MMM Deluxe (HMO-POS) offered by MMM Healthcare, LLC

Annual Notice of Change for 2026

You're enrolled as a member of MMM Deluxe.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in MMM Deluxe.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.mmmpr.com or call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in English and Spanish.
- Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), plans must provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711) for more information. Hours are Monday through Sunday, from 8:00 a.m. to 8:00 p.m. This call is free.
- Upon request, this information may be available in different formats, like braille, large print, audio, and other formats. Please contact our Member Services number if you need plan information in another format.

About MMM Deluxe

- MMM Healthcare, LLC., is an HMO-POS plan with a Medicare contract. Enrollment in MMM depends on contract renewal.
- When this material says "we," "us," or "our," it means MMM Healthcare, LLC. When it says "plan" or "our plan," it means MMM Deluxe.

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in MMM Deluxe.** Starting January 1, 2026, you'll get your medical and drug coverage through MMM Deluxe. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0 monthly premium	**$0 monthly premium**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	$3,250	**$3,250**
Primary care office visits	$0 copay per visit	**$0 copay per visit**
Specialist office visits	$5 copayment for each Specialist visit $0 copay for services available in the MMM Multiclinics	**$5 copayment for each Specialist visit** **$0 copay for services available in the MMM Multiclinics**
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Your costs for services may vary depending on the tier your facility is in. Tier 1: UNIDAD DORADA $0 copay per admission or per stay Tier 2: Preferred Network $10 copay per admission or per stay	**Your costs for services may vary depending on the tier your facility is in.** **Tier 1: Preferred Network** **$0 copay per admission or per stay, including UNIDAD DORADA** **Tier 2: General**

	2025 (this year)	2026 (next year)
	Tier 3: General Network $50 copay per admission or per stay	**Network $50 copay per admission or per stay**
Part D drug coverage deductible (Go to Section 1.7 for details.)	$0	**$0**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/ Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: (Preferred Generic): $3 copay Drug Tier 2: (Generic): $4 copay Drug Tier 3: (Preferred Brand): $10 copay Drug Tier 4: (Non-Preferred Brand): $15 copay Drug Tier 5: (Preferred Specialty): 25% coinsurance. You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 6: (Specialty): 33% coinsurance Drug Tier 7: (Select Care): $0 copay Catastrophic Coverage Stage: During this payment stage, you pay nothing	**Copayment/ Coinsurance as applicable during the Initial Coverage Stage:** **Drug Tier 1: (Preferred Generic): $0 copay** **Drug Tier 2: (Generic): $0 copay** **Drug Tier 3: (Preferred Brand): $8 copay** **Drug Tier 4: (Non-Preferred Drugs): $12 copay** **Drug Tier 5: (Preferred Specialty): 25% coinsurance. You pay $35 per month supply of each covered insulin product on this tier.** **Drug Tier 6: (Specialty): 33% coinsurance** **Drug Tier 7: (Select Care): $0 copay**

	2025 (this year)	2026 (next year)
	for your covered Part D drugs.	**Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0 monthly premium	**$0 monthly premium**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$171.50 monthly premium reduction	**$155 monthly premium reduction**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. There is no change for the upcoming benefit year.	$3,250	**$3,250** **Once you have paid $3,250** **out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider and Pharmacy Directory* www.mmmpr.com see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at www.mmmpr.com.
- Call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711) to get current provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Provider and Pharmacy Directory* www.mmmpr.com to see which pharmacies are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at www.mmmpr.com.
- Call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Inpatient hospital care	Your costs for services may vary depending on the tier your facility is in. Tier 1: UNIDAD DORADA You pay a $0 copay per admission or per stay Tier 2: Preferred Network You pay a $10 copay per admission or per stay Tier 3: General Network You pay a $50 copay per admission or per stay	**Your costs for services may vary depending on the tier your facility is in.** **Tier 1: Preferred Network** **$0 copay per admission or per stay, including UNIDAD DORADA** **Tier 2: General Network** **$50 copay per admission or per stay**
Outpatient observation services	For observation services your costs for services may vary depending on the tier your facility is in. Tier 1: Preferred Network You pay a $10 copay for observation services.	**For observation services your costs for services may vary depending on the tier your facility is in** **Tier 1: Preferred Network**

	2025 (this year)	2026 (next year)
	Tier 2: General Network You pay a $50 copay for observation services.	**You pay a $0 copay for observation services.** **Tier 2: General Network** **You pay a $50 copay for observation services.**
Transportation Services-Supplemental	You pay a $0 copay for supplemental transportation services. You are eligible for up to six (6) one-way transportation trips to plan approved health-related locations per year, such as: appointments with a physician, to receive medical treatments, for medical procedures and/or to obtain results of medical/ laboratory studies and medications. You are eligible for unlimited transportation to and from the MMM Multiclinics.	**You pay a $0 copay for supplemental transportation services to and from the MMM Multiclinics.** **You are eligible for unlimited transportation to and from the MMM Multiclinics.** **Transportation services not covered for any other location.**
Over the counter (OTC) drugs and supplies-Supplemental	You pay a $0 copay for supplemental over the counter (OTC) drugs and supplies. You are eligible for up to $25 every three (3) months to be used toward the purchase of over-the-counter (OTC) health and wellness products.	**You pay a $0 copay for supplemental over the counter (OTC) drugs and supplies.** **You are eligible for up to $25 every three (3) months to be used toward the purchase of over-the-counter**

	2025 (this year)	2026 (next year)
	The plan covers: 1. Minerals and vitamins 2. First Aid supplies 3. Medicines, ointments and sprays with active medical ingredients that alleviate symptoms 4. Mouth care 5. Incontinence Supplies (Adult diapers and under pads) 6. Blood Pressure Monitor 7. Nicotine Replacement Therapy 8. Fiber Supplements 9. Topical Sunscreen 10. Supporting Items for Comfort 11. Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 12. Soap (doctor recommended antibacterial/antimicrobial soap) 13. At-home COVID-19 Tests 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 (physical exercise items only). Item quantity	**(OTC) health and wellness products.** **The plan covers:** **1. Minerals and vitamins** **2. First Aid supplies** **3. Medicines, ointments and sprays with active medical ingredients that alleviate symptoms** **4. Mouth care** **5. Incontinence Supplies (Adult diapers and under pads)** **6. Blood Pressure Monitor** **7. Nicotine Replacement Therapy** **8. Fiber Supplements** **9. Topical Sunscreen** **10. Supporting Items for Comfort** **11. Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin)** **12. Soap (doctor recommended antibacterial/antimicrobial soap)** **13. At-home COVID-19 Tests** **14.Homeopathic/Natural Medicine Items** **This is a combined benefit with a single,**

	2025 (this year)	2026 (next year)
	limits in each category may apply.	**shared maximum benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit (physical exercise items only). Item quantity limits in each category may apply.**
Medicare Part B prescription drugs	You pay $4 copay for Generic Immunosuppressants if you had a Medicare-Covered transplant. You pay $15 copay for Brand Immunosuppressants if you had a Medicare-Covered transplant.	**You pay $0 copay for Generic Immunosuppressants if you had a Medicare-Covered transplant.** **You pay $12 copay for Brand Immunosuppressants if you had a Medicare-Covered transplant.**
Medicare-covered dental services	You pay a $0 copay for Medicare-covered dental services.	**You pay 20% of the total cost for Medicare-covered dental services.** **You pay $0 copay for services provided in the MMM Multiclinics.**
Comprehensive dental services – Supplemental	You pay a $0 copay for supplemental comprehensive dental services. You are eligible for up to $1,000 per year for all supplemental comprehensive dental	**Supplemental comprehensive dental services <u>not</u> covered.**

	2025 (this year)	2026 (next year)
	services, except for diagnostic and medicare-covered services.	
Eyewear– Supplemental	You pay a $0 copay for supplemental eyewear. You are eligible for up to $200 per year to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses.	**Supplemental eyewear <u>not</u> covered.**
Hearing Exams- Supplemental	You pay a $0 copay for supplemental hearing aids fitting evaluation. You are eligible for up to one (1) supplemental hearing aids fitting evaluation per year.	**Supplemental hearing aids fitting evaluation <u>not</u> covered.**
Hearing Aids- Supplemental	You pay a $0 copay for supplemental hearing aids. You are eligible for up to $1,250 every three (3) years to be used toward the purchase of hearing aids for both ears-combined.	**Supplemental hearing aids <u>not</u> covered.**
MMM Flexi Card- Supplemental	MMM Flexi Card <u>not</u> covered.	**You pay a $0 copay for the MMM Flexi Card under the special supplemental benefits for the chronically ill *(SSBCI)*.** **You are eligible for a $10 monthly allowance in the form**

	2025 (this year)	2026 (next year)
		of a debit card. You will be able to use MMM Flexi Card to get services such as the following: - **Prepared food** - **Food and 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** - **Copayments/ Coinsurance** - **Pet Care** - **Gardening / Hardware Items** - **Towels, Linens and Clothing** - **Additional Roadside Assistance and In-Home Minor**

	2025 (this year)	2026 (next year)
		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)** **Any remaining balance at the end of the month will roll over to the next month during the contract year 2026. Balance will not roll over from one contract year to the next.**

	2025 (this year)	2026 (next year)
		To qualify you must have a chronically ill condition, such as: hyperlipidemia, diabetes mellitus, arterial hypertension, cardiovascular disorders and peripheral vascular disease, among others. **However, eligibility is not guaranteed solely on your condition, you must meet all applicable eligibility requirements.** **Please, see Section 2. Also, you could find the eligibility requirements and a full list of chronic conditions in Chap. 4 of the Evidence of Coverage.**
MMM Assistance - Supplemental	You pay a $0 copay for MMM Assistance under the flexibilities allowed by the *Value-Based Insurance Design (VBID) Model*. You are eligible for up to twelve (12) individual events a year for the following services: - Roadside assistance services* - In-Home minor repairs* - Pest Control (one (1)	**You pay a $0 copay for MMM Assistance under the special supplemental benefits for the chronically ill *(SSBCI)*.** **You are eligible for up to twelve (12) individual events a year for the following services:** **- Roadside assistance services*** **- In-Home minor repairs***

	2025 (this year)	2026 (next year)
	simple interior or exterior pest control visit every semester (two (2) per year)) *Maximum amount of $300 per service for Roadside assistance and In-Home minor repairs applies. To be eligible for roadside assistance services, the vehicle must not be older than 15 years. 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).	**- In-Home minor repairs*** **- Appliance repairs** (one (1) visit each semester (two (2) per year))** **- Pest Control (one (1) simple interior or exterior pest control visit every semester (two (2) per year))** ***Maximum amount of $300 applies per service for Roadside assistance and In-Home minor repairs.** ****Maximum amount of $200 applies per appliance repair event.** **To be eligible for roadside assistance services, the vehicle must not be older than 15 years. Appliances must be 10 years old or less to be eligible for appliance repair services.** **For more details on the services covered, refer to your Evidence of Coverage (EOC).** **To qualify you must have a chronically ill condition, such as:**

	2025 (this year)	2026 (next year)
		hyperlipidemia, diabetes mellitus, arterial hypertension, cardiovascular disorders and peripheral vascular disease, among others. **However, eligibility is not guaranteed solely on your condition, you must meet all applicable eligibility requirements.** **Please, see Section 2. Also, you could find the eligibility requirements and a full list of chronic conditions in Chap. 4 of the Evidence of Coverage.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date

list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 **Preferred Generic:** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$3 copay	**$0 copay**

	2025 (this year)	2026 (next year)
Tier 2 **Generic:** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$4 copay	**$0 copay**
Tier 3 **Preferred Brand:** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$10 copay	**$8 copay**
Tier 4 **Non-Preferred Drugs:** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$15 copay	**$12 copay**

	2025 (this year)	2026 (next year)
Tier 5 **Preferred Specialty Drugs:** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.	**25% of the total cost.** **You pay $35 per month supply of each covered insulin product on this tier.**
Tier 6 **Specialty Drugs:** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	33% of the total cost.	**33% of the total cost.**
Tier 7 Select Care Drugs: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$0 copay	**$0 copay**

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Value-Based Insurance Design (VBID) Model	Based on one of the eligible chronic conditions, you automatically qualify for the following benefits: • MMM Flexi Card • MMM Assistance	**For Contract year 2026, CMS discontinued the Value-Based Insurance Design (VBID) Model. However, this plan offers the following benefits through the Special Supplemental Benefits for the Chronically Ill (SSBCI) program:** - **MMM Flexi Card** - **MMM Assistance** **To get the benefits, you must qualify for SSBCI if you have a chronic condition, 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**

	2025 (this year)	2026 (next year)
		disease, among others. **To learn more about eligibility requirements needed to qualify for SSBCI or for a full list of chronic conditions, please refer to Chapter 4 in the plan's Evidence of Coverage.**
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** **To learn more about this payment option, call us at 833-696-2087 (TTY users call 711) or visit www.Medicare.gov.**

SECTION 3 How to Change Plans

To stay in MMM Deluxe, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our MMM Deluxe.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from MMM Deluxe.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from MMM Deluxe.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, MMM Healthcare, LLC., offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 - December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you

recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through Puerto Rico Department of Health's Ryan White Part B Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 787-765-2929 extensions 5106, 5113, 5115, 5116, 5117, 5119, 5121, 5135, 5136, 5137, 5138 and 5149. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To

learn more about this payment option, call us at 833-696-2087 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from MMM Deluxe

- **Call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711.)**

  We're available for phone calls Monday through Sunday, from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for MMM Deluxe. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.mmmpr.com or call Member Services at 787-620-2397, 1-866-333-5470 (toll free) (TTY users call 711) to ask us to mail you a copy.

- **Visit www.mmmpr.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory*/*Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Puerto Rico, the SHIP is called Office of the Ombudsman for the Elderly.

Call the Office of the Ombudsman for the Elderly to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call the Office of the Ombudsman for the Elderly at 787-721-6121 or 1-877-725-4300, 1-800-981-0056 (Mayagüez Region) and 1-800-981-7735 (Ponce Region). TTY users should call at 787-919-7291. You can learn more about the Office of the Ombudsman for the Elderly by visiting their website (www.oppea.pr.gov/).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.