

MMM Encanto (HMO-POS) offered by MMM Healthcare, LLC.

Annual Notice of Changes for 2024

You are currently enrolled as a member of MMM Encanto. Next year, there will be changes to the plan's costs and benefits. ***Please see page 6 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.mmmpr.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.

- Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don’t join another plan by December 7, 2023, you will stay in MMM Encanto.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with MMM Encanto.

- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in English and Spanish.
- Please contact our Member Services number at 787-620-2397 (Metro Area), 1-866-333-5470 (toll free) for additional information. (TTY users should call 711.) Hours are Monday through Sunday, from 8:00 a.m. to 8:00 p.m. This call is free.
- Upon request, this information may be available in different formats, like braille, large print, audio, and other formats. Please contact our Member Services number if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About MMM Encanto

- MMM Healthcare, LLC., is an HMO-POS plan with a Medicare contract. Enrollment in MMM depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means MMM Healthcare, LLC. When it says “plan” or “our plan,” it means MMM Encanto.

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MMM-PDG-MIS-439-071923-E

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for MMM Encanto in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	<p>\$0 monthly premium</p>	<p>\$0 monthly premium</p>
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	<p>\$3,250</p>	<p>\$3,250</p>

Cost	2023 (this year)	2024 (next year)
<p>Doctor office visits</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$0 copay per visit</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: Your costs for specialist visits may vary depending on the tier your provider is in.</p> <p><u>Tier 1: Preferred Network</u> \$0 copay per visit</p> <p><u>Tier 2: General Network</u> \$5 copay per visit</p> <p>\$0 copay for services available in the MMM Multiclinics</p>
<p>Inpatient hospital stays</p>	<p>Your costs for services may vary depending</p>	<p>Your costs for services may vary depending</p>

Cost	2023 (this year)	2024 (next year)
	<p>on the tier your facility is in.</p> <p><u>Tier 1: Preferred Network</u> \$0 copay per admission or per stay, including UNIDAD DORADA</p> <p><u>Tier 2: General Network</u> \$50 copay per admission or per stay</p>	<p>on the tier your facility is in.</p> <p><u>Tier 1: Preferred Network</u> \$0 copay per admission or per stay, including UNIDAD DORADA</p> <p><u>Tier 2: General Network</u> \$50 copay per admission or per stay</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copay/Coinsurance as applicable during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: (Preferred Generic): \$0 copay. 	<p>Deductible: \$0</p> <p>Copay/Coinsurance as applicable during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: (Preferred Generic): \$1 copay.

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> • Drug Tier 2: (Generic): \$0 copay. 	<ul style="list-style-type: none"> • Drug Tier 2: (Generic): \$2 copay.
	<ul style="list-style-type: none"> • Drug Tier 3: (Preferred Brand): \$0 copay. You pay \$0 copay for Select insulins. 	<ul style="list-style-type: none"> • Drug Tier 3: (Preferred Brand): \$7 copay.
	<ul style="list-style-type: none"> • Drug Tier 4: (Non-Preferred Brand): \$0 copay. 	<ul style="list-style-type: none"> • Drug Tier 4: (Non-Preferred Brand): \$10 copay.
	<ul style="list-style-type: none"> • Drug Tier 5: (Specialty Drugs): 25% coinsurance. You pay \$35 per month supply of each covered insulin 	<ul style="list-style-type: none"> • Drug Tier 5: (Specialty Drugs): 33% coinsurance. You pay \$35 per month supply of each covered insulin product on this tier.

Cost	2023 (this year)	2024 (next year)
	<p>product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 6: (Select Care Drugs): \$0 copay. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment 	<ul style="list-style-type: none"> • Drug Tier 6: (Select Care Drugs): \$0 copay. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit.

Cost	2023 (this year)	2024 (next year)
<p style="text-align: center;">(\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)</p>		

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<p>Medicare Part B monthly premium reduction</p>	<p>\$164.90 monthly premium reduction</p>	<p>\$150 monthly premium reduction</p>
<p>Monthly premium (You must also continue to pay your Medicare Part B premium.)</p>	<p>\$0 monthly premium</p>	<p>\$0 monthly premium</p>

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. There is no change for the upcoming benefit year.</p>	<p>\$3,250</p>	<p style="text-align: center;">\$3,250</p> <p>Once you have paid \$3,250 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.mmmpr.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers and pharmacies for next year. **Please review the 2024 *Provider and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) and which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Emergency care	You pay a \$50 copay for each emergency room visit.	You pay a \$75 copay for each emergency room visit.

Cost	2023 (this year)	2024 (next year)
Specialist services	You pay a \$0 copay for specialist visits.	<p>Your costs for services may vary depending on the tier your provider is in.</p> <p><u>Tier 1: Preferred Network</u> You pay a \$0 copay per visit.</p> <p><u>Tier 2: General Network</u> You pay a \$5 copay per visit.</p> <p>You pay a \$0 copay for services available in the MMM Multiclinics.</p>
Transportation Services-Supplemental	You pay a \$0 copay for supplemental transportation services.	You pay a \$0 copay for supplemental transportation services.

Cost	2023 (this year)	2024 (next year)
	<p>You are eligible for up to thirty (30) one-way transportation trips to plan approved health-related locations per year, such as: appointments with a physician, to receive medical treatments, for medical procedures and/or to obtain results of medical/ laboratory studies and medications.</p>	<p>You are eligible for up to twenty-four (24) one-way transportation trips to plan approved health-related locations per year, such as: appointments with a physician, to receive medical treatments, for medical procedures and/or to obtain results of medical/ laboratory studies and medications.</p>
<p>Over the counter (OTC) drugs and</p>	<p>You pay a \$0 copay for supplemental over the counter</p>	<p>You pay a \$0 copay for supplemental over the counter</p>

Cost	2023 (this year)	2024 (next year)
<p>supplies- Supplemental</p>	<p>(OTC) drugs and supplies. You are eligible for up to \$50 every three (3) months to be used toward the purchase of over-the-counter (OTC) health and wellness products.</p> <p>The plan covers:</p> <ol style="list-style-type: none"> 1. Minerals and vitamins 2. First Aid supplies 3. Medicines, ointments and sprays with active medical ingredients that alleviate symptoms 4. Mouth care 	<p>(OTC) drugs and supplies. You are eligible for up to \$25 every three (3) months to be used toward the purchase of over-the-counter (OTC) health and wellness products.</p> <p>The plan covers:</p> <ol style="list-style-type: none"> 1. Minerals and vitamins 2. First Aid supplies 3. Medicines, ointments and sprays with active medical ingredients that alleviate symptoms 4. Mouth care

Cost	2023 (this year)	2024 (next year)
	5. Incontinence Supplies (Adult diapers and under pads) 6. In-Home Testing and Monitoring specifically Monitor Blood Pressure 7. Nicotine Replacement Therapy 8. Fiber Supplements 9. Topical Sunscreen 10. Supporting Items for Comfort 11. Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin)	5. Incontinence Supplies (Adult diapers and under pads) 6. In-Home Testing and Monitoring specifically Monitor Blood Pressure 7. Nicotine Replacement Therapy 8. Fiber Supplements 9. Topical Sunscreen 10. Supporting Items for Comfort 11. Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin)

Cost	2023 (this year)	2024 (next year)
	<p>12. Soap (doctor recommended antibacterial/anti microbial soap)</p> <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, Alternative Therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit (physical exercise and memory fitness items only). Item quantity limits in each category</p>	<p>12. Soap (doctor recommended antibacterial/anti microbial soap)</p> <p>13. At-home COVID-19 Tests</p> <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, Alternative Therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit (physical exercise items only). Item quantity limits in each category</p>

Cost	2023 (this year)	2024 (next year)
	may apply.	may apply.
<p>Alternative Therapies-Supplemental</p>	<p>You pay a \$0 copay for supplemental Homeopathic / Natural Medicine items.</p> <p>You are eligible for up to \$50 every three (3) months to be used towards the purchase of Homeopathic / Natural Medicine items covered through the OTC catalogue.</p> <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, Alternative</p>	<p>You pay a \$0 copay for supplemental Homeopathic / Natural Medicine items.</p> <p>You are eligible for up to \$25 every three (3) months to be used towards the purchase of Homeopathic / Natural Medicine items covered through the OTC catalogue.</p> <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, Alternative</p>

Cost	2023 (this year)	2024 (next year)
	<p>Therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit (physical exercise and memory fitness items only). Item quantity limits in each category may apply.</p>	<p>Therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit (physical exercise items only). Item quantity limits in each category may apply.</p>
<p>Home and Bathroom Safety Devices and Modifications-Supplemental</p>	<p>You pay a \$0 copay for Supplemental Home and Bathroom Safety Devices and Modifications.</p> <p>You are eligible for up to \$50 every three (3)</p>	<p>You pay a \$0 copay for Supplemental Home and Bathroom Safety Devices and Modifications.</p> <p>You are eligible for up to \$25 every three (3)</p>

Cost	2023 (this year)	2024 (next year)
	<p>months to be used towards the purchase of the following items covered through the OTC catalogue:</p> <ul style="list-style-type: none"> - Medical Bathmat - Raised Toilet Seat - Handheld Shower Head - Reacher - Nightlight <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, Alternative Therapies (homeopathic / natural medicine</p>	<p>months to be used towards the purchase of the following items covered through the OTC catalogue:</p> <ul style="list-style-type: none"> - Medical Bathmat - Raised Toilet Seat - Handheld Shower Head - Reacher - Nightlight <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, Alternative Therapies (homeopathic / natural medicine</p>

Cost	2023 (this year)	2024 (next year)
	<p>items only), home and bathroom safety devices and modifications and fitness benefit (physical exercise and memory fitness items only). Item quantity limits in each category may apply.</p>	<p>items only), home and bathroom safety devices and modifications and fitness benefit (physical exercise items only). Item quantity limits in each category may apply.</p>
<p>Fitness Benefit-Supplemental</p>	<p>You pay a \$0 copay for supplemental fitness items.</p> <p>You are eligible for up to \$50 every three (3) months to be used towards the purchase of the following items covered through</p>	<p>You pay a \$0 copay for supplemental fitness items.</p> <p>You are eligible for up to \$25 every three (3) months to be used towards the purchase of the following items covered through</p>

Cost	2023 (this year)	2024 (next year)
	<p>the OTC catalogue:</p> <ul style="list-style-type: none"> - Physical exercise pedals - Stretch straps - Puzzles for memory fitness <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, Alternative Therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness</p>	<p>the OTC catalogue:</p> <ul style="list-style-type: none"> - Physical exercise pedals - Stretch straps <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, Alternative Therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit (physical exercise items only). Item</p>

Cost	2023 (this year)	2024 (next year)
	benefit (physical exercise and memory fitness items only). Item quantity limits in each category may apply.	quantity limits in each category may apply.
Medicare Part B prescription drugs	<p>You pay 0% of the total cost for chemotherapy drugs.</p> <p>You pay 10% of the total cost for all other Medicare Part B drugs.</p> <p>Beginning July 2023, you pay a \$35 copay for Medicare Part B Insulin Drugs. Insulin cost sharing is subject to a coinsurance cap of \$35 for</p>	<p>You pay 20% of the total cost for chemotherapy drugs.</p> <p>You pay 20% of the total cost for all other Medicare Part B drugs.</p> <p>You may see lower than the 20% coinsurance on certain chemotherapy and Part B Drugs with prices that have increased</p>

Cost	2023 (this year)	2024 (next year)
	<p>one-month’s supply of insulin. Service category or plan level deductibles do not apply.</p>	<p>faster than the rate of inflation.</p> <p>You pay a \$35 copay for Medicare Part B Insulin Drugs. Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month’s supply of insulin. Service category or plan level deductibles do not apply.</p>
<p>Comprehensive dental services – Supplemental</p>	<p><u>Restorative Services</u> You are eligible for unlimited treatments for post and core buildup and/or individual crowns per year per</p>	<p><u>Restorative Services</u> You are eligible for up to one (1) treatment for post and core buildup and/or individual crowns per year per tooth per life,</p>

Cost	2023 (this year)	2024 (next year)
	<p>tooth per life, subject to the plan maximum allowance.</p> <p><u>Prosthodontic services</u> Up to two (2) implants a year or four (4) implants a year for edentulous patients. Covered one (1) per tooth per life. Surgical placement of implant body, endosteal implant covered one (1) per tooth per life, subject to the plan maximum allowance.</p> <p>You are eligible</p>	<p>subject to the plan maximum allowance.</p> <p><u>Prosthodontic services</u> Up to one (1) implant covered per year. Covered one (1) per tooth per life. Surgical placement of implant body, endosteal implant covered one (1) per tooth per life, subject to the plan maximum allowance.</p> <p>You are eligible for up to \$2,000 per year for all supplemental comprehensive dental services,</p>

Cost	2023 (this year)	2024 (next year)
	for up to \$3,000 per year for all supplemental comprehensive dental services, except for diagnostic services and Medicare covered services.	except for diagnostic services and Medicare covered services.
Eyewear– Supplemental	You pay a \$0 copay for supplemental eyewear. You are eligible for up to \$850 per year to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses	You pay a \$0 copay for supplemental eyewear. You are eligible for up to \$500 per year to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses
MMM Flexi	You pay a \$0	MMM Flexi Card

Cost	2023 (this year)	2024 (next year)
<p>Card-Supplemental</p>	<p>copay for the MMM Flexi Card under the flexibilities allowed by the <i>Value-Based Insurance Design (VBID) Model</i>.</p> <p>You are eligible for a \$50 monthly allowance in the form of a debit card. You will be able to use MMM Flexi Card to get services such as the following:</p> <ul style="list-style-type: none"> - Prepared food - Food and Groceries - Gasoline - Cleaning Products 	<p><u>not</u> covered.</p>

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Fitness Benefit (physical exercise and memory fitness items only) - Copayments / 	

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> Coinsurance - Pet Care - Gardening / Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams - Appliances - Towels, Linens and Clothing 	

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> - Additional Roadside Assistance and In-Home Minor Repairs and Other Services <p>Any remaining balance at the end of the month will roll over to the next month during the contract year 2023. Balance will not roll over from one contract year to the next.</p> <p>To be able to receive this benefit, you must have one of the eligible chronic</p>	

Cost	2023 (this year)	2024 (next year)
	<p>conditions. For more information, refer to your Evidence of Coverage (EOC) or call Member Services.</p>	
<p>MMM Assistance - Supplemental</p>	<p>You pay a \$0 copay for MMM Assistance under the flexibilities allowed by the <i>Value-Based Insurance Design (VBID) Model</i>.</p> <p>You are eligible for up to twelve (12) individual events a year for the following services:</p> <ul style="list-style-type: none"> - Roadside assistance 	<p>You pay a \$0 copay for MMM Assistance under the flexibilities allowed by the <i>Value-Based Insurance Design (VBID) Model</i>.</p> <p>You are eligible for up to twelve (12) individual events a year for the following services:</p> <ul style="list-style-type: none"> - Roadside assistance services*

Cost	2023 (this year)	2024 (next year)
	<p>services* (including up to one (1) auto windshield replacement. Also includes one (1) battery replacement per year)</p> <p>- In-Home minor repairs* (includes glasswork services)</p> <p>- Pest Control (one (1) simple interior or exterior pest control visit per quarter)</p> <p>- Anti-fall preventive measures visit (includes an evaluation of the home and installation of LED lighting,</p>	<p>- In-Home minor repairs*</p> <p>- Pest Control (one (1) simple interior or exterior pest control visit per semester (two (2) per year))</p> <p>*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies.</p> <p>To be able to receive this benefit, you must have one of the eligible chronic conditions.</p> <p>To be eligible for roadside</p>

Cost	2023 (this year)	2024 (next year)
	<p>traction/anti-slip tape. Grip and safety bars could also be installed if the member provides them.</p> <p>One (1) visit per year)</p> <p>- Technology assistance services (one (1) in-person visit and unlimited remote support per year)</p> <p>*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies.</p> <p>To be able to receive this benefit, you must</p>	<p>assistance services, the vehicle must not be older than 15 years.</p> <p>For more details on the services covered, refer to your Evidence of Coverage (EOC).</p>

Cost	2023 (this year)	2024 (next year)
	<p>have one of the eligible chronic conditions.</p> <p>To be eligible for roadside assistance services, the vehicle must not be older than 20 years.</p> <p>For more details on the services covered, refer to your Evidence of Coverage (EOC).</p>	
<p>Hospice services</p>	<p>Hospice services and services related to your terminal prognosis covered by this plan.</p> <p>You pay a 5% coinsurance (\$5</p>	<p>Hospice services and services related to your terminal prognosis covered by Original Medicare.</p>

Cost	2023 (this year)	2024 (next year)
	<p>maximum) for Medicare-covered prescription drugs and biologics.</p> <p>You pay a 5% coinsurance per day (\$5 per day maximum) for Medicare-covered respite care.</p> <p>You pay \$0 for all other Medicare-covered hospice care and palliative care services.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Doctor services 	

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> • Nursing care • Medical equipment (like wheelchairs or walkers) • Medical supplies (like bandages and catheters) • Prescription drugs • Hospice aide and homemaker services • Physical and Occupational therapy • Speech-language pathology services • Social worker services • Dietary counseling 	

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> • Grief and loss counseling for you and your family • Short-term inpatient care (for pain or symptom management) • Short-term respite care • Any other Medicare-covered services needed to manage the terminal illness and related conditions, as recommended by the plan’s hospice team 	<p>For those members who may need</p>

Cost	2023 (this year)	2024 (next year)
	<p>transitional concurrent care to address any ongoing clinical treatments, MMM Encanto will ensure the continuation of this benefit as they transition into hospice care with an in-network hospice provider and non-hospice providers.</p> <p>The Care Manager will identify any prior authorizations related to receiving transitional concurrent care and will coordinate</p>	

Cost	2023 (this year)	2024 (next year)
	<p>accordingly.</p> <p>Cost sharing for other services not related to your terminal prognosis may apply.</p>	

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our “Drug List”, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.**

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1</p>

pay your share of the cost.

Most adult Part D vaccines are covered at no cost to you.

The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.

We changed the tier for some of the drugs on our “Drug List”. To see if your

Preferred Generic:

You pay **\$0** copay per prescription.

Tier 2

Generic:

You pay **\$0** copay per prescription.

Tier 3

Preferred Brand:

You pay **\$0** copay per prescription.

You pay **\$0** copay for Select insulins.

Tier 4

Non-Preferred Brand:

You pay **\$0** copay per prescription.

Preferred Generic:

You pay **\$1** copay per prescription.

Tier 2

Generic:

You pay **\$2** copay per prescription.

Tier 3

Preferred Brand:

You pay **\$7** copay per prescription.

Tier 4

Non-Preferred Brand:

You pay **\$10** copay per prescription.

Tier 5

Stage	2023 (this year)	2024 (next year)
<p>drugs will be in a different tier, look them up on the “Drug List”.</p>	<p>Tier 5 Specialty Drugs: You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 6 Select Care Drugs: You pay \$0 of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will</p>	<p>Specialty Drugs: You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 6 Select Care Drugs: You pay \$0 of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the</p>

Stage	2023 (this year)	2024 (next year)
	<p>move to the next stage (the Coverage Gap Stage).</p> <p>MMM Encanto offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$0 for a one-month supply.</p> <p>This plan covers the following Excluded Drugs:</p> <p>Erectile Dysfunction Drugs</p>	<p>Coverage Gap Stage).</p> <p>This plan covers the following Excluded Drugs:</p> <p>Erectile Dysfunction Drugs</p> <p>You pay \$2 copay per prescription for drugs included in Tier 2 (Generic).</p> <p>You are eligible for up to four (4) prescribed pills every month.</p>

Stage	2023 (this year)	2024 (next year)
	<p>You pay \$0 copay per prescription for drugs included in Tier 1 (Preferred Generic) and \$0 copay per prescription for drugs included in Tier 3 (Preferred Brand).</p> <p>You are eligible for up to four (4) prescribed pills every month.</p>	

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not**

reach the Coverage Gap Stage or the Catastrophic Coverage Stage.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in MMM Encanto

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7 you will automatically be enrolled in our MMM Encanto.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan.
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide

whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024 handbook*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, MMM Healthcare, LLC., offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MMM Encanto.
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MMM Encanto.
- **To change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week,

and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare

(either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Puerto Rico, the SHIP is called the Office of the Ombudsman for the Elderly.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Office of the Ombudsman for the Elderly counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Office of the Ombudsman for the Elderly at 787-721-6121 or 1-877-725-4300 (Metro Area), 1-800-981-0056 (Mayagüez Region) and 1-800-981-7735 (Ponce Region). TTY users should call at 787-919-7291. You can learn more about the Office of the Ombudsman for the Elderly by visiting their website (www.oppea.pr.gov/).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Puerto Rico Department of Health’s Ryan White Part B Program. For information on eligibility criteria, covered drugs, or

how to enroll in the program, please call 787-765-2929 extensions 5106, 5113, 5115, 5116, 5117, 5119, 5121, 5135, 5136, 5137, 5138 and 5149.

SECTION 6 Questions?

Section 6.1 – Getting Help from MMM Encanto

Questions? We're here to help. Please call Member Services at 787-620-2397 (Metro Area), 1-866-333-5470 (toll free). (TTY only, call 711.) 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.

Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for MMM Encanto. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.mmmpr.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.mmmpr.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you

can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.