



Part C Supplemental Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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)

	Сорау					
Description Benefits	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		





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.			·		
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.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Other Defined 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	





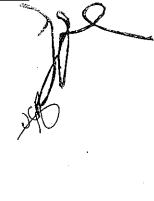
Supplemental Comprehensive	0%	0%	0%	0%
Dental:	coinsurance	coinsurance	coinsurance	coinsurance
Restorative: Post and core are covered up to two (2) per member, per year and/or up to two (2) single crowns per member, per year, and replacement crowns covered every five (5) years per tooth. Authorization 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.				
Supplemental Eyewear: Eye glasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$825 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

President

06/03/2019

Date











Part C Supplemental Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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)

	Сорау				
Description Benefits	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	

S) 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, who plan will provide one (1) blood pressure, who plan will provide one (1) blood pressure monitor unit every 5 years. This benefit requires medical evaluation and/ or presurthorization.) Item quantity limits in each category may apply. (Nicothe Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulay drugs and for the committee of the Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulay drugs and the Replacement of the Nicotine Replacement of the Replacement of the Nicotine Replacement of the Replacement						_
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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

U. Gang	
	06/03/2019
President	Date









Part C Supplemental Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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)

	Copay				
Description Benefits	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	

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

President

06/03/2019

Date

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C Supplemental Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare, LLC</u>, 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)

	Сорау				
Description Benefits	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	\$ copay	

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	1				
pressure, the plan will provide one (1) blood	1		1 1		
pressure monitor unit every 5 years. This benefit			(X ()		
requires medical evaluation and/ or			y \~		
preauthorization.)		1	'		
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.					
Meal Benefit:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Post Discharge:	, ,	'''''	' ' '		
Two (2) meals per day for ten (10) days one (1)		1		!	
time a year for a maximum amount of twenty				i	
(20) meals per year.			•		
Authorization rules may apply. Referral needed.					
Other Defined Supplemental	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
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.					
MA Uniformity Flexibility	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
(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,					- A C7
Cardiologist, Rheumatologist, and Psychiatrist;				Editivis.	KAC/O
among others.				Qui.	
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multidisciplinary clinics to members enrolled in				I I COLLEGE	1
the multidisciplinary clinics program and that have been diagnosed with one of the following				1 2 U -	002
conditions: 1. Diabetes Mellitus, 2. Chronic Heart				(m)	78/
Failure, 3. Cardiovascular Disorders (Includes:				EGURO	The second of the second
Cardiac Arrhythmias, Coronary Artery Disease,				Pol	D S Company
Peripheral Vascular Disease, Chronic Venous				C. There are	
Thromboembolic Disorder) and 4. COPD. Participation in a Wellness or Care Management				/ \]	
Program Required					
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MA SSBCI	\$0 copay	\$0 copay	\$0 copay	\$0 copay	J
(Special Supplemental Benefit):	1	- ,	' '	. 60	
Additional Non-Primarily Health Related					
Benefits for the Chronically III Beneficiaries					
will be offered. Under the Platino benefit				Λ	_
we intend to expand the bid proposed				(M)	
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,
benefit to all beneficiaries enrolled in this plan.***				<i>y</i> 291)

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%	0%	0%	0%
Supplemental Comprehensive	I	coinsurance	coinsurance	coinsurance
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.	coinsurance	coinsurance	coinsurance	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

*** 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 III section (MA SSBCI). As part of the benefit, we will be offering additional benefits such as rations and produce and meals (beyond limit basis).

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

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

President

06/03/2019

Date



We with



Part C Supplemental Benefits Certification



I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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)

	-	Co	pay	
Description Benefits	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior o admission	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Norldwide 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 Imount of \$750 a year Ruthorization 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 nealth-related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Dver the Counter Items (OTC): Up to a maximum benefit amount of \$20 every hree (3) months for: Minerals and Vitamins First Aid Supplies Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms Mouth Care Mouth Care Mouth Care Monitor Blood Pressure (For members & Under Medical criteria for on-going monitoring of blood bressure, the plan will provide one (1) blood bressure monitor unit every 5 years. This benefit may require medical evaluation and/ or breauthorization.) More The Counter of the Counter	\$0 copay	\$0 copay	0 0 2	\$0 copay

offered does not duplicate any Part D OTC or			<u> </u>	-	
formulary drugs.	40	40	40	¢0	
Eligible Supplemental Benefits:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Health Education Additional Smoking and Tobacco Use Cessation			ļ		
(9 additional sessions)					
Nursing Hotline			Í		
MA Uniformity Flexibility	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
(Supplemental Benefit): Help with	1				
Certain Chronic Conditions					
Remote Access Technology					
(Web/Phone-based technologies)				Į l	
Real time interactive audio and video				[_ <u>,</u>	
technologies provided by a state licensed			İ	CA	
provider such as: Endocrinologist, Pulmonologist, Cardiologist, Rheumatologist, and Psychiatrist;				المحمر ا	,
among others.					
Service covered only in certain participating		ļ			
multidisciplinary clinics to members enrolled in				i	
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			!	i	
Program Required	¢Ω copay	\$0 copay	\$0 copay	\$0 copay	
MA SSBCI	\$0 copay	то сорау	ј фо сорау	yo copay	
(Special Supplemental Benefit): Additional Non-Primarily Health Related					
Benefits for the Chronically Ill Beneficiaries				USTE	
will be offered. Under the Platino benefit				KOMINISTA	4c/
we intend to expand the bid proposed				18/	121
benefit to all beneficiaries enrolled in this				Contrato N	ismo o
plan.***					2
Food and Produce:				Sel	/
\$80 monthly allowance for the purchase of selected and varied healthy food and produce			·	\ @\	781
items to promote a well-balanced diet.				POSDE	GAY!
Authorization rules may apply. Referral needed.				S DE	
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	33%	33%	33%	33%	
Dental:	coinsurance	coinsurance	coinsurance	coinsurance	
Prosthodontics:					
Removable complete or partial dentures in resin				}	
and metal base covered every five (5) years.				_	
Denture repair services, including services related				300)
to the repair of existing complete or partial				/ 4	
dentures are covered. Removable partial flexible base dentures covered				 / /	-
every eight (8) years. Adjustment or repairs are				<i>M</i>	
not covered in flexible base dentures and/or				<i>//N</i>	
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.				
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

*** 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 III 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 III beneficiaries.

Gontrato Nome

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

Drocident

06/03/2019

Date

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Part C Supplemental Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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)

	Сорау				
Description Benefits	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	

					_
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			1		
formulary drugs.					
Eligible Supplemental Benefits:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Health Education					
Additional Smoking and Tobacco Use Cessation					
(9 additional sessions)					
Nursing Hotline					ļ
MA Uniformity Flexibility	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
(Supplemental Benefit): Help with	' ' '	' ' '	' ' '		
Certain Chronic Conditions		1			
	!				
Remote Access Technology	i				
(Web/Phone-based technologies) Real time interactive audio and video					۸ ۵
technologies provided by a state licensed					_() ()
provider such as: Endocrinologist, Pulmonologist,		1			3%
		ĺ			/
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	1				
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					
Supplemental Comprehensive	33%	33%	33%	33%	
Dental:	coinsurance	coinsurance	coinsurance	coinsurance	
Restorative:			į		
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.					
Prosthodontics:			İ		
Removable complete or partial dentures in resin				TRA	1000
and metal base covered every five (5) years.				MISTRA	10
Denture repair services, including services related				SHINISTRAC ROMINISTRAC	
to the repair of existing complete or partial				₹/	100
dentures are covered.			1	Contrato Nú	mero
Removable partial flexible base dentures covered				120 - 0	(0, 2)
every eight (8) years. Adjustment or repairs are			1	ω\	72/
not covered in flexible base dentures and/or				14/	121
flexible base are not covered in complete or full				GUROSD	e Sept
dentures.				TOSD	C. C. C. C. C. C. C. C. C. C. C. C. C. C
Fixed dentures, implants or retainer crowns are				36.	_
not covered.				01	
Up to an annual maximum benefit amount of				/ /	
\$2,000.				171	
Authorization rules apply.		40	40	<u> </u>	
Supplemental Eyewear:	\$0 copay	\$0 copay	\$0 copay	\$0 copp	
Eye glasses (lenses and frames) and/ or Contact	1			// ₹	
• = •					
Lenses.				🛂	
Lenses. Up to a maximum benefit amount of \$350 a year.				<i>V</i> ,	
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1-6					1

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

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Drecident	Date





Value Added Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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)

	Сорау					
Description Benefits	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	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
(Multidisciplinary Clinics for those that are eligible)						
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.

06/03/2019

Date

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President



Value Added Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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)

	Copay					
Description Benefits	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	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
(Multidisciplinary Clinics for those that are eligible)		_				
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.

06/03/2019

Date

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President



Value Added Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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	Сорау					
Description Benefits	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	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
(Multidisciplinary Clinics for those that are			' ' '			
èligible)						
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.

06/03/2019

Date

President

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Value Added Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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	Сорау				
Description Benefits	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	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
(Multidisciplinary Clinics for those that are		,			
eligible)					
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

Médicare annual calendar.

06/03/2019

Date

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President



Value Added Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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 Develop	Сорау					
Description Benefits	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	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
(Multidisciplinary Clinics for those that are						
eligible)						
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

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Value Added Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, 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	\$0 copay	\$0 copay	\$0 copay	\$0 copay
(Multidisciplinary Clinics for those that are eligible)				
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



Ar. De