

2027

SUMMARY OF
BENEFITS

Medicare
Beneficiary
HMO-POS Coverages



we walk**together**

When we say that **MMM walks with you,** we mean it.

That's why we work to exceed your expectations by incorporating innovation and flexibility into the design of your benefits and innovative programs. We listen to you and respond to provide what you need most.





Our MMM Multiclinic network, which provides convenient access to specialists' care in one location, with transportation included to and from the multi-clinic.*



MMM's Unidad Dorada in participating hospitals, providing superior care that has earned member satisfaction in **99%** of cases.**



MMM Urgency Centers, where you can go to receive care when an unexpected health situation arises and you cannot wait for an appointment.

Below, explore a summary of your benefits as part of Puerto Rico's pioneering Medicare Advantage plan:



At **MMM Multiclinic***,
MMM Unidad Dorada, and
MMM Urgency Center



Support to help
pay for your groceries*†**



Convenient
vision coverage
for **eyewear*****



Home delivery
of **OTC products*****

Remember that complete and detailed information is available in the Evidence of Coverage.

We will be happy to answer your questions about the plan and its benefits:

Sales Department:

787-620-2396

1-833-647-9555 (toll free),

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

Monday to Sunday, from 8:00 a.m. to 8:00 p.m.



*Services vary per clinic. Other providers available in the network. Exclusive for MMM members. **Data obtained from a survey conducted among patients and caregivers at the time of discharge from the MMM Unidad Dorada. ***Benefit may vary per coverage. †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.

COVERAGE COMPARISON CHART

Summary of Benefits

- The information provided is a summary of benefits of what MMM covers and of what you will pay.
- For a complete list of the covered services and benefits, call us and request an "Evidence of Coverage" or you may access the document by visiting our webpage.
- 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 or data tapes.
- Questions? We are here to help. Please call the Sales Department at: **787-620-2396**, or **1-833-647-9555** (toll free) for additional information. TTY users should use **711**, Monday to Sunday, from 8:00 a.m. to 8:00 p.m. If you are a member, call Member Services at: **787-620-2397** or **1-866-333-5470** (toll free) for additional information. TTY users should call **711**, Monday to Sunday, from 8:00 a.m. to 8:00 p.m.
- Visit our webpage at: **www.mmmpr.com**.

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

Out-of-network or non-contracted providers are under no obligation to treat MMM members, except in cases of emergency. Please call Member Services or check your Evidence of Coverage for more information, including applicable coinsurances or copayments.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Plans may offer supplementary benefits in addition to Part C and D benefits.

You can see our Prescription Drugs Formulary and Providers and Pharmacy Directory in our internet site (www.mmmpr.com), or if you would like a printed copy, call us and we will send you the requested document.

To enroll in:

- **MMM Deluxe (HMO-POS),**
- **MMM Elite (HMO-POS),**
- **MMM Grandioso (HMO-POS),**
- **MMM Mega Flex (HMO-POS),**
- **MMM Plenitud (HMO-POS),**
- **MMM Valioso (HMO-POS),**
- **PMC Max (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.

In addition, we also have regional coverages, with access to services throughout the Island:

- **MMM Balance (HMO-POS),**

Zone 1

Aguada, Aguadilla, Añasco, Arecibo, Camuy, Hatillo, Isabela, Mayagüez, Moca, Quebradillas, Rincón, San Sebastián, and Utuado.

Zone 2

Adjuntas, Aguas Buenas, Aibonito, Arroyo, Barceloneta, Barranquitas, Bayamón, Cabo Rojo, Canóvanas, Cataño, Cayey, Ceiba, Ciales, Cidra, Coamo, Comerío, Culebra, Fajardo, Guánica, Guayama, Guayanilla, Hormigueros, Jayuya, Juana Díaz, Lajas, Lares, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Maricao, Maunabo, Morovis, Naguabo, Naranjito, Orocovis, Peñuelas, Sabana Grande, Salinas, San Germán, San Juan, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Vega Baja, Vieques, Yabucoa, and Yauco.

Zone 3

Caguas, Carolina, Corozal, Dorado, Florida, Guaynabo, Gurabo, Humacao, Juncos, Patillas, Ponce, Río Grande, San Lorenzo, Vega Alta, and Villalba.

- **MMM Estela (HMO-POS),**

Zone 1

Aguada, Aguadilla, Añasco, Camuy, Isabela, Mayagüez, Moca, Quebradillas, Rincón, and San Sebastián.

Zone 2

Arecibo, Caguas, Carolina, Guaynabo, Gurabo, Hatillo, Humacao, Juncos, Ponce, San Lorenzo, Utuado, and Vega Alta.

Zone 3

Adjuntas, Aguas Buenas, Aibonito, Arroyo, Barceloneta, Barranquitas, Bayamón, Cabo Rojo, Canóvanas, Cataño, Cayey, Ceiba, Ciales, Cidra, Coamo, Comerío, Corozal, Culebra, Dorado, Fajardo, Florida, Guánica, Guayama, Guayanilla, Hormigueros, Jayuya, Juana Díaz, Lajas, Lares, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Maricao, Maunabo, Morovis, Naguabo, Naranjito, Orocovis, Patillas, Peñuelas, Río Grande, Sabana Grande, Salinas, San Germán, San Juan, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Vega Baja, Vieques, Villalba, Yabucoa, and Yauco.

Hospital and prescription drug services covered

Services with a ¹ may require preauthorization. Services with a ² are benefits out of the network, 20% of the cost up to an annual maximum limit of \$10,000.

Covered through reimbursement. Requires preauthorization. Services with a ³ have \$0 copay on the services available at MMM Multiclinic.

The eligibility for services with a ⁴ will be determined after you join the plan. To be able to receive this benefit, you must have one of the eligible chronic conditions. For more information, refer to your Evidence of Coverage (EOC) or call Member Services.

WHAT ELSE SHOULD YOU KNOW?

If you wish to learn more about the coverage and the costs of Original Medicare, read the current **“Medicare and You 2027”** handbook.

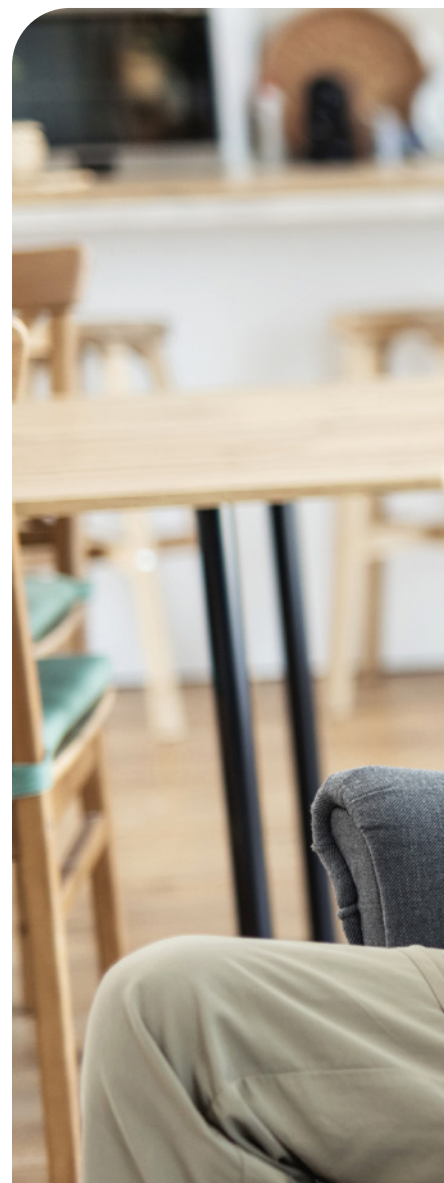
View it online at:

<http://www.medicare.gov> or get a copy by calling:
1-800-MEDICARE (1-800-633-4227),

24 hours a day, 7 days a week.

TTY users should call:

1-877-486-2048.



HMO-POS COVERAGES

With POS plans, you have access to medical services with out-of-network providers in the United States and its territories, for a greater shared cost (copayments or coinsurances).

MMM Estela (HMO-POS)

- Zone 1
- Zone 2
- Zone 3



Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

MMM Estela
Zone 1 (HMO-POS)

Monthly plan premium

\$0

Deductible/Out-of-Pocket Limit

Deductible

These plans do not have a deductible.

You pay nothing

Out-of-Pocket Limit

(does not include prescription drugs)

For services you receive from providers in our network and out of network.

\$3,250

Inpatient/Outpatient Hospital Coverage

Inpatient hospital coverage^{1,2}

Our plans cover an unlimited number of hospitalization days.

- Preferred Network: **You pay nothing**
- Unidad Dorada: **You pay nothing**
- General Network: **\$50** copay

Outpatient hospital coverage^{1,2}

\$25 copay

Ambulatory Surgical Center (ASC)^{1,2}

You pay nothing

Doctor visits

(Primary Care Providers and Specialists)

- Primary Care Provider (PCP)²
- Specialists^{2,3}

- **You pay nothing**
- **You pay nothing**

Preventive care^{1,2}

Any additional Medicare-approved preventive services will be covered during the year.

You pay nothing

Emergency care/Urgently necessary services

Emergency care

If you are admitted to the hospital, within one (1) day for the same condition, you do not pay your share of the cost (See the "Hospital Care" section of this booklet for other costs).

Maximum plan limit **\$500** for worldwide coverage.

- **\$75** copay
- Worldwide coverage
\$100 copay

Urgently necessary services

Maximum plan limit **\$500** for worldwide coverage.

- **You pay nothing**
- Worldwide coverage
\$100 copay

 THIS IS YOUR PLAN MMM Estela Zone 2 (HMO-POS)	 THIS IS YOUR PLAN MMM Estela Zone 3 (HMO-POS)
\$0	\$0
You pay nothing \$3,250	You pay nothing \$3,250
- Preferred Network: You pay nothing - Unidad Dorada: You pay nothing - General Network: \$50 copay \$25 copay	- Preferred Network: You pay nothing - Unidad Dorada: You pay nothing - General Network: \$50 copay \$25 copay
You pay nothing	You pay nothing
You pay nothing You pay nothing	You pay nothing You pay nothing
You pay nothing	You pay nothing
\$75 copay - Worldwide coverage \$100 copay You pay nothing - Worldwide coverage \$100 copay	\$75 copay - Worldwide coverage \$100 copay You pay nothing - Worldwide coverage \$100 copay

Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

MMM Estela
Zone 1 (HMO-POS)

Diagnostic Services/Labs/Imaging^{1,2}

- Diagnostic radiology services³ (e.g., MRI)
- Lab services³
- Diagnostic tests and procedures
- Outpatient X-rays

- **\$0-\$40** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

Hearing Services/Dental Services/Vision Services

Hearing Services^{1,2}

- Hearing services covered by Medicare
- Supplemental hearing aids
- Routine hearing exam
- Supplemental hearing aid fitting evaluation service

One (1) supplemental routine hearing exam per year and one (1) supplemental fitting/evaluation for hearing aids per year.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$1,250 every three (3) years for the purchase of hearing aids for both ears.

Dental Services^{1,2,3}

- Preventive and Diagnostic Services
- Medicare-Covered Dental Services
- Post and core buildup and/or individual crown*
- Prosthodontics
 - Removable*
 - Fixed bridge*
 - Implants*

*Certain limits and restrictions may apply.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$2,000** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

Vision Services^{1,2}

- Exams to diagnose and treat diseases and conditions of the eye
- Routine eye exam
- Supplementary eyeglasses and/or contact lenses

The maximum benefit amount applies both in and out of network. One (1) supplemental routine vision exam per year.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$600 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

THIS IS YOUR PLAN

MMM Estela Zone 2 (HMO-POS)

- **\$0-\$40** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$1,250 every three (3) years for the purchase of hearing aids for both ears.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$2,000** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$600 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

THIS IS YOUR PLAN

MMM Estela Zone 3 (HMO-POS)

- **\$0-\$40** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$1,250 every three (3) years for the purchase of hearing aids for both ears.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$2,000** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$600 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

Summary of Benefits

Premiums and Benefits		THIS IS YOUR PLAN MMM Estela Zone 1 (HMO-POS)
Mental Health Services^{1,2} • Inpatient hospital coverage • Outpatient group therapy visit³ • Outpatient individual therapy visit³ 190 hospitalization days for lifelong mental health care. 90 days for in-hospital care. 60 "lifetime booking days."		• \$50 copay • You pay nothing • You pay nothing
Additional Benefits		
Part B Premium Reduction		\$53 monthly
Skilled Nursing Facility^{1,2} 100 days in an SNF.		You pay nothing
Physical Therapy^{1,2}		You pay nothing
Ambulance² Requires authorization, except for emergencies.		You pay nothing
Supplemental Transportation¹ *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. Unlimited transportation to and from MMM Multiclinics.		You pay nothing 10 one-way trips per year to health-related locations.
Medicare Part B Drugs^{1,2} • Chemotherapy drugs • Other Part B drugs • Generic Immunosuppressants • Brand Immunosuppressants Medicare Part B drugs may be subject to step therapy requirements from Part B to Part B and from Part D to Part B. You may have a coinsurance lower than 20% for some Part B and chemotherapy drugs with prices that have increased faster than the inflation rate.		• 20% of the cost • 20% of the cost \$35 for insulin drugs • \$0 copay • \$0 copay

THIS IS YOUR PLAN

MMM Estela Zone 2 (HMO-POS)

- **\$50** copay
- **You pay nothing**
- **You pay nothing**

\$73 monthly

You pay nothing

You pay nothing

You pay nothing

You pay nothing

10 one-way trips per year to health-related locations.

- **20%** of the cost
- **20%** of the cost
- **\$35** for insulin drugs
- **\$0** copay
- **\$0** copay

THIS IS YOUR PLAN

MMM Estela Zone 3 (HMO-POS)

- **\$50** copay
- **You pay nothing**
- **You pay nothing**

\$68 monthly

You pay nothing

You pay nothing

You pay nothing

You pay nothing

10 one-way trips per year to health-related locations.

- **20%** of the cost
- **20%** of the cost
- **\$35** for insulin drugs
- **\$0** copay
- **\$0** copay

Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

MMM Estela
Zone 1 (HMO-POS)

Foot Care^{1,2,3}

(podiatry services)

- Medicare covered services
- Supplemental services

6 routine visits per year for supplemental podiatry services.

- **You pay nothing**
- **You pay nothing**

Durable Medical Equipment / Medical Supplies^{1,2}

- DME (e.g., wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs, etc.)
- Medical supplies
- Diabetic supplies

- **You pay nothing**
- **5%** of the cost
- **5%** of the cost
- **You pay nothing**

Wellness Programs

Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets.

- Programs for weight management, physical conditioning, and stress management.
- Nursing hotline (24/7)
- Printed Health Education Materials
- Nutrition training

You pay nothing

Chiropractic care^{1,2}

- Medicare covered services
- Supplemental services

- **You pay nothing**
- **You pay nothing**

\$1,000 annually for a maximum of **8** routine visits for supplemental chiropractic services.

Over-the-counter items (OTC)

If your plan covers OTC, refer to the OTC List available in our OTC at Your Door catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$45 every three (3) months for OTC items or drugs.

THIS IS YOUR PLAN MMM Estela Zone 2 (HMO-POS)	THIS IS YOUR PLAN MMM Estela Zone 3 (HMO-POS)
• You pay nothing • You pay nothing	• You pay nothing • You pay nothing
• You pay nothing • 5% of the cost • 5% of the cost • You pay nothing	• You pay nothing • 5% of the cost • 5% of the cost • You pay nothing
You pay nothing	You pay nothing
• You pay nothing • You pay nothing \$1,000 annually for a maximum of 8 routine visits for supplemental chiropractic services.	• You pay nothing • You pay nothing \$1,000 annually for a maximum of 8 routine visits for supplemental chiropractic services.
You pay nothing \$45 every three (3) months for OTC items or drugs.	You pay nothing \$45 every three (3) months for OTC items or drugs.

Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

MMM Estela
Zone 1 (HMO-POS)

Acupuncture¹

- Medicare covered services²
- Supplementary services

12 routine visits for supplemental acupuncture services.

- **You pay nothing**
- **You pay nothing**

Nutritionist

6 visits per year.

You pay nothing

Alternative Therapies

- Naturopath services

12 supplementary visits per year for naturopath services.

- **You pay nothing**

Home and Bathroom Safety Devices and Modifications

For more details, you can refer to the OTC List available in our OTC at Your Door catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$45 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight



THIS IS YOUR PLAN

MMM Estela
Zone 2 (HMO-POS)

- You pay nothing
- You pay nothing

You pay nothing

- You pay nothing

You pay nothing

\$45 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight



THIS IS YOUR PLAN

MMM Estela
Zone 3 (HMO-POS)

- You pay nothing
- You pay nothing

You pay nothing

- You pay nothing

You pay nothing

\$45 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN
MMM Estela
Zone 1 (HMO-POS)

Fitness

For more details, you can refer to the OTC List available in our OTC at Your Door Catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$45 every three (3) months to use for the purchase of the following items through the OTC catalog.

- Pedals for physical exercise
- Elastic bands for stretching

MMM Flexi Card⁴

You will receive a monthly amount that you can use for the following products and services:

- Prepared Meals
- Food & Groceries
- Gasoline
- Cleaning Products
- Entertainment (concerts/theater/movies, etc)
- Utilities
- Additional OTC items (including homeopathic/natural medicine items)
- Home and Bathroom Safety Devices
- Fitness Benefit (Physical exercise and Gym Membership)
- Memory and cognitive function support items
- Pet Care
- Gardening/Hardware Items
- Towels, Linens, and Clothing
- Additional Roadside Assistance and In-Home Minor Repairs and Other Services
- Eyewear (lenses and frames), Contact lenses or Upgrades
- Hearing Services (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types))
- 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)
- Copayments / Coinsurance

\$160 monthly

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.

MMM Assistance⁴

You are eligible for **12** services per year for individual events, for the following services:

- Roadside assistance services
- Minor home repairs
- Appliance repairs (One (1) appliance repair service per semester)
- Handyman services (one (1) event per year, two (2) hours)
- Pest control (one (1) simple fumigation visit for interior or exterior per semester)
- Indoor air quality equipment services (A/C cleaning, one (1) visit per semester)

Up to 12 services, **\$300** per event for roadside assistance and some In-Home minor repairs. **\$200** per event for appliance repair services (2 per year). Limits and restrictions may apply. Service must be coordinated through the plan's contracted vendor. 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.

You pay nothing

 THIS IS YOUR PLAN**MMM Estela**
Zone 2 (HMO-POS)**You pay nothing**

\$45 every three (3) months to use for the purchase of the following items through the OTC catalog.

- Pedals for physical exercise
- Elastic bands for stretching

\$100 monthly**You pay nothing** THIS IS YOUR PLAN**MMM Estela**
Zone 3 (HMO-POS)**You pay nothing**

\$45 every three (3) months to use for the purchase of the following items through the OTC catalog.

- Pedals for physical exercise
- Elastic bands for stretching

\$25 monthly**You pay nothing**

Summary of Benefits

HMO-POS Coverage

MMM Estela Zones 1, 2 & 3 - Prescription Drugs

☒ THIS IS YOUR PLAN

STAGE	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 your out-of-pocket costs reach \$2,400)	Preferred Generic	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay
	Preferred Brand	\$0 copay	\$0 copay
	Non-Preferred Drugs	\$0 copay	\$0 copay
	Specialty Drugs	33% of the cost \$35 copay for insulin	Not available
	Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach \$2,400)	If you reach the Catastrophic Coverage Stage, you pay nothing for Part D drugs nor for excluded drugs that are covered by our plan.		

Important Message About What You Pay for Vaccines - Our plan covers most adult Part D vaccines at no cost. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

This plan includes drugs to treat erectile dysfunction: \$0 copay for Generic Drugs for 6 pills per month.

Your Drugs UNDER MMM'S COVERAGE

PRESCRIPTION DRUGS

**Your plan covers drugs
in a six-tier structure:**

- Preferred Generic
- Generic
- Preferred Brand
- Non-Preferred Drugs
- Specialty Drugs
- Select Care Drugs

Benefits	MMM Estela Zone 1 (HMO-POS)	MMM Estela Zone 2 (HMO-POS)	MMM Estela Zone 3 (HMO-POS)
Preferred Generic	\$0	\$0	\$0
Generic	\$0	\$0	\$0
Preferred Brand	\$0	\$0	\$0
Non-Preferred Drugs	\$0	\$0	\$0
Specialty Drugs	33% \$35 for insulin	33% \$35 for insulin	33% \$35 for insulin
Select Care Drugs	\$0	\$0	\$0
Erectile Dysfunction Drugs	6 pills per month	6 pills per month	6 pills per month

Information about these levels and other coverage details are explained in the 2027 Drug List (Formulary). In the formulary, you can see the full list of covered drugs in a specified format: brand-name drugs will appear in all caps and generic drugs will appear in italics.



HMO-POS COVERAGES

With POS plans, you have access to medical services with out-of-network providers in the United States and its territories, for a greater shared cost (copayments or coinsurances).

MMM Balance (HMO-POS)

- Zone 1
- Zone 2
- Zone 3



Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

**MMM Balance
Zone 1** (HMO-POS)

Monthly plan premium

\$0

Deductible/Out-of-Pocket Limit

Deductible

These plans do not have a deductible.

You pay nothing

Out-of-Pocket Limit

(does not include prescription drugs)

For services you receive from providers in our network and out of network.

\$3,250

Inpatient/Outpatient Hospital Coverage

Inpatient hospital coverage^{1,2}

Our plans cover an unlimited number of hospitalization days.

- Preferred Network: **You pay nothing**
- Unidad Dorada: **You pay nothing**
- General Network: **\$50** copay

Outpatient hospital coverage^{1,2}

\$50 copay

Ambulatory Surgical Center (ASC)^{1,2}

You pay nothing

Doctor visits

(Primary Care Providers and Specialists)

- Primary Care Provider (PCP)²
- Specialists^{2,3}

- **You pay nothing**
- Preferred Network: **You pay nothing**
- General Network: **\$0-\$5** copay

Preventive care^{1,2}

Any additional Medicare-approved preventive services will be covered during the year.

You pay nothing

Emergency care/Urgently necessary services

Emergency care

If you are admitted to the hospital, within one (1) day for the same condition, you do not pay your share of the cost (See the "Hospital Care" section of this booklet for other costs).

Maximum plan limit **\$500** for worldwide coverage.

- **\$75** copay
- Worldwide coverage
\$100 copay

Urgently necessary services

Maximum plan limit **\$500** for worldwide coverage.

- **You pay nothing**
- Worldwide coverage
\$100 copay

 THIS IS YOUR PLAN MMM Balance Zone 2 (HMO-POS)	 THIS IS YOUR PLAN MMM Balance Zone 3 (HMO-POS)
\$0	\$0
You pay nothing \$3,250	You pay nothing \$3,250
- Preferred Network: You pay nothing - Unidad Dorada: You pay nothing - General Network: \$50 copay \$50 copay	- Preferred Network: You pay nothing - Unidad Dorada: You pay nothing - General Network: \$50 copay \$50 copay
You pay nothing	You pay nothing
You pay nothing - Preferred Network: You pay nothing - General Network: \$0-\$5 copay	You pay nothing - Preferred Network: You pay nothing - General Network: \$0-\$5 copay
You pay nothing	You pay nothing
\$75 copay - Worldwide coverage \$100 copay You pay nothing - Worldwide coverage \$100 copay	\$75 copay - Worldwide coverage \$100 copay You pay nothing - Worldwide coverage \$100 copay

Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

MMM Balance Zone 1 (HMO-POS)

Diagnostic Services/Labs/Imaging^{1,2}

- Diagnostic radiology services³ (e.g., MRI)
- Lab services³
- Diagnostic tests and procedures
- Outpatient X-rays

- **\$0-\$40** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

Hearing Services/Dental Services/Vision Services

Hearing Services^{1,2}

- Hearing services covered by Medicare
- Supplemental hearing aids
- Routine hearing exam
- Supplemental hearing aid fitting evaluation service

One (1) supplemental routine hearing exam per year and one (1) supplemental fitting/evaluation for hearing aids per year.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$1,250 every three (3) years for the purchase of hearing aids for both ears.

Dental Services^{1,2,3}

- Preventive and Diagnostic Services
- Medicare-Covered Dental Services
- Post and core buildup and/or individual crown*
- Prosthodontics
 - Removable*
 - Fixed bridge*
 - Implants*

*Certain limits and restrictions may apply.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$1,500** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

Vision Services^{1,2}

- Exams to diagnose and treat diseases and conditions of the eye
- Routine eye exam
- Supplementary eyeglasses and/or contact lenses

The maximum benefit amount applies both in and out of network. One (1) supplemental routine vision exam per year.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$500 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

 THIS IS YOUR PLAN**MMM Balance**
Zone 2 (HMO-POS)

- **\$0-\$40** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$1,250 every three (3) years for the purchase of hearing aids for both ears.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$1,500** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$500 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

 THIS IS YOUR PLAN**MMM Balance**
Zone 3 (HMO-POS)

- **\$0-\$40** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$1,250 every three (3) years for the purchase of hearing aids for both ears.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$1,500** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$500 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

Summary of Benefits

Premiums and Benefits		THIS IS YOUR PLAN MMM Balance Zone 1 (HMO-POS)
Mental Health Services^{1,2} • Inpatient hospital coverage • Outpatient group therapy visit³ • Outpatient individual therapy visit³ 190 hospitalization days for lifelong mental health care. 90 days for in-hospital care. 60 "lifetime booking days."		• \$50 copay • \$0-\$5 copay • \$0-\$5 copay
Additional Benefits		
Part B Premium Reduction		\$52 monthly
Skilled Nursing Facility^{1,2} 100 days in an SNF.		You pay nothing
Physical Therapy ^{1,2}		\$4 copay
Ambulance² Requires authorization, except for emergencies.		You pay nothing
Supplemental Transportation¹ *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. Unlimited transportation to and from MMM Multiclinics.		You pay nothing 10 one-way trips per year to health-related locations.
Medicare Part B Drugs^{1,2} • Chemotherapy drugs • Other Part B drugs • Generic Immunosuppressants • Brand Immunosuppressants Medicare Part B drugs may be subject to step therapy requirements from Part B to Part B and from Part D to Part B. You may have a coinsurance lower than 20% for some Part B and chemotherapy drugs with prices that have increased faster than the inflation rate.		• 20% of the cost • 20% of the cost \$35 for insulin drugs • \$0 copay • \$8 copay

 THIS IS YOUR PLAN MMM Balance Zone 2 (HMO-POS)	 THIS IS YOUR PLAN MMM Balance Zone 3 (HMO-POS)
• \$50 copay • \$0-\$5 copay • \$0-\$5 copay	• \$50 copay • \$0-\$5 copay • \$0-\$5 copay
\$52 monthly	\$52 monthly
You pay nothing	You pay nothing
\$4 copay	\$4 copay
You pay nothing	You pay nothing
You pay nothing 10 one-way trips per year to health-related locations.	You pay nothing 10 one-way trips per year to health-related locations.
• 20% of the cost • 20% of the cost • \$35 for insulin drugs • \$0 copay • \$8 copay	• 20% of the cost • 20% of the cost • \$35 for insulin drugs • \$0 copay • \$8 copay

Summary of Benefits

Premiums and Benefits

THIS IS YOUR PLAN

MMM Balance
Zone 1 (HMO-POS)

Foot Care^{1,2,3}

(podiatry services)

- Medicare covered services
- Supplemental services

6 routine visits per year for supplemental podiatry services.

- **You pay nothing**
- **You pay nothing**

Durable Medical Equipment / Medical Supplies^{1,2}

- DME (e.g., wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs, etc.)
- Medical supplies
- Diabetic supplies

- **You pay nothing**
- **5%** of the cost
- **5%** of the cost
- **You pay nothing**

Wellness Programs

Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets.

- Programs for weight management, physical conditioning, and stress management.
- Nursing hotline (24/7)
- Printed Health Education Materials
- Nutrition training

You pay nothing

Chiropractic care^{1,2}

- Medicare covered services
- Supplemental services

- **\$5** copay
- **\$5** copay

\$1,000 annually for a maximum of **8** routine visits for supplemental chiropractic services.

Over-the-counter items (OTC)

If your plan covers OTC, refer to the OTC List available in our OTC at Your Door catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$40 every three (3) months for OTC items or drugs.

 THIS IS YOUR PLAN**MMM Balance
Zone 2** (HMO-POS)

- **You pay nothing**
- **You pay nothing**

- **You pay nothing**
- **5%** of the cost
- **5%** of the cost
- **You pay nothing**

You pay nothing

- **\$5** copay
- **\$5** copay

\$1,000 annually for a maximum of **8** routine visits
for supplemental chiropractic services.

You pay nothing

\$25 every three (3) months for OTC items or drugs.

 THIS IS YOUR PLAN**MMM Balance
Zone 3** (HMO-POS)

- **You pay nothing**
- **You pay nothing**

- **You pay nothing**
- **5%** of the cost
- **5%** of the cost
- **You pay nothing**

You pay nothing

- **\$5** copay
- **\$5** copay

\$1,000 annually for a maximum of **8** routine visits
for supplemental chiropractic services.

You pay nothing

\$40 every three (3) months for OTC items or drugs.

Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

**MMM Balance
Zone 1** (HMO-POS)

Acupuncture¹

- Medicare covered services²
- Supplementary services

10 routine visits for supplemental acupuncture services.

- **\$10** copay
- **\$10** copay

Nutritionist

6 visits per year.

You pay nothing

Alternative Therapies

- Naturopath services

12 supplementary visits per year for naturopath services.

• You pay nothing

Home and Bathroom Safety Devices and Modifications

For more details, you can refer to the OTC List available in our OTC at Your Door catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$40 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

 THIS IS YOUR PLAN**MMM Balance**
Zone 2 (HMO-POS)

- **\$10** copay
- **\$10** copay

You pay nothing

- **You pay nothing**

You pay nothing

\$25 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

 THIS IS YOUR PLAN**MMM Balance**
Zone 3 (HMO-POS)

- **\$10** copay
- **\$10** copay

You pay nothing

- **You pay nothing**

You pay nothing

\$40 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

**MMM Balance
Zone 1** (HMO-POS)

Fitness

For more details, you can refer to the OTC List available in our OTC at Your Door Catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$40 every three (3) months to use for the purchase of the following items through the OTC catalog.

- Pedals for physical exercise
- Elastic bands for stretching

MMM Flexi Card⁴

You will receive a monthly amount that you can use for the following products and services:

- Prepared Meals
- Food & Groceries
- Gasoline
- Cleaning Products
- Entertainment (concerts/theater/movies, etc)
- Utilities
- Additional OTC items (including homeopathic/natural medicine items)
- Home and Bathroom Safety Devices
- Fitness Benefit (Physical exercise and Gym Membership)
- Memory and cognitive function support items
- Pet Care
- Gardening/Hardware Items
- Towels, Linens, and Clothing
- Additional Roadside Assistance and In-Home Minor Repairs and Other Services
- Eyewear (lenses and frames), Contact lenses or Upgrades
- Hearing Services (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types))
- 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)
- Copayments / Coinsurance

\$77 monthly

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.

MMM Assistance⁴

You are eligible for **12** services per year for individual events, for the following services:

- Roadside assistance services
- Minor home repairs
- Appliance repairs (One (1) appliance repair service per semester)
- Handyman services (one (1) event per year, two (2) hours)
- Pest control (one (1) simple fumigation visit for interior or exterior per semester)
- Indoor air quality equipment services (A/C cleaning, one (1) visit per semester)

You pay nothing

Up to 12 services, **\$300** per event for roadside assistance and some In-Home minor repairs. **\$200** per event for appliance repair services (2 per year). Limits and restrictions may apply. Service must be coordinated through the plan's contracted vendor. 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.

 THIS IS YOUR PLAN**MMM Balance
Zone 2** (HMO-POS)**You pay nothing**

\$25 every three (3) months to use for the purchase of the following items through the OTC catalog.

- Pedals for physical exercise
- Elastic bands for stretching

\$63 monthly**You pay nothing** THIS IS YOUR PLAN**MMM Balance
Zone 3** (HMO-POS)**You pay nothing**

\$40 every three (3) months to use for the purchase of the following items through the OTC catalog.

- Pedals for physical exercise
- Elastic bands for stretching

\$72 monthly**You pay nothing**

Summary of Benefits

HMO-POS Coverage

MMM Balance Zones 1, 2 & 3 - Prescription Drugs			☒ THIS IS YOUR PLAN
STAGE	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 your out-of-pocket costs reach \$2,400)	Preferred Generic	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay
	Preferred Brand	\$6 copay	\$12 copay
	Non-Preferred Drugs	\$8 copay	\$16 copay
	Specialty Drugs	33% of the cost \$35 copay for insulin	Not available
	Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach \$2,400)	If you reach the Catastrophic Coverage Stage, you pay nothing for Part D drugs.		

Important Message About What You Pay for Vaccines - Our plan covers most adult Part D vaccines at no cost. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Your Drugs UNDER MMM'S COVERAGE

PRESCRIPTION DRUGS

**Your plan covers drugs
in a six-tier structure:**

- Preferred Generic
- Generic
- Preferred Brand
- Non-Preferred Drugs
- Specialty Drugs
- Select Care Drugs

Benefits	MMM Balance Zone 1 (HMO-POS)	MMM Balance Zone 2 (HMO-POS)	MMM Balance Zone 3 (HMO-POS)
Preferred Generic	\$0	\$0	\$0
Generic	\$0	\$0	\$0
Preferred Brand	\$6	\$6	\$6
Non-Preferred Drugs	\$8	\$8	\$8
Specialty Drugs	33% \$35 for insulin	33% \$35 for insulin	33% \$35 for insulin
Select Care Drugs	\$0	\$0	\$0
Erectile Dysfunction Drugs	Not Covered	Not Covered	Not Covered

Information about these levels and other coverage details are explained in the 2027 Drug List (Formulary). In the formulary, you can see the full list of covered drugs in a specified format: brand-name drugs will appear in all caps and generic drugs will appear in italics.



HMO-POS COVERAGES

With POS plans, you have access to medical services with out-of-network providers in the United States and its territories, for a greater shared cost (copayments or coinsurances).

MMM Elite (HMO-POS)

MMM Plenitud (HMO-POS)

MMM Deluxe (HMO-POS)

MMM Mega Flex (HMO-POS)



Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

MMM Elite
(HMO-POS)

Monthly plan premium

\$0

Deductible/Out-of-Pocket Limit

Deductible

These plans do not have a deductible.

You pay nothing

Out-of-Pocket Limit

(does not include prescription drugs)

For services you receive from providers in our network and out of network.

\$3,250

Inpatient/Outpatient Hospital Coverage

Inpatient hospital coverage^{1,2}

Our plans cover an unlimited number of hospitalization days.

- Preferred Network: **You pay nothing**
- Unidad Dorada: **You pay nothing**
- General Network: **\$50** copay

Outpatient hospital coverage^{1,2}

\$25 copay

Ambulatory Surgical Center (ASC)^{1,2}

You pay nothing

Doctor visits

(Primary Care Providers and Specialists)

- Primary Care Provider (PCP)²
- Specialists^{2,3}

- **You pay nothing**
- **You pay nothing**

Preventive care^{1,2}

Any additional Medicare-approved preventive services will be covered during the year.

You pay nothing

Emergency care/Urgently necessary services

Emergency care

If you are admitted to the hospital, within one (1) day for the same condition, you do not pay your share of the cost (See the "Hospital Care" section of this booklet for other costs).

Maximum plan limit **\$500** for worldwide coverage.

- **\$75** copay
- Worldwide coverage
\$100 copay

Urgently necessary services

Maximum plan limit **\$500** for worldwide coverage.

- **You pay nothing**
- Worldwide coverage
\$100 copay

 THIS IS YOUR PLAN MMM Plenitud (HMO-POS)	 THIS IS YOUR PLAN MMM Deluxe (HMO-POS)	 THIS IS YOUR PLAN MMM Mega Flex (HMO-POS)
\$0	\$0	\$0
You pay nothing	You pay nothing	You pay nothing
\$3,250	\$3,250	\$3,250
- Preferred Network: You pay nothing - Unidad Dorada: You pay nothing - General Network: \$50 copay	- Preferred Network: You pay nothing - Unidad Dorada: You pay nothing - General Network: \$50 copay	- Preferred Network: You pay nothing - Unidad Dorada: You pay nothing - General Network: \$50 copay
\$25 copay	\$25 copay	\$75 copay
You pay nothing	You pay nothing	You pay nothing
You pay nothing You pay nothing	You pay nothing - Preferred Network: \$0-\$5 copay - General Network: \$0-\$5 copay	You pay nothing - Preferred Network: \$0-\$5 copay - General Network: \$0-\$7 copay
You pay nothing	You pay nothing	You pay nothing
\$75 copay - Worldwide coverage \$100 copay	\$75 copay - Worldwide coverage \$100 copay	\$75 copay - Worldwide coverage \$100 copay
You pay nothing - Worldwide coverage \$100 copay	You pay nothing - Worldwide coverage \$100 copay	You pay nothing - Worldwide coverage \$100 copay

Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

MMM Elite
(HMO-POS)

Diagnostic Services/Labs/Imaging^{1,2}

- Diagnostic radiology services³ (e.g., MRI)
- Lab services³
- Diagnostic tests and procedures
- Outpatient X-rays

- **\$0-\$25** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

Hearing Services/Dental Services/Vision Services

Hearing Services^{1,2}

- Hearing services covered by Medicare
- Supplemental hearing aids
- Routine hearing exam
- Supplemental hearing aid fitting evaluation service

One (1) supplemental routine hearing exam per year and one (1) supplemental fitting/evaluation for hearing aids per year.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$2,000 every three (3) years for the purchase of hearing aids for both ears.

Dental Services^{1,2,3}

- Preventive and Diagnostic Services
- Medicare-Covered Dental Services
- Post and core buildup and/or individual crown*
- Prosthodontics
 - Removable*
 - Fixed bridge*
 - Implants*

*Certain limits and restrictions may apply.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$2,500** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

Vision Services^{1,2}

- Exams to diagnose and treat diseases and conditions of the eye
- Routine eye exam
- Supplementary eyeglasses and/or contact lenses

The maximum benefit amount applies both in and out of network. One (1) supplemental routine vision exam per year.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$500 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

 THIS IS YOUR PLAN MMM Plenitud (HMO-POS)	 THIS IS YOUR PLAN MMM Deluxe (HMO-POS)	 THIS IS YOUR PLAN MMM Mega Flex (HMO-POS)
• \$0-\$40 copay • 0%-20% of the cost • You pay nothing • You pay nothing	• \$0-\$40 copay • 0%-20% of the cost • You pay nothing • You pay nothing	• \$0-\$50 copay • 0%-20% of the cost • You pay nothing • You pay nothing

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$1,250 every three (3) years for the purchase of hearing aids for both ears.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$2,000** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$500 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

- **You pay nothing**
- **Not covered**
- **You pay nothing**
- **Not covered**

- **You pay nothing**
- **0%-20%** of the cost
- **Not covered**
- **Not covered**

- **You pay nothing**
- **You pay nothing**
- **Not covered**

- **You pay nothing**
- **Not covered**
- **You pay nothing**
- **Not covered**

- **You pay nothing**
- **0%-20%** of the cost
- **0%-20%** of the cost
- **0%-20%** of the cost

You are eligible for a maximum of **\$1,500** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$600 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

MMM Elite
(HMO-POS)

Mental Health Services^{1,2}

- Inpatient hospital coverage
- Outpatient group therapy visit³
- Outpatient individual therapy visit³

190 hospitalization days for lifelong mental health care.
90 days for in-hospital care. 60 "lifetime booking days."

- **\$50** copay
- **You pay nothing**
- **You pay nothing**

Additional Benefits

Part B Premium Reduction

Does not apply

Skilled Nursing Facility^{1,2}

100 days in an SNF.

You pay nothing

Physical Therapy^{1,2}

You pay nothing

Ambulance²

Requires authorization, except for emergencies.

You pay nothing

Supplemental Transportation¹

*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.

Unlimited transportation to and from MMM Multiclinics.

You pay nothing

24 one-way trips per year to health-related locations.

Medicare Part B Drugs^{1,2}

- Chemotherapy drugs
- Other Part B drugs
- Generic Immunosuppressants
- Brand Immunosuppressants

Medicare Part B drugs may be subject to step therapy requirements from Part B to Part B and from Part D to Part B. You may have a coinsurance lower than 20% for some Part B and chemotherapy drugs with prices that have increased faster than the inflation rate.

- **20%** of the cost
- **20%** of the cost
\$35 for insulin drugs
- **\$0** copay
- **\$0** copay

 THIS IS YOUR PLAN MMM Plenitud (HMO-POS)	 THIS IS YOUR PLAN MMM Deluxe (HMO-POS)	 THIS IS YOUR PLAN MMM Mega Flex (HMO-POS)
• \$50 copay • \$0-\$5 copay • \$0-\$5 copay	• \$50 copay • \$0-\$5 copay • \$0-\$5 copay	• \$50 copay • \$0-\$7 copay • \$0-\$7 copay
\$45 monthly	\$157 monthly	\$5 monthly
You pay nothing	You pay nothing	You pay nothing
\$4 copay	\$5 copay	\$7 copay
You pay nothing	You pay nothing	You pay nothing
You pay nothing 20 one-way trips per year to health-related locations.	You pay nothing Unlimited transportation to and from MMM Multiclinics. Not covered for any other location.	You pay nothing Unlimited transportation to and from MMM Multiclinics. Not covered for any other location.
• 20% of the cost • 20% of the cost • \$35 for insulin drugs • \$0 copay • \$7 copay	• 20% of the cost • 20% of the cost • \$35 for insulin drugs • \$0 copay • \$12 copay	• 20% of the cost • 20% of the cost • \$35 for insulin drugs • \$0 copay • \$0 copay

Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

MMM Elite
(HMO-POS)

Foot Care^{1,2,3}

(podiatry services)

- Medicare covered services
- Supplemental services

6 routine visits per year for supplemental podiatry services.

- **You pay nothing**
- **You pay nothing**

Durable Medical Equipment / Medical Supplies^{1,2}

- DME (e.g., wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs, etc.)
- Medical supplies
- Diabetic supplies

- **You pay nothing**
- **5%** of the cost
- **5%** of the cost
- **You pay nothing**

Wellness Programs

Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets.

- Programs for weight management, physical conditioning, and stress management.
- Nursing hotline (24/7)
- Printed Health Education Materials
- Nutrition training

You pay nothing

Chiropractic care^{1,2}

- Medicare covered services
- Supplemental services

- **You pay nothing**
- **You pay nothing**

\$1,000 annually for a maximum of **12** routine visits for supplemental chiropractic services.

Over-the-counter items (OTC)

If your plan covers OTC, refer to the OTC List available in our OTC at Your Door catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$120 every three (3) months for OTC items or drugs.

 THIS IS YOUR PLAN MMM Plenitud (HMO-POS)	 THIS IS YOUR PLAN MMM Deluxe (HMO-POS)	 THIS IS YOUR PLAN MMM Mega Flex (HMO-POS)
• You pay nothing • You pay nothing	• \$0-\$5 copay • \$0-\$5 copay	• \$0-\$7 copay • \$0-\$7 copay
• You pay nothing • 5% of the cost • 5% of the cost • You pay nothing	• 0%-20% of the cost • 5% of the cost • 5% of the cost • You pay nothing	• 20% of the cost • 20% of the cost • 20% of the cost • You pay nothing
You pay nothing	You pay nothing	You pay nothing
• You pay nothing • You pay nothing \$1,000 annually for a maximum of 8 routine visits for supplemental chiropractic services.	• \$5 copay • \$5 copay \$1,000 annually for a maximum of 8 routine visits for supplemental chiropractic services.	• \$7 copay • \$7 copay \$1,000 annually for a maximum of 8 routine visits for supplemental chiropractic services.
You pay nothing \$40 every three (3) months for OTC items or drugs.	You pay nothing \$25 every three (3) months for OTC items or drugs.	You pay nothing \$35 every three (3) months for OTC items or drugs.

Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

MMM Elite
(HMO-POS)

Acupuncture¹

- Medicare covered services²
- Supplementary services

10 routine visits for supplemental acupuncture services.

- **\$10** copay
- **\$10** copay

Nutritionist

You pay nothing
12 visits per year.

Alternative Therapies

- Naturopath services

12 supplementary visits per year for naturopath services.

• **You pay nothing**

Home and Bathroom Safety Devices and Modifications

For more details, you can refer to the OTC List available in our OTC at Your Door catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$120 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

 THIS IS YOUR PLAN MMM Plenitud (HMO-POS)	 THIS IS YOUR PLAN MMM Deluxe (HMO-POS)	 THIS IS YOUR PLAN MMM Mega Flex (HMO-POS)
• \$10 copay • \$10 copay	• \$10 copay • \$10 copay	• \$10 copay • \$10 copay
You pay nothing 6 visits per year.	You pay nothing 6 visits per year.	You pay nothing 6 visits per year.
• You pay nothing	• You pay nothing	• You pay nothing

You pay nothing

\$40 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

You pay nothing

\$25 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

You pay nothing

\$35 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

MMM Elite
(HMO-POS)

Fitness

For more details, you can refer to the OTC List available in our OTC at Your Door Catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$120 every three (3) months to use for the purchase of the following items through the OTC catalog.

- Pedals for physical exercise
- Elastic bands for stretching

MMM Flexi Card⁴

You will receive a monthly amount that you can use for the following products and services:

- Prepared Meals
- Food & Groceries
- Gasoline
- Cleaning Products
- Entertainment (concerts/theater/movies, etc)
- Utilities
- Additional OTC items (including homeopathic/natural medicine items)
- Home and Bathroom Safety Devices
- Fitness Benefit (Physical exercise and Gym Membership)
- Memory and cognitive function support items
- Pet Care
- Gardening/Hardware Items
- Towels, Linens, and Clothing
- Additional Roadside Assistance and In-Home Minor Repairs and Other Services
- Eyewear (lenses and frames), Contact lenses or Upgrades
- Hearing Services (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types))
- 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)
- Copayments / Coinsurance

\$85 monthly

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.

MMM Assistance⁴

You are eligible for **12** services per year for individual events, for the following services:

- Roadside assistance services
- Minor home repairs
- Appliance repairs (One (1) appliance repair service per semester)
- Handyman services (one (1) event per year, two (2) hours)
- Pest control (one (1) simple fumigation visit for interior or exterior per semester)
- Indoor air quality equipment services (A/C cleaning, one (1) visit per semester)

You pay nothing

Up to 12 services, **\$300** per event for roadside assistance and some In-Home minor repairs. **\$200** per event for appliance repair services (2 per year). Limits and restrictions may apply. Service must be coordinated through the plan's contracted vendor. 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.

 THIS IS YOUR PLAN MMM Plenitud (HMO-POS)	 THIS IS YOUR PLAN MMM Deluxe (HMO-POS)	 THIS IS YOUR PLAN MMM Mega Flex (HMO-POS)
You pay nothing \$40 every three (3) months to use for the purchase of the following items through the OTC catalog. • Pedals for physical exercise • Elastic bands for stretching	You pay nothing \$25 every three (3) months to use for the purchase of the following items through the OTC catalog. • Pedals for physical exercise • Elastic bands for stretching	You pay nothing \$35 every three (3) months to use for the purchase of the following items through the OTC catalog. • Pedals for physical exercise • Elastic bands for stretching
\$42 monthly	Not covered	\$132 monthly
You pay nothing	You pay nothing	You pay nothing

Summary of
Benefits

HMO-POS
Coverage

MMM Elite - Prescription Drugs			☒ THIS IS YOUR PLAN
STAGE	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 your out-of-pocket costs reach \$2,400)	Preferred Generic	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay
	Preferred Brand	\$0 copay	\$0 copay
	Non-Preferred Drugs	\$0 copay	\$0 copay
	Specialty Drugs	33% of the cost \$35 copay for insulin	Not available
	Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach \$2,400)	If you reach the Catastrophic Coverage Stage, you pay nothing for Part D drugs and for excluded drugs that are covered under our plan benefit.		
Important Message About What You Pay for Vaccines - Our plan covers most adult Part D vaccines at no cost. Call Member Services for more information. Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.			
This plan includes drugs to treat erectile dysfunction: \$0 copay for Generic Drugs for 6 pills per month.			

Summary of
Benefits

HMO-POS
Coverage

MMM Plenitud - Prescription Drugs			☒ THIS IS YOUR PLAN
STAGE	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 your out-of-pocket costs reach \$2,400)	Preferred Generic	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay
	Preferred Brand	\$5 copay	\$10 copay
	Non-Preferred Drugs	\$7 copay	\$14 copay
	Specialty Drugs	33% of the cost \$35 copay for insulin	Not available
	Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach \$2,400)	If you reach the Catastrophic Coverage Stage, you pay nothing for Part D drugs and for excluded drugs that are covered under our plan benefit.		

Important Message About What You Pay for Vaccines - Our plan covers most adult Part D vaccines at no cost. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

This plan includes drugs to treat erectile dysfunction: \$0 copay for Generic Drugs for 6 pills per month.

MMM Deluxe - Prescription Drugs			THIS IS YOUR PLAN
STAGE	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 your out-of-pocket costs reach \$2,400)	Preferred Generic	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay
	Preferred Brand	\$8 copay	\$16 copay
	Non-Preferred Drugs	\$12 copay	\$24 copay
	Specialty Drugs	33% of the cost \$35 copay for insulin	Not available
	Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach \$2,400)	If you reach the Catastrophic Coverage Stage, you pay nothing for Part D drugs.		

Important Message About What You Pay for Vaccines - Our plan covers most adult Part D vaccines at no cost. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Summary of Benefits

HMO-POS Coverage

MMM Mega Flex - Prescription Drugs			☒ THIS IS YOUR PLAN
STAGE	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 your out-of-pocket costs reach \$2,400)	Preferred Generic	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay
	Preferred Brand	\$0 copay	\$0 copay
	Non-Preferred Drugs	\$0 copay	\$0 copay
	Specialty Drugs	33% of the cost \$35 copay for insulin	Not available
	Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach \$2,400)	If you reach the Catastrophic Coverage Stage, you pay nothing for Part D drugs.		

Important Message About What You Pay for Vaccines - Our plan covers most adult Part D vaccines at no cost. Call Member Services for more information.
Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Your Drugs UNDER MMM'S COVERAGE

PRESCRIPTION DRUGS

**Your plan covers drugs
in a six-tier structure:**

- Preferred Generic
- Generic
- Preferred Brand
- Non-Preferred Drugs
- Specialty Drugs
- Select Care Drugs

Benefits	MMM Elite (HMO-POS)	MMM Plenitud (HMO-POS)	MMM Deluxe (HMO-POS)	MMM Mega Flex (HMO-POS)
Preferred Generic	\$0	\$0	\$0	\$0
Generic	\$0	\$0	\$0	\$0
Preferred Brand	\$0	\$5	\$8	\$0
Non-Preferred Drugs	\$0	\$7	\$12	\$0
Specialty Drugs	33% \$35 for insulin	33% \$35 for insulin	33% \$35 for insulin	33% \$35 for insulin
Select Care Drugs	\$0	\$0	\$0	\$0
Erectile Dysfunction Drugs	6 pills per month	6 pills per month	Not Covered	Not Covered

Information about these levels and other coverage details are explained in the 2027 Drug List (Formulary). In the formulary, you can see the full list of covered drugs in a specified format: brand-name drugs will appear in all caps and generic drugs will appear in italics.

HMO-POS COVERAGES

With POS plans, you have access to medical services with out-of-network providers in the United States and its territories, for a greater shared cost (copayments or coinsurances).

PMC Max (HMO-POS)

MMM Grandioso (HMO-POS)

MMM Valioso (HMO-POS)



Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

PMC Max
(HMO-POS)

Monthly plan premium

\$0

Deductible/Out-of-Pocket Limit

Deductible

These plans do not have a deductible.

You pay nothing

Out-of-Pocket Limit

(does not include prescription drugs)

For services you receive from providers in our network and out of network.

\$3,250

Inpatient/Outpatient Hospital Coverage

Inpatient hospital coverage^{1,2}

Our plans cover an unlimited number of hospitalization days.

- Preferred Network: **You pay nothing**
- Unidad Dorada: **You pay nothing**
- General Network: **\$50** copay

Outpatient hospital coverage^{1,2}

\$25 copay

Ambulatory Surgical Center (ASC)^{1,2}

You pay nothing

Doctor visits

(Primary Care Providers and Specialists)

- Primary Care Provider (PCP)²
- Specialists^{2,3}

- **You pay nothing**
- Preferred Network: **You pay nothing**
- General Network: **\$0-\$3** copay

Preventive care^{1,2}

Any additional Medicare-approved preventive services will be covered during the year.

You pay nothing

Emergency care/Urgently necessary services

Emergency care

If you are admitted to the hospital, within one (1) day for the same condition, you do not pay your share of the cost (See the "Hospital Care" section of this booklet for other costs).

Maximum plan limit **\$500** for worldwide coverage.

- **\$75** copay
- Worldwide coverage
\$100 copay

Urgently necessary services

Maximum plan limit **\$500** for worldwide coverage.

- **You pay nothing**
- Worldwide coverage
\$100 copay

 THIS IS YOUR PLAN MMM Grandioso (HMO-POS)	 THIS IS YOUR PLAN MMM Valioso (HMO-POS)
\$0	\$0
You pay nothing \$3,250	You pay nothing \$3,250
- Preferred Network: You pay nothing - Unidad Dorada: You pay nothing - General Network: \$50 copay \$75 copay	- Preferred Network: You pay nothing - Unidad Dorada: You pay nothing - General Network: \$50 copay \$100 copay
You pay nothing	\$100 copay
You pay nothing - Preferred Network: \$0-\$3 copay - General Network: \$0-\$5 copay	You pay nothing - Preferred Network: \$0-\$5 copay - General Network: \$0-\$10 copay
You pay nothing	You pay nothing
\$75 copay - Worldwide coverage \$100 copay You pay nothing - Worldwide coverage \$100 copay	\$75 copay - Worldwide coverage \$100 copay You pay nothing - Worldwide coverage \$100 copay

Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

PMC Max
(HMO-POS)

Diagnostic Services/Labs/Imaging^{1,2}

- Diagnostic radiology services³ (e.g., MRI)
- Lab services³
- Diagnostic tests and procedures
- Outpatient X-rays

- **\$0-\$25** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

Hearing Services/Dental Services/Vision Services

Hearing Services^{1,2}

- Hearing services covered by Medicare
- Supplemental hearing aids
- Routine hearing exam
- Supplemental hearing aid fitting evaluation service

One (1) supplemental routine hearing exam per year and one (1) supplemental fitting/evaluation for hearing aids per year.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$1,000 every three (3) years for the purchase of hearing aids for both ears.

Dental Services^{1,2,3}

- Preventive and Diagnostic Services
- Medicare-Covered Dental Services
- Post and core buildup and/or individual crown*
- Prosthodontics
 - Removable*
 - Fixed bridge*
 - Implants*

*Certain limits and restrictions may apply.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$1,500** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

Vision Services^{1,2}

- Exams to diagnose and treat diseases and conditions of the eye
- Routine eye exam
- Supplementary eyeglasses and/or contact lenses

The maximum benefit amount applies both in and out of network. One (1) supplemental routine vision exam per year.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$450 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

 THIS IS YOUR PLAN

MMM Grandioso

(HMO-POS)

- **\$0-\$50** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

- **You pay nothing**
- **Not covered**
- **You pay nothing**
- **Not covered**

- **You pay nothing**
- **0%-20%** of the cost
- **0%-20%** of the cost
- **0%-20%** of the cost

You are eligible for a maximum of **\$1,000** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$1,000 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

 THIS IS YOUR PLAN

MMM Valioso

(HMO-POS)

- **\$0-\$60** copay
- **0%-20%** of the cost
- **You pay nothing**
- **You pay nothing**

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$500 every three (3) years for the purchase of hearing aids for both ears.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

You are eligible for a maximum of **\$500** annually for all comprehensive dental services. The maximum plan limit doesn't apply to preventive, diagnostic, or Medicare covered services.

- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

\$250 annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

PMC Max
(HMO-POS)

Mental Health Services^{1,2}

- Inpatient hospital coverage
- Outpatient group therapy visit³
- Outpatient individual therapy visit³

190 hospitalization days for lifelong mental health care.
90 days for in-hospital care. 60 "lifetime booking days."

- **\$50** copay
- **\$0-\$5** copay
- **\$0-\$5** copay

Additional Benefits

Part B Premium Reduction

\$3 monthly

Skilled Nursing Facility^{1,2}

100 days in an SNF.

You pay nothing

Physical Therapy^{1,2}

\$4 copay

Ambulance²

Requires authorization, except for emergencies.

You pay nothing

Supplemental Transportation¹

*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.

Unlimited transportation to and from MMM Multiclinics.

You pay nothing

12 one-way trips per year to health-related locations.

Medicare Part B Drugs^{1,2}

- Chemotherapy drugs
- Other Part B drugs
- Generic Immunosuppressants
- Brand Immunosuppressants

Medicare Part B drugs may be subject to step therapy requirements from Part B to Part B and from Part D to Part B. You may have a coinsurance lower than 20% for some Part B and chemotherapy drugs with prices that have increased faster than the inflation rate.

- **20%** of the cost
- **20%** of the cost
\$35 for insulin drugs
- **\$0** copay
- **\$8** copay

 THIS IS YOUR PLAN MMM Grandioso (HMO-POS)	 THIS IS YOUR PLAN MMM Valioso (HMO-POS)
• \$75 copay • \$0-\$5 copay • \$0-\$5 copay	• \$100 copay • \$0-\$10 copay • \$0-\$10 copay
\$8 monthly	\$115 monthly
You pay nothing	You pay nothing
\$5 copay	\$10 copay
You pay nothing	You pay nothing
You pay nothing Unlimited transportation to and from MMM Multiclinics. Not covered for any other location.	You pay nothing Unlimited transportation to and from MMM Multiclinics. Not covered for any other location.
• 20% of the cost • 20% of the cost • \$35 for insulin drugs • \$0 copay • \$15 copay	• 20% of the cost • 20% of the cost • \$35 for insulin drugs • \$0 copay • \$18 copay

Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

PMC Max
(HMO-POS)

Foot Care^{1,2,3}

(podiatry services)

- Medicare covered services
- Supplemental services

6 routine visits per year for supplemental podiatry services.

- **\$0-\$5** copay
- **\$0-\$5** copay

Durable Medical Equipment / Medical Supplies^{1,2}

- DME (e.g., wheelchairs, oxygen)
- Prosthetics (e.g., braces, artificial limbs, etc.)
- Medical supplies
- Diabetic supplies

- **0%-10%** of the cost
- **You pay nothing**
- **You pay nothing**
- **You pay nothing**

Wellness Programs

Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets.

- Programs for weight management, physical conditioning, and stress management.
- Nursing hotline (24/7)
- Printed Health Education Materials
- Nutrition training

You pay nothing

Chiropractic care^{1,2}

- Medicare covered services
- Supplemental services

- **\$5** copay
- **\$5** copay

\$1,000 annually for a maximum of **8** routine visits for supplemental chiropractic services.

Over-the-counter items (OTC)

If your plan covers OTC, refer to the OTC List available in our OTC at Your Door catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$75 monthly for OTC items or drugs.

 THIS IS YOUR PLAN MMM Grandioso (HMO-POS)	 THIS IS YOUR PLAN MMM Valioso (HMO-POS)
• \$0-\$5 copay • \$0-\$5 copay	• \$0-\$10 copay • \$0-\$10 copay
• 20% of the cost • 20% of the cost • 20% of the cost • You pay nothing	• 20% of the cost • 20% of the cost • 20% of the cost • You pay nothing
You pay nothing	You pay nothing
• \$5 copay • \$5 copay \$1,000 annually for a maximum of 8 routine visits for supplemental chiropractic services.	• \$10 copay • \$10 copay \$1,000 annually for a maximum of 8 routine visits for supplemental chiropractic services.
You pay nothing \$30 every three (3) months for OTC items or drugs.	Not covered

Summary of Benefits

Premiums and Benefits



THIS IS YOUR PLAN

PMC Max
(HMO-POS)

Acupuncture¹

- Medicare covered services²
- Supplementary services

10 routine visits for supplemental acupuncture services.

- **\$5** copay
- **Not covered**

Nutritionist

6 visits per year.

You pay nothing

Alternative Therapies

- Naturopath services

12 supplementary visits per year for naturopath services.

• **You pay nothing**

Home and Bathroom Safety Devices and Modifications

For more details, you can refer to the OTC List available in our OTC at Your Door catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$75 monthly to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

 THIS IS YOUR PLAN

MMM Grandioso

(HMO-POS)

- **\$10** copay
- **\$10** copay

You pay nothing

- **You pay nothing**

You pay nothing

\$30 every three (3) months to be used towards the purchase of the following items covered through the OTC catalog:

- Medical Bathmat
- Raised Toilet Seat
- Handheld Shower Head
- Reacher
- Nightlight

 THIS IS YOUR PLAN

MMM Valioso

(HMO-POS)

- **\$10** copay
- **\$10** copay

You pay nothing

- **You pay nothing**

Not covered

Summary of Benefits

Premiums and Benefits

 THIS IS YOUR PLAN

PMC Max
(HMO-POS)

Fitness

For more details, you can refer to the OTC List available in our OTC at Your Door Catalog or on our website. 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 in the number of items per category may apply.

You pay nothing

\$75 every three (3) months to use for the purchase of the following items through the OTC catalog.

- Pedals for physical exercise
- Elastic bands for stretching

MMM Flexi Card⁴

You will receive a monthly amount that you can use for the following products and services:

- Prepared Meals
- Food & Groceries
- Gasoline
- Cleaning Products
- Entertainment (concerts/theater/movies, etc)
- Utilities
- Additional OTC items (including homeopathic/natural medicine items)
- Home and Bathroom Safety Devices
- Fitness Benefit (Physical exercise and Gym Membership)
- Memory and cognitive function support items
- Pet Care
- Gardening/Hardware Items
- Towels, Linens, and Clothing
- Additional Roadside Assistance and In-Home Minor Repairs and Other Services
- Eyewear (lenses and frames), Contact lenses or Upgrades
- Hearing Services (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types))
- 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)
- Copayments / Coinsurance

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.

\$70 monthly

MMM Assistance⁴

You are eligible for **12** services per year for individual events, for the following services:

- Roadside assistance services
- Minor home repairs
- Appliance repairs (One (1) appliance repair service per semester)
- Handyman services (one (1) event per year, two (2) hours)
- Pest control (one (1) simple fumigation visit for interior or exterior per semester)
- Indoor air quality equipment services (A/C cleaning, one (1) visit per semester)

Up to 12 services, **\$300** per event for roadside assistance and some In-Home minor repairs. **\$200** per event for appliance repair services (2 per year). Limits and restrictions may apply. Service must be coordinated through the plan's contracted vendor. 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.

You pay nothing

 THIS IS YOUR PLAN**MMM Grandioso**
(HMO-POS)**You pay nothing**

\$30 every three (3) months to use for the purchase of the following items through the OTC catalog.

- Pedals for physical exercise
- Elastic bands for stretching

\$92 monthly**You pay nothing** THIS IS YOUR PLAN**MMM Valioso**
(HMO-POS)**Not covered****\$5** monthly**You pay nothing**

PMC Max - Prescription Drugs			THIS IS YOUR PLAN
STAGE	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 your out-of-pocket costs reach \$2,400)	Preferred Generic	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay
	Preferred Brand	\$6 copay	\$12 copay
	Non-Preferred Drugs	\$8 copay	\$16 copay
	Specialty Drugs	33% of the cost \$35 copay for insulin	Not available
	Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach \$2,400)	If you reach the Catastrophic Coverage Stage, you pay nothing for Part D drugs and for excluded drugs that are covered under our plan benefit.		

Important Message About What You Pay for Vaccines - Our plan covers most adult Part D vaccines at no cost. Call Member Services for more information.
Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

This plan includes drugs to treat erectile dysfunction: \$0 copay for Generic Drugs for 6 pills per month.

Summary of Benefits

HMO-POS Coverage

MMM Grandioso - Prescription Drugs			☒ THIS IS YOUR PLAN
STAGE	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 your out-of-pocket costs reach \$2,400)	Preferred Generic	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay
	Preferred Brand	\$5 copay	\$10 copay
	Non-Preferred Drugs	\$15 copay	\$30 copay
	Specialty Drugs	33% of the cost \$35 copay for insulin	Not available
	Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach \$2,400)	If you reach the Catastrophic Coverage Stage, you pay nothing for Part D drugs.		

Important Message About What You Pay for Vaccines - Our plan covers most adult Part D vaccines at no cost. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Summary of Benefits

HMO-POS Coverage

MMM Valioso - Prescription Drugs			☒ THIS IS YOUR PLAN
STAGE	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 your out-of-pocket costs reach \$2,400)	Preferred Generic	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay
	Preferred Brand	\$8 copay	\$16 copay
	Non-Preferred Drugs	\$18 copay	\$36 copay
	Specialty Drugs	33% of the cost \$35 copay for insulin	Not available
	Select Care Drugs	\$0 copay	\$0 copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach \$2,400)	If you reach the Catastrophic Coverage Stage, you pay nothing for Part D drugs.		

Important Message About What You Pay for Vaccines - Our plan covers most adult Part D vaccines at no cost. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Your Drugs UNDER MMM'S COVERAGE

PRESCRIPTION DRUGS

**Your plan covers drugs
in a six-tier structure:**

- Preferred Generic
- Generic
- Preferred Brand
- Non-Preferred Drugs
- Specialty Drugs
- Select Care Drugs

Benefits	PMC Max (HMO-POS)	MMM Grandioso (HMO-POS)	MMM Valioso (HMO-POS)
Preferred Generic	\$0	\$0	\$0
Generic	\$0	\$0	\$0
Preferred Brand	\$6	\$5	\$8
Non-Preferred Drugs	\$8	\$15	\$18
Specialty Drugs	33% \$35 for insulin	33% \$35 for insulin	33% \$35 for insulin
Select Care Drugs	\$0	\$0	\$0
Erectile Dysfunction Drugs	6 pills per month	Not Covered	Not Covered

Information about these levels and other coverage details are explained in the 2027 Drug List (Formulary). In the formulary, you can see the full list of covered drugs in a specified format: brand-name drugs will appear in all caps and generic drugs will appear in italics.



BENEFITS BEYOND ORIGINAL MEDICARE





MULTICLINIC

YOUR SPECIALISTS IN ONE PLACE

***Get to know the
clinics' network***



**Our multiclinics throughout the Island
provide you with exclusive care.**



TO MAKE YOUR APPOINTMENT, CALL:
787-522-CITA (2482)

Monday to Friday, from 7:30 a.m. to 4:30 p.m.



UNLIMITED²
transportation to your
appointments



**On all the services,
without referrals!**



**Get your appointments
within a reasonable
timeframe**

The most in-demand specialties¹ in Puerto Rico:

- | | | |
|--------------------|-----------------|-----------------|
| ■ Cardiology | ■ Nephrology | ■ Orthopedics |
| ■ Dermatology | ■ Pulmonology | ■ Podiatry |
| ■ Endocrinology | ■ Neurosurgery | ■ Psychology |
| ■ Pharmacist | ■ Neurology | ■ Rheumatology |
| ■ Gastroenterology | ■ Nutrition | ■ Urology |
| ■ Gynecology | ■ Ophthalmology | ■ Urogynecology |

Other services¹:

- | | |
|---|-----------------------------------|
| ■ Wound and ulcer care | ■ Holter monitoring |
| ■ Dermoscopy | ■ Mammogram and Breast Ultrasound |
| ■ Echocardiogram (Echo, Doppler, Arterial, Venous, and Carotid) | ■ Vaccinations |
| ■ Electrocardiogram (EKG) | |
| ■ Diagnostic tests and procedures | |
| ■ Eye exam (Diabetic Retinopathy) | |

SCAN THE QR CODE

to access our
**Specialists
Directory** for MMM
Multiclinics.





FLEXI CARD

***FOR YOUR
GROCERIES!***



***ACCESS MORE
PRODUCTS AND SERVICES***

With the MMM Flexi Card[®], you can pay for:



Groceries



Hardware items



Gas



Garden supplies



Prepared meals



Entertainment



OTC products



Gym

You will get a card in which the allotted monthly amount will be deposited. What you don't use, rolls over to the next month during contract year 2027. Limits and restrictions may apply. 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



FLEXI CARD

1234 4567 7890 1234

AFILIADO SALUDABLE

VALID
THRU

ATH



ROLLOVER!

**The money you
don't use** adds up
for the next month

HOW CAN YOU CHECK YOUR BALANCE?

- ✓ **Automated phone system (IVR)**
from Evertec (24/7): **787-281-8470**
- ✓ **MMM Mobile App**
- ✓ **Banco Popular ATM's (BPPR)**
- ✓ **Regional offices** available Monday to
Friday, from 8:00a.m. to 5:00 p.m.
- ✓ **MMM Member Services.**
Call Monday to Sunday, from
8:00 a.m. to 8:00 p.m.

SCAN THE QR CODE

to view the list of
all **participating**
merchants.





ASSISTANCE¹

***WE'RE
HERE FOR
WHATEVER
YOU NEED***



AT YOUR HOME:



NEW

Handyman

Minor home repairs and maintenance



Appliance repair

Repair of appliances, such as refrigerators and stoves



Electrical

Circuit breaker replacement due to short circuit



Locksmith

Regain access to your house



Plumbing

Sanitary drain cleaning



Fumigation (basic service)²

Fumigation against ants and roaches, inside or outside the home.

1. The benefits described are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you are at high risk of hospitalization and require intensive care coordination to manage chronic conditions such as hyperlipidemia, diabetes mellitus, hypertension, cardiovascular disease, and peripheral vascular disease. For a complete list of chronic conditions, refer to Chapter 4 of the Evidence of Coverage. Services will be coordinated through the provider contracted by the plan. Limitations and restrictions may apply. Up to 12 services, with a \$300 limit



NEW

Air conditioner cleaning³

Basic equipment maintenance.

ON THE ROAD⁴



Tires

Flat tire change



Fuel supply

Fuel supply, up to two (2) gallons



Battery

Battery recharge



Locksmith

Regain access to your vehicle



Towing

Towing service up to 65 miles distance



Extraction

Vehicle extraction

per event for roadside assistance and certain minor home repairs. Up to \$200 per event for appliance repair services (2 per year). Handyman services (1 per year, for 2 hours). 2. Pest control. Limited to standard pest treatment for ants and cockroaches, both inside and outside the home (separate service events). One (1) service every six months, for a total of two (2) services per year. 3. Air conditioner cleaning. One (1) service every six months, for a total of two (2) services per year. 4. The vehicle must be 15 years old or newer.



**ENJOYING YOUR
OTC PRODUCTS
HAS NEVER BEEN
MORE CONVENIENT!**



IT'S AS EASY AS:



1 **CHOOSE**

from the 2027
OTC Catalog



2 **ORDER**

by phone or in the
MMM Mobile App



3 **RECEIVE**

right at your
doorstep

NO LINES. NO HASSLE.

Order
BY PHONE:

787-620-2397

Monday to Friday,
8:00 a.m. to 6:00 p.m.

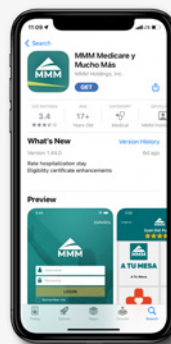
In the
MMM MOBILE APP



**DOWNLOAD IT
TODAY!**



MMM Medicare
y Mucho Más
MMM Holdings, Inc.



Through the
OTC CATALOG

Scan the QR Code to
access more than 400
essential items in the
2027 OTC Catalog.





UNIDAD
DORADA

VIPCARE

THAT MAKES YOUR HOSPITALIZATION EASIER



During your hospital stay:

- Items to help make your hospital stay more comfortable, as needed
- MMM clinical and administrative staff providing follow-up on your treatment
- Physician specializing in wound care
- Mental health and social work services, if needed

After discharge:

- Discharge planners
- Coordination of appointments, services, and medical equipment needed after discharge
- Prescription medications ready for you when you leave the hospital



Participant hospitals:

- Bayamón Medical Center
- Doctors' Center, Carolina
- Hospital Pavía, Caguas
- Manatí Medical Center
- Mayagüez Medical Center
- Hospital Episcopal San Lucas, Ponce



FOR THOSE MOMENTS WHEN YOU NEED IMMEDIATE CARE WITHOUT AN APPOINTMENT



VISIT THEM IF YOU HAVE:

- Cough or flu symptoms
- Minor respiratory problems
- Fever and muscle aches
- Mild dizziness
- Indigestion
- Minor burns
- Stomach virus
- Mild to moderate abdominal pain
- Earache or headache
- Skin rash and allergic reactions
- Other types of general discomfort that are not life-threatening
- Among others



***ON ALL
SERVICES***

Scan the QR code to
find the nearest Urgency
Center locations:



COMPREHENSIVE DENTAL

**GET THE
MOST OUT
OF YOUR BENEFITS!**



**THE CARE YOU NEED
TO HELP YOU ACHIEVE
YOUR BEST SMILE.**



Crowns



Bone surgery



Partial dentures



Complete dentures



Frenectomy



Implants



Fixed bridges

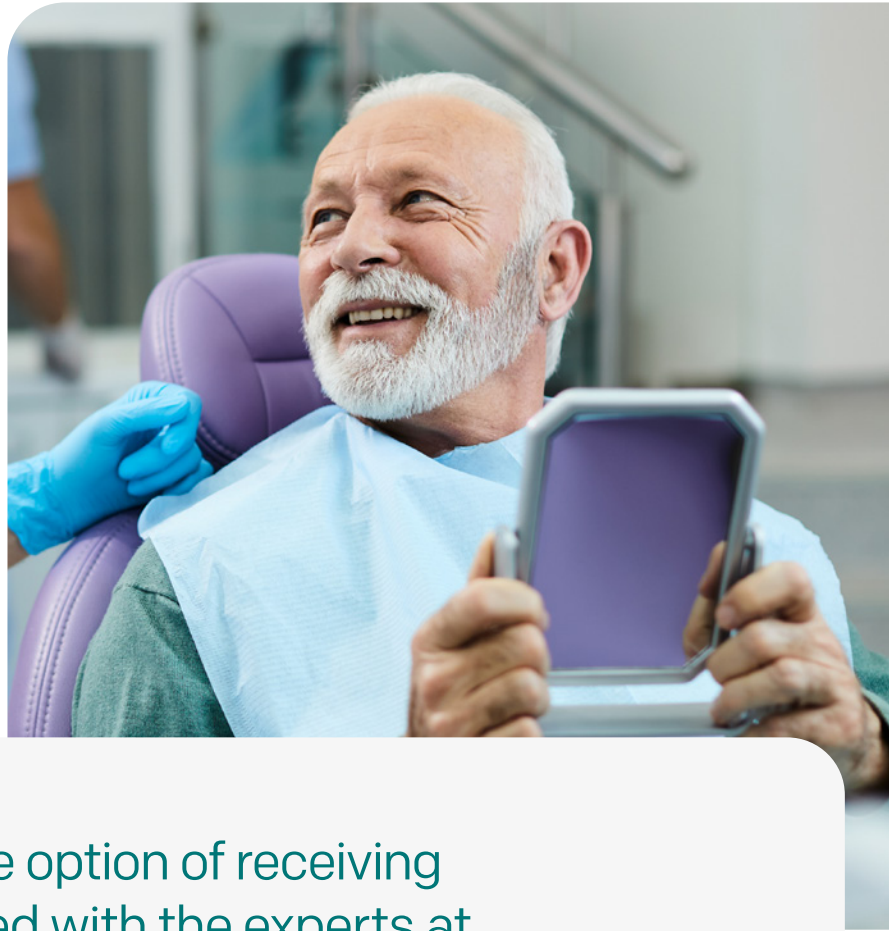


Torus removal



DENTAL SERVICES

at participating Multiclinics.



MMM Multiclinic¹ offers the option of receiving oral health care² coordinated with the experts at **Masters Dental Clinic.**

You can get services such as:



Implants



Cleaning



Bridges

At the facilities of
Masters Dental Clinic in **Aibonito,**
Canóvanas, and **Humacao.**



on dental
services
coordinated for
MMM members
through **MMM
Multiclinic.**

1. Services vary per clinic. Other providers are available in our network. Exclusively for MMM members

2. Subject to the maximum limit of your coverage with MMM.

EYEGLASSES

**FOR A NEW
PERSPECTIVE ON
YOUR WELL-BEING**



**Get the most out of
your vision coverage for
eyeglasses, contact lenses,
sunglasses, and lens repairs:**



**Regular, bifocal, trifocal, or
transition lenses**



**Anti-glare and anti-scratch
treatments**



Eyeglasses repair



Variety of frames



Optical shops in our network

Benefits vary per coverage.



TO YOUR
APPOINTMENT

YOUR TRUSTED TRANSPORTATION

With this service, we arrange for a driver to take you to your medical appointment, laboratory, or diagnostic testing center anywhere in the Island.

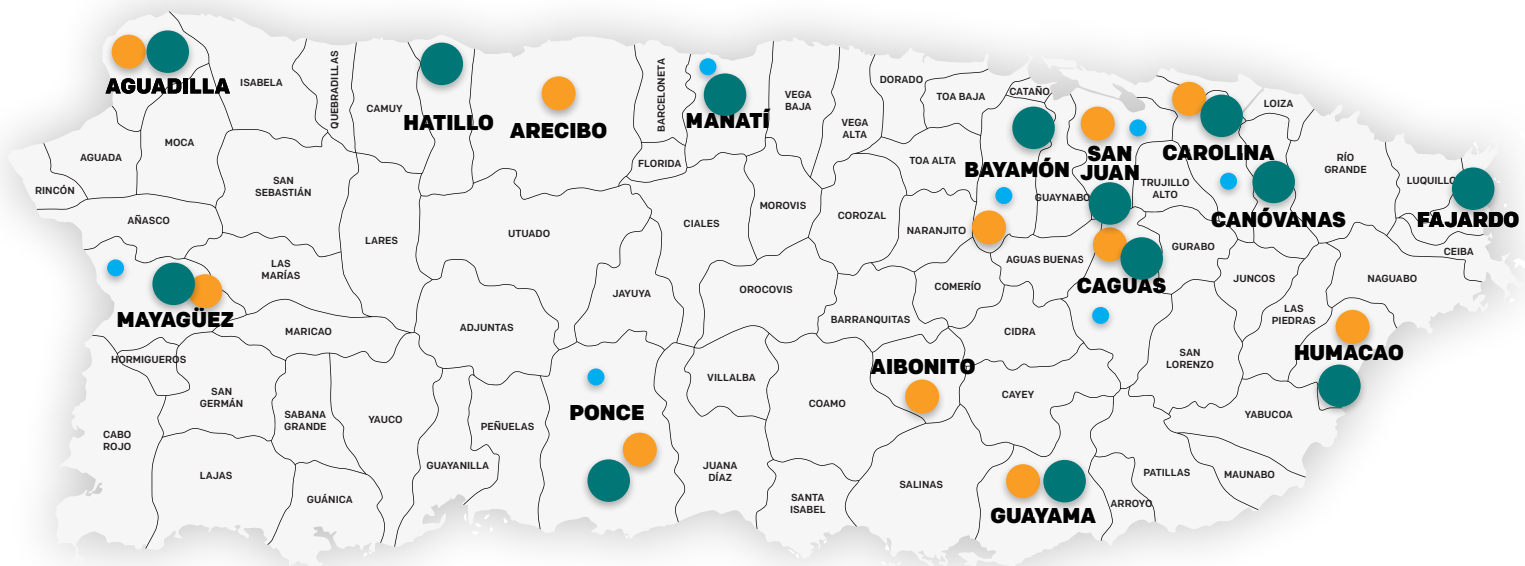


To schedule the services, just:

- 1** **Schedule a medical appointment** with your healthcare provider.
- 2** Call us **5 business days** before your appointment.
- 3** **Stay tuned!** We'll send you a text message with a link so you can track the driver who will pick you up.



TRAVEL SAFE, TRAVEL SECURE.



MMM Service Offices

Aguadilla

Plaza Victoria Shopping Center

Bayamón

Plaza Tropical Shopping Center

Caguas

Edificio Gatsby Plaza

Canóvanas

Centro Comercial Plaza Rial

Carolina

Century Business Park

Fajardo

Carr. #3, km 44.1

Guayama

Edificio FISA II, Paseo del Pueblo

Hatillo

Hatillo Town Center

Humacao

Boulevard Plaza
Office Center

Manatí

El Trigal Plaza

Mayagüez

Complejo Office Park III

Ponce

San Jorge Mall

San Juan

Bechara Industrial Park,
Ave. Kennedy

IMPORTANT CONTACTS



Schedule your appointment by calling:

787-522-CITA (2482)

Customer Service:

Monday to Friday, from 7:30 a.m. to 5:00 p.m.

Clinics:

Monday to Friday, from 7:30 a.m. to 4:40 p.m.



787-281-8470

to learn your PIN or balance

TTY: 711

(hearing impaired)

24 hours, 7 days a week



787-620-2397

1-866-333-5470

(toll free)

TTY: 711

(hearing impaired)

Monday to Friday, from 8:00 a.m. to 8:00 p.m.

Saturdays, from 8:00 a.m. to 1:00 p.m.



1-866-677-0779

(toll free)

TTY: 711

(hearing impaired)

24 horas al día, los 7 días de la semana.

Your 24/7 medical consultation line.



787-620-2397

1-866-333-5470

(toll free)

TTY: 711

(hearing impaired)

24 hours, 7 days a week

We're here for whatever you need, at home and on the road.



Schedule your transportation 5 days in advance.

787-620-2397

1-866-333-5470

(toll free)

TTY: 711

(hearing impaired)

Monday to Friday, from 8:00 a.m. to 8:00 p.m.

WHAT'S NEXT?



You will receive a letter with your coverage's start date once CMS has confirmed your registration.



You will get your member ID card after receiving your confirmation notice.



Within 90 days of the start of your health plan, you will receive a call to complete a health survey.



Discrimination is Against the Law

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., does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

MMM Healthcare, LLC.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Member Services Department.

If you believe that MMM Healthcare, LLC., has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Appeals and Grievances Department, PO Box 71114, San Juan PR 00936-8014, 787-620-2397, 1-866-333-5470 (toll free), 711 TTY (hearing impaired), 787-622-0485 (fax), mmm@mmhlc.com (email). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



List of Eligibility Criteria for MMM Flexi Card and MMM Assistance

These benefits have been designed for patients with chronic conditions, diagnosed by a physician. If you have been diagnosed by a doctor with one or more of these conditions and your coverage includes MMM Flexi Card and MMM Assistance, then you qualify to benefit from them.

- **Chronic alcohol or another drug dependence**
- **Autoimmune disorders**
 - Polyarteritis nodosa
 - Polymyalgia rheumatica
 - Polymyositis
 - Dermatomyositis
 - Rheumatoid arthritis
 - Systemic lupus erythematosus
 - Psoriatic Arthritis
 - Scleroderma
- **Cancer**
- **Cardiovascular disorders**
 - Cardiac arrhythmias
 - Coronary artery disease
 - Peripheral vascular disease
 - Valvular heart disease
 - Hyperlipidemia
- **Chronic cardiac failure**
- **Dementia**
- **Diabetes mellitus**
 - Pre-diabetes (Fasting blood glucose: 100-125 mg/dL or Hgb A1c: 5.7-6.4%)
- **Overweight, obesity, and metabolic syndrome**
 - Hyperlipidemia
- **Chronic gastrointestinal disease**
 - Chronic liver disease
 - Non-alcoholic fatty liver disease (NAFLD)
 - Hepatitis B
 - Hepatitis C
 - Pancreatitis
 - Irritable bowel syndrome
 - Inflammatory bowel disease
- **Chronic kidney disease (CKD)**
 - CKD requiring dialysis / End-stage renal disease (ESRD)
 - CKD not requiring dialysis
- **Severe hematologic disorders**
 - Aplastic anemia
 - Hemophilia
 - Immune thrombocytopenic purpura
 - Myelodysplastic syndrome
 - Sickle-cell disease (excluding sickle-cell trait)
 - Chronic venous thromboembolic disorder
- **HIV / AIDS**
- **Chronic lung disorders**
 - Asthma
 - Chronic bronchitis
 - Cystic fibrosis
 - Emphysema
 - Pulmonary fibrosis
 - Pulmonary hypertension
 - Chronic obstructive pulmonary disease (COPD)
- **Chronic and disabling mental health conditions**
 - Bipolar disorders
 - Major depressive disorders
 - Paranoid disorder
 - Schizophrenia
 - Schizoaffective disorder
 - Post-traumatic stress disorder (PTSD)
 - Eating disorders
 - Anxiety disorders
- **Neurologic disorders**
 - Amyotrophic lateral sclerosis (ALS)
 - Cerebral palsy
 - Epilepsy
 - Extensive paralysis (such as hemiplegia, quadriplegia, paraplegia, monoplegia)
 - Huntington's disease
 - Parkinson's disease
 - Polyneuropathy
 - Multiple sclerosis
 - Fibromyalgia
 - Chronic fatigue syndrome
 - Spinal cord injuries
 - Spinal stenosis
 - Stroke-related neurologic deficit
 - Traumatic brain injury
- **Stroke**
- **Post-organ transplantation care**
- **Immunodeficiency and immunosuppressive disorders**

- **Conditions that may cause cognitive impairment**
 - Alzheimer's disease
 - Intellectual and developmental disabilities
 - Traumatic brain injuries
 - Disabling mental illness associated with cognitive impairment
 - Mild cognitive impairment
- **Conditions that may cause similar functional challenges and require similar services**
 - Spinal cord injuries
 - Paralysis
 - Limb loss
 - Stroke
 - Arthritis
- **Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell**
- **Conditions that require continued therapy services in order for individuals to maintain or retain functioning**
- **Other:**
 - Hypertension
 - Osteoporosis
 - Chronic back pain

MMM Healthcare, LLC., is an HMO-POS plan and an HMO C-SNP plan with a Medicare contract. Enrollment in MMM depends on contract renewal. 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. 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. 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. Y0049_2027 4010 0001 1_M



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 787-620-2397, 1-866-333-5470 (toll free), TTY: 711 (hearing impaired).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.mmmpr.com or call 787-620-2397, 1-866-333-5470 (toll free), TTY: 711 (hearing impaired), Monday to Sunday, 8:00 a.m. to 8:00 p.m., to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in network. If they are not listed, it means that you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ **Effect on Current Coverage**
Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



☐ **For HMO-POS Plans**

Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

☐ **For C-SNP Plans**

This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

☐ **For D-SNP Plans**

This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

[illegible]

[illegible]



PO BOX 71114
SAN JUAN, PR 00936-8014

AT MMM, WE WALK TOGETHER!

787-620-2396

1-833-647-9555

(TOLL FREE)

TTY: 711

(HEARING IMPAIRED)

**MONDAY TO SUNDAY,
FROM 8:00 A.M. TO 8:00 P.M.**



www.mmmpr.com



Y0049_2027 1099 0007 1_M

SALES **REPRESENTATIVE**

REPRESENTATIVE'S **PHONE**

YOUR PLAN **COVERAGE**



we walk**together**