

2019



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www.mmmpr.com

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: _____



MP-MKD-MIS-5959-071218-E

MMM Healthcare, LLC is a coordinated care plan with a Medicare Advantage contract and a contract with the Puerto Rico Medicaid program. Enrollment in MMM depends on contract renewal. Y0049_2019 1099 0001 1_M



MEDICARE ADVANTAGE PLAN OPTIONS



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, specialists, hospitals, pharmacies, laboratories, radiology centers, durable medical suppliers and others, 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 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.



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 Diamante Platino (HMO-SNP), MMM Completo Platino (HMO-SNP), MMM Relax Platino (HMO-SNP) or PMC Premier Platino (HMO-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible to the Puerto Rico's Government Health Plan 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 may require a referral from your doctor.



SUMMARY OF BENEFITS

HMO-SNP PLANS

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
Monthly Plan Premium	\$0 You must keep paying your Medicare Part B monthly premium.	\$0 You must keep paying your Medicare Part B monthly premium.	\$0 You must keep paying your Medicare Part B monthly premium.	\$0 You must keep paying your Medicare Part B monthly premium.
Part B Premium Buy-Down	\$20 monthly	\$55 monthly	\$75 monthly	\$25 monthly
Deductible	You pay nothing This plan does not have a deductible.	You pay nothing This plan does not have a deductible.	You pay nothing This plan does not have a deductible.	You pay nothing This plan does not have a deductible.
Maximum Out-of-Pocket responsibility (does not include prescription drugs)	\$3,250 For services received from in network providers.	\$3,250 For services received from in network providers.	\$3,250 For services received from in network providers.	\$3,250 For services received from in network providers.
Inpatient Hospital Coverage¹	You pay nothing \$0 copay in UNIDAD DORADA Our plan covers an unlimited number of days for an inpatient hospital stay.	You pay nothing \$0 copay in UNIDAD DORADA Our plan covers an unlimited number of days for an inpatient hospital stay.	You pay nothing \$0 copay in UNIDAD DORADA Our plan covers an unlimited number of days for an inpatient hospital stay.	You pay nothing \$0 copay in UNIDAD DORADA Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Coverage¹	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Doctor Visits • Primary Care Provider • Specialists ²	• You pay nothing • You pay nothing	• You pay nothing • You pay nothing	• You pay nothing • You pay nothing	• You pay nothing • You pay nothing
Preventive Care¹	You pay nothing Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	• You pay nothing • Worldwide coverage: \$75 copayment 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).	• You pay nothing • Worldwide coverage: \$75 copayment 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).	• You pay nothing • Worldwide coverage: \$75 copayment 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).	• You pay nothing • Worldwide coverage: \$75 copayment 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).

SUMMARY OF BENEFITS

HMO-SNP PLANS

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
<p>Urgently Needed Services</p>	<ul style="list-style-type: none"> • You pay nothing • Worldwide coverage: \$75 copayment 	<ul style="list-style-type: none"> • You pay nothing • Worldwide coverage: \$75 copayment 	<ul style="list-style-type: none"> • You pay nothing • Worldwide coverage: \$75 copayment 	<ul style="list-style-type: none"> • You pay nothing • Worldwide coverage: \$75 copayment
<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"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing
<p>Hearing Services¹</p> <ul style="list-style-type: none"> • Hearing services covered by Medicare • Supplemental Hearing aids • Supplemental hearing aid fitting evaluation service 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to a \$2,500 annual supplemental benefit for the purchase of hearing aids for both ears combined. Up to one (1) annual supplemental hearing aid fitting evaluation.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to a \$400 annual supplemental benefit for the purchase of hearing aids for both ears combined. Up to one (1) annual supplemental hearing aid fitting evaluation.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to a \$250 supplemental benefit for the purchase of hearing aids every 3 years for both ears combined. Up to one (1) annual supplemental hearing aid fitting evaluation.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing <p>Up to a \$2,500 annual supplemental benefit for the purchase of hearing aids for both ears combined. Up to one (1) annual supplemental hearing aid fitting evaluation.</p>
<p>Dental Services</p> <ul style="list-style-type: none"> • Dental Services Covered by Medicare¹ • Removable Prosthodontia¹ <p>We cover other dental services covered by Medicaid. Please refer to the section "Services Covered by the Puerto Rico Government Health Plan" for more information.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to \$2,500 annually for removable prosthodontia.</p>	<ul style="list-style-type: none"> • You pay nothing • 33% of the cost <p>Up to \$1,500 annually for removable prosthodontia.</p>	<ul style="list-style-type: none"> • You pay nothing • 33% of the cost <p>Up to \$1,000 annually for removable prosthodontia.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to \$2,000 annually for removable prosthodontia.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Vision services covered by Medicare¹ • Supplemental eyewear 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to a \$750 annual supplemental benefit to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to a \$350 annual supplemental benefit to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to a \$350 annual supplemental benefit to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to a \$450 annual supplemental benefit to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses.</p>

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HMO-SNP PLANS

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Mental Health Services <ul style="list-style-type: none"> • Inpatient hospital coverage¹ • Outpatient group therapy visit^{1,2} • Outpatient individual therapy visit^{1,2} 	<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. Up to 90 days for an inpatient hospital stay. Up to 60 "lifetime reserve days.</p>	<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. Up to 90 days for an inpatient hospital stay. Up to 60 "lifetime reserve days.</p>	<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. Up to 90 days for an inpatient hospital stay. Up to 60 "lifetime reserve days.</p>	<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. Up to 90 days for an inpatient hospital stay. Up to 60 "lifetime reserve days.</p>
Skilled Nursing Facility¹ (SNF)	<ul style="list-style-type: none"> • You pay nothing <p>Up to 100 days in an SNF.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Up to 100 days in an SNF.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Up to 100 days in an SNF.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Up to 100 days in an SNF.</p>
Physical therapy¹	<ul style="list-style-type: none"> • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing
Ambulance¹	<ul style="list-style-type: none"> • You pay nothing <p>Authorization required, except for emergencies.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Authorization required, except for emergencies.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Authorization required, except for emergencies.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Authorization required, except for emergencies.</p>
Supplemental Transportation¹	<ul style="list-style-type: none"> • You pay nothing <p>Up to 20 supplemental transportation one-way trips to plan approved locations.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Up to 10 supplemental transportation one-way trips to plan approved locations.</p>	<ul style="list-style-type: none"> • Not covered 	<ul style="list-style-type: none"> • You pay nothing <p>Up to 24 supplemental transportation one-way trips to plan approved locations.</p>
Medicare Part B Drugs¹ <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing

SUMMARY OF BENEFITS

HMO-SNP PLANS

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
<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>Up to one (1) routine visit for supplemental podiatry services.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to one (1) routine visit for supplemental podiatry services.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to one (1) routine visit for supplemental podiatry services.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to one (1) routine visit for supplemental podiatry services.</p>
<p>Durable Medical Equipment/ Medical Supplies¹</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"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing 	<ul style="list-style-type: none"> • 0%-20% of the cost • 10% of the cost • 10% of the cost • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing
<p>Wellness Programs</p>	<ul style="list-style-type: none"> • You pay nothing <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 	<ul style="list-style-type: none"> • You pay nothing <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 	<ul style="list-style-type: none"> • You pay nothing <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 	<ul style="list-style-type: none"> • You pay nothing <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>Over the counter items (OTC)</p>	<ul style="list-style-type: none"> • You pay nothing <p>Up to \$75 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.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Up to \$45 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.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Up to \$40 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.</p>	<ul style="list-style-type: none"> • You pay nothing <p>Up to \$120 every month for OTC items and drugs. For more details, consult the OTC List available in our OTC at Your Door catalog or in our website.</p>

SUMMARY OF BENEFITS

HMO-SNP PLANS

PREMIUM AND BENEFITS	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
<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"> • You pay nothing • You pay nothing <p>Up to \$750 annually for up to six (6) visits for supplemental chiropractic services.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to \$750 annually for up to six (6) visits for supplemental chiropractic services.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to \$750 annually for up to six (6) visits for supplemental chiropractic services.</p>	<ul style="list-style-type: none"> • You pay nothing • You pay nothing <p>Up to \$750 annually for up to six (6) visits for supplemental chiropractic services.</p>
<p>Acupuncture^{1,2}</p>	<ul style="list-style-type: none"> • You pay nothing <p>Up to \$500 for up to six (6) routine visits per year for supplemental acupuncture services.</p>	<ul style="list-style-type: none"> • \$15 copay <p>Up to \$500 for up to six (6) routine visits per year for supplemental acupuncture services.</p>	<ul style="list-style-type: none"> • Not Covered 	<ul style="list-style-type: none"> • You pay nothing <p>Up to \$500 for up to six (6) routine visits per year for supplemental acupuncture services.</p>
<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 for services received in VITA CARE 	<ul style="list-style-type: none"> • \$0 copay for services received in VITA CARE 	<ul style="list-style-type: none"> • \$0 copay for services received in VITA CARE 	<ul style="list-style-type: none"> • \$0 copay for services received in VITA CARE

SUMMARY OF BENEFITS

PLANS HMO-SNP

PRESCRIPTION DRUGS

PHASE I: Initial Coverage Covered Drugs

Standard Retail Pharmacies Cost-Sharing 30-day supply	Standard Retail Pharmacies Cost-Sharing 90-day supply	Mail Order 90-day supply
\$0	\$0	\$0

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.

Please refer to the section “Services Covered by the Puerto Rico Government Health Plan” for more information.



Services Covered by the Puerto Rico Government Health Plan

Summary of Medicaid-Covered Benefits
Contracts H4003 and H4004. Plans 017, 041, 061 and 048

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what the Puerto Rico’s Government Health Plan covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, MMM Diamante Platino (HMO-SNP), MMM Completo Platino (HMO-SNP), MMM Relax Platino (HMO-SNP) and PMC PREMIER Platino (HMO-SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call us at 1-866-333-5470 (toll free), 1-866-333-5469 TTY (hearing impaired).

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN	<input checked="" type="checkbox"/> THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	<input checked="" type="checkbox"/> THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	<input checked="" type="checkbox"/> THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	<input checked="" type="checkbox"/> THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
Inpatient Hospital Services	<p>Admissions: Coverage Code 100- \$0 Coverage Code 110- \$4.00 Coverage Code 120- \$5.00 Coverage Code 130- \$8.00</p> <p>Nursery: Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p> <p>Coverage begins on first day of Medicare, and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage, included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day), every calendar day of the year.</p>	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.
Inpatient Hospital for Mental Health Diseases	<p>Admissions: Coverage Code 100- \$0 Coverage Code 110- \$4.00 Coverage Code 120- \$5.00 Coverage Code 130- \$8.00</p> <p>Coverage begins on first day of Medicare, and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage, included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day), every calendar day of the year.</p>	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.
Inpatient Substance Abuse Disorder	<p>Admissions: Coverage Code 100- \$0 Coverage Code 110- \$4.00 Coverage Code 120- \$5.00 Coverage Code 130- \$8.00</p> <p>Coverage begins on first day of Medicare, and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage, included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day), every calendar day of the year.</p>	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
<p>Laboratory And High Tech Laboratories</p>	<p>Clinical Laboratories and High Tech Laboratories* Coverage Code 100- \$0 Coverage Code 110- \$0.50 Coverage Code 120- \$1.00 Coverage Code 130- \$1.50</p> <p>*Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.</p> <p>Laboratory testing and necessary procedures related to generating a Health Certificate not covered by Medicare or the MAO supplementary benefits but included in the State Plan.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>
<p>EPSDT Under 21 Years</p>	<p>Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p> <p>EPSDT requirements non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>EPSDT Checkups must include all of the following:</p> <ul style="list-style-type: none"> - A comprehensive health and developmental history; Developmental assessment, including mental, emotional, and Behavioral Health development; Measurements (including head circumference for infants); - An assessment of nutritional status; A comprehensive unclothed physical exam; Immunizations according to the guidance issued by the Advisory Committee on Immunization Practices (ACIP) (the vaccines themselves are provided and paid for by the Health Department for the Medicaid and CHIP Eligible. Certain laboratory tests; Anticipatory guidance and health education; Vision screening; Tuberculosis; Hearing screening; and Dental and oral health assessment. <p>Reference must be made to the corresponding CMS EPSDT guidelines and ASES policy.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN	<input type="checkbox"/> THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	<input type="checkbox"/> THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	<input type="checkbox"/> THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	<input type="checkbox"/> THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
Emergency Room (ER) Services	<p>ER Visits Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p> <p>Non-Emergency Services Provided in a Hospital Emergency Room, per visit Coverage Code 100- \$0 Coverage Code 110- \$4 Coverage Code 120- \$5 Coverage Code 130- \$8</p> <p>Non-Emergency Services Provided in a Freestanding Emergency Room, per visit Coverage Code 100- \$0 Coverage Code 110- \$2 Coverage Code 120- \$3 Coverage Code 130- \$4</p> <p>Trauma Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p>	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.
Outpatient Substance Abuse Disorder	<p>Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Coverage begins on first day of Medicare, and Platino Wrap Around apply on any non-covered benefit under the MAO supplementary benefit coverage, included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day), every calendar day of the year.</p>	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.
Outpatient Mental Healthcare & Professional Services	<p>Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>All mental health related OPD services and twenty-four (24) hours a day, seven (7) days a week emergency and crisis intervention non-covered by Medicare or the MAO supplementary benefits but included in the State Plan.</p>	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
Ambulatory visits	Primary Care Physician (PCP), Specialist, Subspecialist Coverage Code 100- \$0 Coverage Code 110- \$1 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00 Pre-natal Services Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.
Tobacco Cessation	Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0 Tobacco cessation services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.
Maternity Services	Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0 Maternity services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Abortions when the pregnancy is a result of rape or incest as certified by a physician. Prenatal services	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
Medical And Surgical	<p>Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Medical and Surgical services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Voluntary sterilization of men and women of legal age and sound mind, provided that they have been previously informed about the medical procedure's implications, and that there is evidence of Enrollee's written consent by completing the Sterilization Consent Form.</p> <p>Ambulatory Surgery</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>
Vision Services	<p>Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Vision services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Eyeglasses or lenses for beneficiaries between the ages of 0-20 years (inclusive), when medically necessary will be covered, the benefit of eyeglasses and lens consists of a single or multifocal lens and a standard frame eyeglass every 24 months. All types of lens have to be pre authorized except intraocular lenses. Repair or replacement of eyeglasses within 24 months when this is medically necessary and approved by the pre authorization will be covered.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>
Hearing Exams	<p>Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Hearing related services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Hearing aids for beneficiaries over 20 years old are excluded from coverage. Refer to EPSDT for hearing cover services.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
<p>Physical, Occupational And Speech Therapy</p>	<p>Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Covered without limits under Medicare Part B (Medical Insurance). Do not apply within Wrap Around.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>
<p>Prescription Drugs*</p>	<p>Preferred (Children (0-20)) / (Inclusive) Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p> <p>Preferred (Adult)** Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$2.00 Coverage Code 130- \$3.00</p> <p>Non-Preferred (Children (0-20)) / (Inclusive) Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p> <p>Non-Preferred (Adult)** Coverage Code 100- \$0 Coverage Code 110- \$3.00 Coverage Code 120- \$4.00 Coverage Code 130- \$6.00</p> <p>Outpatient Substance Abuse Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p>	<p>Covered Drugs \$0 copay for a one-month (30-day) supply of covered drugs by the Puerto Rico Government Health Plan.</p> <p>\$0 copay for a three-month (90-day) supply of covered drugs by the Puerto Rico Government Health Plan.</p>	<p>Covered Drugs \$0 copay for a one-month (30-day) supply of covered drugs by the Puerto Rico Government Health Plan.</p> <p>\$0 copay for a three-month (90-day) supply of covered drugs by the Puerto Rico Government Health Plan.</p>	<p>Covered Drugs \$0 copay for a one-month (30-day) supply of covered drugs by the Puerto Rico Government Health Plan.</p> <p>\$0 copay for a three-month (90-day) supply of covered drugs by the Puerto Rico Government Health Plan.</p>	<p>Covered Drugs \$0 copay for a one-month (30-day) supply of covered drugs by the Puerto Rico Government Health Plan.</p> <p>\$0 copay for a three-month (90-day) supply of covered drugs by the Puerto Rico Government Health Plan.</p>

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN
<p>Prescription Drugs*</p>	<p>* Copays apply to each drug included in the same prescription pad.</p> <p>**Copays 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 (Inclusive).</p> <p>Prescription drugs not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Any cost sharing not included on the MAO benefit design as approved by CMS, including deductible, co insurances or coverage gaps exceeding the State plan</p> <p>The drug needs to be in the GHP formulary and needs to be subject to the applicable edits as established in the GHP Formulary of Medications in Coverage (FMC). It also needs to comply with the following:</p> <ul style="list-style-type: none"> - All MAOs pharmacy benefit will provide full year drug coverage with their CMS approved Part D Drugs Formulary, and subject to established Platino copayments as the only out of pocket contribution. - Drugs not included in the MAOs Part D Drugs Formulary should undergo CMS required exception process for possible approval of non-covered drugs. If exception process denial is sustained by the MAOs, including the appeal process, but if the drug is covered by the GHP Formulary of Medications in Coverage (FMC), the drug will be covered under Wrap Around. The prescriber physician needs to exhaust available MAO Formulary on the needed drug category. - Prescription drugs that do not appear on the Contractor's Medicare Part D formulary and are not covered under the exception process shall be covered under the Platino benefit if it is listed as a covered drug under the GHP Formulary. Drugs in the GHP Formulary shall be covered under the Platino benefit under the applicable therapeutic class.

THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
<p>Covered Drugs \$0 copay for a one-month (30-day) supply of drugs covered by the Puerto Rico Government Health Plan.</p> <p>\$0 copay for a three-month (90-day) supply of drugs covered by the Puerto Rico Government Health Plan.</p>	<p>Covered Drugs \$0 copay for a one-month (30-day) supply of drugs covered by the Puerto Rico Government Health Plan.</p> <p>\$0 copay for a three-month (90-day) supply of drugs covered by the Puerto Rico Government Health Plan.</p>	<p>Covered Drugs \$0 copay for a one-month (30-day) supply of drugs covered by the Puerto Rico Government Health Plan.</p> <p>\$0 copay for a three-month (90-day) supply of drugs covered by the Puerto Rico Government Health Plan.</p>	<p>Covered Drugs \$0 copay for a one-month (30-day) supply of drugs covered by the Puerto Rico Government Health Plan.</p> <p>\$0 copay for a three-month (90-day) supply of drugs covered by the Puerto Rico Government Health Plan.</p>

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
<p>Dental Services Preventive and Restorative</p>	<p>Preventive (Child) Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p> <p>Preventive (Adult) Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Restorative Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Dental services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>The following are the benefits included in the GHP;</p> <ul style="list-style-type: none"> - All preventative and corrective services for children under age twenty-one (21) mandated by the EPSDT requirement - Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21); - Stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy; - Preventive dental services for Adults; - Restorative dental services for Adults; - One (1) comprehensive oral exam per year; - One (1) periodical exam every six months; - One (1) defined problem-limited oral exam; - One (1) full series of intra oral radiographies, including bite, every three (3) years. - One (1) initial periapical intra-oral radiography; - Up to five (5) additional periapical/intra-oral radiographies per year; - One (1) single film-bite radiography per year; - One (1) two-film bite radiography per year; - One (1) panoramic radiography every three (3) years; - One (1) adult cleanse every six (6) months; - One (1) child cleanse every six (6) months; - One (1) topical fluoride application every six (6) months for Enrollees under nineteen (19) years old; - Fissure sealants for life for Enrollees up to fourteen (14) years old, including deciduous molars up to eight (8) years old when Medically Necessary because of cavity tendencies; - Amalgam restoration; 	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>	<p>\$0 for Puerto Rico Government Health Plan covered benefit.</p>

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN	THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
Dental Services Preventive and Restorative	<ul style="list-style-type: none"> - Resin restorations; - Root Canal; - Palliative treatment; and - Oral Surgery. 	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.
Preventive Services	<p>Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p> <ul style="list-style-type: none"> - Immunization services not covered by; <ol style="list-style-type: none"> 1. Medicare Part B 2. MAO Part D drug formulary 3. MAO supplementary plan benefits 4. Not covered by the Puerto Rico Department of Health Immunization Program, but included in the Puerto Rico Medicaid State Plan. - Vaccines 	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.
Family Planning	<p>Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p> <ul style="list-style-type: none"> - Family Planning services not covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. - Puerto Rico Medicaid benefits provide reproductive health and family planning counseling. Such services shall be provide voluntarily and confidentially, including circumstances where the beneficiary is under age eighteen (18). Family planning services will include, at a minimum, the following: education and counseling; pregnancy testing; infertility assessment; sterilization services in accordance with 42 CFR 441.200 subpart F; laboratory services; cost and insertion/removal of non-oral products, such as long acting reversible contraceptives (LARC); at least one of every class and category of FDA-approved contraceptive; at least one of every class and category of FDA-approved contraceptive method; and other FDA approved contraceptive medications or methods when it is Medically Necessary and approved through a Prior Authorization or through an exception process and the prescribing Provider can demonstrate at least one of the following situations: - Contra-indication with drugs that the Enrollee is already taking, and no other methods covered/available that can be used by the Enrollee. 	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.

SUMMARY OF BENEFITS

HMO-SNP PLANS

BENEFIT CATEGORY	MEDICAID STATE PLAN	<input checked="" type="checkbox"/> THIS IS YOUR PLAN MMM DIAMANTE PLATINO (HMO-SNP)	<input checked="" type="checkbox"/> THIS IS YOUR PLAN MMM COMPLETO PLATINO (HMO-SNP)	<input checked="" type="checkbox"/> THIS IS YOUR PLAN MMM RELAX PLATINO (HMO-SNP)	<input checked="" type="checkbox"/> THIS IS YOUR PLAN PMC PREMIER PLATINO (HMO-SNP)
Family Planning	- History of adverse reaction by the Enrollee to the contraceptive methods covered. - History of adverse reaction by the Enrollee to the contraceptive medications that are covered.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.
Other Services	<p>X-Rays* Coverage Code 100- \$0 Coverage Code 110- \$0.50 Coverage Code 120- \$1.00 Coverage Code 130- \$1.50</p> <p>Special Diagnostic Tests* Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Therapy-Respiratory Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Healthy Child Care Coverage Code 100- \$0 Coverage Code 110- \$0 Coverage Code 120- \$0 Coverage Code 130- \$0</p> <p>Physical Exam Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p>Special Coverage Coverage Code 100- \$0 Coverage Code 110- \$1.00 Coverage Code 120- \$1.50 Coverage Code 130- \$2.00</p> <p><small>*Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.</small></p>	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.	\$0 for Puerto Rico Government Health Plan covered benefit.

SUMMARY OF BENEFITS

HMO-SNP PLANS

Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum copayments in the table with exemptions and zero copayments for Medicaid/CHIP beneficiaries and certain services as follows:

Medicaid/CHIP Beneficiaries

- Children from 0 to less than 21 years of age;
- 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.

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
- Pregnancy related services and counseling and drugs for cessation of tobacco use;
- Provider-preventable services as defined in 42 CFR 447.26(b); and
- 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.

Wrap Around table is subject to change in 01/01/2019.



YOUR DRUGS UNDER MMM COVERAGES

Prescription drugs

Your plan covers drugs in a one tier structure:

- Covered Drugs

Information about this tier 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 Diamante Platino (HMO-SNP)	MMM Completo Platino (HMO-SNP)	MMM Relax Platino (HMO-SNP)	PMC Premier Platino (HMO-SNP)
Covered Drugs	\$0	\$0	\$0	\$0
Erectile Dysfunction Drugs	Six (6) pills per month	Four (4) pills per month	N/A	Six (6) pills per month



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

Benefits	MMM Diamante Platino (HMO-SNP)	MMM Completo Platino (HMO-SNP)	MMM Relax Platino (HMO-SNP)	PMC Premier Platino (HMO-SNP)
OTC	\$75 every three (3) months	\$45 every three (3) months	\$40 every three (3) months	\$120 monthly

For more details on the delivery methods of this benefit, see page 48.

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 Diamante Platino (HMO-SNP)	MMM Completo Platino (HMO-SNP)	MMM Relax Platino (HMO-SNP)	PMC Premier Platino (HMO-SNP)
Eyeglasses or contact lenses	\$750 annually	\$350 annually	\$350 annually	\$450 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 Diamante Platino (HMO-SNP)	MMM Completo Platino (HMO-SNP)	MMM Relax Platino (HMO-SNP)	PMC Premier Platino (HMO-SNP)
Removable Prosthodontics	\$2,500 annually	\$1,500 annually	\$1,000 annually	\$2,000 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 Diamante Platino (HMO-SNP)	MMM Completo Platino (HMO-SNP)	MMM Relax Platino (HMO-SNP)	PMC Premier Platino (HMO-SNP)
One Way Transportation to appointments	20 trips	10 trips	N/A	24 trips

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 Diamante Platino (HMO-SNP):
Two (2) meals per day up to a maximum of 5 days (total of 10 meals once a year)
- MMM Completo Platino (HMO-SNP):
Two (2) meals per day up to a maximum of 5 days (total of 10 meals once a year)
- PMC Premier Platino (HMO-SNP):
Two (2) meals per day up to a maximum of 10 days (total of 20 meals once a 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 B 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:

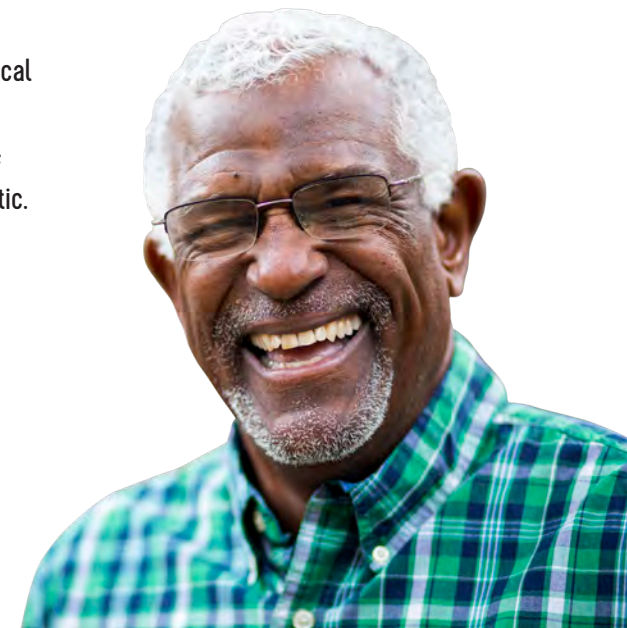
- Hospital care
- Skilled nursing facility care
- Nursing home care
- Hospice

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 Martín 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، انكر ت تحدث ك نت إذا بملاحظة -333-866- رقم (5470ية عرب ال) :والا بكم ال صم هلتا ف -333-866-5469 (ب رقم ات صل يد الامجان لك ت توافر 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 lingüísticos, 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 (ह िंदी): ध्यान दें: यदद आप ह िंदी बोलते हैं तो आपके ललए 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.