



APPENDIX C (7)

Part C Supplemental Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Diamante Platino (H4003-017)

Description Benefits	Copay			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Up to twenty (20) one-way trips to plan approved health-related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Acupuncture: Up to six (6) visits with a maximum benefit amount of \$500 a year. Referral needed. Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of \$75 every three (3) months for: 1) Minerals and Vitamins 2) First Aid Supplies	\$0 copay	\$0 copay	\$0 copay	\$0 copay

<p>3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit requires medical evaluation and/ or preauthorization.) Item quantity limits in each category may apply. (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p>				
<p>Meal Benefit: Post Discharge: Two (2) meals per day for five (5) days up to one (1) time per year for a maximum amount of ten (10) meals per year. Authorization rules may apply. Referral needed.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Nursing Hotline</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>MA Uniformity Flexibility- Supplemental Benefit: Help with Certain Chronic Conditions Remote Access Technology (Web/Phone-based technologies) Real time interactive audio and video technologies provided by a state licensed provider such as: Endocrinologist, Pulmonologist, Cardiologist, Rheumatologist, and Psychiatrist; among others. Service covered only in certain participating multidisciplinary clinics to members enrolled in the multidisciplinary clinics program and that have been diagnosed with one of the following conditions: 1. Diabetes Mellitus, 2. Chronic Heart Failure, 3. Cardiovascular Disorders (Includes: Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Venous Thromboembolic Disorder) and 4. COPD. Participation in a Wellness or Care Management Program Required</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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<p>Supplemental Comprehensive Dental: Restorative: Post and core are covered up to two (2) per member, per year and/or up to two (2) single crowns per member, per year, and replacement crowns covered every five (5) years per tooth. Authorization rules apply. Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every eight (8) years. Adjustment or repairs are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. Fixed dentures, implants or retainer crowns are not covered. Up to an annual maximum benefit amount of \$3,000. Authorization rules apply.</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
<p>Supplemental Eyewear: Eye glasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$825 a year.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Aids: Up to a maximum benefit amount of \$2,500 a year for both ears combined Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

J. Garib
President

06/03/2019
Date



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APPENDIX C (7)

Part C Supplemental Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Completo Platino (H4003-041)

Description Benefits	Copoly			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year. Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Up to ten (10) one-way trips to plan approved health-related locations every year. Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Acupuncture: Up to six (6) visits with a maximum benefit amount of \$500 a year. Referral needed. Authorization rules may apply.	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of \$45 every three (3) months for: 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 & Under Pads)	\$0 copay	\$0 copay	\$0 copay	\$0 copay

<p>6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit requires medical evaluation and/ or preauthorization.) Item quantity limits in each category may apply. (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p>				
<p>Meal Benefit: Post Discharge: Two (2) meals per day for five (5) days up to one (1) time per year for a maximum of ten (10) meals per year. Referral needed. Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Nursing Hotline In-Home Support Services Up to 4hrs/ 12hrs max per yr. Authorization rules apply for in-home support services.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>MA Uniformity Flexibility (Supplemental Benefit): Help with Certain Chronic Conditions Remote Access Technology (Web/Phone-based technologies) Real time interactive audio and video technologies provided by a state licensed provider such as: Endocrinologist, Pulmonologist, Cardiologist, Rheumatologist, and Psychiatrist; among others. Service covered only in certain participating multidisciplinary clinics to members enrolled in the multidisciplinary clinics program and that have been diagnosed with one of the following conditions: 1. Diabetes Mellitus, 2. Chronic Heart Failure, 3. Cardiovascular Disorders (Includes: Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Venous Thromboembolic Disorder) and 4. COPD. Participation in a Wellness or Care Management Program Required.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Comprehensive Dental: Restorative: Post and core are covered up to two (2) per member, per year and/or up to two (2) single crowns per member, per year, and replacement crowns covered every five (5) years per tooth. Authorization rules apply. Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years.</p>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

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Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every eight (8) years. Adjustment or repairs are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. Fixed dentures, implants or retainer crowns are not covered. Up to an annual maximum benefit amount of \$2,500 Authorization rules apply.				
Supplemental Eyewear: Eye glasses (lenses and frames) and/ or Contact Lenses. Up to a maximum benefit amount of \$350 a year.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Hearing Exams: Fitting/evaluation for hearing aid (one (1) every year). Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of \$400 a year for both ears combined. Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

J. G. Smith

06/03/2019

President

Date

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APPENDIX C (7)

Part C Supplemental Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Valor Platino (H4003-047)

Description Benefits	Copay			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of \$50 every three (3) months for: 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 & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit requires medical evaluation and/ or preauthorization.) Item quantity limits in each category may apply. (Nicotine Replacement Therapy (NRT) covered)	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.				
Eligible Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Nursing Hotline	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MA Uniformity Flexibility (Supplemental Benefit): Help with Certain Chronic Conditions Remote Access Technology (Web/Phone-based technologies) Real time interactive audio and video technologies provided by a state licensed provider such as: Endocrinologist, Pulmonologist, Cardiologist, Rheumatologist, and Psychiatrist; among others. Service covered only in certain participating multidisciplinary clinics to members enrolled in the multidisciplinary clinics program and that have been diagnosed with one of the following conditions: 1. Diabetes Mellitus, 2. Chronic Heart Failure, 3. Cardiovascular Disorders (Includes: Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Venous Thromboembolic Disorder) and 4. COPD. Participation in a Wellness or Care Management Program Required	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

J. Gans

President

06/03/2019

Date



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APPENDIX C (7)

Part C Supplemental Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: PMC Premier Platino (H4004-048)

Description Benefits	Copay			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Up to twenty-four (24) one-way trips to plan approved health-related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Acupuncture: Up to six (6) visits with a maximum benefit amount of \$500 a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Over the Counter Items: Up to a maximum benefit amount of \$120 a month for: 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay

<p>5) Incontinence Supplies (Adult Diapers & Under Pads)</p> <p>6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit requires medical evaluation and/ or preauthorization.)</p> <p>Item quantity limits in each category may apply. (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p>				
<p>Meal Benefit: Post Discharge: Two (2) meals per day for ten (10) days one (1) time a year for a maximum amount of twenty (20) meals per year. Authorization rules may apply. Referral needed.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Nursing Hotline In-Home Support Services Up to 4hrs/ 16hrs max per yr. Authorization rules apply for in-home support services.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>MA Uniformity Flexibility (Supplemental Benefit): Help with Certain Chronic Conditions Remote Access Technology (Web/Phone-based technologies) Real time interactive audio and video technologies provided by a state licensed provider such as: Endocrinologist, Pulmonologist, Cardiologist, Rheumatologist, and Psychiatrist; among others. Service covered only in certain participating multidisciplinary clinics to members enrolled in the multidisciplinary clinics program and that have been diagnosed with one of the following conditions: 1. Diabetes Mellitus, 2. Chronic Heart Failure, 3. Cardiovascular Disorders (Includes: Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Venous Thromboembolic Disorder) and 4. COPD. Participation in a Wellness or Care Management Program Required</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>MA SSBCI (Special Supplemental Benefit): Additional Non-Primarily Health Related Benefits for the Chronically Ill Beneficiaries will be offered. Under the Platino benefit we intend to expand the bid proposed benefit to all beneficiaries enrolled in this plan.***</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay



Meals (Beyond limited Basis) Two (2) meals per day for ten (10) days up to one (1) time per year for a maximum of 20 meals per year. Authorization rules may apply. Referral needed.				
Supplemental Comprehensive Dental: Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every eight (8) years. Adjustment or repairs are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. Fixed dentures, implants or retainer crowns are not covered. Up to a maximum benefit amount of \$2,000 a year. Authorization rules apply.	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
Supplemental Eyewear: Eye glasses (lenses and frames) and/ or Contact Lenses. Up to a maximum benefit amount of \$450 a year.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Hearing Exams: Fitting/evaluation for hearing aid. Up to one (1) every year. Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of \$2,500 a year for both ears combined. Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

*** For CY 2020, CMS permits MA plans to expand the types of supplemental benefits that may be offered to chronically ill enrollees. CMS refers to these as Special Supplemental Benefits for the Chronically Ill (SSBCI). Chronically ill enrollee is defined as an individual who:

1. has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee;
2. has a high risk of hospitalization or other adverse health outcomes; and
3. requires intensive care coordination.

For CY2020, MMM is including as a supplemental benefit the Medicare Advantage Special Supplemental Benefits for the Chronically Ill section (MA SSBCI). As part of the benefit, we will be offering additional benefits such as ~~for food~~ and produce and meals (beyond limit basis).



It is MMM intention to offer the benefit to all Platino beneficiaries enrolled in this plan and not only to the Chronically Ill beneficiaries.

Please note that we are available to meet in order to provide more details about our proposal.

J. González

President

06/03/2019

Date



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APPENDIX C (7)

Part C Supplemental Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Bienestar Platino (H4003-049)

Description Benefits	Copay			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Up to twelve (12) one-way trips to plan approved health-related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of \$20 every three (3) months for: 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 & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and/ or preauthorization.) Item quantity limits in each category may apply. (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being	\$0 copay	\$0 copay	\$0 copay	\$0 copay



offered does not duplicate any Part D OTC or formulary drugs.				
Eligible Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Nursing Hotline	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MA Uniformity Flexibility (Supplemental Benefit): Help with Certain Chronic Conditions Remote Access Technology (Web/Phone-based technologies) Real time interactive audio and video technologies provided by a state licensed provider such as: Endocrinologist, Pulmonologist, Cardiologist, Rheumatologist, and Psychiatrist; among others. Service covered only in certain participating multidisciplinary clinics to members enrolled in the multidisciplinary clinics program and that have been diagnosed with one of the following conditions: 1. Diabetes Mellitus, 2. Chronic Heart Failure, 3. Cardiovascular Disorders (Includes: Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Venous Thromboembolic Disorder) and 4. COPD. Participation in a Wellness or Care Management Program Required	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MA SSBCI (Special Supplemental Benefit): Additional Non-Primarily Health Related Benefits for the Chronically Ill Beneficiaries will be offered. Under the Platino benefit we intend to expand the bid proposed benefit to all beneficiaries enrolled in this plan.*** Food and Produce: \$80 monthly allowance for the purchase of selected and varied healthy food and produce items to promote a well-balanced diet. Authorization rules may apply. Referral needed. Meals (Beyond limited Basis) Two (2) meals per day for ten (10) days up to one (1) time per year for a maximum of 20 meals per year. Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Comprehensive Dental: Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every eight (8) years. Adjustment or repairs are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. Fixed dentures, implants or retainer crowns are	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

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not covered. Up to an annual maximum benefit amount of \$2,000. Authorization rules apply.				
Supplemental Eyewear: Eye glasses (lenses and frames) and/ or Contact Lenses. Up to a maximum benefit amount of \$300 a year.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of \$250 every three (3) years for both ears combined Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

*** For CY 2020, CMS permits MA plans to expand the types of supplemental benefits that may be offered to chronically ill enrollees. CMS refers to these as Special Supplemental Benefits for the Chronically Ill (SSBCI). Chronically ill enrollee is defined as an individual who:

1. has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee;
2. has a high risk of hospitalization or other adverse health outcomes; and
3. requires intensive care coordination.

For CY2020, MMM is including as a supplemental benefit the Medicare Advantage Special Supplemental Benefits for the Chronically Ill section (MA SSBCI). As part of the benefit, we will be offering additional benefits such as: food and produce and meals (beyond limit basis).

It is MMM intention to offer the benefit to all Platino beneficiaries enrolled in this plan and not only to the Chronically Ill beneficiaries.

Please note that we are available to meet in order to provide more details about our proposal.

J. G. G. G.
President

06/03/2019
Date



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APPENDIX C (7)

Part C Supplemental Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Relax Platino (H4004-061)

Description Benefits	Copay			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of \$40 every three (3) months for: 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 & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit requires medical evaluation and/ or preauthorization.)	\$0 copay	\$0 copay	\$0 copay	\$0 copay

<p>Item quantity limits in each category may apply. (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p>				
<p>Eligible Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Nursing Hotline</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>MA Uniformity Flexibility (Supplemental Benefit): Help with Certain Chronic Conditions Remote Access Technology (Web/Phone-based technologies) Real time interactive audio and video technologies provided by a state licensed provider such as: Endocrinologist, Pulmonologist, Cardiologist, Rheumatologist, and Psychiatrist; among others. Service covered only in certain participating multidisciplinary clinics to members enrolled in the multidisciplinary clinics program and that have been diagnosed with one of the following conditions: 1. Diabetes Mellitus, 2. Chronic Heart Failure, 3. Cardiovascular Disorders (Includes: Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Venous Thromboembolic Disorder) and 4. COPD. Participation in a Wellness or Care Management Program Required</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Comprehensive Dental: Restorative: Post and core are covered up to four (4) per member, per year and/or up to four (4) single crowns per member, per year, and replacement crowns covered every five (5) years per tooth. Authorization rules apply. Prostodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every eight (8) years. Adjustment or repairs are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. Fixed dentures, implants or retainer crowns are not covered. Up to an annual maximum benefit amount of \$2,000. Authorization rules apply.</p>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<p>Supplemental Eyewear: Eye glasses (lenses and frames) and/ or Contact Lenses. Up to a maximum benefit amount of \$350 a year.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Supplemental Hearing Exams: Fitting/evaluation for hearing aid. Up to one (1) every year. Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of \$250 every three (3) years for both ears combined. Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

J. González

06/03/2019

President

Date



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APPENDIX C (8)

Value Added Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Diamante Platino (H4003-017)

Description Benefits	Copay			
	100	110	120	130
Gold Card Discount Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Haciendo Contacto Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Patitas Calientes Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cuidándote Mucho Más Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Members Club Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Recompensando tu Salud Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Caregivers Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MMM Mobile App Access and Features	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Vita Care (Multidisciplinary Clinics for those that are eligible)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Unidad Dorada Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

President

06/03/2019

Date





APPENDIX C (8)

Value Added Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Completo Platino (H4003-041)

Description Benefits	Copay			
	100	110	120	130
Gold Card Discount Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Haciendo Contacto Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Patitas Calientes Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cuidándote Mucho Más Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Members Club Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Recompensando tu Salud Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Caregivers Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MMM Mobile App Access and Features	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Vita Care (Multidisciplinary Clinics for those that are eligible)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Unidad Dorada Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

J. González
President

06/03/2019
Date



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APPENDIX C (8)

Value Added Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Valor Platino (H4003-047)

Description Benefits	Copay			
	100	110	120	130
Gold Card Discount Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Haciendo Contacto Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Patitas Calientes Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cuidándote Mucho Más Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Members Club Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Recompensando tu Salud Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Caregivers Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MMM Mobile App Access and Features	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Vita Care (Multidisciplinary Clinics for those that are eligible)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Unidad Dorada Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

Orlando González

President

06/03/2019

Date



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APPENDIX C (8)

Value Added Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Bienestar Platino (H4004-049)

Description Benefits	Copay			
	100	110	120	130
Gold Card Discount Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Haciendo Contacto Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Patitas Calientes Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cuidándote Mucho Más Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Members Club Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Recompensando tu Salud Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Caregivers Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MMM Mobile App Access and Features	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Vita Care (Multidisciplinary Clinics for those that are eligible)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Unidad Dorada Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

President

06/03/2019

Date





APPENDIX C (8)

Value Added Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: MMM Relax Platino (H4004-061)

Description Benefits	Copay			
	100	110	120	130
Gold Card Discount Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Haciendo Contacto Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Patitas Calientes Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cuidándote Mucho Más Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Members Club Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Recompensando tu Salud Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Caregivers Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MMM Mobile App Access and Features	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Vita Care (Multidisciplinary Clinics for those that are eligible)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Unidad Dorada	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

President

06/03/2019

Date





APPENDIX C (8)

Value Added Benefits Certification

I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2020 to all members enrolled in:

Product Identification: PMC Premier Platino (H4004-048)

Description Benefits	Copay			
	100	110	120	130
Gold Card Discount Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Haciendo Contacto Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Patitas Calientes Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cuidándote Mucho Más Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Members Club Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Recompensando tu Salud Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Caregivers Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MMM Mobile App Access and Features	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Vita Care (Multidisciplinary Clinics for those that are eligible)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Unidad Dorada Access	\$0 copay	\$0 copay	\$0 copay	\$0 copay

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

J. González
President

06/03/2019
Date



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