

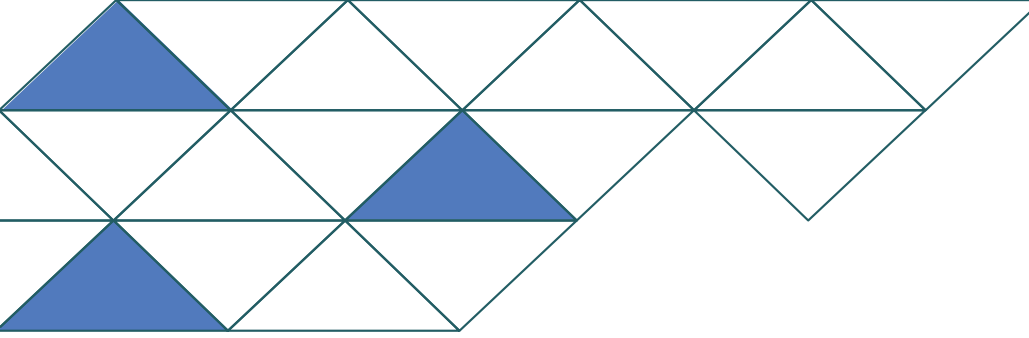
# MMM SUPREMO

(HMO SNP)

## Summary of Benefits



MMM Healthcare, LLC is an HMO plan with a Medicare contract.  
Enrollment in MMM depends on contract renewal.  
H4003 Y0049\_2018 1099 0009 | File & Use 09192017 CMS Accepted



## 2018 MMM SUPREMO

### Summary of Benefits

**The benefit information provided is a summary of benefits of what MMM Supremo (HMO SNP) covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us to request the “Evidence of Coverage”.**

This information is not a complete description of benefits. Contact the plan for more information. Benefits and/or co-payments/co-insurance may change on January 1 of each year. Limitations, copayments and restrictions may apply.

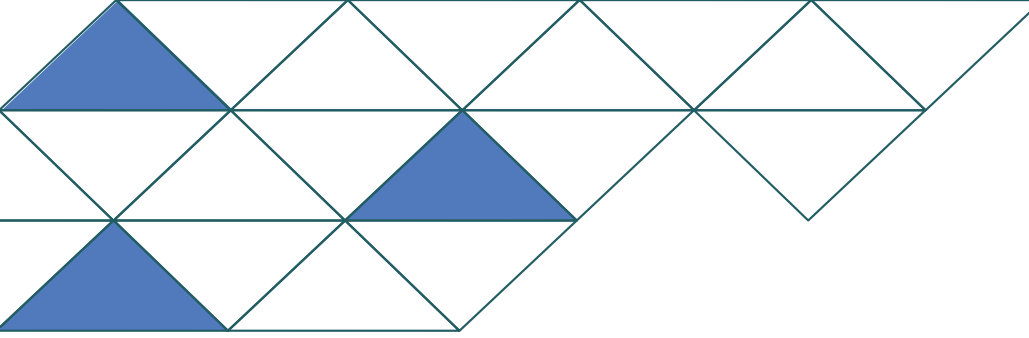
The formulary, pharmacy network, and/or providers network may change at any time. You will receive notice when necessary.

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

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

Or you can check our website at [www.mmm-pr.com](http://www.mmm-pr.com).

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. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a MMM al 1-866-333-5470, (TTY: 1-866-333-5469). MMM Healthcare, LLC 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 MMM 1-866-333-5470, (TTY: 1-866-333-5469).



## 2018 MMM SUPREMO

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

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

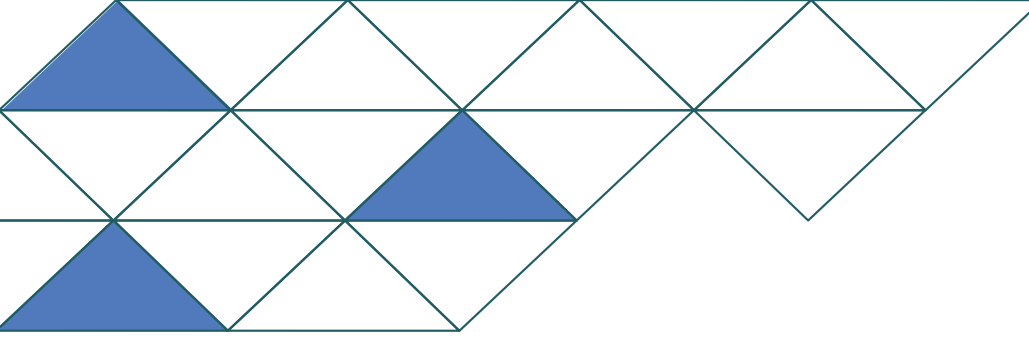
You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan’s prescription drugs formulary and provider and pharmacy directory at our website ([www.mmm-pr.com](http://www.mmm-pr.com)), or if you want a printed copy, call us and we will send you the requested document.

To join MMM Supremo (HMO SNP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the 78 municipalities of Puerto Rico.

### Covered services, hospital and prescription drug benefits

Services with a † may require prior authorization.



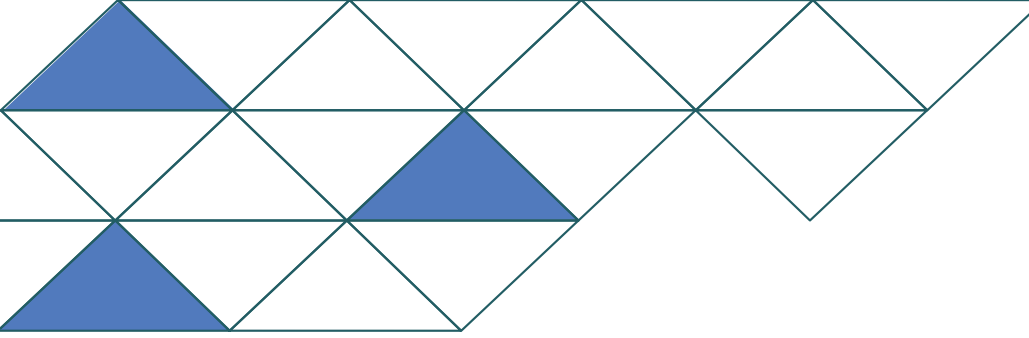
## 2018 MMM SUPREMO

### Premiums and Benefits

### MMM Supremo (HMO SNP)

### What you should know

Monthly Plan Premium	<b>\$0</b>	You must keep paying your Medicare Part B monthly premium.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket responsibility (does not include prescription drugs)	<b>\$3,250</b>	For medical services received from network providers.
Inpatient Hospital Coverage <sup>1</sup>	Preferred Network: <b>\$50</b> copayment General Network: <b>\$100</b> copayment	Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Coverage <sup>1</sup>	<b>\$25</b> copayment	
Doctor Visits • Primary • Specialists	<ul style="list-style-type: none"> <li>• You pay nothing</li> <li>• <b>\$4</b> copayment for endocrinologist, cardiologist and pulmonologist</li> <li>• <b>\$10</b> copayment for other specialists</li> </ul>	
Preventive Care	You pay nothing	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	<ul style="list-style-type: none"> <li>• <b>\$50</b> copayment</li> <li>• Worldwide coverage: <b>\$100</b> copayment</li> </ul>	If you are admitted to the hospital within 1 day because of the same condition, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Coverage” section of this booklet for other costs.



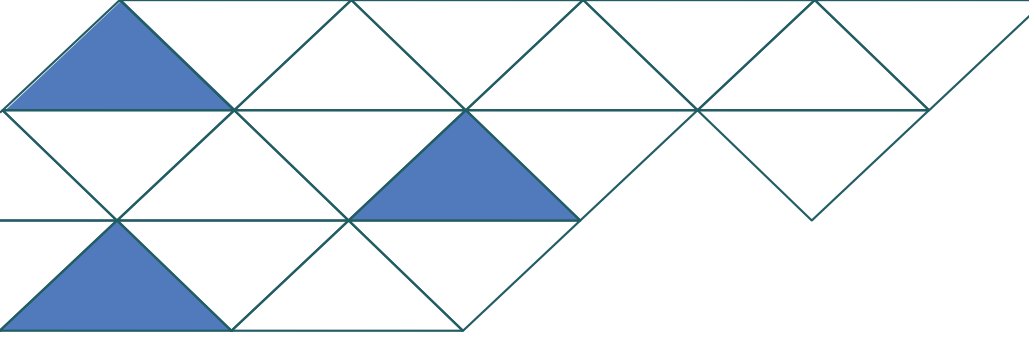
## 2018 MMM SUPREMO

### Premiums and Benefits

### MMM Supremo (HMO SNP)

### What you should know

<p>Urgently Needed Services</p>	<ul style="list-style-type: none"> <li>• You pay nothing</li> <li>• Worldwide coverage: <b>\$100</b> copayment</li> </ul>	
<p>Diagnostic Services/Labs/Imaging<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient X-rays</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$30-\$40</b> copayment</li> <li>• <b>0%-20%</b> of the cost</li> <li>• You pay nothing</li> <li>• You pay nothing</li> </ul>	
<p>Hearing Services<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Supplemental routine hearing exam</li> <li>• Supplemental hearing aid</li> <li>• Supplemental hearing aid fitting evaluation service</li> </ul>	<ul style="list-style-type: none"> <li>• You pay nothing</li> <li>• You pay nothing</li> <li>• You pay nothing</li> </ul>	<p>Up to <b>\$300</b> every three years for the purchase of supplemental hearing aids</p>
<p>Dental Services<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Preventive Services</li> <li>• Restorative Services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$15</b> copayment</li> <li>• <b>50%</b> of the cost</li> </ul>	
<p>Vision Services<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Exams to diagnose and treat diseases and conditions of the eye</li> <li>• Routine eye exam</li> <li>• Supplemental Eyeglasses and/or contact lenses</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$10</b> copayment</li> <li>• You pay nothing</li> <li>• You pay nothing</li> </ul>	<p>Up to a <b>\$100</b> annual supplemental benefit to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses.</p>



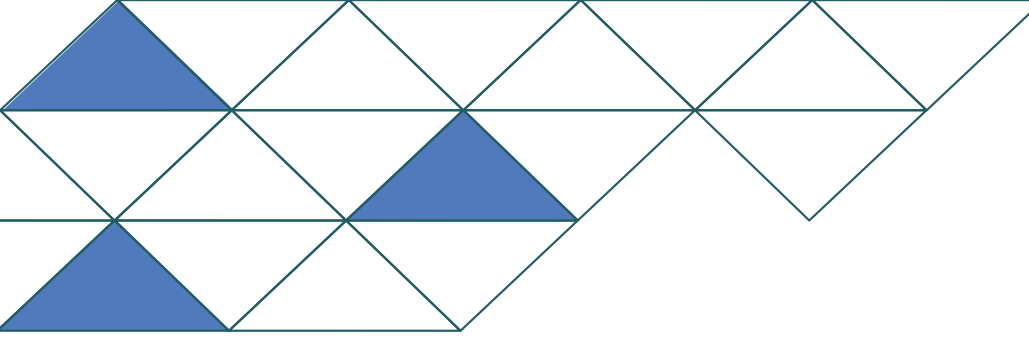
## 2018 MMM SUPREMO

### Premiums and Benefits

### MMM Supremo (HMO SNP)

### What you should know

<p>Mental Health Services<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$50</b> copayment</li> <li>• <b>\$15</b> copayment</li> <li>• <b>\$15</b> copayment</li> </ul>	<p>Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>Up to 90 days for an inpatient hospital stay.</p> <p>Up to 60 "lifetime reserve days."</p>
<p>Skilled Nursing Facility<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• <b>\$20</b> copayment per day: Days 1-4</li> <li>• You pay nothing: Days 5-100</li> </ul>	<p>Up to 100 days in an SNF.</p>
<p>Physical therapy<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• <b>\$4</b> copayment</li> </ul>	
<p>Ambulance<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• You pay nothing</li> </ul>	
<p>Supplemental Transportation</p>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	
<p>Medicare Part B Drugs<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• <b>20%</b> of the cost</li> </ul>	
<p>Foot Care (podiatry services)<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Medicare covered Podiatry services</li> <li>• Supplemental Podiatry services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$15</b> copayment</li> <li>• <b>\$15</b> copayment</li> </ul>	<p>Up to 1 routine visit for supplemental podiatry services.</p>



## 2018 MMM SUPREMO

### Premiums and Benefits

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### What you should know

Durable Medical Equipment/  
Medical Supplies<sup>1</sup>

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

- **5%-20%** of the cost
- **10%** of the cost
- **10%** of the cost
- You pay nothing

Wellness Programs

- You pay nothing

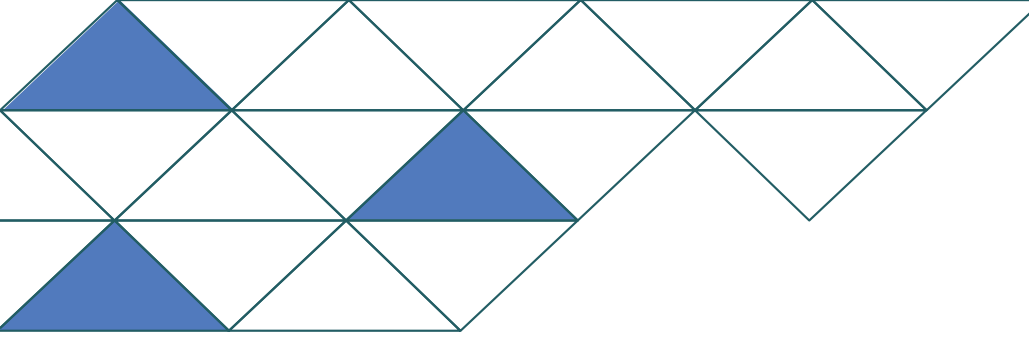
Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets.

- Programs for weight management, fitness, and stress management.
- Nursing hotline (24/7)
- Written health education materials
- Nutritional training and benefit

Chiropractic Care<sup>1</sup>

- Medicare covered Chiropractic services

- **\$15** copayment



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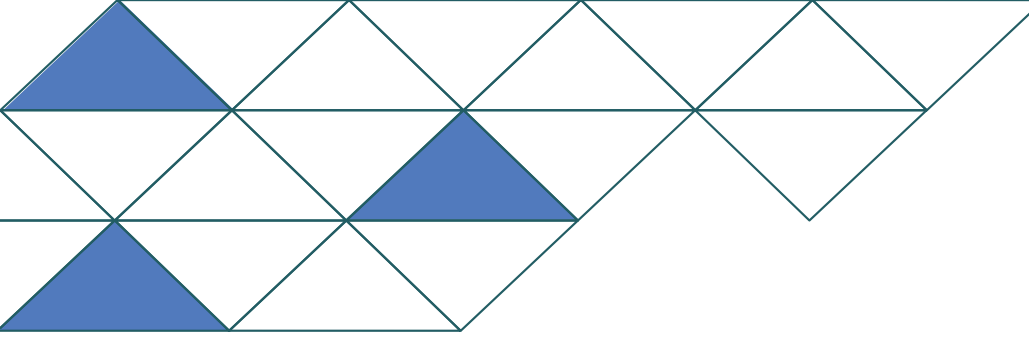
### What you should know

Blood Pressure Monitor<sup>1</sup>

- You pay nothing

One blood pressure monitor every 5 years for eligible members.





## 2018 MMM SUPREMO

# Prescription Drugs

	Standard Retail Cost-Sharing 30-day supply	Standard Retail Cost-Sharing 90-day supply	Mail Order 90-day supply
Phase I: Initial Coverage			
<b>Tier 1:</b> Preferred Generic	\$3 copayment	\$6 copayment	\$6 copayment
<b>Tier 2:</b> Generic	\$7 copayment	\$14 copayment	\$14 copayment
<b>Tier 3:</b> Preferred Brand	\$35 copayment	\$105 copayment	\$70 copayment
<b>Tier 4:</b> Non Preferred Brand	\$45 copayment	\$135 copayment	\$90 copayment
<b>Tier 5:</b> Specialty	33% of the cost	Not available	Not available

**Cost-Sharing may change when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.**



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