# MMM Diamante Platino

HMO D-SNP

# 2027 SUMMARY OF BENEFITS

Plan de Salud medicare PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

MMM
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# Introduction

This document is a brief summary of the benefits and services covered by **MMM Diamante Platino**. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of **MMM Diamante Platino**. Key terms and their definitions appear in alphabetical order in the last chapter of the Evidence of Coverage.

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# A. Disclaimers

This is a summary of health services covered by **MMM Diamante Platino** for 2027. This is only a summary. Please read the Evidence of Coverage for the full list of benefits. You may contact our Member Services to get an Evidence of Coverage, by calling at 1-866-333-5470 (toll free) or TTY: 711 (hearing impaired), Monday to Sunday, from 8:00 a.m. to 8:00 p.m. Or go to www.mmmpr.com and look under the "Plans" menu; then, look under "Plans and Benefits" to see the Evidence of Coverage online.

MMM Healthcare, LLC., is an HMO D-SNP plan with a Medicare contract and a contract with the Puerto Rico Medicaid program. Enrollment in MMM depends on contract renewal.

For independent assistance with health plan choices and enrollment options, you may contact the Puerto Rico Medicaid Program Choice Counseling/Enrollment Counselor at 1-833-853-7721, Monday through Friday, 8:00 a.m. to 6:00 p.m.

For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

For more information about Medicare and Medicaid-covered benefits (Medicare Platino), you can check the website for www.ases.pr.gov or contact Puerto Rico Health Insurance Administration, (ASES, by its acronym in Spanish) at 1-800-981-2737, TTY: 1-787-474-3389; Monday to Friday, from 8:00 a.m. to 4:30 p.m. You can also call the State Health Insurance Assistance Program (SHIP) Education and Community Relations Area, Office of the Advocate for Older Adults (OPPEA, by its acronym in Spanish) for people who have both Medicare and Medicaid at 1-877-725-4300, Monday to Friday, from 8:00 a.m. to 4:30 p.m.

# Notice Of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

**English:** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-333-5470 (TTY: 711) or speak to your provider."

**Spanish:** ATENCIÓN: Si habla español, se encuentran disponibles servicios gratuitos de asistencia en su idioma. También están disponibles, sin costo alguno, ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-333-5470 (TTY: 711) o hable con su proveedor.

**Chinese (Simplified):** 注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-333-5470（文本电话：711）或咨询您的服务提供商。"

**Cantonese** 廣東話: 通知：如果你講廣東話，我們提供免費的語言協助服務。我們亦可以免費提供適當的輔助工具和服務，以便用可獲得的格式提供資訊。請致電 1-866-333-5470（聾人專線：711）或與你的提供者聯絡。

**Tagalog:** PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-333-5470 (TTY: 711) o makipag-usap sa iyong provider.

**French**: ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-333-5470 (TTY: 711) ou parlez à votre fournisseur.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-333-5470 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

**German**: HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfeleistungen zur Verfügung. Angemessene Hilfsmittel und Dienstleistungen, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos erhältlich. Rufen Sie 1-866-333-5470 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

**Korean**: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-333-5470 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오."

**Russian**: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-333-5470 (TTY: 711) или обратитесь к своему поставщику услуг.

**Arabic:** العربية
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مساعدة مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-333-5470 (TTY:711) أو تحدث إلى مقدم الخدمة".

**Hindi**: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-333-5470（TTY: 711） पर कॉल करें या अपने प्रदाता से बात करें।"

**Italian:** ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche idonei ausili e servizi per fornire informazioni in formati accessibili. Chiama il 1-866-333-5470 (TTY: 711) o parla con il tuo fornitore.

**Portuguese:** ATENÇÃO: Se fala português, serviços gratuitos de assistência linguística estão disponíveis para si. Ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-333-5470 (TTY: 711) ou fale com o seu prestador de serviços.

**French Creole:** ATANSYON: Si ou pale franse kreyòl, sèvis asistans lang gratis disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele 1-866-333-5470 (TTY: 711) oswa pale ak founisè w la.

**Polish:** UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-333-5470（TTY: 711）lub porozmawiaj ze swoim dostawcą".

**Japanese:** 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-866-333-5470（TTY: 711）までお電話ください。または、ご利用の事業者にご相談ください。

**Ukrainian:** УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-866-333-5470 (TTY: 711) або зверніться до свого постачальника».

**Catalán:** ATENCIÓ: Si parleu català, teniu a la vostra disposició serveis d'assistència lingüística gratuïts. També hi ha disponibles gratuïtament ajudes i serveis auxiliars adequats per proporcionar informació en formats accessibles. Truqueu al 1-866-333-5470 (TTY: 711) o parleu amb el vostre proveïdor.

This document is available for free in Spanish.

You can get this document for free in other formats, such as large print, braille, or audio. You can also request materials in your preferred language. Once you tell us your preferred language or alternate format, we will keep your preference on file as a standing request for future communications, so you do not need to request it each time. You may change or cancel your standing request at any time by calling Member Services at 1-866-333-5470 (toll free) or TTY: 711 (hearing impaired), Monday to Sunday, from 8:00 a.m. to 8:00 p.m.

# B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
|---|---|
| **What's a Medicare Platino plan?** | Medicare Platino is a supplementary coverage to this Medicare Advantage Plan contracted by the Puerto Rico Health Insurance Administration (ASES, in Spanish), which covers benefits and services that Medicare doesn't cover. Beneficiaries who have both Part A and Part B of Medicare and are certified as eligible for Medicaid qualify for the benefits and services of Medicare Platino. |
| **Will I get the same Medicare and Medicaid benefits in MMM Diamante Platino that I get now?** | You'll get most of your covered Medicare and Medicaid benefits directly from **MMM Diamante Platino**. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment.<br><br>When you enroll in **MMM Diamante Platino**, you and your care team will work together to develop Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.<br><br>If you're taking any Medicare Part D drugs that **MMM Diamante Platino** doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for **MMM Diamante Platino** to cover your drug if medically necessary. For more information, call Member Services at 1-866-333-5470 (toll free) or TTY: 711 (hearing impaired), Monday to Sunday, from 8:00 a.m. to 8:00 p.m. |
| **Can I use the same doctors I use now?**<br><br>(continued on the next page) | This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with **MMM Diamante Platino** and have a contract with us, you can keep going to them.<br><br>• Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers within MMM Diamante Platino's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. |

| Frequently Asked Questions | Answers |
|---|---|
| **Can I use the same doctors I use now?**<br><br>(continued) | • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of **MMM Diamante Platino**'s plan.<br><br>• Here are three (3) exceptions:<br><br>  • Our plan covers emergency care or urgently needed services you get from an out-of-network provider. For more information, and to see what emergency or urgently needed services are, go to **Section 3** of the Evidence of Coverage.<br><br>  • If you need medical care that Medicare or Medicaid requires our plan to cover but there are no specialists in our network that provide this care, you can get this care from an out-of-network provider at the same cost sharing you normally pay in-network. You will need to obtain authorization from the plan prior to seeking care. In this situation, we'll cover these services as if you got the care from a network provider OR at no cost to you. For information about getting approval to see an out-of-network doctor, go to **Section 2.4** of the Evidence of Coverage.<br><br>  • Our plan covers kidney dialysis services you get at a Medicare-certified dialysis facility when you're temporarily outside our plan's service area or when your provider for this service is temporarily unavailable or inaccessible. The cost sharing you pay our plan for dialysis can never be higher than the cost sharing in Original Medicare. If you're outside our plan's service area and get dialysis from a provider outside our plan's network, your cost sharing can't be higher than the cost sharing you pay in-network. However, if your usual in-network provider for dialysis is temporarily unavailable and you choose to get services inside our service area from a provider outside our plan's network, your cost sharing for the dialysis may be higher.<br><br>• If you're currently under treatment with a provider that's out of **MMM Diamante Platino**'s network or have an established relationship with a provider that's out of **MMM Diamante Platino**'s network, call Member Services to check about staying connected. If you can't stay connected with your provider, you can choose to change to another plan in which your provider is contracted.<br><br>To find out if your providers are in the plan's network, call Member Services at 1-866-333-5470 (toll free) or TTY: 711 (hearing impaired), Monday to Sunday, from 8:00 a.m. to 8:00 p.m. or read MMM's Provider and Pharmacy Directory on the plan's website at www.mmmpr.com.<br><br>If **MMM Diamante Platino** is new for you, we'll work with you to develop an or Individualized care plan to address your needs. |

| Frequently Asked Questions | Answers |
|---|---|
| **What's an MMM Diamante Platino care coordinator?** | An **MMM Diamante Platino** care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need. |
| **What are Long-term Services and Supports (LTSS)?** | Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency. Call the Family Orientation and Support Line (LOAF, in Spanish) of the Department of Family Affairs at 1-787-977-8022 and 1-888-359-7777 for more information. The availability of these programs will be subject to eligibility criteria and availability of funds. |
| **What happens if I need a service but no one in MMM Diamante Platino's network can provide it?** | Most services will be provided by our network providers. If you need a service that can't be provided within our network, MMM will pay for the cost of an out-of-network provider. |

| Frequently Asked Questions | Answers |
|---|---|
| **Where's MMM Diamante Platino available?** | The service area for this plan includes the municipalities of: Adjuntas, Aguada, Aguadilla, Aguas Buenas, Aibonito, Añasco, Arecibo, Arroyo, Barceloneta, Barranquitas, Bayamón, Cabo Rojo, Caguas, Camuy, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Ciales, Cidra, Coamo, Comerío, Corozal, Culebra, Dorado, Fajardo, Florida, Guánica, Guayama, Guayanilla, Guaynabo, Gurabo, Hatillo, Hormigueros, Humacao, Isabela, Jayuya, Juana Díaz, Juncos, Lajas, Lares, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Maricao, Maunabo, Mayagüez, Moca, Morovis, Naguabo, Naranjito, Orocovis, Patillas, Peñuelas, Ponce, Quebradillas, Rincón, Río Grande, Sabana Grande, Salinas, San Germán, San Juan, San Lorenzo, San Sebastián, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Utuado, Vega Alta, Vega Baja, Vieques, Villalba, Yabucoa and Yauco, PR. You must live in one of these municipalities to join the plan. |
| **What's prior authorization?**<br><br>(continued on the next page) | Prior authorization means an approval from **MMM Diamante Platino** to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. **MMM Diamante Platino** may not cover the service, procedure, item, or drug if you don't get prior authorization.<br><br>**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. MMM Diamante Platino** can provide you or your provider with a list of services or procedures that require you to get prior authorization from **MMM Diamante Platino** before the service is provided.<br><br>Refer to **Chapter 3: Using our plan for your medical services** of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the Evidence of Coverage, **Medical Benefits Chart**, to learn which services require a prior authorization. |

| Frequently Asked Questions | Answers |
|---|---|
| **What's prior authorization?**<br><br>(continued) | If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at 1-866-333-5470 (toll free) or TTY: 711 (hearing impaired), Monday to Sunday, from 8:00 a.m. to 8:00 p.m. for help. |
| **What's a referral?** | A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, **MMM Diamante Platino** may not cover the services. **MMM Diamante Platino** can provide you with a list of services that require you to get a referral from your PCP before the service is provided. As established in the document, General Rules for Medicare Platino, a referral to visit the Gynecologist/Obstetrics isn't necessary. Refer to the Evidence of Coverage **Chapter 3: Using our plan for your medical services, section 1.2: Basic rules for your medical care to be covered by our plan**, to learn more about when you'll need to get a referral from your PCP. |
| **Do I pay a monthly amount (also called a premium) under MMM Diamante Platino?** | No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium. Your plan includes a Medicare Part B premium reduction of **$14** per month. The amount of the reduction may vary depending on the plan you select and will be reflected in your Social Security payment. |
| **Do I pay a deductible as a member of MMM Diamante Platino?** | No. You don't pay deductibles in **MMM Diamante Platino**. |
| **What's the maximum out-of-pocket amount that I'll pay for medical services as a member of MMM Diamante Platino?** | There's no cost-sharing for medical services in **MMM Diamante Platino**, so your annual out-of-pocket costs will be **0%**. |

# C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need hospital care** | Inpatient hospital stay | **$0** | Our plans cover an unlimited number of hospitalization days.<br>May require preauthorization.<br>Except in an emergency, your health care provider must tell the plan of your hospital admission. |
| | Outpatient hospital services, including observation | **$0** | May require preauthorization. |
| | Ambulatory surgical center (ASC) services | **$0** | May require preauthorization. |
| | Doctor or surgeon care | **$0** | May require preauthorization. |
| **You want a doctor** | Visits to treat an injury or illness | **$0** | |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | **$0** | |
| | Wellness visits, such as a physical | **$0** | |
| | "Welcome to Medicare" (preventive visit one time only) | **$0** | |
| | Specialist care | **$0** | May require a referral from your physician. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need emergency care** | Emergency room services | **$0** | Worldwide emergency coverage: **$75** copay, with a **$500** annual plan maximum. The **$75** copay is waived if you are admitted to the hospital. Emergency room services are covered out-of-network and do not require preauthorization. If you need inpatient care after your emergency condition is stabilized, network/authorization rules may apply. |
| | Urgent care | **$0** | Worldwide urgent care: **$75** copay, with a **$500** annual plan maximum shared with worldwide emergency coverage. The **$75** copay is waived if you are admitted to the hospital. Urgent care services are covered out-of-network and do not require preauthorization. |
| **You need medical tests** | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | **$0** | May require preauthorization. |
| | Lab tests and diagnostic procedures, such as blood work | **$0** | May require preauthorization. |
| **You need hearing/ auditory services** | Hearing screenings | **$0** | May require preauthorization.<br><br>This is a service covered by the plan through the wrap-around as required by Medicaid. |
| | Hearing aids<br>• Supplemental hearing aids<br>• Supplemental hearing aid fitting evaluation | **$0** | **$3,000** every **three (3)** years for the purchase of hearing aids for both ears.<br><br>**One (1)** supplemental fitting/evaluation for hearing aids per year.<br><br>May require preauthorization. |
| **You need dental care** | Dental check-ups and preventive care | **$0** | Preventive dental services are covered under Medicare Platino through the Medicaid State Plan. Applicable benefit limits apply. Limits may be exceeded when medically necessary and approved through preauthorization or the applicable exception process. |
| | Comprehensive and emergency dental care<br>• Medicare-Covered Dental Services<br>• Post and core buildup and/or individual crown*<br>• Prosthodontics<br>  • Removable<br>  • Fixed bridge*<br>  • Implants* | **$0** | Maximum of **$3,500** annually for all additional supplemental comprehensive dental services.<br><br>*Certain limits and restrictions apply.<br><br>Preventive and other restorative services covered by the plan through the wrap-around as required by Medicaid.<br>The maximum plan amount does not apply to preventive or diagnostic services, nor to those covered by Medicare and the Puerto Rico Government Health Plan (Medicaid). |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need eye care** | Eye exams | **$0** | May require preauthorization.<br><br>This is a service covered by the plan through the wrap-around as required by Medicaid. |
| | Eyeglasses and/or contact lenses | **$0** | **$800** annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses. |
| | Other vision care | **$0** | This is a service covered by the plan through the wrap-around as required by Medicaid. |
| **You need mental health services** | Mental health services<br>• Outpatient group therapy visit<br>• Outpatient individual therapy visit | **$0** | Preauthorization and a referral are required for certain outpatient mental health services. Medicare Platino also covers applicable mental health services under the Medicaid State Plan, including mental health-related outpatient services and 24-hour, 7-day-a-week emergency and crisis intervention services that are not otherwise covered by Medicare or the MA supplemental benefit. |
| | Inpatient and outpatient care and community-based services for people who need mental health services | **$0** | Prior authorization and referral requirements vary by service. Inpatient psychiatric care requires prior authorization but no referral; outpatient mental health specialty services require prior authorization and a referral. Medicare has a **190**-day lifetime limit for inpatient mental health care in a psychiatric hospital; this limit does not apply when inpatient mental health services are provided in a general hospital.<br><br>**90** days for in-hospital care. **60** "lifetime booking" days. |
| **You need substance use disorder services** | Substance use disorder services<br>• Medicare-covered Individual Sessions<br>• Medicare-covered Group Sessions | **$0** | Prior authorization and referral requirements vary by service. Outpatient substance use disorder individual and group sessions require prior authorization and a referral. Medicare Platino also covers applicable substance use disorder services under the Medicaid State Plan when they are not covered by Medicare or the MA supplemental benefit. |
| **You need a place to live with people available to help you** | Skilled nursing care | **$0** | Prior authorization is required. Up to 100 days of skilled nursing facility care are covered in accordance with Medicare coverage rules. The plan does not require a prior 3-day inpatient hospital stay before SNF admission. |
| | Adult Foster Care and Group Adult Foster Care | **$0** | Contact the Family Orientation and Support Line (LOAF in Spanish) of the Department of Family Affairs at 1-787-977-8022 and 1-888-359-7777 for more information. The availability of these programs will be subject to eligibility criteria and availability of funds. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy | **$0** | May require preauthorization. |
| **You need help getting to health services** | Ambulance services | **$0** | Requires authorization, except for emergencies. |
| | Emergency transportation | **$0** | |
| | Transportation to medical appointments and services | **$0** | **30** one-way trips per year to health-related locations. Unlimited transportation to and from the MMM Multiclinics.<br><br>Applies to health-related locations, such as doctor appointments, to receive medical treatment, for medical procedures and/or to pick up medical or laboratory test results and medications.<br><br>May require preauthorization. |
| **You need drugs to treat your illness or condition**<br><br>(continued on the next page) | Medicare Part B drugs | **$0** | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Evidence of Coverage for more information on these drugs.<br><br>Medicare Part B drugs may be subject to step therapy requirements from Part B to Part B and from Part D to Part B.<br><br>May require preauthorization. |
| | Medicare Part D drugs | **$0** for a 30-day and/or 90-day supply. | There may be limitations on the types of drugs covered. Please refer to MMM Diamante Platino for a List of Covered Drugs (Drug List) for more information.<br><br>Once you or others on your behalf pay **$2,400** you've reached the catastrophic coverage stage and you pay **$0** for all your Medicare drugs. Read the Evidence of Coverage or more information on this stage.<br><br>30-day and 90-day supply available at Retail Pharmacies. 90-day supply available through Mail-Order. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need drugs to treat your illness or condition**<br><br>(continued) | Over-the-counter (OTC) drugs | **$0** | **$100** every **three (3)** months for OTC items or drugs.<br><br>Refer to the OTC List available in our OTC at Your Door catalog or on our website.<br><br>Maximum benefit amount shared between OTC, Home and Bathroom Safety Devices and Modifications, and Fitness Benefit (exercise items only). Limits on the number of items per category may apply. |
| **You need help getting better or have special health needs** | Rehabilitation services | **$0** | |
| | Medical equipment for home care | **$0** | |
| | Dialysis services | **$0** | |
| **You need foot care** | Podiatry services<br>• Medicare covered services<br>• Supplemental services | **$0** | **6** routine visits per year for supplemental podiatry services.<br><br>May require preauthorization and referral. |
| | Orthotic services | **$0** | May require preauthorization. |
| **You need durable medical equipment (DME)**<br><br>**Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Evidence of Coverage | Wheelchairs, crutches, and walkers | **$0** | May require preauthorization. |
| | Nebulizers | **$0** | May require preauthorization. |
| | Oxygen equipment and supplies | **$0** | May require preauthorization. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need help living at home** | Home health services | **$0** | May require preauthorization. |
| | Home services, such as cleaning or housekeeping | **$0** | Contact the Family Orientation and Support Line (LOAF in Spanish) of the Department of Family Affairs at 1-787-977-8022 and 1-888-359-7777 for more information The availability of these programs will be subject to eligibility criteria and availability of funds. |
| | Adult day health, Community Based Adult Services (CBAS), or other support services | **$0** | Contact the Adult Services Program of the Department of Family Affairs at 1-787-625-4900 for more information. |
| | Services to help you live on your own (home health care services or personal care attendant services) | **$0** | Contact the Adult Services Program of the Department of Family Affairs at 1-787-625-4900 for more information. |
| **Additional services**<br><br>(continued on the next page) | Chiropractic services<br>• Medicare covered services<br>• Supplemental services | **$0** | **$750** annually for up to a maximum of **6** routine visits for supplemental chiropractic services.<br><br>May require preauthorization and referral. |
| | Diabetes supplies and services | **$0** | May require preauthorization. |
| | Prosthetic services | **$0** | May require preauthorization. |
| | Radiation therapy | **$0** | May require preauthorization. |
| | Services to help manage your disease | **$0** | |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services** (continued) | Wellness Programs Programs focused on health conditions such as high bloodpressure, cholesterol, asthma, and special diets.<br>• Programs for weight management, physical conditioning, and stress management.<br>• Nursing hotline (24/7)<br>• Printed Health Education Materials<br>• Nutrition training | **$0** | |
| | Acupuncture<br>• Medicare covered services<br>• Supplementary services | **$0** | **$500** annually for up to a maximum of **6** routine visits for supplemental acupuncture services.<br><br>May require preauthorization and referral. |
| | Nutritionist | **$0** | **6** visits per year. |
| | Alternative Therapies<br>• Naturopath services | **$0** | **12** visits per year. |
| | Home and Bathroom Safety Devices and Modifications | **$0** | **$100** every **three (3)** months to be used towards the purchase of the following items covered through the OTC catalog:<br><br>• Medical Bathmat<br>• Raised Toilet Seat<br>• Handheld Shower Head<br>• Reacher<br>• Nightlight<br><br>For more details, you can refer to the OTC List available in our OTC at Your Door Catalog or on our website.<br><br>This is a combined benefit with a single, shared maximum benefit amount for OTC, Home and Bathroom Safety Devices and Modifications, and Fitness Benefit (exercise items only). Limits on the number of items per category may apply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services** (continued) | Fitness | **$0** | **$100** every **three (3)** months to use for the purchase of the following items through the OTC catalog:<br>• Pedals for physical exercise<br>• Elastic bands for stretching<br>For more details, you can refer to the OTC List available in our OTC at Your Door Catalog or on our website.<br>This is a combined benefit with a single, shared maximum benefit amount for OTC, Home and Bathroom Safety Devices and Modifications, and Fitness Benefit (exercise items only). Limits on the number of items per category may apply. |
| | MMM Assistance | **$0** | You are eligible for **12** services per year for individual events, for the following services:<br>• Roadside assistance services*<br>• In-home minor repairs*<br>• Appliance repairs* (One (1) appliance repair service per semester)<br>• Handyman services (One (1) 2-hour event per year)<br>• A/C cleaning services (One (1) event per semester)<br>• Pest control (one (1) simple fumigation visit for interior or exterior per semester).<br>***$300** per event for assistance on the road and some In-Home minor repairs. **$200** per event applies for appliances repair services.<br>Limits and restrictions may apply.<br>The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as hyperlipidemia, diabetes mellitus, arterial hypertension, cardiovascular disorders, and peripheral vascular disease. For a full list of chronic conditions, refer to Ch. 4 of the Evidence of Coverage. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services**<br><br>(continued) | MMM Flexi Card<br><br>You will receive a monthly amount that can be used for the following products and services:<br><br>• Prepared Meals<br>• Food & Groceries<br>• Gasoline<br>• Cleaning Products<br>• Entertainment (concerts/theater/movies, etc)<br>• Utilities<br>• Additional OTC items (including homeopathic/ natural medicine items)<br>• Home and Bathroom Safety Devices<br>• Fitness Benefit (Physical exercise and Gym membership)<br>• Memory and cognitive function support items<br>• Pet Care<br>• Gardening/Hardware Items<br>• Towels, Linens, and Clothing<br>• Additional Roadside Assistance and In-Home Minor Repairs and Other Services<br>• Eyewear ((lenses and frames), Contact lenses or Upgrades)<br>• Hearing Services (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types))<br>• Comprehensive and Diagnostic Dental Services (Oral exams, Dental X-Rays, Restorative, Endodontics, Periodontics, Removable Prosthodontics, Implant Services, Fixed Prosthodontics, Oral/Maxillofacial Surgery, Adjunctive General Services, and Other Diagnostic Dental Services) | **$0** | **$85 monthly**<br><br>The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as hyperlipidemia, diabetes mellitus, arterial hypertension, cardiovascular disorders, and peripheral vascular disease. For a full list of chronic conditions, refer to Ch. 4 of the Evidence of Coverage. |

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the **MMM Diamante Platino** Evidence of Coverage. If you don't have an Evidence of Coverage, call MMM Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also visit www.mmmpr.com.

# D. Benefits covered outside of MMM Diamante Platino

There are some services that you can get that aren't covered by **MMM Diamante Platino** but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

| Other services covered by Medicare, Medicaid or a State agency | Your costs |
|---|---|
| **Family planning services**<br><br>Family planning services are covered under Medicare Platino through the Medicaid State Plan. Services are provided voluntarily and confidentially. Sterilization services are subject to federal age and consent requirements. Prior authorization or an exception process may apply to certain contraceptive medications or methods. | **$0** |
| **Vaccines**<br><br>Vaccines provided directly by the Puerto Rico Department of Health (PRDOH) See Chapter 4 of the Evidence of Coverage for the applicable PRDOH vaccine list and access information. | **$0** |

# E. Services that MMM Diamante Platino, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

| Services MMM Diamante Platino, Medicare, and Medicaid don't cover | |
|---|---|
| Custodial care | For a complete list of excluded services and applicable exceptions, see **Chapter 4** of the Evidence of Coverage. |
| Fees charged for care provided by your immediate relatives or members of your household | |
| Full-time nursing care in your home | |
| Personal items in your room at a hospital or skilled nursing facility, such as a telephone or television | |
| Reversal of sterilization procedures | |

# F. Your rights as a member of the plan

As a member of **MMM Diamante Platino**, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the Evidence of Coverage. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. **MMM Diamante Platino** will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - File a complaint with MMM by calling Member Services at 1-866-333-5470 (toll free), TTY: 711 (hearing impaired), Monday through Sunday, 8:00 a.m. to 8:00 p.m., or visit www.mmm-pr.com/afiliados/apelaciones-y-querellas.
  - Appeal certain decisions made by our providers. You or your authorized representative may ask us to review a decision about your medical care or services (Part C), including Medicare Part B drugs, or your Medicare Part D prescription drugs. To file an appeal, call Member Services at 1-866-333-5470 (toll free), TTY: 711 (hearing impaired), or submit your request to MMM Healthcare, LLC, Appeals and Grievances Department, PO Box 71114, San Juan, PR 00936-8014. See **Chapter 9** of the Evidence of Coverage for more information about Part C and Part D appeals.
  - Ask for a State Hearing at Puerto Rico Health Insurance Administration, in Spanish ASES, at PROBENE Office PO Box 195661 San Juan PR 00936 or call 1-800-981-2737, TTY: 787-474-3389, Monday-Friday 8:00 a.m. - 4:30 p.m.
  - Get a detailed reason for why services were denied.

For more information about your rights, you can read the Evidence of Coverage. If you have questions, you can call MMM's Member Services at 1-866-333-5470 (toll free) or TTY: 711 (hearing impaired), Monday to Sunday, from 8:00 a.m. to 8:00 p.m.

You can also call State Health Insurance Assistance Program (SHIP) Education and Community Relations Area, Office of the Advocate for Older Adults (OPPEA) at 1-877-725-4300, Monday to Friday, from 7:30 a.m. to 4:30 p.m., or the Puerto Rico Health Insurance Administration ASES, by its Spanish acronym) at 1-800-981-2737 (toll free), or TTY: 787-474-3389 (for the hearing impaired), Monday to Friday, from 8:00 a.m. to 4:30 p.m.

# G. How to file a complaint or appeal a denied service

If you have a complaint or think **MMM Diamante Platino** should cover something we denied, call Member Services at 1-866-333-5470 (toll free) or TTY: 711 (hearing impaired), Monday to Sunday, from 8:00 a.m. to 8:00 p.m. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the Evidence of Coverage. You can also call MMM's Member Services at the numbers listed at the bottom of this page.

**For complaints, grievances, or appeals related to medical care or services (Part C), including Medicare Part B drugs, contact:**

MMM Healthcare, LLC
Appeals and Grievances Department
PO Box 71114
San Juan, PR 00936-8014
Phone: 1-866-333-5470
TTY: 711
Fax 787-625-3375

**For complaints, grievances, coverage determinations, or appeals related to Medicare Part D prescription drugs, contact:**

MMM Healthcare, LLC
Appeals and Grievances Department
PO Box 71114
San Juan, PR 00936-8014
Phone: 1-866-333-5470
TTY: 711
Fax: 787-620-2390

# H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at MMM Member Services at 1-866-333-5470 (toll -free) or TTY: 711 (hearing impaired), Monday to Sunday, from 8:00 a.m. to 8:00 p.m.
- Or, call the Puerto Rico Health Insurance Administration at 1-800-981-2737. TTY users may call 1-787-474-3389. Hours of operation are Monday to Friday from 8:00 a.m. to 4:30 p.m.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

# Services covered by the Puerto Rico Government Health Plan

**Summary of Benefits covered by Medicaid Contracts H4003 017, 058 y H4004 048, 068, 072-001, 072-002, 072-003, 076-001, 076-002, 076-003**

The benefits described below are covered by Medicaid. The benefits described in the section Covered Medical and Hospital Benefits are covered by Medicare.

For each benefit mentioned below, you will see what the Puerto Rico Government Health Plan covers and what our plan covers. What you pay for services covered will depend on your Medicaid level of eligibility.

No matter your level of Medicaid eligibility, MMM Diamante Platino (HMO D-SNP), MMM Combo Platino (HMO D-SNP), PMC Premier Platino (HMO D-SNP), MMM Relax Platino (HMO D-SNP) Zona 1, 2 or 3, MMM Preciso Platino (HMO D-SNP) Zona 1, 2 or 3, and MMM Dorado Platino (HMO D-SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of this Summary of Benefits.

If you have questions regarding your eligibility for Medicaid and what benefits you are entitled to, call: 787-620-2397 or 1-866-333-5470 (toll free), TTY: 711 (hearing impaired).

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Inpatient Hospital Services** | **Admissions:**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>**Nursery:**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefits coverage and 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.<br><br>Coverage includes:<br>• Isolation room for medical reasons<br>• Specialized diagnostic / treatment such as electrocardiograms, electroencephalograms, arterial gases, and other specialized diagnostic and/or treatment testing that are available in the hospital facilities and which are required to be performed while the patient is hospitalized.<br>• Short Term Rehabilitation Services: To hospitalized patients, including physical, occupational and speech therapy.<br><br>**Blood:** Blood, plasma and their derivatives without limitations, to include irradiated and autologous blood; Monoclonal Factor IX per authorization of a certified hematologist; Antihemophilic Factor with intermediate purity concentration (Factor VIII) A; Antihemophilic Monoclonal Type Factor per authorization of a certified hematologist and Prothrombin Activating Complex (Auto flex and Feiba) per authorization of a certified hematologist. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Inpatient Hospital Services for Mental Health Diseases** | **Admissions:**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefits coverage and 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. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Inpatient Substance Use Disorder** | **Admissions:**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefits coverage and 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. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Laboratory and High-Tech Laboratories** | **Laboratory and High-Tech Laboratories****<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Laboratory testing and necessary procedures related to generating a Health Certificate non-covered by Medicare or the MAO supplementary benefits but included in the State Plan.<br><br>Health certificates are covered under the GHP, provided that cost sharing and/or deductibles applicable to the necessary procedures and laboratory testing related to generating a Health Certificate will be the Enrollee's responsibility. Such certificates shall include:<br>• Venereal Disease Research Laboratory ("VDRL") Tests.<br>• Tuberculosis ("TB") tests; and<br>• Hepatitis C virus: Anti HCV and or HCV- RNA, as required.<br>• Hepatitis B virus: HBsAg; HBcAb IgM and or IbG, if needed.<br>• Hepatitis A virus: HAV IgM; HAV RNA, as required.[1]<br>• Any certification for GHP members related to eligibility for the Medicaid program (provided at no charge).<br>• Coverage must follow Puerto Rico Department of Health and CDC guidelines.<br><br>1. As ordered by the Department of Health of Puerto Rico, administrative order 594 dated 7/30/2024. **Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Emergency Room (ER) services** | **Visits to the Emergency Room**<br>Coverage Code 100- $0<br>Coverage Code 110- $0<br>Coverage Code 120- $0<br>Coverage Code 130- $0<br><br>**Non-emergency services provided at a hospital Emergency Room, (per visit)**<br>Coverage Code 100- $0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>**Non-emergency services provided at a freestanding Emergency Room, (per visit)**<br>Coverage Code 100- $0<br>Coverage Code 110- $0<br>Coverage Code 120- $0<br>Coverage Code 130- $0<br><br>**Trauma**<br>Coverage Code 100- $0<br>Coverage Code 110- $0<br>Coverage Code 120- $0<br>Coverage Code 130- $0 | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Outpatient Services for Substance Use Disorder** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefits coverage and 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. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Outpatient Mental Healthcare and Professional Services** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>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. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Ambulatory visits** | **Primary Care Physician (PCP), Specialist, Sub-Specialist, and Pre-Natal Services**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0 | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Tobacco cessation** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Tobacco cessation services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.<br><br>Smoking cessation drugs are covered for individuals under age 21 and for pregnant women when medically necessary and prescribed by a physician. In these cases, the plan covers prescription and nonprescription aids as indicated by a physician. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Maternity Services** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Maternity services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.<br><br>Abortions when the pregnancy is a result of rape or incest as certified by a physician.<br><br>Severe and long-lasting damage would be caused to the mother if the pregnancy is carried to term as certified by a physician.<br><br>Pre-natal services. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Medical and Surgical** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Medical and Surgical services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.<br><br>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. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Vision services** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Vision services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.<br><br>Eyeglasses or lenses for beneficiaries between the ages of 0 to < 21 years when medically necessary will be covered, the benefit of eyeglasses and lenses consists of a single or multifocal lenses and standard frame eyeglasses every 24 months. All types of lenses have to be preauthorized except for intraocular lenses. Repair or replacement of eyeglasses within 24 months, when this is medically necessary and approved by the pre-authorization, will be covered. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Hearing exams** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Hearing related services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Physical, Occupational, and Speech Therapy** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Covered without limits under Medicare Part B (Medical Insurance). Does not apply within Wrap-Around. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Prescription Drugs** | **Preferred (Children (0-20, Inclusive))**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>**Preferred (Adult)****<br>Coverage Code 100-$0<br>Coverage Code 110-$1<br>Coverage Code 120-$2<br>Coverage Code 130-$3<br><br>**Non-Preferred (Children (0-20, Inclusive))**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>continues... | **Covered Drugs**<br>**$0** copay for a one-month (30-day) supply of drugs covered by the Puerto Rico Government Health Plan.<br><br>**$0** copay for a three-month (90-day) supply of drugs covered by the Puerto Rico Government Health Plan. |

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Prescription Drugs** (cont.) | **Non-Preferred (Adults)****<br>Coverage Code 100-$0<br>Coverage Code 110-$3<br>Coverage Code 120-$4<br>Coverage Code 130-$6<br><br>**Outpatient Substance Abuse**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Prescription drugs non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.<br><br>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.<br><br>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:<br><br>• 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.<br>• 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, the drug will be covered under Wrap-around. The prescriber physician needs to exhaust available MAO Formulary on the needed drug category.<br>• Wrap-around drugs to be considered need to be part of the GHP Formulary. All MAO's Part D Drugs Formularies should have the same therapeutic classes as the GHP Formulary.<br><br>**Copay 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. | **Covered Drugs**<br>**$0** copay for a one-month (30-day) supply of drugs covered by the Puerto Rico Government Health Plan.<br><br>**$0** copay for a three-month (90-day) supply of drugs covered by the Puerto Rico Government Health Plan. |

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Dental Services Preventive and Restorative** | **Preventive (Child)**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>**Preventive (Adult)**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>**Restorative**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Dental services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.<br><br>The following are the benefits included in the GHP:<br><br>• All preventative and corrective services for children under age twenty-one (21);<br>• Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21);<br>• Stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy;<br>• Preventive dental services for Adults;<br>• Restorative dental services for Adults;<br>• One (1) comprehensive oral exam per year;<br>• One (1) periodical exam every six months;<br>• One (1) defined problem-limited oral exam;<br>• One (1) full series of intraoral radiographies, including bite, every three (3) years;<br>• One (1) initial periapical intra-oral radiography;<br>• Up to five (5) additional periapical/intra-oral radiographies per year;<br>• One (1) single film-bite radiography per year;<br>• One (1) two-film bite radiography per year;<br>• One (1) panoramic radiography every three (3) years;<br><br>continues... | **$0** per benefit covered by the Puerto Rico Government Health Plan. |

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Dental Services Preventive and Restorative** (cont.) | • One (1) adult cleanse every six (6) months;<br>• One (1) child cleanse every six (6) months;<br>• One (1) topical fluoride application every six (6) months for Enrollees under nineteen (19) years old;<br>• Fissure sealants for life for Enrollees up to fourteen (14) years old, including decidual molars up to eight (8) years old when medically necessary because of cavity tendencies.<br>• Amalgam restoration;<br>• Resin restorations;<br>• Root Canal;<br>• Palliative treatment; and<br>• Oral Surgery<br>• Sedation and anesthesia services for beneficiaries with physical or mental disabilities in accordance with local laws;<br>• Periodontal scaling and root planing up to 4 quadrants per beneficiary;<br>• Interim removable partial dentures (upper and lower);<br>• Hospital visits;<br>• All limitations may be exceeded based on medical necessity and may be approved through a prior authorization or exemption process. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Preventive Services** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Immunization services non-covered by:<br>1. Medicare Part B<br>2. MAO Part D drug formulary<br>3. MAO supplementary plan benefits<br>4. Not covered by the Puerto Rico Department of Health Immunization Program, but included in the Puerto Rico Medicaid State Plan.<br><br>Vaccines<br>All immunizations required for post bone marrow transplant patients | **$0** per benefit covered by the Puerto Rico Government Health Plan. |

| Benefit Category | Medicaid State Plan | HMO D-SNP Coverages |
|---|---|---|
| **Family Planning** | Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>Family Planning services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.<br><br>• Puerto Rico Medicaid benefits provide reproductive health and family planning counseling. Such services shall be provided 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:<br>  • Contra-indication with drugs that the enrollee is already taking, and no other methods covered/ available that can be used by the enrollee.<br>  • History of adverse reaction by the Enrollee to the contraceptive methods covered.<br>  • History of adverse reaction by the Enrollee to the contraceptive medications that are covered.<br><br>Federal Sterilization Requirements:<br>• Beneficiary must be at least 21 years old.<br>• Federal consent form must be signed 30–180 days prior to the procedure.<br>• Emergency sterilizations are prohibited.<br>• Interpreter services must be provided when needed.<br>• Coercion is prohibited. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |
| **Other Services** | **X-Rays**/Special Diagnostic Tests**/ Respiratory Therapy/ Healthy Child Care/Ambulatory Surgery**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>**Physical Exam/Special Coverage**<br>Coverage Code 100-$0<br>Coverage Code 110-$0<br>Coverage Code 120-$0<br>Coverage Code 130-$0<br><br>** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service. | **$0** per benefit covered by the Puerto Rico Government Health Plan. |

# HMO D-SNP Coverages

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 the exemptions and zero copayments for beneficiaries of Medicaid/CHIP and certain services, as follows:

**1. The following Medicaid/CHIP* beneficiaries are exempt from copays independent of their coverage code:**

- Children from 0 to less than 21 years of age (0-20 years of age, inclusive);
- Pregnant women (during pregnancy and the 60-day post-partum period);
- American Indian and Alaskan Natives (AI/AN);
- Institutionalized individuals; and
- Individuals receiving hospice care.

**2. The Beneficiaries of Medicaid/CHIP* are exempt from copays receiving any of the following services:**

- Emergency services, including ambulatory services, 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;
- Preventive services provided to children less than 18 years of age (0-17 years of age; inclusive);
- Pregnancy related services and counseling, and drugs for cessation of tobacco use;
- Provider-preventable services as defined in 42 CFR 447.26(b);

**3. No copay for services provided by a Preferred Network Participating Provider.** Pharmacies and dentists are not part of Preferred Provider Network; and

**4. Copay for non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver copay.**

**5. Wrap around table is subject to changes starting 01/01/2027.**

**6. Additional comments:**

**2026 Medicare Part D Redesign**

**The 2026 redesign includes:**

- Elimination of the coverage gap.
- A $2,400 annual out of pocket cap.
- New Manufacturer Discount Program (MDRP).
- Optional smoothing program to distribute out of pocket costs across the year.
- All ACIP recommended vaccines covered at $0.

**A. Wrap Around Drug Coverage**

Wrap Around coverage applies only when Medicare and the MAO do not cover the drug and the State Plan does.

**Compliance:**

- The CMS exception process must be completed first.
- Documentation must demonstrate that formulary alternatives were attempted or contraindicated.

**B. Federal Citations**

- Medicare: 42 USC §1395; 42 CFR 400-429
- Medicaid: 42 US §1396; 42 CFR 430-456
- MHPAEA: 42 CFR 438.910
- Sterilization: 42 CFR 441.200-208 •
- Emergency Services: 42 CFR 438.114
- Part D Redesign: CMS Final Rule 2025-2026

*Does not apply to Medicare Platino.

MMM Healthcare, LLC., is an HMO D-SNP plan with a Medicare contract and a contract with the Puerto Rico Medicaid program. Enrollment in MMM depends on contract renewal. MMM Healthcare, LLC, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MMM Healthcare, LLC, cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

PO BOX 71114
SAN JUAN, PR 00936-8014

***If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call:***

## MMM Member Services

**787-620-2397**

**1-866-333-5470**
***(toll free)***

Calls to this number are free.
Monday to Sunday, from 8:00 a.m. to 8:00 p.m.
Telecommunications Relay Services (IRS) are available by dialing 711.

TTY:**711**
***(hearing impaired)***

Calls to this number are free.
Monday to Sunday, from 8:00 a.m. to 8:00 p.m.

***If you need immediate mental health care, please call the:***

## Integrated Mental Health Unit Line

**787-625-2121**

**1-877-721-7722**
***(toll free)***

Calls to this number are free.
Monday to Sunday, 24 hours a day
Telecommunications Relay Services (IRS) are available by dialing 711.

TTY:**711**
***(hearing impaired)***

Calls to this number are free.
Monday to Sunday, 24 hours a day

***If you have questions about your health:***

*Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed. If your PCP's office is closed, you can also call MMM's Haciendo Contacto helpline. Clinical staff will listen to your problem and tell you how to get care. (Example: urgent care, emergency room).*

## The numbers for the MMM Haciendo Contacto are:

**1-866-677-7779**
***(toll free)***

Calls to this number are free.
Monday to Sunday, 24 hours a day
Telecommunications Relay Services (IRS) are available by dialing 711.

TTY:**711**
***(hearing impaired)***

Calls to this number are free.
Monday to Sunday, 24 hours a day

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