list-style-type: none"> • DME (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Medical supplies • Diabetes supplies 	<ul style="list-style-type: none"> • 0%-20% of the cost • You pay nothing • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing • 5% of the cost • 5% of the cost • You pay nothing 	<ul style="list-style-type: none"> • 5%-20% of the cost • 10% of the cost • 10% of the cost • You pay nothing 	<ul style="list-style-type: none"> • 0%-10% of the cost • You pay nothing • You pay nothing • You pay nothing
<p>Wellness Programs</p> <p>Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets.</p> <ul style="list-style-type: none"> • Programs for weight management, fitness, and stress management. • Nursing hotline (24/7) • Written health education materials • Nutritional training and benefit 	<p>You pay nothing</p>	<p>You pay nothing</p>	<p>You pay nothing</p>	<p>You pay nothing</p>

SUMMARY OF BENEFITS

HMO-POS PLANS

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM ÚNICO (HMO-POS)	THIS IS YOUR PLAN MMM ELITE (HMO-POS)	THIS IS YOUR PLAN MMM EXTRA (HMO-POS)	THIS IS YOUR PLAN PMC MAX (HMO-POS)
<p>Over the counter items (OTC)</p> <p>If your plan covers OTC, consult the OTC List available in our OTC at your door catalog or in our website.</p>	<p>You pay nothing</p> <p>Up to \$50 every three (3) months for OTC items and drugs.</p>	<p>You pay nothing</p> <p>Up to \$50 every three (3) months for OTC items and drugs.</p>	<p>Not covered</p>	<p>You pay nothing</p> <p>Up to \$110 per month for OTC items and drugs.</p>
<p>Chiropractic Care^{1,2}</p> <ul style="list-style-type: none"> • Medicare covered Chiropractic services • Supplemental Chiropractic services 	<ul style="list-style-type: none"> • \$7 copay • \$7 copay <p>Up to \$1,000 annually for up to eight (8) routine visits for supplemental chiropractic services.</p>	<ul style="list-style-type: none"> • \$5 copay • \$5 copay <p>Up to \$1,000 annually for up to eight (8) routine visits for supplemental chiropractic services.</p>	<ul style="list-style-type: none"> • \$10 copay • \$10 copay <p>Up to \$1,000 annually for up to eight (8) routine visits for supplemental chiropractic services.</p>	<ul style="list-style-type: none"> • \$10 copay • Not covered
<p>Help with Certain Chronic Conditions</p> <ul style="list-style-type: none"> • Specialist visits (such as endocrinologist, pulmonologist, cardiologist, rheumatologist, among others.) • Mental Health services • Other health care professional services • Telehealth: Real time interactive audio and video technology consultation service provided by a state licensed provider such as: endocrinologist, pulmonologist, cardiologist, rheumatologist, psychiatrist, among others. <p>You are eligible if you are enrolled in the VITA CARE program. To be enrolled in the VITA CARE program you must have been diagnosed with one of the following conditions:</p> <ol style="list-style-type: none"> 1. Diabetes Mellitus 2. Chronic Heart Failure 3. Cardiovascular Disorders 4. Chronic Obstructive Pulmonary Disease (COPD) <p>Please contact Member Services to know if you are eligible to participate in the VITA CARE program and for additional benefit details.</p>	<ul style="list-style-type: none"> • \$0 copay in VITA CARE 	<ul style="list-style-type: none"> • \$0 copay in VITA CARE 	<ul style="list-style-type: none"> • \$0 copay in VITA CARE 	<ul style="list-style-type: none"> • \$0 copay in VITA CARE

Prescription Drugs

MMM Único	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 Generics	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$8 copay	\$16 copay	\$16 copay
Tier 4: Non Preferred Brand	\$10 copay	\$20 copay	\$20 copay
Tier 5: Specialty Drugs	25% of the cost	Not Available	Not Available

MMM Elite	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 Generics	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$8 copay	\$16 copay	\$16 copay
Tier 4: Non Preferred Brand	\$12 copay	\$24 copay	\$24 copay
Tier 5: Specialty Drugs	25% of the cost	Not Available	Not Available

Prescription Drugs

MMM Extra	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 Generics	\$2 copay	\$4 copay	\$4 copay
Tier 2: Generics	\$5 copay	\$10 copay	\$10 copay
Tier 3: Preferred Brand	\$30 copay	\$60 copay	\$60 copay
Tier 4: Non Preferred Brand	\$50 copay	\$100 copay	\$100 copay
Tier 5: Specialty Drugs	25% of the cost	Not Available	Not Available

PMC Max	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 Generics	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$8 copay	\$16 copay	\$16 copay
Tier 4: Non Preferred Brand	\$12 copay	\$24 copay	\$24 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.

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.

SUMMARY OF BENEFITS

HMO-SNP PLAN

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM SUPREMO (HMO-SNP)
<p>Monthly Plan Premium</p> <p>You must keep paying your Medicare Part B monthly premium.</p>	\$0
<p>Deductible</p> <p>This plan does not have a deductible.</p>	You pay nothing
<p>Maximum Out-of-Pocket responsibility (does not include prescription drugs)</p>	\$3,250 For medical services received from network providers.
<p>Inpatient Hospital Coverage¹</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<ul style="list-style-type: none"> Preferred Network: \$25 copay \$0 copay in UNIDAD DORADA General Network: \$75 copay
<p>Outpatient Hospital Coverage¹</p>	\$25 copay
<p>Doctor Visits</p> <ul style="list-style-type: none"> Primary Specialists 	<ul style="list-style-type: none"> You pay nothing Preferred Network: \$3 copay General Network: \$7 copay
<p>Preventive Care¹</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	You pay nothing

SUMMARY OF BENEFITS

HMO-SNP PLAN

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM SUPREMO (HMO-SNP)
<p>Emergency Care</p> <p>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 Coverage" section of this booklet for other costs.</p>	<ul style="list-style-type: none"> \$50 copay Worldwide coverage: \$100 copay
<p>Urgently Needed Services</p>	<ul style="list-style-type: none"> You pay nothing Worldwide coverage: \$100 copay
<p>Diagnostic Services/Labs/Imaging¹</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"> \$20-\$25 copay 0%-20% of the cost You pay nothing You pay nothing
<p>Hearing Services¹</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 \$300 every three (3) years 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 Services Restorative Services Prosthodontia 	<ul style="list-style-type: none"> You pay nothing 25% of the cost 25% of the cost <p>Up to \$750 annually for removable prosthodontia.</p>

SUMMARY OF BENEFITS

HMO-SNP PLAN

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM SUPREMO (HMO-SNP)
Vision Services ¹ <ul style="list-style-type: none"> Exams to diagnose and treat diseases and conditions of the eye Routine eye exam Supplemental Eyeglasses and/or contact lenses 	<ul style="list-style-type: none"> You pay nothing You pay nothing You pay nothing <p>Up to \$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.</p>
Mental Health Services ¹ <ul style="list-style-type: none"> Inpatient hospital coverage Outpatient group therapy visit Outpatient individual therapy visit <p>Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Up to 90 days for an inpatient hospital stay. Up to 60 "lifetime reserve days."</p>	<ul style="list-style-type: none"> \$50 copay \$7 copay \$7 copay
Skilled Nursing Facility ¹ (SNF) <p>Up to 100 days in an SNF.</p>	<p>You pay nothing</p>
Physical therapy ¹	<p>\$4 copay</p>
Ambulance ¹ <p>Authorization required except for emergencies.</p>	<p>You pay nothing</p>

SUMMARY OF BENEFITS

HMO-SNP PLAN

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM SUPREMO (HMO-SNP)
Supplemental Transportation	<p>You pay nothing</p> <p>Up to sixteen (16) one-way transportation trips to plan approved locations per year.</p>
Medicare Part B Drugs ¹ <ul style="list-style-type: none"> Chemotherapy drugs Other Part B drugs 	<ul style="list-style-type: none"> 10% of the cost 0%-20% of the cost
Foot Care (podiatry services) ¹ <ul style="list-style-type: none"> Medicare covered podiatry services Supplemental podiatry services 	<ul style="list-style-type: none"> \$7 copay \$7 copay <p>Up to one (1) routine visit for supplemental podiatry services.</p>
Durable Medical Equipment/ Medical Supplies ¹ <ul style="list-style-type: none"> DME (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Medical supplies Diabetes supplies 	<ul style="list-style-type: none"> You pay nothing 5% of the cost 5% of the cost You pay nothing

SUMMARY OF BENEFITS

HMO-SNP PLAN

PREMIUM AND BENEFITS

Wellness Programs

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

Over the counter items (OTC)

For more details, consult the OTC List available in our OTC at your door catalog or in our website.

Chiropractic Care¹

- Medicare covered chiropractic services
- Supplemental chiropractic services

THIS IS YOUR PLAN

MMM SUPREMO (HMO-SNP)

You pay nothing

You pay nothing

Up to \$50 every three (3) months for OTC items and drugs.

- **\$7** copay

- **\$7** copay

Up to \$750 annually for up to six (6) routine visits for supplemental chiropractic services.

SUMMARY OF BENEFITS

HMO-SNP PLAN

PREMIUM AND BENEFITS

Help with Certain Chronic Conditions

- **Specialist visits** (such as endocrinologist, pulmonologist, cardiologist, rheumatologist, among others.)
- **Mental Health services**
- **Other health care professional services**
- **Telehealth:** Real time interactive audio and video technology consultation service provided by a state licensed provider such as: endocrinologist, pulmonologist, cardiologist, rheumatologist, psychiatrist, among others.

You are eligible if you are enrolled in the VITA CARE program. To be enrolled in the VITA CARE program you must have been diagnosed with one of the following conditions:

1. Diabetes Mellitus
2. Chronic Heart Failure
3. Cardiovascular Disorders
4. Chronic Obstructive Pulmonary Disease (COPD)

Please contact Member Services to know if you are eligible to participate in the VITA CARE program and for additional benefit details.

THIS IS YOUR PLAN

MMM SUPREMO (HMO-SNP)

- **\$0** copay in VITA CARE

Prescription Drugs

SUMMARY OF BENEFITS

HMO-SNP PLAN



MMM Supremo	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 Generics	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$8 copay	\$16 copay	\$16 copay
Tier 4: Non Preferred Brand	\$25 copay	\$50 copay	\$50 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.

SUMMARY OF BENEFITS

PPO PLAN

PREMIUM AND BENEFITS

Monthly Plan Premium

You must keep paying your Medicare Part B premium.

Deductible

This plan does not have a deductible.

Maximum Out-of-Pocket responsibility (does not include prescription drugs)

The services you receive from network providers will count toward this limit.

Inpatient Hospital Coverage¹

Our plan covers an unlimited number of days for an inpatient hospital stay.

Outpatient Hospital Coverage^{1,3}

Doctor Visits³

- Primary
- Specialists

Preventive Care^{1,3}

Any additional preventive services approved by Medicare during the contract year will be covered.

THIS IS YOUR PLAN

MMM ADVANTAGE (PPO)

\$49

You pay nothing

\$6,700

For services from network providers.

\$10,000

For services received from any provider.

- Preferred Network: **\$25** copay
- **\$0** copay in UNIDAD DORADA

- General Network: **\$100** copay
- Out-of-Network: **\$300** copay

- Preferred Network: **\$50** copay
- General Network: **\$100** copay

- **You pay nothing**
- Preferred Network: **\$10** copay
- General Network: **\$20** copay

You pay nothing

SUMMARY OF BENEFITS

PPO PLAN

PREMIUM AND BENEFITS

Emergency Care

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.

Urgently Needed Services

Diagnostic Services/Labs/Imaging^{1,3}

- Diagnostic radiology service (e.g., MRI) and Diagnostic tests and procedures
- Lab services
- Outpatient X-rays

Hearing Services¹

- Hearing services covered by Medicare³
- Supplemental hearing aid
- Supplemental hearing aid fitting evaluation service³

Maximum benefit amount applies for both In-Network and Out-of-Network.

Dental Services¹

- Preventive Services³
- Restorative Services
- Prosthodontia

Maximum benefit amount applies for both In-Network and Out-of-Network.

THIS IS YOUR PLAN

MMM ADVANTAGE (PPO)

- **\$50** copay
- Worldwide coverage: **\$65** copay

- **You pay nothing**
- Worldwide coverage **\$65** copay

- Preferred network: **10%** of the cost
- General network: **20%** of the cost
- **\$5** copay
- Preferred network: **\$10** copay
- General network: **\$20** copay

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

Up to \$300 every three (3) years 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.

- **You pay nothing**
- **25%** of the cost
- Out-of-Network: **50%** of the cost
- **33%** of the cost
- Out-of-Network: **50%** of the cost

Up to \$1,000 annually for removable prosthodontia.

SUMMARY OF BENEFITS

PPO PLAN

PREMIUM AND BENEFITS

Vision Services¹

- Exam to diagnose and treat diseases and conditions of the eye³
- Routine eye exam³
- Supplementary Eyeglasses (frames and lenses) or contact lenses

Maximum benefit amount applies for both In-Network and Out-of-Network.

Mental Health Services¹

- Inpatient hospital coverage
- Outpatient group therapy visit
- Outpatient individual therapy visit

Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Up to 90 days for an inpatient hospital stay. Up to 60 "lifetime reserve days."

Skilled Nursing Facility¹ (SNF)

Up to 100 days in an SNF.

Physical therapy^{1,3}

Ambulance^{1,3}

THIS IS YOUR PLAN

MMM ADVANTAGE (PPO)

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- Out-of-Network: **50%** of the cost

Up to \$100 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.

- **\$50** copay
- Out-of-Network: **\$300** copay
- **\$15** copay
- Out-of-Network: **50%** of the cost
- **\$15** copay
- Out-of-Network: **50%** of the cost

- **You pay nothing**
- Out-of-Network: You pay nothing for days 1-20.
- **\$25** copayment for days 21-100.

\$40 copay

You pay nothing

SUMMARY OF BENEFITS

PPO PLAN

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM ADVANTAGE (PPO)
Supplemental Transportation	Not covered
Medicare Part B Drugs ^{1,3} • Chemotherapy drugs • Other Part B drugs	<ul style="list-style-type: none"> • 10% of the cost • 0%-10% of the cost
Foot Care (podiatry services) ^{1,3} • Medicare covered podiatry services • Supplemental podiatry services	<ul style="list-style-type: none"> • \$15 copay • \$15 copay <p>Up to two (2) routine visits for supplemental podiatry services.</p>
Durable Medical Equipment/ Medical Supplies ^{1,3} • DME Supplies (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Medical supplies • Diabetes supplies	<ul style="list-style-type: none"> • 10% of the cost • 10% of the cost • 10% of the cost • You pay nothing

SUMMARY OF BENEFITS

PPO PLAN

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM ADVANTAGE (PPO)
Wellness Programs 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	You pay nothing
Over the counter items (OTC) For more details, consult the OTC List available in our OTC at your door catalog or in our website. Maximum benefit amount applies for both In-Network and Out-of-Network.	You pay nothing Out-of-Network: 50% of the cost Up to \$25 annually for OTC items and drugs.
Chiropractic Care ³ • Medicare covered chiropractic services • Supplemental chiropractic visits	<ul style="list-style-type: none"> • \$15 copay • \$15 copay <p>Up to two (2) routine visits per year for supplemental chiropractic services.</p>
Acupuncture ¹ Maximum benefit amount applies for both In-Network and Out-of-Network.	<ul style="list-style-type: none"> • \$15 copay <p>Out-of-Network: 50% of the cost</p> <p>Up to \$500 annually for up to six (6) routine visits for supplemental acupuncture services.</p>

SUMMARY OF BENEFITS

PPO PLAN

PREMIUM AND BENEFITS

Help with Certain Chronic Conditions

- **Specialist visits** (such as endocrinologist, pulmonologist, cardiologist, rheumatologist, among others.)
- **Mental Health services**
- **Other health care professional services**
- **Telehealth:** Real time interactive audio and video technology consultation service provided by a state licensed provider such as: endocrinologist, pulmonologist, cardiologist, rheumatologist, psychiatrist, among others.

You are eligible if you are enrolled in the VITA CARE program. To be enrolled in the VITA CARE program you must have been diagnosed with one of the following conditions:

1. Diabetes Mellitus
2. Chronic Heart Failure
3. Cardiovascular Disorders
4. Chronic Obstructive Pulmonary Disease (COPD)

Please contact Member Services to know if you are eligible to participate in the VITA CARE program and for additional benefit details.

THIS IS YOUR PLAN

MMM ADVANTAGE (PPO)

- **\$0** copay in VITA CARE

Prescription Drugs

SUMMARY OF BENEFITS

PPO PLAN



MMM Advantage

	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 Generics	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$5 copay	\$10 copay	\$10 copay
Tier 3: Preferred Brand	\$35 copay	\$70 copay	\$70 copay
Tier 4: Non Preferred Brand	\$50 copay	\$100 copay	\$100 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.

YOUR DRUGS UNDER MMM COVERAGES



Prescription drugs

Your plan covers drugs in a five tier structure:

- Preferred Generics
- Generics
- Preferred Brand
- Non Preferred Brand
- Specialty Drugs

Information about these tiers and other coverage details are explained in the Drug Formulary for 2019. In the formulary you can see the complete list of drugs covered in a certain format: brand drugs are written in all capital letters, while generic drugs are presented in italics.

Benefits	MMM Único (HMO-POS)	MMM Elite (HMO-POS)	MMM Extra (HMO-POS)	PMC Max (HMO-POS)	MMM Supremo (HMO-SNP)	MMM Advantage (PPO)
Preferred Generic	\$0	\$0	\$2	\$0	\$0	\$0
Generic	\$0	\$0	\$5	\$0	\$0	\$5
Preferred Brand	\$8	\$8	\$30	\$8	\$8	\$35
Non Preferred Brand	\$10	\$12	\$50	\$12	\$25	\$50
Specialty Drugs	25%	25%	25%	25%	25%	25%
Erectile Dysfunction Drugs	4 pills per month	6 pills per month	Not Covered	4 pills per month	Not Covered	Not Covered

BENEFITS BEYOND ORIGINAL MEDICARE

Over the Counter (OTC)

These drugs and/or items are over the counter and are not covered by Part A, Part B or Part D of Medicare. They are safe and effective for the treatment of different medical conditions and have been approved by the Administration of Drugs and Foods (FDA, for its acronym in English).

With MMM you can enjoy this additional benefit to purchase items Over the Counter!

The cost of MMM of these OTC drugs will not count toward your total drug costs of Part D (that is, the amount paid is not included for purposes of the coverage gap).

This benefit gives you the opportunity to obtain from:

- Minerals and vitamins
- First Aid supplies
- Medications, ointments and sprays with active medical ingredients that alleviate symptoms
- Mouth care
- Incontinence supplies (Adult diapers or under pads)
- Blood Pressure Monitor

Benefit	MMM Único (HMO-POS)	MMM Elite (HMO-POS)	MMM Extra (HMO-POS)	PMC Max (HMO-POS)	MMM Supremo (HMO-SNP)	MMM Advantage (PPO)
OTC	\$50 every 3 months	\$50 every 3 months	Not Covered	\$110 every month	\$50 every 3 months	\$25 annually

For more details on the delivery methods of this benefit, see page 40.

BENEFITS BEYOND ORIGINAL MEDICARE (cont.)



For a better vision.

All MMM plans include coverage for vision care. Your plan includes the following benefits:

- \$0 copay for routine exams
- \$0 copay for exams to diagnose or treat diseases and conditions of the eye

Benefit	MMM Único (HMO-POS)	MMM Elite (HMO-POS)	MMM Extra (HMO-POS)	PMC Max (HMO-POS)	MMM Supremo (HMO-SNP)	MMM Advantage (PPO)
Eyeglasses or contact lenses	\$400 annually	\$800 annually	\$200 annually	\$300 annually	\$400 annually	\$100 annually

Authorization rules may apply.

BENEFITS BEYOND ORIGINAL MEDICARE (cont.)

For your dental health.

Our plans offer preventive dental care for cleanings and exams. Among your dental coverage benefits are visits to a dentist of the network that may include a combination of the following services:

- Oral evaluations
- Cleaning (prophylaxis)
- Fluoride treatment
- Dental X-rays

Also, all of our plans offer a comprehensive dental benefit. Among the services we cover are restorations, endodontics, root canal, periodontal cleaning and simple extractions.

In addition, we offer coverage so you can get removable dentures.

Benefit	MMM Único (HMO-POS)	MMM Elite (HMO-POS)	MMM Extra (HMO-POS)	PMC Max (HMO-POS)	MMM Supremo (HMO-SNP)	MMM Advantage (PPO)
Removable Prosthodontics	\$1,000 annually	\$2,000 annually	\$500 annually	\$1,500 annually	\$750 annually	\$1,000 annually

Authorization rules may apply.

To get to appointments.

If you do not have someone to take you to your medical appointment, if you cannot afford a taxi or if it is difficult to walk to a public transportation station, you can feel calm because we have considered the benefit of supplementary transportation in most of our covers, to help you get to medical appointments and dialysis services in approved locations by the plan.

To coordinate the service, the phone number is 1-866-333-5470 (toll free) Monday through Sunday, from 8:00 a.m. to 8:00 p.m.

Annual Benefit	MMM Único (HMO-POS)	MMM Elite (HMO-POS)	MMM Extra (HMO-POS)	PMC Max (HMO-POS)	MMM Supremo (HMO-SNP)	MMM Advantage (PPO)
One Way Transportation to appointments	20 trips	18 trips	Not Covered	16 trips	16 trips	Not Covered

Authorization rules may apply.

BENEFITS BEYOND ORIGINAL MEDICARE

(cont.)

OTC at your door

Simple, easy and fast. A convenient way to receive your over the counter articles: without a prescription and directly to your home.

In some cases, you should check with your doctor before buying the medication or item. To enjoy this benefit, you just have to make your order, easily and quickly through:

By phone to 1-866-333-5470 (toll free), 1-866-333-5469 TTY (hearing impaired), Monday through Sunday, from 8:00 a.m. to 8:00 p.m.

Internet: www.mmmpr.com

Once the order is processed, the delivery to your home is coordinated at no additional cost. You will receive your order in approximately 5 days.

Additional benefits with advanced initiatives

UNIDAD DORADA:

An exclusive floor for members of MMM at participating hospitals, where we offer a dedicated and specialized care at every moment. Unidad Dorada facilitates the hospitalization process for the patient and the caregiver, and the necessary services are coordinated at the discharge in order to guarantee complete recovery at home.

- Planning for the discharge and coordination of services
- Delivery of medical equipment prior to discharge
- Delivery of medicines at discharge
- Welcome and High Kits
- Convenient facilities and additional a
- \$0 copay for services received



BENEFITS BEYOND ORIGINAL MEDICARE

(cont.)

VITA CARE:

- A network of specialized care clinics exclusively designed for our members with chronic conditions, which provide care and welfare, in coordination with the patient's Primary Care Physician (PCP).
- You pay a \$0 copay in VITA CARE clinics for:
 - Specialist visits (such as endocrinologist, pulmonologist, cardiologist, rheumatologist, among others.)
 - Mental Health services
 - Other health care professional services
 - Telehealth: Real time interactive audio and video technology consultation service provided by a state licensed provider such as: endocrinologist, pulmonologist, cardiologist, rheumatologist, psychiatrist, among others.
- You are eligible if you are enrolled in the VITA CARE program. To be enrolled in the VITA CARE program you must have been diagnosed with one of the following conditions:
 - Diabetes Mellitus
 - Chronic Heart Failure
 - Cardiovascular Disorders
 - Chronic Obstructive Pulmonary Disease (COPD)

Please contact Member Services to know if you are eligible to participate in the VITA CARE program and for additional benefit details.

NUTRIMÁS:

NutriMás is a program included in some of our plans where you will receive healthy and nutritious meals after being discharged from a hospitalization or a Skilled Nursing Facility (SNF), it will be delivered to you in the comfort of your home:

Service applies to our plans:

- MMM Único (HMO-POS):
Up to (2) nutritious meals per day, for (5) days. Up to (2) times per year. Maximum of (20) meals per year.
- PMC Max (HMO-POS):
Up to (2) nutritious meals per day, for (5) days. Up to (1) times per year. Maximum of (10) meals per year.

To receive this benefit, a referral from your PCP is required. Authorization rules apply. Benefit to be used once a year.

ENROLLMENT PERIODS

Throughout the year, there are certain times when you can join Medicare Advantage coverage or make a change in it as established by Medicare. Below, we summarize the important dates and the type of actions that can be taken in them.



ANNUAL ENROLLMENT PERIOD - October 15 to December 7

You can join or disenroll from a Medicare Advantage plan or a Part D drug plan. The cover you choose will be effective on the following January 1.



MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD - January 1 to March 31

- If you are a member of a Medicare Advantage Plan, you will have a one-time opportunity to
 - Change to a different Medicare Advantage Plan
 - Drop your Medicare Advantage Plan and return to Original Medicare, Part A and Part B.
 - Sign up for a stand-alone Medicare Part D Prescription Drug Plan



CLOSED PERIOD - April 1 to October 14

You stay in the Medicare Advantage Plan that you selected until the next Annual Enrollment Period in October, unless you are eligible for a Special Enrollment Period.



INITIAL ENROLLMENT PERIOD

At age 65, you become eligible for Part A and B of Medicare, which also comes the opportunity to join a Medicare Advantage Plan.

This period lasts seven months:

- Three months before your birthday
- The month of your 65 birthday
- Three months after your birthday



SPECIAL ENROLLMENT PERIOD

Sometimes events occur in your life that allow you to make changes to your Medicare Advantage coverage, on dates that fall outside of the Annual Enrollment Period. For example, if you lived outside the Island and return to reside in the plan's service area you are eligible for a Special Enrollment Period.



SPECIAL ENROLLMENT PERIOD FOR DUAL-ELIGIBLE INDIVIDUALS

For Medicare and Medicaid beneficiaries, whose health care falls under what is known as the Medicare Platino coverage, you are granted three special periods during the year to disenroll from your Medicare Advantage plan or change to a different plan. These periods are:

- January to March
- April to June
- July to September

The Medicare Platino beneficiaries may enroll or disenroll once per quarter as described above. Since the Annual Enrollment Period is in effect from October to December, when all the beneficiaries of Medicare Advantage can make changes, this Special Period does not apply from October to December.

UNDERSTANDING THE MEDICARE PROGRAM

What is Medicare?

Medicare is a health insurance program for:

- People age 65 or older
- Certain people under the age of 65 with disabilities
- Individuals with End Renal Disease (ESRD)

Medicare has four parts: A, B, C, and D.

PART A:

Hospital coverage; it covers:

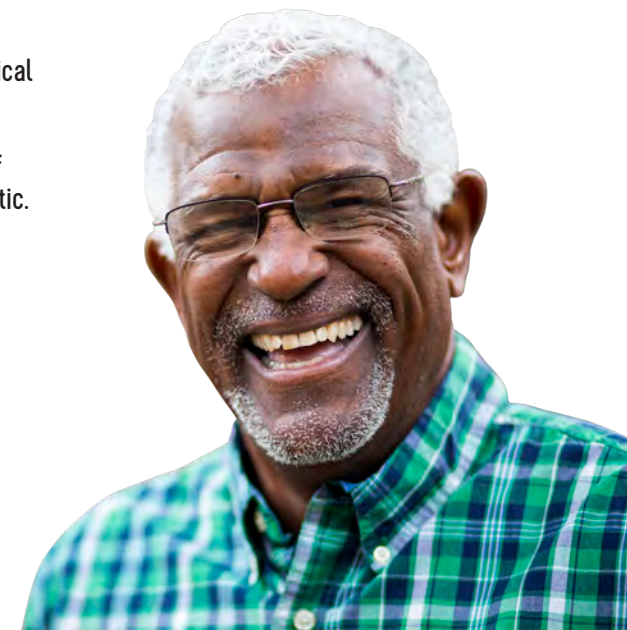
- Hospital care
- Skilled nursing facility care
- Nursing home care
- Hospice

PART B:

Medical coverage; it helps you cover:

- Medical services and other health professionals
- Ambulatory surgery
- Laboratories and x-rays, ambulance services, preventive services, durable medical equipment such as: prosthetics, wheelchairs and hospital beds, among others.

In Puerto Rico, when you're eligible for Medicare Part A, you must ask for the Part B of Medicare inscription at the Social Security Office, since the registration is not automatic. Time is key, because if you don't make the approach for registration on time, it may involve economic penalties imposed by Medicare in your Medicare Part B Premium.



UNDERSTANDING THE MEDICARE PROGRAM

[cont.]

PART C: Medicare Advantage Plans

Private plans with contract and approved by Medicare- not supplemental plans. They cover all the benefits that Medicare Part A, B and in occasions D cover. Also, they can offer additional benefits that Original Medicare does not include.

To join a Medicare Advantage plan you must:

- Be a United States of America resident or have legal presence in the United States.
- Have Medicare Part A and B.
- Permanently reside in the plan service area.
- Not be diagnosed with End Stage Renal Disease [ESRD].

Medicare Advantage plans helps you cover:

All the services that cover the Parts A and B, except Hospice Care (not covered by Medicare).
Additional benefits and services that Original Medicare does not cover, like:

- Routine tests of vision, hearing, and dental health
- Hearing aids or eyeglasses
- Emergency care when you're travelling outside of Puerto Rico and the United States
- Prescription drugs
- Among other additional advantages

UNDERSTANDING THE MEDICARE PROGRAM

[cont.]

PART D: Prescription Drug Coverage

Private insurers, approved by Medicare, may offer the Part D coverage, which helps cover brand drugs and generic drugs. Drug coverage varies from one plan to another; each plan has a formulary that details the medications that are covered in the plan.

When you join a Part D plan, you pay:

- Your monthly Part D premium, if applicable
- Any out-of-pocket payments, such as copayments, deductibles and coinsurance, depending on the plan you choose
- A late enrollment penalty if you have been 63 consecutive days or more without Part D coverage since the moment he became eligible

With MMM you can get Part D along with your medical service coverage and more, without paying an additional monthly premium for prescription drugs.



REGIONAL OFFICES

Remember that you can visit us at any of our regional offices located in:

Metro Area

Carolina

Paseo del Prado
Shopping Center
Carr. 3, km 8.4
Barrio Martin González
Carolina, PR 00985
787-622-3000 ext. 1950
Monday through friday, from 8:00 a.m. to 5:00 p.m.

Bayamón

Plaza Tropical Shopping Center
Carr. 167, km 22.2
Bayamón, PR 00959
787-622-3000 ext. 1974
Monday through friday, from 8:00 a.m. to 5:00 p.m.

San Juan

Bechara Industrial Park
Marginal Avenida Kennedy,
Calle Segarra Edif. #411
San Juan, PR 00936
787-622-3000 ext. 8100
Monday through friday, from 8:00 a.m. to 5:00 p.m.

Unidad Dedicada AEE

Edi. NEON (AEE) office 208
Ave. Ponce de León Parada 17 1/2
Santurce PR 00907
787-522-5613 (Metro Area)
1-888-922-5613 (toll free)
Monday through friday 7:30 a.m. to 11:30 a.m.
and from 12:30 p.m. to 4:00 p.m.

West Area / Northeast

Aguadilla

Borinquen Town Plaza
Carr 107 km 3.0
(Ave. Pedro Albizu Campos)
Aguadilla, PR 006055
787-622-3000 ext. 1922
Monday through friday, from 8:00 a.m. to 5:00 p.m.

Hatillo

Edif. Galería del Norte II,
Suite 201
Carr. 2 km 81.6
Hatillo, PR 00659
787-622-3000 ext 8051
Monday through friday, from 8:00 a.m. to 5:00 p.m.

Manati

El Trigal Plaza
Carr. 2 km 4.8
(Esquina) Rd. 149
Bo. Cotto Norte
Manati, PR 00674
787-622-3000 ext. 1900
Monday through friday, from 8:00 a.m. to 5:00 p.m.

Mayagüez

Complejo Office Park III
Carr #2 km 157.0 Int
Mayagüez, PR 00682-24522
787-622-3000 ext. 1400
Monday through friday, from 8:00 a.m. to 5:00 p.m.

REGIONAL OFFICES (cont.)

Central Area

Caguas

Edif. Gatsby Plaza, Piso 3
Avenida José Mercado
Esq. Ruiz Belvis
Caguas, PR 00725
787-622-3000 ext. 1850
Monday through friday,
from 8:00 a.m. to 5:00 p.m.

East Area

Fajardo

Oficina # 4, Ave. Conquistador
El Conquistador Plaza, Fajardo, PR 00738
787-622-3000 ext. 1890
Monday through friday, from 8:00 a.m. to 5:00 p.m.

South Area / Southeast

Guayama

Edificio FISA II, Paseo del Pueblo
Carr. 54 km 2.3 Interior
Guayama, PR 00784
787-622-3000 ext. 1860
Monday through friday, from 8:00 a.m. to 5:00 p.m.

Humacao

Carr. 3, km 83.3
Calle Marginal, Urb. Buzo, Local 1
Humacao, PR 00791
787-622-3000 ext. 1960
Monday through friday, from 8:00 a.m. to 5:00 p.m.

Ponce

San Jorge Mall
Carr. #2 Ponce By-Pass
Ponce, PR 00716
787-622-3000 ext. 1980
Monday through friday, from 8:00 a.m. to 5:00 p.m.



**Multi-Language Insert
Multi-language Interpreter Services**

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-333-5470 (TTY: 1-866-333-5469).

Spanish (Español): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-333-5470 (TTY: 1-866-333-5469).

Chinese (繁體中文) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-333-5470 (TTY: 1-866-333-5469)。

Vietnamese (Tiếng Việt): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-333-5470 (TTY: 1-866-333-5469).

Korean (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-333-5470 (TTY: 1-866-333-5469)번으로 전화해 주십시오.

Tagalog – Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-333-5470 (TTY: 1-866-333-5469).

Russian (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-333-5470 (телетайп: 1-866-333-5469).

Arabic (عرب ال): المساعدة خدمات ف إن ال لغة، اذكر ت تحدث ك نت إذا بملاحظة -333-866-5470 رقم (:ال):
أ وال بكم ال صم هتد ف -333-866-5469 (أ ب رقم ات صل يد الامجان لك ت توافق ر ال لغوية

French Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou langki disponib gratis pou ou. Rele 1-866-333-5470 (TTY: 1-866-333-5469).

French (Français): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-333-5470 (ATS : 1-866-333-5469).

Polish (Polski) : UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-333-5470 (TTY: 1-866-333-5469).

Portuguese (Português) : ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-333-5470 (TTY: 1-866-333-5469).

Italian (Italiano): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-333-5470 (TTY: 1-866-333-5469).

German (Deutsch) : ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-333-5470 (TTY: 1-866-333-5469).

Japanese (日本語): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-333-5470 (TTY:1-866-333-5469) まで、お電話にてご連絡ください。

Hindi (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-333-5470 (TTY: 1-866-333-5469) पर कॉल करें।

Ukrainian УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-333-5470 (телетайп: 1-866-333-5469).

Catalan: ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 1-866-333-5470 (TTY o teletip: 1-866-333-5469).

Notice about non-discrimination

MMM Healthcare, LLC complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. MMM Healthcare, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MMM Healthcare, LLC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Client Services Unit.

If you believe that MMM Healthcare, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals and Grievances Department. You can file a grievance in person or by mail, fax, or email:

1-866-333-5470 (toll free), 1-866-333-5469 TTY (hearing impaired)

MMM Healthcare, LLC

Appeals and Grievances

PO BOX 71114 San Juan, PR 00936-8014

Fax: 787-622-0485

mmm@mmmhc.com

If you need help filing a grievance, the Client Services Unit is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-333-5470 (Toll Free), 1-866-333-5469 TTY (Hearing impairment).

Understanding the Benefits

- Review the full list of benefits found in Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.mmmpr.com or call 1-866-333-5470 (Toll Free), 1-866-333-5469 TTY (Hearing impairment) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means that you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2019.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

For PPO plans
Our PPO coverage plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

For C-SNP plans
This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

For D-SNP plans
This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

What's next?



You will receive a letter with the start date of your coverage once CMS has confirmed your registration.



You will obtain your member ID card after receiving your confirmation notice.



Within 90 days of the start of your health plan, you will receive a call to complete a health survey.