MMM CERO
(HMO-POS)

Summary of Benefits
2020

MMM Healthcare, LLC is an HMO plan with a Medicare contract.
Enrollment in MMM depends on contract renewal.
Y0049_2020 1099 0003 1_M

MMM
we walk together

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 (hearing impared) for more information.

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

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

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

Calls to these numbers are free.

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

MMM
we walktogether

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

Covered services, hospital and prescription drug benefits

Services with a [1] may require prior authorization.
Services with a [2] have an Out-of-Network benefit of service: 20% of the cost up to a maximum limit per year of $5,000. Requires preauthorization.

MMM CERO 2020

Premiums and Benefits	MMM Cero (HMO-POS)	What you should know
Monthly plan premium	**$0**	
Deductible	**You pay nothing**	This plan does not have a deductible.
Maximum Out-of-Pocket responsibility (does not include prescription drugs)	**$3,250**	For medical services received from network and out-of-network providers.
Inpatient hospital coverage[1,2]	• Preferred Network: **You pay nothing** **$0** copay in UNIDAD DORADA • General Network: **$100** copay	Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital coverage[1,2]	**You pay nothing**	
Doctor visits[2] • Primary • Specialists	• **You pay nothing** • Preferred Network: **You pay nothing** General Network: **$5** copay	
Preventive care[1,2]	**You pay nothing**	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care	• **You pay nothing** • Worldwide coverage: **$100** copay	If you are admitted to the hospital within 1 day because of the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

MMM CERO 2020

Premiums and Benefits	MMM Cero (HMO-POS)	What you should know
Urgently needed services	• **You pay nothing** • Worldwide coverage: **$100** copay	
Diagnostic services Labs/Imaging[1,2] • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient X-rays	• **$0-$10** copay • **0%-20%** of the cost • **You pay nothing** • **You pay nothing**	
Hearing services[1,2] • Hearing services covered by Medicare • Supplemental hearing aid • Supplemental hearing aid fitting evaluation service	• **You pay nothing** • **You pay nothing** • **You pay nothing**	Up to **$2,000** per year 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.
Dental services[1] • Preventive services[2] • Restorative services* • Prontodonthia*	• **You pay nothing** • **You pay nothing** • **You pay nothing**	Up to **$1,000** annually for removable prosthodontia. ***50%** coinsurance applies for out-of-network services. Requires preauthorization.
Vision services[1,2] • Exams to diagnose and treat diseases and conditions of the eye • Routine eye exam • Eyeglasses (frames and lenses) or contact lenses	• **You pay nothing** • **You pay nothing** • **You pay nothing**	Up to a **$600** 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.

MMM CERO 2020

Premiums and Benefits	MMM Cero (HMO-POS)	What you should know
Mental health services[1,2] • Inpatient hospital coverage • Outpatient group therapy visit • Outpatient individual therapy visit	• **You pay nothing** • **You pay nothing** • **You pay nothing**	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[1,2]	**You pay nothing**	Up to 100 days in an SNF.
Physical therapy[1,2]	**You pay nothing**	
Ambulance[1,2]	**You pay nothing**	Authorization required, except for emergencies.
Supplemental transportation[1]	**You pay nothing**	Up to **18** one-way trips per year to health-related locations.
Medicare Part B drugs[1,2] • Chemotherapy drugs • Other Part B drugs	• **You pay nothing** • **You pay nothing**	
Ambulatory surgical center[1,2]	**You pay nothing**	

MMM CERO 2020

MMM
we walktogether

Premiums and Benefits	MMM Cero (HMO-POS)	What you should know
Foot care (podiatry services)[1,2] • Medicare covered podiatry services • Supplemental podiatry services	• **You pay nothing** • **You pay nothing**	This plan covers one routine visit for supplemental podiatry services.
Durable medical equipment/ Medical Supplies[1,2] • DME (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Medical supplies • Diabetes supplies	• **You pay nothing** • **You pay nothing** • **You pay nothing** • **You pay nothing**	
Wellness programs[2]	**You pay nothing**	Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets. • Programs for weight management, fitness, and stress management. • Nursing hotline (24/7) • Written health education materials • Nutritional training and benefit
Chiropractic care[1,2] • Medicare covered chiropractic services • Supplemental chiropractic services	• **You pay nothing** • **You pay nothing**	Up to **$1,000** annually for up to eight routine visits for supplemental chiropractic services.

MMM CERO 2020

Premiums and Benefits	MMM Cero (HMO-POS)	What you should know
Over the counter items (OTC)	**You pay nothing**	Up to **$50** every three months for OTC items and drugs. For more details, consult the OTC list available in our website. Quantity limits in each category may apply.

MMM CERO 2020

MMM
we walk together

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	$0	$0
	Preferred Brand	$15	$30
	Non Preferred Brand	$20	$40
	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	$0	$0
	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.		

MMM
we walk together

Prescription Drugs

Erectile Dysfunction	**$0** copay for Preferred Generics Drugs and **$15** copay for Preferred Brand Drugs up to four pills per month.
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.	

MMM
we walktogether

ACCREDITED
NCQA
HEALTH PLAN
ACCREDITED