

MEDICARE PLATINO 2021

APPENDIX C (7) (21)
BENEFITS NOT-COVERED BY
WRAP AROUND



APPENDIX C (7)

Part C Supplemental Benefits Certification

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I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2021 to all members enrolled in:

Product Identification: MMM Diamante Platino (H4003-017)

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Description Benefits	Copay			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$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. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Unlimited 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 \$100 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	\$0 copay	\$0 copay	\$0 copay	\$0 copay

<p>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.) 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap)</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>Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Remote Access Technologies (Nursing Hotline)</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Comprehensive Dental: Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns. 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 five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. Fixed dentures: Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. Implants: Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

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<p>are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$5,000 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (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
<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; among others. Service covered in all participating interdisciplinary clinics to members enrolled in the interdisciplinary 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.*** Debit Card \$65 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food and Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) 	\$0 copay	\$0 copay	\$0 copay	\$0 copay



<ul style="list-style-type: none"> - Utilities & Housing - Additional OTC items 				
<p>Value-Based Insurance Design (VBID):</p> <p>Wellness and Health Care Planning</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment <p>Hospice Benefit</p> <p>Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or life-threatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of enrollees' family members or caretakers. The proposed ECCP model program will help enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.</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.

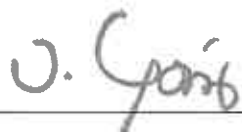
*** For CY2021, CMS permits MA plans to expand the types of supplemental benefits that may be offered to chronically ill enrollees. CMS refers to these as Special Supplemental Benefits for the Chronically Ill (SSBCI). Chronically ill enrollee is defined as an individual who:

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 CY2021, 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, meals (beyond limited basis) and a debit card.

It is MMMs 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. C. Spino

President

06/02/2020

Date





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 2021 to all members enrolled in:

Product Identification: MMM Valor Platino (H4003-047)

Description Benefits	Copoly			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$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. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Unlimited 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 \$100 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	\$0 copay	\$0 copay	\$0 copay	\$0 copay

<p>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>7) Fiber Supplements</p> <p>8) Topical Sunscreen</p> <p>9) Supporting Items for Comfort</p> <p>10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin)</p> <p>11) Soap (doctor recommended antibacterial/antimicrobial soap)</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>Other Defined Supplemental Benefits:</p> <p>Health Education</p> <p>Additional Smoking and Tobacco Use Cessation (9 additional sessions)</p> <p>Remote Access Technologies (Nursing Hotline)</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Comprehensive Dental:</p> <p>Restorative:</p> <p>Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.</p> <p>Prosthodontics:</p> <p>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.</p> <p>Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.</p> <p>Fixed dentures: Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.</p> <p>Implants: Surgical placement of implant body, endosteal implant, covered one per tooth, per life.</p> <p>Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance



<p>prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$1,500 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$450 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 \$500 every two (2) years for both ears combined Authorization rules may apply.</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; among others. Service covered in all participating interdisciplinary clinics to members enrolled in the interdisciplinary 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>Value-Based Insurance Design (VBID): Wellness and Health Care Planning</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment <p>Hospice Benefit Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or life-threatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care,</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of enrollees' family members or caretakers. The proposed ECCP model program will help enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.				
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These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



J. Caprio

President

06/02/2020

Date





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 2021 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 Authorization rules may apply	\$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. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply. Referral needed.	\$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 \$150 a month for:	\$0 copay	\$0 copay	\$0 copay	\$0 copay

<p>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.) 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 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) Remote Access Technologies (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>Supplemental Comprehensive Dental: Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns. Prosthetics: 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 five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

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<p>dentures. Fixed dentures: Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. Implants: Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$2,500 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses. Up to a maximum benefit amount of \$450 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
<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; among others. Service covered in all participating interdisciplinary clinics to members enrolled in the interdisciplinary 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</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay



<p>we intend to expand the bid proposed benefit to all beneficiaries enrolled in this plan.***</p> <p>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.</p> <p>Debit Card \$20 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food and Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities & Housing - Additional OTC items 				
<p>Value-Based Insurance Design (VBID):</p> <p>Wellness and Health Care Planning</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment <p>Hospice Benefit Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or life-threatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of enrollees' family members or caretakers. The proposed ECCP model program will help enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.</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.

*** For CY2021, 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 CY2021, 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, meals (beyond limited basis) and a debit card.

It is MMMs 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. Corio

President

06/02/2020

Date





APPENDIX C (7)

Part C Supplemental Benefits Certification

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I, **Orlando González** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2021 to all members enrolled in:

Product Identification: MMM Grande Platino (H4003-049)

Description Benefits	Copay			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply.	\$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. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a 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) Remote Access Technologies (Nursing Hotline) Remote Access Technologies (Web/Phone based technologies): Member will receive one smartphone for health-related purposes such as: to facilitate engagement with healthcare providers, use the plan's mobile app to access online services like OTC orders, facilitate access to the plan's nursing hotline, etc.	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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<p>Supplemental Comprehensive Dental:</p> <p>Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.</p> <p>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 five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. Fixed dentures: Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. Implants: Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$2,000 a year for all supplemental comprehensive dental services.</p>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<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; among others. Service covered in all participating interdisciplinary clinics to members enrolled in the interdisciplinary 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</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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<p>Program Required</p> <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.*** 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.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID): Wellness and Health Care Planning</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment <p>Hospice Benefit Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or life-threatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of enrollees' family members or caretakers. The proposed ECCP model program will help enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.</p> <p>Cash or Monetary Rebates Member will receive a Debit Card allowance of up to \$130 per month. Member will be able to use the debit card to withdraw cash from ATMs or for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities & Housing - Additional OTC items - Copayments/Coinsurance 	\$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 CY2021, 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 CY2021, 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, meals (beyond limited basis) and a debit card.

It is MMMs 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. Espino

President

06/02/2020

Date





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 2021 to all members enrolled in:

Product Identification: MMM Conectado Platino (H4003-050)

Description Benefits	Copoly			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$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. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Up to four (4) 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 \$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	\$0 copay	\$0 copay	\$0 copay	\$0 copay



<p>pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit requires medical evaluation and/ or preauthorization.)</p> <p>7) Fiber Supplements</p> <p>8) Topical Sunscreen</p> <p>9) Supporting Items for Comfort</p> <p>10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin)</p> <p>11) Soap (doctor recommended antibacterial/antimicrobial soap)</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>Other Defined Supplemental Benefits:</p> <p>Health Education</p> <p>Additional Smoking and Tobacco Use Cessation (9 additional sessions)</p> <p>Remote Access Technologies (Nursing Hotline)</p> <p>Remote Access Technologies (Web/Phone based technologies): Member will receive one smartphone for health-related purposes such as: to facilitate engagement with healthcare providers, use the plan's mobile app to access online services like OTC orders, facilitate access to the plan's nursing hotline, etc.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Comprehensive Dental:</p> <p>Restorative:</p> <p>Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.</p> <p>Prosthodontics:</p> <p>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.</p> <p>Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.</p> <p>Fixed dentures: Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.</p> <p>Implants: Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not</p>	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

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covered. Authorization rules apply for removable prosthodontics, implants and retainer crowns. Up to a maximum benefit amount of \$1,000 a year for all supplemental comprehensive dental services.				
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$200 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 \$100 every year for both ears combined Authorization rules may apply.	\$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; among others. Service covered in all participating interdisciplinary clinics to members enrolled in the interdisciplinary 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
Value-Based Insurance Design (VBID): Wellness and Health Care Planning <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment Hospice Benefit Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or life-threatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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<p>six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of enrollees' family members or caretakers. The proposed ECCP model program will help enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.</p>				
<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.*** Debit Card \$145 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food and Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities & Housing - Additional OTC items - Copayments/Coinsurance 	\$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.

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

*** For CY2021, 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 CY2021, 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, meals (beyond limited basis) and a debit card.

It is MMMs 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. C. Spín

President

06/02/2020

Date





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 2021 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 Authorization rules may apply	\$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. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to one (1) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Unlimited 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 \$60 every three (3) months for: <ol style="list-style-type: none"> 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.)</p> <p>7) Fiber Supplements</p> <p>8) Topical Sunscreen</p> <p>9) Supporting Items for Comfort</p> <p>10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin)</p> <p>11) Soap (doctor recommended antibacterial/antimicrobial soap)</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>Other Defined Supplemental Benefits:</p> <p>Health Education</p> <p>Additional Smoking and Tobacco Use Cessation (9 additional sessions)</p> <p>Remote Access Technologies (Nursing Hotline)</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Comprehensive Dental:</p> <p>Restorative:</p> <p>Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth.</p> <p>Authorization rules apply for single crowns.</p> <p>Prosthodontics:</p> <p>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.</p> <p>Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.</p> <p>Fixed dentures: Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.</p> <p>Implants: Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

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<p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$2,000 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses. Up to a maximum benefit amount of \$450 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 \$250 every three (3) years for both ears combined. Authorization rules may apply.</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; among others. Service covered in all participating interdisciplinary clinics to members enrolled in the interdisciplinary 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.*** Debit Card \$30 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food and Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities & Housing - Additional OTC items - Copayments/Coinsurance 	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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<p>Value-Based Insurance Design (VBID):</p> <p>Wellness and Health Care Planning</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment <p>Hospice Benefit</p> <p>Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or life-threatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of enrollees' family members or caretakers. The proposed ECCP model program will help enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
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These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

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It is MMMs 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. C. Spino
President

06/02/2020
Date

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