MMM ADVANTAGE
(PPO)

Summary of Benefits
2020

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MMM Healthcare, LLC is an HMO and PPO plan with a Medicare contract.
Enrollment in MMM depends on contract renewal.
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Summary of Benefits

The information provided is a summary of benefits of what MMM covers and what you will pay.

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

Out-of-network/non-contracted providers are under no obligation to treat MMM Advantage (PPO) members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

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

Calls to these numbers are free.

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

MMM ADVANTAGE 2020

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

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

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

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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 Advantage (PPO) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the 78 municipalities of Puerto Rico.

Covered services, hospital and prescription drug benefits

Services with a 1 may require prior authorization.

Services with a 2 have an Out-of-Network benefit of service: 20% of the cost.

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Premiums and Benefits	MMM Advantage (PPO)	What you should know
Monthly plan premium	**$49**	
Deductible	**You pay nothing**	This plan does not have a deductible.
Maximum out-of-pocket responsibility (does not include prescription drugs)	**$6,700** for services from network providers. **$10,000** for services received from any provider.	The services you receive from network providers will count toward this limit.
Inpatient hospital coverage[1]	Preferred Network: **$25** copay **$0** copay in UNIDAD DORADA General Network: **$100** copay Out of Network: **$300** copay	Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital coverage[1,2]	General Network: **$50** copay Out of Network: **$100** copay	
Doctor visits[2] • Primary • Specialists	• **You pay nothing** • Preferred Network: **$10** copay General Network: **$20** copay	
Preventive care[1,2]	**You pay nothing**	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care	**$50** copay Worldwide coverage: **$65** copay	If you are admitted to the hospital within 1 day because of the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient hospital care" section of this booklet for other costs.

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Premiums and Benefits	MMM Advantage (PPO)	What you should know
Urgently needed services	**You pay nothing** Worldwide coverage: **$65** copay	
Diagnostic services/Labs/ Imaging[1,2] • Diagnostic radiology service (e.g., MRI) and diagnostic tests and procedures • Lab services • Outpatient X-rays	• Preferred Network: **10%** of the cost General Network: **20%** of the cost •**$5** copay • Preferred Network: **$10** copay General Network: **$20** copay	
Hearing services[1] • Hearing services covered by Medicare[2] • Supplemental hearing aid • Supplemental hearing aid fitting evaluation service[2]	• **You pay nothing** • **You pay nothing** • **You pay nothing**	Up to **$300** every three years to be used toward the purchase of hearing aids for both ears. One supplemental routine hearing exam per year and one supplemental fitting/evaluation for hearing aid per year. Maximum benefit amount applies for both in-network and out-of-network.
Dental services[1,2] • Preventive Services • Restorative Services • Prosthodonthia	• **You pay nothing** • **25%** of the cost Out of Network**: 50%** of the cost • **33%** of the cost Out of Network: **50%** of the cost	Up to **$1,000** annually for removable metal, resin or flexible base prosthodontia. Maximum benefit amount applies for both in-network and out-of-network.
Vision services[1] • Exams to diagnose and treat diseases and conditions of the eye[2] • Routine eye exam[2] • Eyeglasses (frames and lenses) or contact lenses	• **You pay nothing** • **You pay nothing** • **You pay nothing** Out of Network: **50%** of the cost	Up to a **$100** per year to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses. One supplemental routine eye exam service per year. Maximum benefit amount applies for both in-network and out-of-network.

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Premiums and Benefits	MMM Advantage (PPO)	What you should know
Mental health services[1] • Inpatient hospital coverage • Outpatient group therapy visit • Outpatient individual therapy visit	• **$50** copay Out of Network**: $300** copay • **$15** copay Out of Network**: 50%** of the cost • **$15** copay Out of Network: **50%** of the cost	Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Up to 90 days for an inpatient hospital stay. Up to 60 "lifetime reserve days".
Skilled nursing facility[1]	**You pay nothing** Out of Network**: You pay nothing** for days 1-20. **$25** copay for days 21-200.	Up to 100 days in an SNF.
Physical therapy[1,2]	**$40** copay	
Ambulance[1,2]	**You pay nothing**	Authorization required, except for emergencies.
Supplemental transportation	**Not covered**	
Medicare Part B Drugs[1,2] • Chemotherapy drugs • Other Part B drugs	• **10%** of the cost • **0%-10%** of the cost	
Ambulatory surgical center[1,2]	General Network: **$50** copay Out of Network: **$100** copay	
Foot care (podiatry services)[1,2] • Medicare covered podiatry services • Supplemental podiatry services	• **$15** copay • **$15** copay	Up to **2** routine visits for supplemental podiatry services.

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Premiums and Benefits	MMM Advantage (PPO)	What you should know
Durable medical equipment/ Medical Supplies[1,2] • DME (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Medical supplies • Diabetes supplies	• **10%** of the cost • **10%** of the cost • **10%** of the cost • **You pay nothing**	
Wellness programs	**You pay nothing**	Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets. • Programs for weight management, fitness, and stress management. • Nursing hotline (24/7) • Written health education materials • Nutritional training and benefit
Chiropractic care[2] • Medicare covered chiropractic services • Supplemental chiropractic services	• **$15** copay • **$15** copay	Up to **2** routine visits per year for supplemental chiropractic services.
Over the counter items (OTC)	**You pay nothing** Out of Network: **50%** of the cost	Up to **$25** per year for OTC items and drugs. For more details, consult the OTC list available in our OTC at your door catalog or in our website. Quantity limits in each category may apply. Maximum benefit amount applies for both in-network and out-of-network.

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Acupuncture[1]	**$15** copay Out of Network: **50%** of the cost	Up to **$500** annually for up to **6** routine visits for supplemental acupuncture services. Maximum benefit amount applies for both in-network and out-of-network.
Help with certain chronic conditions	**$0** copay in VITA CARE clinics	• Specialist visits (such as endocrinologist, pulmonologist, cardiologist, rheumatologist, among others). • Mental Health Services • Other health care professional services You are eligible if you are enrolled in the VITA CARE program. To be enrolled in the VITA CARE program you must have been diagnosed with one of the following conditions: 1. Diabetes Mellitus 2. Chronic Heart Failure 3. Cardiovascular Disorders 4. Chronic Obstructive Pulmonary Disease (COPD) Please contact Member Services to know if you are eligible to participate in the VITA CARE program and for additional benefit details.

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Prescription Drugs

PHASE	DRUG TIER	COPAY/ COINSURANCE Retail Pharmacy (30-days)	COPAY/ COINSURANCE Retail Pharmacy and Mail Order (90-days)
Deductible	$0		
Initial Coverage (what you pay until total yearly drug costs reach $4,020)	Preferred Generic	$0	$0
	Generic	$5	$10
	Preferred Brand	$35	$70
	Non Preferred Brand	$50	$100
	Specialty	25% of the cost	Not available
Coverage Gap (what you until you reach $6,350)	The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. You pay 25% of the negotiated price and a portion of the dispensing fee for them. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.		
	MMM offers you partial tier coverage for generic drugs. This means that only some of the drugs listed on the formulary under Preferred Generic and Generic tiers will be covered.		
	Preferred Generic	$0	$0
	Generic	$5	$10
	For all other generic drugs, you pay no more than 25% of the cost and the plan pays the rest. Only the amount you pay counts and moves you through the coverage gap.		
Catastrophic Coverage (what you pay when you reach $6,350)	5% of the cost or $3.60 copay for generic drugs or brand drugs that are treated like generics and $8.95 copay for all other drugs, whichever is greater.		

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.

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