MMM
we walktogether

Summary of Benefits

2026

Medicare Beneficiary

HMO-POS, C-SNP Plans


Made for mmme!

When we say that **MMM is a plan made for you,** we mean it.

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

Our MMM Multiclinic network, which provides specialists' care in one location, with round-trip transportation included.*

The MMM Unidad Dorada at participating hospitals, for superior care that has earned member satisfaction in **99%** of cases.**

The MMM Urgency Centers, where you can go for care when an unexpected health situation arises and you can't wait for an appointment.

Below, you can explore a summary of your benefits as part of the pioneering Medicare Advantage plan in Puerto Rico:

$0 COPAY

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

Support to **pay for your groceries*****†

Convenient coverages for **eyeglasses*****

Delivery of **OTC items** to your home***

THANKS!

For choosing us as your health plan: we will honor your trust with the commitment that has characterized us for the past 25 years.

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

We will gladly answer your questions about the plan and benefits:

Sales Department at:
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.

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*Services vary per clinic. Other providers are available in our network. Exclusively for MMM members. **Fact obtained from the survey carried out on patients and caretakers at the moment of discharge from the MMM Unidad Dorada. ***Benefit varies 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.

GET TO KNOW THE TYPES OF COVERAGES

The initials next to the name of your coverage indicate the type of plan you have.

HMO

Health Maintenance Organization

This type of plan provides services through physicians, hospitals, and other providers contracted by the plan. To coordinate your care, you have to choose a primary care physician or PCP.

Usually, in HMO-type plans, you need a referral from your primary care physician to receive services from other providers in the network. You will be able to visit an out-of-network provider, as long as it is in a case of an emergency, an urgency, or kidney dialysis service while you are outside the plan's service area, or when network providers are not available.

HMO-POS

Point-of-Service Option

POS plans give access to medical services covered by the plan with out-of-network providers in the United States and its territories, for a higher shared cost (copays or coinsurance). Our HMO-POS plans have a maximum annual benefit of $10,000 for out-of-network covered services. POS services require preauthorization and are covered through reimbursement, based on plan rates for contracted providers, less applicable coinsurance. The amount to be reimbursed may be different from that billed by the provider and paid by the member.

As with an HMO plan, you must choose a primary care physician to coordinate your in-network services with the providers contracted by the plan.

Look for more details on out-of-network covered services, preauthorization requirements, applicable cost sharing, and your annual coverage maximum in your **Evidence of Coverage**.

HMO-SNP

Special Needs Plan

Medicare's SNP plans are exclusive for people with specific characteristics or conditions. The benefits, the provider options, and the drug formularies are thought-out and designed to better satisfy the specific needs of the groups serviced.

As with an HMO, in this plan you will have to choose a primary care physician (PCP) for the coordination of services within the network of providers that are contracted by the plan.

MMM offers two types of special needs plans:

- **Chronic Conditions (Chronic Special Needs (C-SNP))**
  For people with specific chronic conditions. The chronic conditions set by our plan are: diabetes, chronic heart failure, and cardiovascular diseases.

- **Dual Eligibility (Dual Special Needs (D-SNP))**
  Our plan has a contract with the Puerto Rico Health Insurance Administration to offer a Dual Eligibility plan, also known as the Medicare Platino Program. This plan is for people eligible for both: Medicare and Medicaid.

LEARN SOME COMMON PLAN DEFINITIONS

Annual Medical Check-up

Annual Health Assessment (also known as AHA).
It is a complete medical check-up that must get done once a year.

Coinsurance

Coinsurance is the portion of the cost that you will pay for medical services or prescription drugs (for example, 20%).

Copayment

A copayment is a fixed dollar amount that you will pay as your share of cost for a medical service or supply, such as a medical visit, an outpatient visit to a hospital, or a prescription drug (for example, $2 for visits to Specialists).

Maximum Out-of-Pocket Cost

The maximum amount that you will pay in a year in copayments, coinsurances, and deductibles for medical services. Once you reach this amount, the plan will pay the additional costs of the covered medical services. This threshold does not include your prescription drug costs.

Deductible

The amount you pay for your healthcare services or drugs before the plan begins to pay its share of covered services or drugs. Our coverages do not require a deductible payment.

Network Pharmacy

A pharmacy where members of our plan can get their prescription drugs at because it has a contract with our plan.

Covered Drugs List (Formulary or Drug List)

A list of the prescription drugs covered by the plan. The drugs in this list are selected by the plan with the help of physicians and pharmacists, following the established clinical guidelines to have, at least, one alternative therapy for each medical need. The list includes both brand-name and generic drugs.

Preauthorizations

A simple process that must be completed before acquiring certain services or drugs, in which the plan approves said services or drugs in advance, so that they are covered before use.

Network Provider

A physician, hospital, facility, or other provider that participates in the plan's contracted providers network.

Out-of-Network Provider

A physician, hospital, facility, or other provider that does not participate in the plan's Providers Network. In certain coverages, you may visit providers outside our plan's network, although it is possible you may have to pay higher copayments or coinsurances.

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

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

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

Zone 1
Arecibo, Hatillo, Camuy, Quebradillas, Isabela, Añasco, Moca, San Sebastián, Utuado, Aguadilla, Aguada, and Rincón.

Zone 2
Adjuntas, Barceloneta, Cabo Rojo, Ciales, Corozal, Florida, Guánica, Hormigueros, Jayuya, Lajas, Lares, Las Marías, Manatí, Maricao, Mayagüez, Morovis, Orocovis, Sabana Grande, San Germán, Vega Alta, Vega Baja, and Yauco.

Zone 3
Aguas Buenas, Aibonito, Arroyo, Barranquitas, Bayamón, Caguas, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Cidra, Coamo, Comerío, Culebra, Dorado, Fajardo, Guayama, Guayanilla, Guaynabo, Gurabo, Humacao, Juana Díaz, Juncos, Las Piedras, Loíza, Luquillo, Maunabo, Naguabo, Naranjito, Patillas, Peñuelas, Ponce, Río Grande, Salinas, San Juan, San Lorenzo, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Vieques, Villalba, and Yabucoa.

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 2026"** 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.

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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 Grandioso (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 Grandioso** *(HMO-POS)*
$0	**$0**
You pay nothing	**You pay nothing**
$3,250	**$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 **$75** copay
You pay nothing	**You pay nothing**
• **You pay nothing** • **You pay nothing**	• **You pay nothing** • Preferred Network: **$0-$3** copay General Network: **$0-$5** copay
You pay nothing	**You pay nothing**
• **$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

Summary of Benefits

Premiums and Benefits

THIS IS YOUR PLAN

MMM Elite
(HMO-POS)

Diagnostic Services/Labs/Imaging [1,2]	
• Diagnostic radiology services [3] (e.g., MRI)	• **$0-$25** copay
• Lab services [3]	• **0%-20%** of the cost
• Diagnostic tests and procedures	• **You pay nothing**
• Outpatient X-rays	• **You pay nothing**
Hearing Services/Dental Services/Vision Services	
Hearing Services [1,2]	
• Hearing services covered by Medicare	• **You pay nothing**
• Supplemental hearing aids	• **You pay nothing**
• Routine hearing exam	• **You pay nothing**
• Supplemental hearing aid fitting evaluation service	• **You pay nothing**
One (1) supplemental routine hearing exam per year and one (1) supplemental fitting/evaluation for hearing aids per year.	**$2,000** every three (3) years for the purchase of hearing aids for both ears.
Dental Services [1,2]	
• Preventive and Diagnostic Services	• **You pay nothing**
• Medicare-Covered Dental Services	• **You pay nothing**
• Post and core buildup and/or individual crown*	• **You pay nothing**
• Prosthodontics	• **You pay nothing**
- Removable*	
- Fixed bridge*	
- Implants*	
*Certain limits and restrictions may apply.	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	• **You pay nothing**
• Routine eye exam	• **You pay nothing**
• Supplementary eyeglasses and/or contact lenses	• **You pay nothing**
The maximum benefit amount applies both in and out of network. One (1) supplemental routine vision exam per year.	**$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 Grandioso** *(HMO-POS)*
• **$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** • **Not covered** • **You pay nothing** • **Not covered**
• **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** • **0%-20%** del costo • **0%-20%** del costo • **0%-20%** del costo 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** **$500** annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.	• **You pay nothing** • **You pay nothing** • **You pay nothing** **$1,000** 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 visit [3] • Outpatient individual therapy visit [3] 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**
Ambulance [2] Requires authorization, except for emergencies.	**You pay nothing**
Supplemental Transportation [1] *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 Grandioso** *(HMO-POS)*
• **$50** copay • **$0-$5** copay • **$0-$5** copay	• **$75** copay • **$0-$5** copay • **$0-$5** copay
$44 monthly	**$7** monthly
You pay nothing	**You pay nothing**
$4 copay	**$5** copay
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.
• **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 •**$15** 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 Grandioso** *(HMO-POS)*
• **You pay nothing** • **You pay nothing**	• **$0-$5** copay • **$0-$5** copay
• **You pay nothing** • **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** **$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.
You pay nothing **$40** every three (3) months for OTC items or drugs.	**You pay nothing** **$30** every three (3) months for OTC items or drugs.

Summary of Benefits

Premiums and Benefits	THIS IS YOUR PLAN **MMM Elite** *(HMO-POS)*
Acupuncture[1] • Medicare covered services[2] • 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	• **You pay nothing** 12 supplementary visits per year for naturopath services.
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)

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

You pay nothing

6 visits per year.

- **You pay nothing**

12 supplementary visits per year for naturopath services.

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 Grandioso

(HMO-POS)

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

You pay nothing

6 visits per year.

- **You pay nothing**

12 supplementary visits per year for naturopath services.

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

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 Card [4]

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.

$20 monthly

MMM Assistance [4]

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)
- Pest control (one (1) simple fumigation visit for interior or exterior per semester).

Up to twelve (12) services, **$300** per event for assistance on the road and some In-Home minor repairs. **$200** per event applies for appliances repair services (2 per year). Pest control (2 per year). 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 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 Plenitud

(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

$50 monthly

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

$100 monthly

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 $2,100)	**Preferred Generic**	**$0** copay	**$0** copay
	Generic	**$0** copay	**$0** copay
	Preferred Brand	**$0** copay	**$0** copay
	Non-Preferred Drugs	**$0** copay	**$0** copay
	Preferred Specialty Drugs	**25%** of the cost **$35** copay for insulin	**Not available**
	Specialty Drugs	**33%** of the cost	**Not available**
	Select Care Drugs	**$0** copay	**$0** copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach **$2,100**)	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 $2,100)	**Preferred Generic**	**$0** copay	**$0** copay
	Generic	**$0** copay	**$0** copay
	Preferred Brand	**$5** copay	**$10** copay
	Non-Preferred Drugs	**$7** copay	**$14** copay
	Preferred Specialty Drugs	**25%** of the cost **$35** copay for insulin	**Not available**
	Specialty Drugs	**33%** of the cost	**Not available**
	Select Care Drugs	**$0** copay	**$0** copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach **$2,100**)	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 $2,100)	**Preferred Generic**	**$0** copay	**$0** copay
	Generic	**$0** copay	**$0** copay
	Preferred Brand	**$5** copay	**$10** copay
	Non-Preferred Drugs	**$15** copay	**$30** copay
	Preferred Specialty Drugs	**25%** of the cost **$35** copay for insulin	**Not available**
	Specialty Drugs	**33%** of the cost	**Not available**
	Select Care Drugs	**$0** copay	**$0** copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach $2,100)	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 seven-tier structure:

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

Benefits	MMM Elite (HMO-POS)	MMM Plenitud (HMO-POS)	MMM Grandioso (HMO-POS)
Preferred Generic	$0	$0	$0
Generic	$0	$0	$0
Preferred Brand	$0	$5	$5
Non-Preferred Drugs	$0	$7	$15
Preferred Specialty Drugs	25% $35 for insulin	25% $35 for insulin	25% $35 for insulin
Specialty Drugs	33%	33%	33%
Select Care Drugs	$0	$0	$0
Erectile Dysfunction Drugs	6 pills per month	6 pills per month	Not Covered

Information about these levels and other coverage details are explained in the 2026 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.


MMM
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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	**You pay nothing**
$3,250	**$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	• **$75** copay • 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 Balance Zone 1 *(HMO-POS)*

Diagnostic Services/Labs/Imaging [1,2]	
• Diagnostic radiology services [3] (e.g., MRI)	• **$0-$40** copay
• Lab services [3]	• **0%-20%** of the cost
• Diagnostic tests and procedures	• **You pay nothing**
• Outpatient X-rays	• **You pay nothing**
Hearing Services/Dental Services/Vision Services	
Hearing Services [1,2]	
• Hearing services covered by Medicare	• **You pay nothing**
• Supplemental hearing aids	• **You pay nothing**
• Routine hearing exam	• **You pay nothing**
• Supplemental hearing aid fitting evaluation service	• **You pay nothing**
One (1) supplemental routine hearing exam per year and one (1) supplemental fitting/evaluation for hearing aids per year.	**$1,250** every three (3) years for the purchase of hearing aids for both ears.
Dental Services [1,2]	
• Preventive and Diagnostic Services	• **You pay nothing**
• Medicare-Covered Dental Services	• **You pay nothing**
• Post and core buildup and/or individual crown*	• **You pay nothing**
• Prosthodontics	• **You pay nothing**
- Removable*	
- Fixed bridge*	
- Implants*	
*Certain limits and restrictions may apply.	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	• **You pay nothing**
• Routine eye exam	• **You pay nothing**
• Supplementary eyeglasses and/or contact lenses	• **You pay nothing**
The maximum benefit amount applies both in and out of network. One (1) supplemental routine vision exam per year.	**$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 visit [3] • Outpatient individual therapy visit [3] 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	**$51** monthly
Skilled Nursing Facility [1,2] 100 days in an SNF.	**You pay nothing**
Physical Therapy [1,2]	**$4** copay
Ambulance [2] Requires authorization, except for emergencies.	**You pay nothing**
Supplemental Transportation [1] *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)

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

$51 monthly

You pay nothing

$4 copay

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
- **$8** copay

THIS IS YOUR PLAN

MMM Balance Zone 3 (HMO-POS)

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

$51 monthly

You pay nothing

$4 copay

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
- **$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** **$25** 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

$25 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)*

Acupuncture[1] • Medicare covered services[2] • Supplementary services 10 routine visits for supplemental acupuncture services.	• **$10** copay • **$10** copay
Nutritionist	**You pay nothing** 6 visits per year.
Alternative Therapies • Naturopath services	• **You pay nothing** 12 supplementary visits per year for naturopath services.
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** $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 2 (HMO-POS)

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

You pay nothing
6 visits per year.

- **You pay nothing**
12 supplementary visits per year for naturopath services.

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
6 visits per year.

- **You pay nothing**
12 supplementary visits per year for naturopath services.

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

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

$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

MMM Flexi Card [4]

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.

$85 monthly

MMM Assistance [4]

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)
- Pest control (one (1) simple fumigation visit for interior or exterior per semester).

Up to twelve (12) services, **$300** per event for assistance on the road and some In-Home minor repairs. **$200** per event applies for appliances repair services (2 per year). Pest control (2 per year). 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 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 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

$70 monthly

You pay nothing

THIS IS YOUR PLAN

MMM Balance Zone 3 (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

$45 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 $2,100)	**Preferred Generic**	**$0** copay	**$0** copay
	Generic	**$0** copay	**$0** copay
	Preferred Brand	**$6** copay	**$12** copay
	Non-Preferred Drugs	**$8** copay	**$16** copay
	Preferred Specialty Drugs	**25%** of the cost **$35** copay for insulin	**Not available**
	Specialty Drugs	**33%** of the cost	**Not available**
	Select Care Drugs	**$0** copay	**$0** copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach $2,100)	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 seven-tier structure:

- ***Preferred Generic***
- ***Generic***
- ***Preferred Brand***
- ***Non-Preferred Drugs***
- ***Preferred Specialty 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**
Preferred Specialty Drugs	**25%** **$35** for insulin	**25%** **$35** for insulin	**25%** **$35** for insulin
Specialty Drugs	**33%**	**33%**	**33%**
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 2026 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.


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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 Valioso (HMO-POS)
MMM Deluxe (HMO-POS)
MMM Mega Flex (HMO-POS)
PMC Max (HMO-POS)

Summary of Benefits

Premiums and Benefits	THIS IS YOUR PLAN **MMM Valioso** *(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]	**$100** copay
Ambulatory Surgical Center (ASC) [1,2]	**$100** copay
Doctor visits **(Primary Care Providers and Specialists)** • Primary Care Provider (PCP) [2] • Specialists [2,3]	• **You pay nothing** • Preferred Network: **$0-$5** copay General Network: **$0-$10** 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 Deluxe** *(HMO-POS)*	THIS IS YOUR PLAN **MMM Mega Flex** *(HMO-POS)*	THIS IS YOUR PLAN **PMC Max** *(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 **$25** copay	• 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 **$25** copay
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** • Preferred Network: **You pay nothing** General Network: **$0-$3** 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 Valioso
(HMO-POS)

Diagnostic Services/Labs/Imaging [1,2]	
• Diagnostic radiology services [3] (e.g., MRI)	• **$0-$60** copay
• Lab services [3]	• **0%-20%** of the cost
• Diagnostic tests and procedures	• **You pay nothing**
• Outpatient X-rays	• **You pay nothing**
Hearing Services/Dental Services/Vision Services	
Hearing Services [1,2]	
• Hearing services covered by Medicare	• **You pay nothing**
• Supplemental hearing aids	• **You pay nothing**
• Routine hearing exam	• **You pay nothing**
• Supplemental hearing aid fitting evaluation service	• **You pay nothing**
One (1) supplemental routine hearing exam per year and one (1) supplemental fitting/evaluation for hearing aids per year.	**$500** every three (3) years for the purchase of hearing aids for both ears.
Dental Services [1,2]	
• Preventive and Diagnostic Services	• **You pay nothing**
• Medicare-Covered Dental Services	• **You pay nothing**
• Post and core buildup and/or individual crown*	• **You pay nothing**
• Prosthodontics	• **You pay nothing**
- Removable*	
- Fixed bridge*	
- Implants*	
*Certain limits and restrictions may apply.	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.
Vision Services [1,2]	
• Exams to diagnose and treat diseases and conditions of the eye	• **You pay nothing**
• Routine eye exam	• **You pay nothing**
• Supplementary eyeglasses and/or contact lenses	• **You pay nothing**
The maximum benefit amount applies both in and out of network. One (1) supplemental routine vision exam per year.	**$250** annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

THIS IS YOUR PLAN **MMM Deluxe** *(HMO-POS)*	THIS IS YOUR PLAN **MMM Mega Flex** *(HMO-POS)*	THIS IS YOUR PLAN **PMC Max** *(HMO-POS)*
• **$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**	• **$0-$25** 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** • **Not covered** • **You pay nothing** • **Not covered**	• **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.
• **You pay nothing** • **0%-20%** of the cost • **Not covered** • **Not covered**	• **You pay nothing** • **0%-20%** of the cost • **Not covered** • **Not covered**	• **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** • **Not covered**	• **You pay nothing** • **You pay nothing** • **Not covered**	• **You pay nothing** • **You pay nothing** • **You pay nothing** **$450** annually for the purchase of eyeglasses (frames and lenses) and/or contact lenses.

Summary of Benefits

Premiums and Benefits

THIS IS YOUR PLAN

MMM Valioso
(HMO-POS)

Mental Health Services [1,2] • Inpatient hospital coverage • Outpatient group therapy visit [3] • Outpatient individual therapy visit [3] 190 hospitalization days for lifelong mental health care. 90 days for in-hospital care. 60 "lifetime booking days."	 • **$100** copay • **$0-$10** copay • **$0-$10** copay

Additional Benefits

Part B Premium Reduction	**$115** monthly
Skilled Nursing Facility [1,2] 100 days in an SNF.	**You pay nothing**
Physical Therapy [1,2]	**$10** copay
Ambulance [2] Requires authorization, except for emergencies.	**You pay nothing**
Supplemental Transportation [1] *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** **Unlimited** transportation to and from MMM Multiclinics. Not covered for any other location.
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 •**$18** copay

THIS IS YOUR PLAN **MMM Deluxe** *(HMO-POS)*	THIS IS YOUR PLAN **MMM Mega Flex** *(HMO-POS)*	THIS IS YOUR PLAN **PMC Max** *(HMO-POS)*
• **$50** copay • **$0-$5** copay • **$0-$5** copay	• **$50** copay • **$0-$7** copay • **$0-$7** copay	• **$50** copay • **$0-$5** copay • **$0-$5** copay
$155 monthly	**$4** monthly	**Does not apply**
You pay nothing	**You pay nothing**	**You pay nothing**
$5 copay	**$7** copay	**$4** copay
You pay nothing	**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.	**You pay nothing** **12 one-way trips** per year to health-related locations.
• **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 •**$15** 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 Valioso
(HMO-POS)

Foot Care [1,2,3] **(podiatry services)** • Medicare covered services • Supplemental services 6 routine visits per year for supplemental podiatry services.	• **$0-$10** copay • **$0-$10** copay
Durable Medical Equipment / Medical Supplies [1,2] • DME (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs, etc.) • Medical supplies • Diabetic supplies	• **20%** of the cost • **20%** of the cost • **20%** 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	• **$10** copay • **$10** 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.	**Not covered**

THIS IS YOUR PLAN **MMM Deluxe** *(HMO-POS)*	THIS IS YOUR PLAN **MMM Mega Flex** *(HMO-POS)*	THIS IS YOUR PLAN **PMC Max** *(HMO-POS)*
• **$0-$5** copay • **$0-$5** copay	• **$0-$7** copay • **$0-$7** copay	• **$0-$5** copay • **$0-$5** copay
• **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**	• **0%-10%** of the cost • **You pay nothing** • **You pay nothing** • **You pay nothing**
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.	• **$7** copay • **$7** copay **$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.
You pay nothing **$25** every three (3) months for OTC items or drugs.	**Not covered**	**You pay nothing** **$75** monthly for OTC items or drugs.

Summary of Benefits

Premiums and Benefits

THIS IS YOUR PLAN

MMM Valioso
(HMO-POS)

Acupuncture[1] • Medicare covered services[2] • Supplementary services 10 routine visits for supplemental acupuncture services.	• **$10** copay • **$10** copay
Nutritionist	**You pay nothing** 6 visits per year.
Alternative Therapies • Naturopath services	• **You pay nothing** 12 supplementary visits per year for naturopath services.
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.	**Not covered**

THIS IS YOUR PLAN **MMM Deluxe** *(HMO-POS)*	THIS IS YOUR PLAN **MMM Mega Flex** *(HMO-POS)*	THIS IS YOUR PLAN **PMC Max** *(HMO-POS)*
• **$10** copay • **$10** copay	• **$10** copay • **$10** copay	• **$5** copay • **Not covered**
You pay nothing 6 visits per year.	**You pay nothing** 6 visits per year.	**You pay nothing** 6 visits per year.
• **You pay nothing** 12 supplementary visits per year for naturopath services.	• **You pay nothing** 12 supplementary visits per year for naturopath services.	• **You pay nothing** 12 supplementary visits per year for naturopath services.
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	**Not covered**	**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

Summary of Benefits

Premiums and Benefits

THIS IS YOUR PLAN

MMM Valioso
(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, Alternative Therapies (homeopathic / Natural Medicine items only), Home and Bathroom Safety Devices, and Modifications and Fitness Benefit (exercise items only). Limits in the number of items per category may apply.

Not covered

MMM Flexi Card [4]

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.

$15 monthly

MMM Assistance [4]

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)
- Pest control (one (1) simple fumigation visit for interior or exterior per semester).

Up to twelve (12) services, **$300** per event for assistance on the road and some In-Home minor repairs. **$200** per event applies for appliances repair services (2 per year). Pest control (2 per year). 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 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 Deluxe** *(HMO-POS)*	THIS IS YOUR PLAN **MMM Mega Flex** *(HMO-POS)*	THIS IS YOUR PLAN **PMC Max** *(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	**Not covered**	**You pay nothing** **$75** monthly to use for the purchase of the following items through the OTC catalog. • Pedals for physical exercise • Elastic bands for stretching
$10 monthly	**$190** monthly	**$75** monthly
You pay nothing	**You pay nothing**	**You pay nothing**

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 $2,100)	**Preferred Generic**	**$0** copay	**$0** copay
	Generic	**$0** copay	**$0** copay
	Preferred Brand	**$8** copay	**$16** copay
	Non-Preferred Drugs	**$18** copay	**$36** copay
	Preferred Specialty Drugs	**25%** of the cost **$35** copay for insulin	**Not available**
	Specialty Drugs	**33%** of the cost	**Not available**
	Select Care Drugs	**$0** copay	**$0** copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach $2,100)	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 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 $2,100)	**Preferred Generic**	**$0** copay	**$0** copay
	Generic	**$0** copay	**$0** copay
	Preferred Brand	**$8** copay	**$16** copay
	Non-Preferred Drugs	**$12** copay	**$24** copay
	Preferred Specialty Drugs	**25%** of the cost **$35** copay for insulin	**Not available**
	Specialty Drugs	**33%** of the cost	**Not available**
	Select Care Drugs	**$0** copay	**$0** copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach $2,100)	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 $2,100)	**Preferred Generic**	**$0** copay	**$0** copay
	Generic	**$0** copay	**$0** copay
	Preferred Brand	**$10** copay	**$20** copay
	Non-Preferred Drugs	**$15** copay	**$30** copay
	Preferred Specialty Drugs	**25%** of the cost **$35** copay for insulin	**Not available**
	Specialty Drugs	**33%** of the cost	**Not available**
	Select Care Drugs	**$0** copay	**$0** copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach $2,100)	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

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 $2,100)	**Preferred Generic**	**$0** copay	**$0** copay
	Generic	**$0** copay	**$0** copay
	Preferred Brand	**$6** copay	**$12** copay
	Non-Preferred Drugs	**$8** copay	**$16** copay
	Preferred Specialty Drugs	**25%** of the cost **$35** copay for insulin	**Not available**
	Specialty Drugs	**33%** of the cost	**Not available**
	Select Care Drugs	**$0** copay	**$0** copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach **$2,100**)	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.

Your Drugs
UNDER MMM'S COVERAGE

PRESCRIPTION DRUGS

Your plan covers drugs in a seven-tier structure:

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

Benefits	MMM Valioso (HMO-POS)	MMM Deluxe (HMO-POS)	MMM Mega Flex (HMO-POS)	PMC Max (HMO-POS)
Preferred Generic	$0	$0	$0	$0
Generic	$0	$0	$0	$0
Preferred Brand	$8	$8	$10	$6
Non-Preferred Drugs	$18	$12	$15	$8
Preferred Specialty Drugs	25% **$35** for insulin	25% **$35** for insulin	25% **$35** for insulin	25% **$35** for insulin
Specialty Drugs	33%	33%	33%	33%
Select Care Drugs	$0	$0	$0	$0
Erectile Dysfunction Drugs	Not Covered	Not Covered	Not Covered	**6 pills** per month

Information about these levels and other coverage details are explained in the 2026 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 C-SNP
COVERAGES

These plans are exclusively for people with specific conditions such as diabetes, chronic heart failure, and cardiovascular conditions. To qualify for this coverage, a medical certification is required.

MMM Supremo (HMO C-SNP)

MMM
we walk**together**

Summary of Benefits

Premiums and Benefits	THIS IS YOUR PLAN **MMM Supremo** *(HMO C-SNP)*
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] 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]	**$25** copay
Ambulatory Surgical Center (ASC)[1]	**You pay nothing**
Doctor visits **(Primary Care Providers and Specialists)** • Primary Care Provider (PCP) • Specialists[3]	• **You pay nothing** • Preferred Network: **You pay nothing** • General Network: **You pay nothing**
Preventive care[1] 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

Premiums and Benefits

THIS IS YOUR PLAN

MMM Supremo
(HMO C-SNP)

Diagnostic Services/Labs/Imaging[1]	
• Diagnostic radiology services[3] (e.g., MRI)	• **$0-$25** copay
• Lab services[3]	• **0%-20%** of the cost
• Diagnostic tests and procedures	• **You pay nothing**
• Outpatient X-rays	• **You pay nothing**
Hearing Services/Dental Services/Vision Services	
Hearing Services[1]	
• Hearing services covered by Medicare	• **You pay nothing**
• Supplemental hearing aids	• **You pay nothing**
• Routine hearing exam	• **You pay nothing**
• Supplemental hearing aid fitting evaluation service	• **You pay nothing**
One (1) supplemental routine hearing exam per year and one (1) supplemental fitting/evaluation for hearing aids per year.	**$1,000** every three (3) years for the purchase of hearing aids for both ears.
Dental Services[1]	
• Preventive and Diagnostic Services	• **You pay nothing**
• Medicare-Covered Dental Services	• **You pay nothing**
• Post and core buildup and/or individual crown*	• **You pay nothing**
• Prosthodontics	• **You pay nothing**
- Removable*	
- Fixed bridge*	
- Implants*	
*Certain limits and restrictions may apply.	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]	
• Exams to diagnose and treat diseases and conditions of the eye	• **You pay nothing**
• Routine eye exam	• **You pay nothing**
• Supplementary eyeglasses and/or contact lenses	• **You pay nothing**
The maximum benefit amount applies both in and out of network. One (1) supplemental routine vision exam per year.	**$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 Supremo
(HMO C-SNP)

Mental Health Services[1] • Inpatient hospital coverage • Outpatient group therapy visit[3] • Outpatient individual therapy visit[3] 190 hospitalization days for lifelong mental health care. 90 days for in-hospital care. 60 "lifetime booking days."	 • **$50** copay • **$0-$7** copay • **$0-$7** copay

Additional Benefits

Part B Premium Reduction	**$25** monthly
Skilled Nursing Facility[1] 100 days in an SNF.	**You pay nothing**
Physical Therapy[1]	**$4** copay
Ambulance Requires authorization, except for emergencies.	**You pay nothing**
Supplemental Transportation[1] *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** **16 one-way trips** per year to health-related locations.
Medicare Part B Drugs[1] • 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 •**$20** copay

Premiums and Benefits

THIS IS YOUR PLAN

MMM Supremo
(HMO C-SNP)

Foot Care [1,3] **(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] • DME (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs, etc.) • Medical supplies • Diabetic supplies	 • **You pay nothing** • **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] • Medicare covered services • Supplemental services	 • **$7** copay • **$7** copay **$750** annually for a maximum of **6** 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** **$55** every three **(3)** months for OTC items or drugs.

Summary of Benefits

Premiums and Benefits

THIS IS YOUR PLAN

MMM Supremo
(HMO C-SNP)

Acupuncture[1] • Medicare covered services	• **$7** copay
Nutritionist	**You pay nothing** 6 visits per year.
Alternative Therapies • Naturopath services	• **You pay nothing** 12 supplementary visits per year for naturopath services.
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 on the number of items per category may apply.	**You pay nothing** $55 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

Premiums and Benefits

THIS IS YOUR PLAN

MMM Supremo
(HMO C-SNP)

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 on the number of items per category may apply.

You pay nothing

$55 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 Card [4]

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.

$65 monthly

MMM Assistance [4]

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)
- Pest control (one (1) simple fumigation visit for interior or exterior per semester).

Up to twelve (12) services, **$300** per event for assistance on the road and some In-Home minor repairs. **$200** per event applies for appliances repair services (2 per year). Pest control (2 per year). 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 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

Summary of Benefits

HMO C-SNP Coverage

MMM Supremo - 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 **$2,100**)	**Preferred Generic**	**$0** copay	**$0** copay
	Generic	**$0** copay	**$0** copay
	Preferred Brand	**$0** copay	**$0** copay
	Non-Preferred Drugs	**$20** copay **$10** copay for insulin	**$40** copay **$20** copay for insulin
	Preferred Specialty Drugs	**25%** of the cost **$35** copay for insulin	**Not available**
	Specialty Drugs	**33%** of the cost	**Not available**
	Select Care Drugs	**$0** copay	**$0** copay
Catastrophic Coverage (what you pay after your out-of-pocket costs reach **$2,100**)	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 seven-tier structure:

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

Benefits	***MMM Supremo*** *(HMO C-SNP)*
Preferred Generic	**$0**
Generic	**$0**
Preferred Brand	**$0**
Non-Preferred Drugs	**$20** **$10** for insulin
Preferred Specialty Drugs	**25%** **$35** for insulin
Specialty Drugs	**33%**
Select Care Drugs	**$0**
Erectile Dysfunction Drugs	**Not Covered**

Information about these levels and other coverage details are explained in the 2026 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

MMM

we walk**together**

MMM **MULTI**CLINIC

Get to know our network of clinics with specialists in one place.

More than 15 of the most in-demand specialties in Puerto Rico:

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

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

UNLIMITED
transportation

to and from your appointments at the
MMM Multiclinic

On all services, without referral!

Get your appointments in a reasonable time

We have multiclinics throughout the Island with exclusive care ***MADE FOR YOU.***

787-522-CITA (2482)

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

MMM

ASSISTANCE

We are there for whatever you need!*

At your home:

Appliances[1] NEW!
Repair of appliances such as refrigerators and stoves.

Plumbing
Sanitary drain cleaning.

Locksmith
Regain access to your house.

Electrical
Circuit breaker replacement due to short circuit.

Fumigation (Basic service)[2]
Fumigation against ants and roaches, inside or outside the home.

*Subject to qualification. Up to twelve (12) services, $300 per event for assistance on the road and some In-Home minor repairs. $200 per event applies for appliance repair services (2 per year). Pest control (2 per year). Limits and restrictions may apply. 1. One (1) appliance repair service per semester. Two (2) per year. The appliance must be 10 years old or less. 2. Limited to basic fumigation against ants and cockroaches, inside and outside the home (separate events). One (1) each semester. Two (2) per year. 3. The vehicle must not be older than 15 years.

On the road[3]:

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.

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 FLEXI CARD

Feel confident to use it

For your groceries!

ROLLOVER!

The money you do not use, **rolls over** to the next month!

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 2026. 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 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.

More access to products and services

A tool ***MADE FOR YOU,*** for you to use it in your favor, on what really matters. Exclusively for MMM members.

To see the list of all the participating businesses, scan the following QR code:

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

- *Food and provisions at supermarkets*
- *Gasoline*
- *Prepared meals*
- *OTC Items*
- *Hardware items*
- *Gardening tools*
- *Entertainment*
- *Gym*

Enjoy the peace of mind of getting your OTCs

DIRECTLY AT YOUR HOME

Without lines, without complications,
and in ***5 business days*** or fewer.

You can also pick up your order at your favorite

PHARMACY

Scan the QR code where you can order more than 400 essential items from the **2026 OTC Catalog**.

Enjoy this benefit MADE FOR YOU.

With the convenience of a wide variety of frequently used OTC items delivered directly to your home.

- ✓ **Natural Products**
- ✓ **Brand-name Products**
- ✓ **and many more**

Make your order through the MMM MOBILE APP

Order by calling:

787-272-7030

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

Benefit varies per coverage. See page 91 for more details about the MMM Mobile App and how to download it so you can take advantage of the OTC at Your Door program.

MMM

UNIDAD
DORADA

A complete attention system at the hospital

$0 COPAY

Our service coordination facilitates the hospitalization and discharge processes for members.

Participating hospitals

- *Bayamón Medical Center*
- *Doctor's Center, Carolina*
- *Hospital Pavía, Caguas*
- *Hospital Pavía, Santurce*
- *Manatí Medical Center*
- *Mayagüez Medical Center*
- *Hospital Episcopal San Lucas, Ponce*

We offer:

During hospitalization:

- Items to facilitate the hospital stay, as needed
- Clinical and administrative staff from MMM monitoring treatment
- Ulcer specialist physician
- Mental health and social work services, if necessary

After discharge:

- Discharge planners
- Coordination of appointments, services, and medical equipment for after discharge
- Prescription medications on hand upon discharge
- Much more

MMM URGENCY CENTER

For when you need immediate attention

The MMM Urgency Center treats you without an appointment,

for those unexpected moments in which you cannot see your family physician, but you do not need to go to an emergency room.

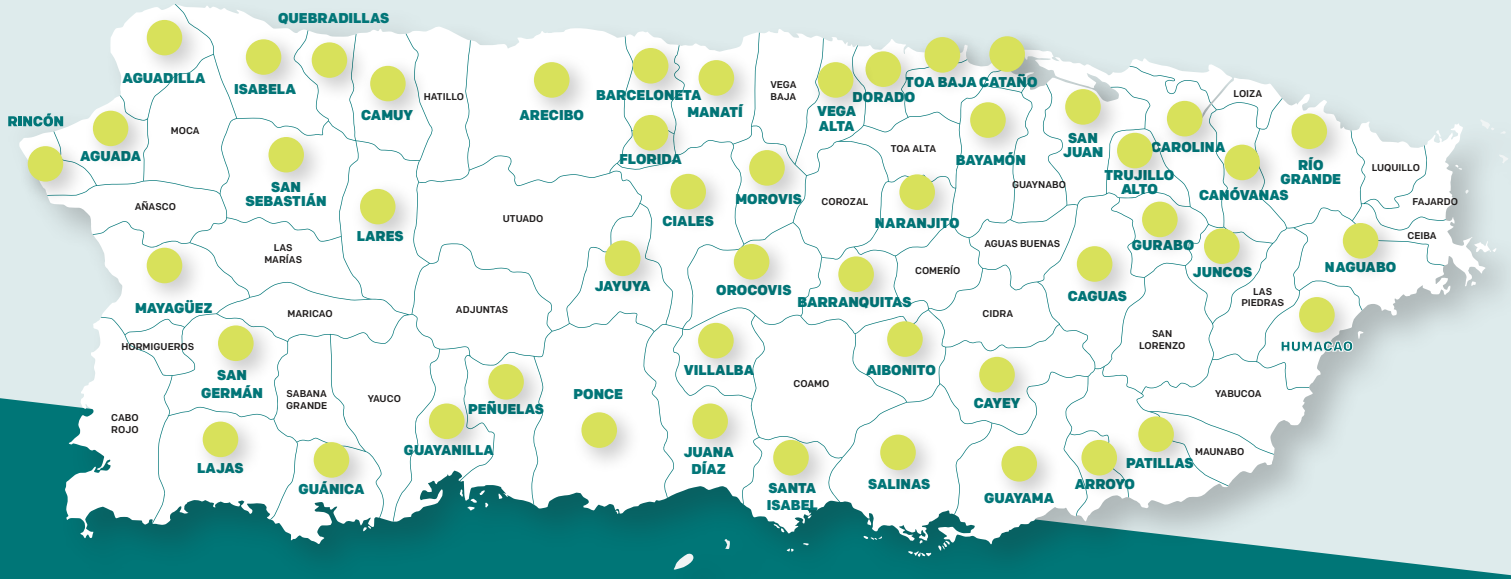
$0 COPAY

on all services

We have some

70 CENTERS

available for you.



Visit your nearest Urgency Center if you have

Symptoms:

- Cough/flu
- Minor breathing 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 general discomfort that is not life-threatening
- Among others

Plus:

- Care and treatment coordinated with your primary care physician.
- Laboratory and/or X-ray services.
- Extended hours, some centers open 24 hours a day.
- Faster care than in an emergency room.

Find the locations of the different Centers in the Provider and Pharmacy Directory on our website

or scanning the following QR code:

MMM MULTICLINIC

MDC
MASTERS DENTAL CLINIC

Dental services at participating Multiclinics

MMM Multiclinic offers the option of receiving oral health care 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 **Humacao**, **Aibonito**, and **Canóvanas**

0%
COINSURANCE

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

Subject to the maximum limit of your coverage with MMM.

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

ORLANDO
FAMILY PHYSICIANS

Because traveling is your thing, we cover you even in Florida.

As an MMM member,

you will have access to the medical care and services of **Orlando Family Physicians**.

At the medical group centers:

You pay the same you would in Puerto Rico without altering the coverage in or outside the network.

Primary physicians and specialists will treat you.

They have **access to your health records**, for coordinated medical care.

For more information on the services and where you can find them, scan the QR code

MMM

TO YOUR
APPOINTMENT

Get in, we'll take you.

With this service, we'll send a driver to take you to your medical, laboratory, or clinical studies center appointment.

We make the trip easier for you; travel comfortably and safely.

To schedule the service, just

1 **Set up a medical appointment** with your healthcare provider.

2 **Call us 5 business days** before your appointment.

Stay alert! We will send you a link through text so that you know the location of the driver that will pick you up.

Remember to request the service at least 5 days before the appointment.

Benefit varies per coverage. Transportation to and from the MMM Multiclinic is unlimited in all plans.

EYEGLASSES

So you can see your best version!

With your vision coverage for eyeglasses and/or contact lenses, you can choose:

- *Regular, bifocal, trifocal, or transition lenses*
- *Eyeglasses repair*
- *Anti-glare and anti-scratch treatments*
- *Variety of frames*
- *Optical shops in our network*

Benefit varies per coverage.

COMPREHENSIVE DENTAL

Your best smile begins with good care.

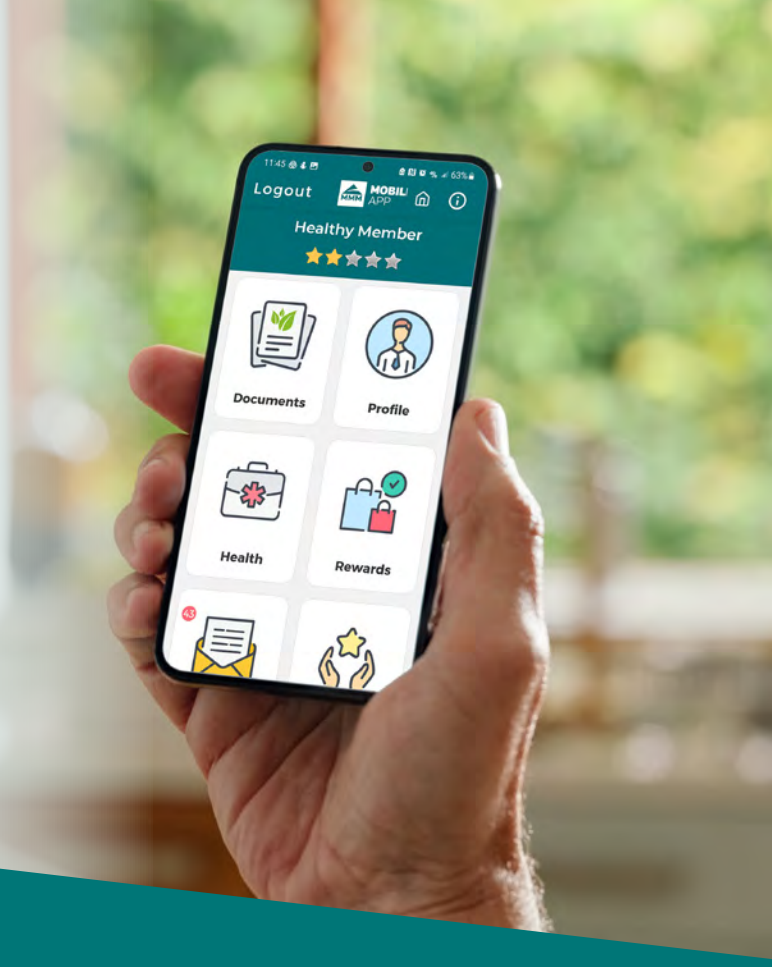
To get excellent oral care,
you have these services available:

- Crowns
- Fixed bridges
- Torus removal
- Implants
- Bone surgery
- Frenectomy
- Partial dentures
- Complete dentures

Authorization rules may apply for additional supplemental comprehensive dental services. The maximum amount does not apply to preventive or diagnostic services, Medicare covered services. Limits and restrictions may apply.

MMM **MOBILE** APP

Health in the palm of your hand.



An app to make requests,
access your services, and much more.

NEW!

PENDING ACTIVITIES

Keep up to date with your preventive healthcare:

- ***Preventive Exams***
- ***Medical Appointments***
- ***Annual Medical Check-up***

Also, you will have access to:

- *The digital plan card*
- *Status of your preauthorizations*
- *OTC at Your Door Catalog and place your order*
- *MMM Ambiente*
- *MMM Games*

DOWNLOAD IT TODAY!

MMM Medicare y Mucho Más
MMM Holdings, Inc.

Download on the App Store

GET IT ON Google Play

MMM Regional Offices

MMM Members Club

Regional Office Contacts

Aguadilla
Plaza Victoria Shopping Center

Bayamón
Plaza Tropical Shopping Center

Caguas
Gatsby Plaza Building

Canóvanas
Plaza Rial Shopping Center

Carolina
Century Business Park

Fajardo
PR #3, km 44.1

Guayama
FISA II Building,
Paseo del Pueblo

MMM Multiclinic

MMM Unidad Dorada

Hatillo
Hatillo Town Center

Humacao
Boulevard Plaza
Office Center

Manatí
El Trigal Plaza

Mayagüez
Office Park III Complex

Ponce
San Jorge Mall

San Juan
Bechara Industrial Park,
Ave. Kennedy

WHAT IS MEDICARE?

Medicare is a health insurance program for:

- People aged 65 or older
- Certain people under the age of 65 with disabilities
- Individuals with End-Stage Renal Failure (ESRD)

Medicare has four parts: A, B, C, and D.

PART A

Hospital coverage:

- Hospital care (in-patient)
- Skilled nursing facility care
- Nursing home care
- Hospice

PART B

Medical coverage; helps cover:

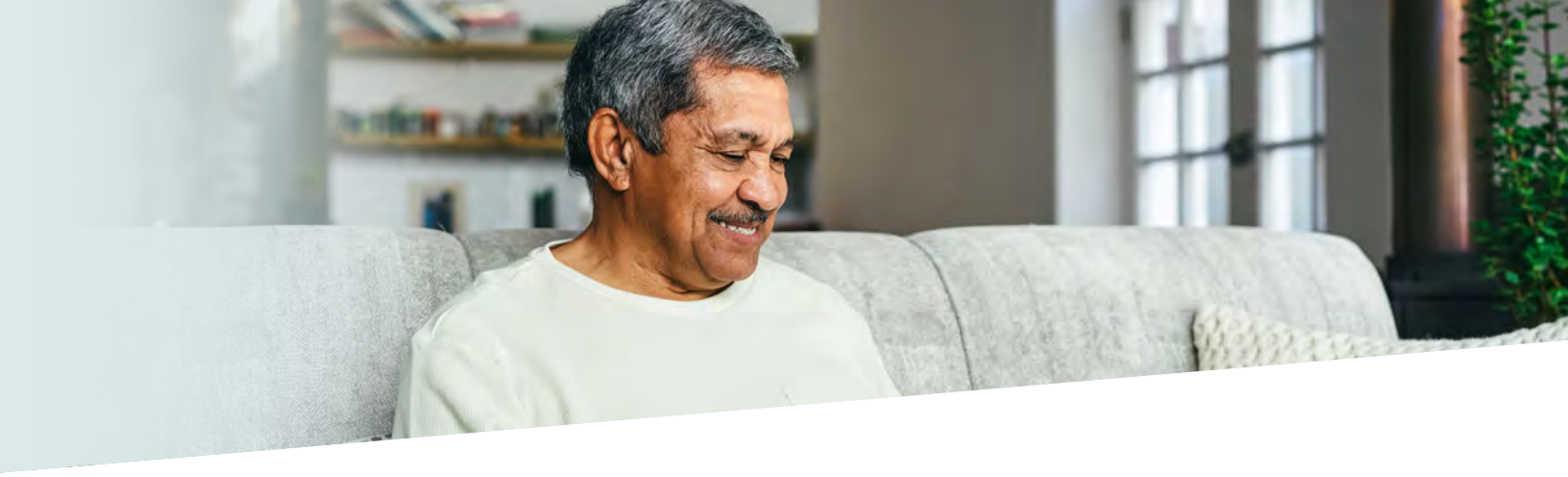
- Physicians' services and from other healthcare professionals
- Ambulatory surgery
- Labs and X-rays, ambulance services, preventive services, durable medical equipment, such as: prosthesis, wheelchairs, and hospital beds, among others

In Puerto Rico, when you are eligible for Medicare Part A, you must request enrollment in Medicare Part B at the Social Security Offices since registration is not automatic. Time is key, because if you do not register on time, it may involve financial penalties imposed by Medicare on your Medicare Part B Premium.

PART C

Medicare Advantage Plans

These are private plans that have a contract with, and approval from, Medicare. They cover all the benefits covered by Medicare Parts A and B, and, in some instances, D. Also, they can offer additional benefits that are not included in Original Medicare.



To join a Medicare Advantage plan, you must:

- Be a citizen of the United States of America or have legal presence in the United States.
- Have Medicare Parts A and B.
- Permanently reside in the plan's service area.

Medicare Advantage plans may help you cover:

All the services that Parts A and B cover, except for Hospice Care (covered by Medicare). Additional benefits and services that Original Medicare does not cover, such as:

- Routine dental, vision, and hearing health tests.
- Hearing aids or eyeglasses.
- Emergency care when you are traveling outside Puerto Rico or the United States.
- Prescription drugs.
- Other additional advantages

PART D

Prescription Drug Coverage

Private insurers, approved by Medicare, can offer Part D coverage which helps cover brand-name drugs and generic drugs. Drug coverage varies from one plan to another; every plan has a formulary that details the drugs that are covered in the plan.

When you join a Part D plan, you pay:

- Your monthly Part D premium, if applicable.
- Any out-of-pocket pay, such as copays, deductibles, and coinsurances, depending on the plan you choose.
- A late enrollment penalty if you have been 63 consecutive days or more without Part D coverage from the moment you became eligible.

With MMM, you can get Part D along with your medical services coverage and more, without paying an additional monthly premium for prescription drugs.

ENROLLMENT PERIODS

Throughout the year, there are certain moments when you can join a Medicare Advantage coverage or make changes as established by Medicare. Below, we summarize the important dates and what you can do on each one of them.

Annual Enrollment Period

October 15 to December 7

You can join or disenroll from a Medicare Advantage plan or a Part D drug plan. The coverage you choose will be effective on the following January 1.

Medicare Advantage Open Enrollment Period

January 1 to March 31

If you are a member of a Medicare Advantage Plan, you will have a one-time opportunity to:

- Switch to a different Medicare Advantage Plan.
- Drop your Medicare Advantage Plan and return to Original Medicare, Part A and Part B.
- Sign up for a stand-alone Medicare Part D Prescription Drug Plan.

Locked-In Period

April 1 to October 14

You stay in the Medicare Advantage Plan that you chose until the next Annual Enrollment Period in October, unless you are eligible for a Special Enrollment Period.

Initial Enrollment Period

At age 65, you become eligible for Medicare Parts A and B, which also comes with the opportunity to join a Medicare Advantage Plan.

This period lasts seven (7) months:

- Three months before your birthday
- The month of your 65th birthday
- Three months after your birthday

Special Enrollment Period

Sometimes, events occur in your life that allow you to make changes to your Medicare Advantage coverage in dates that fall outside the Annual Enrollment Period. For example, if you lived outside the Island and return to live in the plan's service area, you are eligible for a Special Enrollment Period.

Special Enrollment Period for Dual Individuals

Most people with Medicare can end their membership only during certain times of the year. If you have Medicaid, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare with a separate Medicare prescription drug plan
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.),
- or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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@mmmhc.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_2026 4010 0024 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 medicine 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, 2026.
- [ ] 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).

MMM
we walktogether

☐ **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.

Y0049_2026 1099 0004 1_C
Updated: July 2025

MMM
we walktogether

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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PO BOX 71114
SAN JUAN, PR 00936-8014

787-620-2397

1-866-333-5470
(toll free)

TTY: 711
(hearing impaired)

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