MEDICARE PLATINO CONTRACT

APPENDIX C (7) (22)

BENEFITS NOT-COVERED BY WRAP AROUND SUPPLEMNTARY BENEFITS PART C

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Part C Supplementary 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 2022 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 Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$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 six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$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	



	Copay			
Description Benefits	100	110	120	130 .
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 сорау
Over the Counter Items (OTC): Up to a maximum benefit amount of \$100 every three months *The following Categories are covered:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
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 ongoing 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. 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) (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.				
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only) and home and bathroom safety devices and modifications. Item quantity imits in each category may apply				
Other Defined Supplemental Benefits: Health Education	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Smoking and Tobacco Use Cessation 9 additional sessions)			THE PARTY OF THE P	ISTRACIO
Remote Access Technologies (Nursing Hotline)			/ Co	ntrate Número
Nutritional / Dietary Benefit- Both Sessions Individual and Group) covered for up to 6 isits/yr			Sm	- 0 0 3





		Co	pay	
Description Benefits	100	110	120	130
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$100 every three months.				
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$100 every three months. The following items will be covered through the OTC catalogue:				
1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight			1.	
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only) and home and bathroom safety devices and modifications. Item quantity limits in each category may apply.				
Supplemental Comprehensive Dental:	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
Restorative: Core buildup and pin retention covered per cooth, 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.			В	
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 every five (5) years. Reline or rebase are not exerced 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 exerced 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			Q Q	MISTRACIO





	Copay				
Description Benefits	100	110	120	130	
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.					
Authorization rules apply for removable prosthodontics, implants and retainer crowns.					
Up to a maximum benefit amount of \$5,000 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 \$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 \$3,000 a year for both ears combined Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
MA SSBCI (Special Supplemental Benefit): Additional Non-Primarily Health Related Benefits for the Chronically III 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 \$90 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal - Hygiene products, Grooming services (Manicure,	\$0 copay	\$0 copay	(,	\$0 copay	



		Co	pay	: II-
Description Benefits	100	110	120	130
- Appliances				
- Car Repairs - Towels, Linens and Clothing				
Roadside Assistance and In-Home				
Minor Repairs			l)	-
Member will be eligible for up to 8 individual events a year for Roadside assistance services				
and up to 8 individual events a year, with a				l)
maximum of \$200 per event for In-Home minor				
repair services.	WHP	WHP	WHP	WHP
Value-Based Insurance Design (VBID):	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Wellness and Health Care Planning	+	40 20 pm/		4 = == + = +
(WHP)				
Annual Wellness Visit				
 Medicare Health Risk Assessment Care Management Program 		N I	5	
In-Home Assessment		34		
Value-Based Insurance Design	Medicare-	Medicare-	Medicare-	Medicare-
(VBID):	covered	covered	covered	covered
Hospice Benefit	prescription drugs and	prescription drugs and	prescription drugs and	prescription drugs and
Innovative and evidence-based palliative and hospice care program for enrollees who meet	biologics	biologics	biologics	biologics
eligibility criteria. The proposed Enhanced Care	5%	5%	5%	5%
Coordination Partnerships (ECCP) Model will address palliative and hospice services which will	coinsurance	coinsurance	coinsurance	coinsurance
focus primarily on anticipating, managing,	(\$5 maximum)	(\$5 maximum)	(\$5 maximum)	(\$5 maximum)
coordinating, treating and planning supports and	maximam)	maximum)	maximani)	παλιπαπή
services for enrollees with serious or life- threatening illnesses, with multiple clinical and	Medicare-	Medicare-	Medicare-	Medicare-
non-clinical providers, and who have been told	covered	covered	<u>covered</u>	<u>covered</u>
by a physician that their life expectancy is less	respite care 5%	respite care 5%	respite care 5%	respite care 5%
than six months. The hospice and palliative care program will focus on transitional concurrent	coinsurance	coinsurance	coinsurance	coinsurance
care, interdisciplinary care management,	per day (\$5	per day (\$5	per day (\$5	per day (\$5
development of comprehensive and humanistic	per day	per day	per day	per day
plan of care, and the active participation of enrollees' family members or caretakers. The	maximum)	maximum)	maximum)	maximum)
proposed ECCP model program will help	All other	All other	All other	All other
enrollees and their families make clinical and non-clinical decisions aimed at improving quality	Medicare-	Medicare-	Medicare-	Medicare-
of care and quality of life.	covered	covered	covered	covered
TRAC	hospice	hospice	hospice	hospice
MISTRACION	care and palliative	care and palliative	care and	care and palliative
Ontrato Número	care	care	care	care
Contrato Número	<u>services</u>	services	<u>services</u>	services
22 - 0 0 3 0	\$0 copay	\$0 copay	\$0 copay	\$0 copay









		Co	pay	
Description Benefits	100	110	120	130
Value-Based Insurance Design (VBID):	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Rewards and Incentives				
Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two er visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.				
Enrollees that comply with the stated inclusion parameters, but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.				3
All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.				
Value-Based Insurance Design	\$0 copay	\$0 copay	\$0 copay	\$0 copay
(VBID): New Technologies Professional Continuous Glucose Monitoring (CGM) device indicated for detecting trends and tracking patterns and glucose level excursions above or below the desired range, facilitating therapy adjustments in members (age 18 and older) with diabetes. This system is intended for use by health care professionals.			OP SE	Contrato Núm 2 - 0 0



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President

06/09/21









Part C Supplementary 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 2022 to all members enrolled in:

Product Identification: MMM Valor Platino (H4003-047)

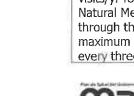
Description Describe		Co	pay	
Description Benefits	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$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 six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$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



Contrato Número

		Со	pay	
Description Benefits	100	110	120	130
Over the Counter Items (OTC): Up to a maximum benefit amount of \$100 every three months *The following Categories are covered: 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 ongoing 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. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited	\$0 còpay	\$0 copay	\$0 copay	\$0 copay
to face, body, and foot lotions used for dry skin) (1) Soap (doctor recommended antibacterial/antimicrobial soap) (Nicotine Replacement Therapy (NRT) covered) (The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.		=		· s:
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only) and home and bathroom safety devices and modifications. Item quantity imits in each category may apply.				
Other Defined Supplemental Benefits:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Health Education Additional Smoking and Tobacco Use Cessation [9 additional sessions)	=			
Remote Access Technologies (Nursing Hotline)				
Nutritional / Dietary Benefit- Both Sessions Individual and Group) covered for up to 6 risits/yr			MINI	STRACION STRACTOR
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered hrough the OTC catalogue with up to a maximum plan benefit shared amount of \$100 every three months.			22	Número - 0 0 3





Description Benefits		Co	pay	
Description Benefits	100	110	120	130
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$100 every three months. The following items will be covered through the OTC catalogue:				
1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight				1965
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only) and home and bathroom safety devices and modifications. Item quantity limits in each category may apply.				
Supplemental Comprehensive	. 0%	. 0%	0%	0%
Dental: Restorative:	coinsurance	coinsurance	coinsurance	coinsurance
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 are only covered when performed by a certified provider. All other prosthodontics services are not covered.			40	Contrato Número 22 2 - 0 0





		Co	pay	
Description Benefits	100	110	120	130
Authorization rules apply for removable prosthodontics, implants and retainer crowns.				
Up to a maximum benefit amount of \$1,500 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 \$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 \$500 every two (2) years for both ears combined Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MA SSBCI (Special Supplemental Benefit): Additional Non-Primarily Health Related Benefits for the Chronically III Beneficiaries will be offered. Under the Platino benefit we intend to expand the bid proposed benefit to all beneficiaries enrolled in this plan.***	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 8 individual events a year for Roadside assistance services and up to 8 individual events a year, with a maximum of \$200 per event for In-Home minor repair services.				SHOUPOS
Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP) - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment	<u>WHP</u> \$0 copay	<u>WHP</u> <u>\$0 copay</u>	WHP \$0 copay	WHP \$0 copay
Value-Based Insurance Design (VBID): 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	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)





Description Benefits		Co	pay	
	100	110	120	130
services for enrollees with serious or life- chreatening illnesses, with multiple clinical and chron-clinical providers, and who have been told by a physician that their life expectancy is less chan six months. The hospice and palliative care corogram will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic colan of care, and the active participation of cenrollees' family members or caretakers. The coroposed ECCP model program will help cenrollees and their families make clinical and con-clinical decisions aimed at improving quality of care and quality of life.	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services
alue-Based Insurance Design	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay
/BID): ewards and Incentives				
deneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated are management practice units (ICMPUS), and re active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart it iagnosis, two or more inpatient admissions in the past year and/or readmission within thirty ays, and/or two er visits/month in two consecutive months, and/or polypharmacy (more nan eight medications). Concerning the diabetes iagnosis, only the criterion of polypharmacy will pply.	8			
prollees that comply with the stated inclusion arameters, but are enduring the following salth care stages will be excluded: ESRD eceiving dialysis), Alzheimer's (severe or late age), active cancer (receiving emotherapy/radiotherapy), infectious or rasitic disease, HIV/active, hepatitis, dridden, serious mental disorders, and organ ansplant recipients. beneficiaries that meet the ICMPUS inclusion teria and are active participants of the ICMPUS in receive both the wellness and health care orgam and rewards and incentives aligned with a value based insurance design interventions otocols, such as education and wellness up to			(Contrato Nú 2 - 0



	Copay				
Description Benefits	100	110	120	130	
\$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.					
Value-Based Insurance Design (VBID): New Technologies Professional Continuous Glucose Monitoring (CGM) device indicated for detecting trends and tracking patterns and glucose level excursions above or below the desired range, facilitating	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
therapy adjustments in members (age 18 and older) with diabetes. This system is intended for use by health care professionals.					



President

06/09/21







Part C Supplementary 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 2022 to all members enrolled in:

Product Identification: MMM Grande Platino (H4003-049)

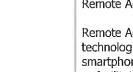
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		Co	pay	
Description Benefits	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$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 six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: 12 one-way trips to plan approved health-related locations every year	\$0 copay	\$0 copay	\$0 copay	MINT RAPPY



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		Co	pay	101
Description Benefits	100	110	120	130
Authorization rules may apply				
Over the Counter Items (OTC): Up to a maximum benefit amount of \$50 every three months *The following Categories are covered:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
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)			2	
6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for ongoing 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. 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)				
(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.				
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only) and home and bathroom safety devices and modifications. Item quantity limits in each category may apply.				
Other Defined Supplemental Benefits: Health Education	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Smoking and Tobacco Use Cessation (9 additional sessions)				
Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr				OTDA:
Remote Access Technologies (Nursing Hotline)			18	MISTRACIO
Remote Access Technologies (Web/Phone based technologies): Member will receive one smartphone for health-related purposes such as: to facilitate engagement with healthcare			(o	Contrato Núme 2 - 0 0





		Со	pay		
Description Benefits	100	110	120	130	
providers, use the plan's mobile app to access online services like OTC orders, facilitate access to the plan's nursing hotline, facilitate access to the plan's website for important information, facilitate access to the plan's social media in which preventive and educational strategies are distributed, etc. Member can use the smartphone as long as they are enrolled in the plan. Member will have to return the smartphone to the plan in case of disenrollment or change in plan coverage.		27			
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$50 every 3 months.					
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$50 every three months. The following items will be covered through the OTC catalogue:					
1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight					
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only) and home and bathroom safety devices and modifications. Item quantity limits in each category may apply.				34	
Supplemental Comprehensive	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	
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				Contrato Número 22 - 0 0 3	3
Plan de Salud del Goblemo medicare pictino Rev2021				ROUPOS DES	



		Со	pay	
Description Benefits	100	110	120	130
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/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. Authorization rules apply for removable prosthodontics, implants and retainer crowns. Up to a maximum benefit amount of \$2,000 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	\$0 copay	\$0 copay	\$0 copay	\$0 copay
year. 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 a year for both ears combined Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MA SSBCI (Special Supplemental Benefit): Additional Non-Primarily Health Related Benefits for the Chronically III Beneficiaries will be offered. Under the Platino benefit we intend to expand the bid proposed benefit to all beneficiaries enrolled in this plan.*** Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 8 individual events a year for Roadside assistance services	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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	Сорау					
Description Benefits	100	110	120	130		
maximum of \$200 per event for In-Home minor repair services.				-		
Value-Based Insurance Design	WHP	WHP	WHP	WHP		
(VBID):	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Wellness and Health Care Planning						
(WHP)						
- Annual Wellness Visit						
- Medicare Health Risk Assessment		l)				
- Care Management Program						
In-Home Assessment	Madianus	Madianus	Mandianus	Madianus		
Value-Based Insurance Design	Medicare-	Medicare-	Medicare-	Medicare covered		
(VBID):	<u>covered</u> <u>prescription</u>	<u>covered</u> <u>prescription</u>	covered prescription	<u>covered</u> prescription		
Hospice Benefit	drugs and	drugs and	drugs and	drugs and		
nnovative and evidence-based palliative and nospice care program for enrollees who meet	biologics	biologics	biologics	biologics		
eligibility criteria. The proposed Enhanced Care	5%	5%	5%	5%		
Coordination Partnerships (ECCP) Model will	coinsurance	coinsurance	coinsurance	coinsuran		
address palliative and hospice services which will	(\$5	(\$5	(\$5	(\$5		
focus primarily on anticipating, managing,	maximum)	maximum)	maximum)	maximum		
coordinating, treating and planning supports and services for enrollees with serious or life-		W 				
threatening illnesses, with multiple clinical and	Medicare-	Medicare-	Medicare-	Medicare		
non-clinical providers, and who have been told	<u>covered</u>	covered	covered	covered		
by a physician that their life expectancy is less	respite care 5%	respite care 5%	respite care 5%	respite car 5%		
than six months. The hospice and palliative care program will focus on transitional concurrent	coinsurance	coinsurance	coinsurance	coinsuran		
care, interdisciplinary care management,	per day (\$5	per day (\$5	per day (\$5	per day (\$		
development of comprehensive and humanistic	per day	per day	per day	per day		
plan of care, and the active participation of	maximum)	maximum)	maximum)	maximum		
enrollees' family members or caretakers. The		-	,			
proposed ECCP model program will help enrollees and their families make clinical and	All other	All other	All other	All other		
non-clinical decisions aimed at improving quality	Medicare-	Medicare-	Medicare-	Medicare-		
of care and quality of life.	covered	covered	<u>covered</u>	covered		
	hospice	hospice	hospice	hospice		
	care and palliative	care and palliative	care and palliative	care and palliative		
	care	care	<u>care</u>	<u>care</u>		
	services	services	services	services		
	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
/alue-Based Insurance Design	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
(VBID):				·		
Cash or Monetary Rebates						
Debit Card						
145 per month allowance in the form of a debit						
tard. Member will be able to use the debit card						
to withdraw cash from ATMs or for the following services:				STRACIO		
Prepared Food			Alk!	STRAC/O		
Food & Groceries			19/	-		
Gasoline			/ Co	A. S. T. S. V.		
Cleaning Products			2 2	- 0 0 3		
Entertainment (concerts/theater/movies, etc) Utilities			0	e e e		
Othitics			14/	POSDES		





		Co	pay	
Description Benefits	100	110	120	130
Additional OTC items Alternative Therapies (Homeopathic / Natural Medicine Items Only) Home and Bathroom Safety Devices Pet Care Gardening/Hardware Items Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams Appliances Car Repairs Towels, Linens and Clothing				
- Copayments/Coinsurance Value-Based Insurance Design	\$0 copay	\$0 copay	\$0 copay	\$0 copay
(VBID): Rewards and Incentives				
Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two er visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.				
Enrollees that comply with the stated inclusion parameters, but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.				
All beneficiaries that meet the ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later				Contrato Number 2 2 - 0



		Co	pay	
Description Benefits	100	110	120	130
for rewards of higher value, up to a total of \$150 per member per year.				
Value-Based Insurance Design (VBID): New Technologies	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Professional Continuous Glucose Monitoring (CGM) device indicated for detecting trends and tracking patterns and glucose level excursions above or below the desired range, facilitating therapy adjustments in members (age 18 and older) with diabetes. This system is intended for use by health care professionals.				

*

President

06/09/21







Part C Supplementary 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 2022 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 Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$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 six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Transportation Services: 24 one-way trips to plan approved health-related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay	

Contrato Namero





		Co	pay	
Description Benefits	100	110	120	130
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 \$200 every month for: *The following Categories are covered: 1) Minerals and Vitamins	\$0 copay	\$0 copay	\$0 copay	\$0 copay
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) 5) In Home Testing and Monitoring Specifically				
Monitor Blood Pressure (For members who meet medical criteria for ongoing 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. 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				
Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or ormulary drugs.	-			
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural nedicine items only) and home and bathroom safety devices and modifications. Item quantity limits in each category may apply.				
Other Defined Supplemental Benefits: Health Education	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Smoking and Tobacco Use Cessation 9 additional sessions)				
Remote Access Technologies (Nursing Hotline)				ONINISTRA
lutritional / Dietary Benefit- Both Sessions Individual and Group) covered for up to 6 isits/yr			(Contrato N





		Copay				
Description Benefits	100	110	120	130		
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$200 every month.						
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$200 every month. The following items will be covered through the OTC catalogue:						
 Medical bathmat Raised toilet seat Handheld shower head Reacher Nightlight 						
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only) and home and bathroom safety devices and modifications. Item quantity limits in each category may apply.						
Supplemental Comprehensive	0%	0%	. 0%	0%		
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 noble metal, retainer crown procedain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are	coinsurance	coinsurance	coinsurance	coinsurance		
covered one per tooth, per life. Implants: Surgical placement of implant body, endosteal implant, covered one per tooth, per ife. Abutment supported porcelain (metal and/or nigh noble metal), abutment supported corcelain/ceramic crown, implant supported				Contrate Num 2 2 - 0		



		Сорау			
Description Benefits	100	110	120	130	
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.					
Authorization rules apply for removable prosthodontics, implants and retainer crowns.					
Up to a maximum benefit amount of \$3,000 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 \$600 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	
MA SSBCI (Special Supplemental Benefit): Additional Non-Primarily Health Related Benefits for the Chronically III Beneficiaries will be offered. Under the Platino benefit we intend to expand the bid proposed benefit to all beneficiaries enrolled in this plan.***	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Meal Benefit (Beyond Limited Basis) 2 meals per day for 10 days up to 1 time per year for 20 meals max per year					
Debit Card \$50 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries				eTRAC/	
- Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items			(Sp	Contrato Número 2 2 - 0 0	
- Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices			/00	POSDE	



Description Benefits		Со	pay	
Description Benefits	100	110	120	130
Pet Care Gardening/Hardware Items Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, Pedicure, Haircut, etc.), Hair growth and Anti- Hyging/Spot Creams Appliances Car Repairs Towels, Linens and Clothing Roadside Assistance and In-Home Minor Repairs Tember will be eligible for up to 8 individual Events a year for Roadside assistance services The services and up to 8 individual events a year, with a				
value-Based Insurance Design VBID): Vellness and Health Care Planning WHP) - Annual Wellness Visit - Medicare Health Risk Assessment	WHP \$0 copay	WHP \$0 copay	WHP \$0 copay	WHP \$0 copay
- Care Management Program - In-Home Assessment Value-Based Insurance Design VBID): lospice Benefit Innovative and evidence-based palliative and ospice care program for enrollees who meet ligibility criteria. The proposed Enhanced Care coordination Partnerships (ECCP) Model will didress palliative and hospice services which will ocus primarily on anticipating, managing, coordinating, treating and planning supports and ervices for enrollees with serious or life-irreatening illnesses, with multiple clinical and con-clinical providers, and who have been told or a physician that their life expectancy is less an six months. The hospice and palliative care rogram will focus on transitional concurrent are, interdisciplinary care management, evelopment of comprehensive and humanistic an of care, and the active participation of mollees' family members or caretakers. The roposed ECCP model program will help mollees and their families make clinical and on-clinical decisions aimed at improving quality for care and quality of life.	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum)



	Copay				
Description Benefits	100	110	120	130	
	All other Medicare-	All other Medicare-	All other Medicare-	All other	
	covered	covered	covered	covered	
	hospice	hospice	hospice	hospice	
	<u>care and</u> palliative	<u>care and</u> <u>palliative</u>	care and palliative	care and	
ρ	care	care	care	care	
/	services	services	services	services	
	\$0 copay	\$0 copay	\$0 copay	\$0 copa	
Value-Based Insurance Design	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
(VBID):					
Rewards and Incentives			1		
Beneficiaries with a qualifying chronic diagnosis					
of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated					
care management practice units (ICMPUS), and					
are active participants of the stated program will					
pe eligible to receive the Part C rewards and ncentives; applicable to congestive heart					
diagnosis, two or more inpatient admissions in					
the past year and/or readmission within thirty					
days, and/or two er visits/month in two					
consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes					
diagnosis, only the criterion of polypharmacy will		1			
apply.					
Enrollees that comply with the stated inclusion					
parameters, but are enduring the following health care stages will be excluded: ESRD					
(receiving dialysis), Alzheimer's (severe or late					
stage), active cancer (receiving					
chemotherapy/radiotherapy), infectious or					
parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ					
rransplant recipients.					
All beneficiaries that meet the ICMPUS inclusion					
criteria and are active participants of the ICMPUS					
can receive both the wellness and health care program and rewards and incentives aligned with					
the value based insurance design interventions					
protocols, such as education and wellness up to					
\$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees					
complete each milestone of their plan, they will					
be able to redeem a reward from the catalogue		1		MISTR	
according to the value of the completed activity. The member can also opt to accumulate the			/	SHINISTR	
value of completed activities and redeem later			. /	Contrate 1	
for rewards of higher value, up to a total of \$150				2.2	
			1	ROUPOSI	



Description Benefits		Co	pay	
	100	110	120	130
Value-Based Insurance Design (VBID): New Technologies	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Professional Continuous Glucose Monitoring (CGM) device indicated for detecting trends and tracking patterns and glucose level excursions above or below the desired range, facilitating therapy adjustments in members (age 18 and older) with diabetes. This system is intended for use by health care professionals.				

President

06/09/21







Part C Supplementary 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 2022 to all members enrolled in:

Product Identification: MMM Relax Platino (H4004-061)

		Co	pay	
Description Benefits	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
Maximum plan benefit coverage amount of \$500				
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 six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Unlimited one-way trips to plan approved health-related locations every year	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Authorization rules may apply

		Co	pay	
Description Benefits	100	110	120	130
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 \$60 every three months *The following Categories are covered:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
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)				
Monitor Blood Pressure (For members who meet medical criteria for ongoing 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. This benefit may require medical evaluation and / or preauthorization. Fiber Supplements Some of the provided of the provided of the provided of the provided of the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. Fiber Supplements Some of the provided of the plan will provided one of the pl				
(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or Tormulary drugs.		.1		
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only) and home and bathroom safety devices and modifications. Item quantity imits in each category may apply.				
Other Defined Supplemental Benefits: Health Education	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Smoking and Tobacco Use Cessation 9 additional sessions)				OM/NISTRA
Remote Access Technologies (Nursing Hotline)			/	X /
lutritional / Dietary Benefit-Both Sessions Individual and Group) covered for up to 6 isits/yr			(,	Contrato No.





		Со	pay	
Description Benefits	100	110	120	130
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$60 every three months.				
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$60 every three months. The following items will be covered through the OTC catalogue:				
1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight				
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only) and home and bathroom safety devices and modifications. Item quantity limits in each category may apply.				
Supplemental Comprehensive Dental:	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
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 nigh 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 nigh noble metal), abutment supported porcelain/ceramic crown, implant supported				Contrato Núm 22 - 0



	Copay					
Description Benefits	100	110	120	130		
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.						
Authorization rules apply for removable prosthodontics, implants and retainer crowns. Up to a maximum benefit amount of \$2,500 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 \$600 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 \$600 every three (3) years for both ears combined Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
MA SSBCI (Special Supplemental Benefit): Additional Non-Primarily Health Related Benefits for the Chronically III 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	\$0 copay	\$0 copay	\$0 copay ·	\$0 copay		
\$75 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.)						
- Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams				Contrato Num		



	Copay					
Description Benefits	100	110	120	130		
Car Repairs Towels, Linens and Clothing						
Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 8 individual events a year for Roadside assistance services and up to 8 individual events a year, with a maximum of \$200 per event for In-Home minor epair services.						
/alue-Based Insurance Design	WHP \$0 copay	WHP \$0 copay	WHP \$0 copay	WHP \$0 copay		
WBID): Wellness and Health Care Planning (WHP) - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment						
/alue-Based Insurance Design	Medicare-	Medicare-	Medicare-	Medicare-		
VBID):	covered	covered	covered	covered		
	prescription	prescription	prescription	prescriptio		
lospice Benefit	drugs and biologics	drugs and biologics	drugs and biologics	drugs and biologics		
nnovative and evidence-based palliative and ospice care program for enrollees who meet	5%	5%	5%	5%		
ligibility criteria. The proposed Enhanced Care oordination Partnerships (ECCP) Model will	coinsurance (\$5	coinsurance (\$5	coinsurance (\$5	coinsuranc (\$5		
ddress palliative and hospice services which will ocus primarily on anticipating, managing,	maximum)	maximum)	maximum)	maximum		
oordinating, treating and planning supports and ervices for enrollees with serious or life-	Medicare-	Medicare-	Medicare-	Medicare-		
nreatening illnesses, with multiple clinical and	covered respite care	<u>covered</u> respite care	<u>covered</u> <u>respite care</u>	covered respite car		
on-clinical providers, and who have been told y a physician that their life expectancy is less	5%	5%	5%	5%		
nan six months. The hospice and palliative care	coinsurance	coinsurance	coinsurance	coinsuranc		
rogram will focus on transitional concurrent are, interdisciplinary care management,	per day (\$5	per day (\$5	per day (\$5	per day (\$		
evelopment of comprehensive and humanistic lan of care, and the active participation of	per day maximum)	per day maximum)	per day maximum)	per day maximum		
nrollees' family members or caretakers. The	All other	All other	All other	All other		
roposed ECCP model program will help nrollees and their families make clinical and	Medicare-	Medicare-	Medicare-	Medicare-		
on-clinical decisions aimed at improving quality	covered	covered	covered	covered		
care and quality of life.	hospice	hospice	hospice	hospice		
	care and palliative	care and palliative	<u>care and</u> <u>palliative</u>	care and palliative		
	care	<u>care</u>	<u>care</u>	<u>care</u>		
	<u>services</u>	services	services	<u>services</u>		

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Description Benefits		Со	pay	
Description Benefits	100	110	120	130
Value-Based Insurance Design (VBID):	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Rewards and Incentives				
Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two er visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.				
nrollees that comply with the stated inclusion arameters, but are enduring the following ealth care stages will be excluded: ESRD receiving dialysis), Alzheimer's (severe or late rage), active cancer (receiving nemotherapy/radiotherapy), infectious or arasitic disease, HIV/active, hepatitis, edridden, serious mental disorders, and organ ansplant recipients.				
I beneficiaries that meet the ICMPUS inclusion iteria and are active participants of the ICMPUS in receive both the wellness and health care ogram and rewards and incentives aligned with e value based insurance design interventions otocols, such as education and wellness up to 40, health monitoring up to \$70, and a program aduation recognition up to \$40. As enrollees implete each milestone of their plan, they will able to redeem a reward from the catalogue cording to the value of the completed activity. The member can also opt to accumulate the lue of completed activities and redeem later rewards of higher value, up to a total of \$150 remember per year.				
alue-Based Insurance Design VBID):	\$0 copay	\$0 copay	\$0 copay	\$0 copay
w Technologies				
ressional Continuous Glucose Monitoring M) device indicated for detecting trends and king patterns and glucose level excursions we or below the desired range, facilitating rapy adjustments in members (age 18 and er) with diabetes. This system is intended for by health care professionals.				Contrato Contrato O S



President

06/09/21







Part C Supplementary 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 2022 to all members enrolled in:

Product Identification: MMM Bono Platino (H4004-062)

	Copay				
Description Benefits	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 Maximum plan benefit coverage amount of \$500	\$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 six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Remote Access Technologies (Nursing Hotline)			,	HISTRAC/	





Contrato Número

POSDE

Description Benefits	Сорау				
Description Benefits	100	110	120	130	
lutritional / Dietary Benefit- Both Sessions Individual and Group) covered for up to 6 isits/yr					
Iternative Therapies covered for up to 12 isits/yr for Naturopath services.					
Cupplemental Comprehensive Dental: Lestorative: Ore buildup and pin retention covered per Doth, per surface, once every 24 months. Post and core and single crowns are covered. Explacement crowns are covered every five (5) Explacement dentures apply for single crowns. In the motal base covered every five (5) years. Explaced to the repair of existing complete or control dentures are covered. Explacemental flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible ase are not covered in complete or full entures. Explacemental flexible base dentures and/or flexible ase are not covered in complete or full entures. Explacemental flexible base dentures are provided and/or high noble metal, ponticorcelain/ceramic, pontic porcelain fused to oble metal and/or high noble metal, ponticorcelain/ceramic. Pontics and retainers are powered one per tooth, per life. Explanetal explanetal placement of implant body, indosteal implant, covered one per tooth, per life. Explanetal explanetal placement of implant body, indosteal implant, covered one per tooth, per life. Explanetal explanetal provided porcelain (metal and/or igh noble metal), abutment supported orcelain/ceramic crown, implant supported orcelain crown (ceramic) covered. Crowns on inplants are covered, one per tooth, every five for years with appropriate justification. Implants are only covered when performed by a certified rovider. All other prosthodontics services are of covered. Explanetal explanetal comprehensive dental ervices.	0% coinsurance	0% coinsurance	0% coinsurance	Contrato Number 2 2 - 0 (



	Copay					
Description Benefits	100	110	120	130		
MA SSBCI (Special Supplemental Benefit): Additional Non-Primarily Health Related Benefits for the Chronically III 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	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
\$225 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.)						
 Utilities Additional OTC items Alternative Therapies (Homeopathic / Natural Medicine Items Only) Home and Bathroom Safety Devices Pet Care Gardening/Hardware Items 						
 Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams Appliances Car Repairs Towels, Linens and Clothing 				Children No.		
Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 8 individual events a year for Roadside assistance services and up to 8 individual events a year, with a maximum of \$200 per event for In-Home minor repair services.				Contrate No.		
Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP)	<u>WHP</u> \$0 copay	WHP \$0 copay	WHP \$0 copay	<u>WHP</u> \$0 copay		
 Annual Wellness Visit Medicare Health Risk Assessment Care Management Program In-Home Assessment 						
Value-Based Insurance Design (VBID): 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	Medicare- covered prescription drugs and biologics 5% coinsurance	Medicare- covered prescription drugs and biologics 5% coinsurance	Medicare- covered prescription drugs and biologics 5% coinsurance	Medicare- covered prescription drugs and biologics 5% coinsurance		



Description Benefits	Сорау					
	100	110	120	130		
address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and	(\$5 maximum)	(\$5 maximum)	(\$5 maximum)	(\$5 maximum)		
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	Medicare- covered respite care 5%	Medicare- covered respite care 5%	Medicare- covered respite care 5%	Medicare- covered respite care 5%		
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	coinsurance per day (\$5 per day maximum)					
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.	All other Medicare- covered hospice care and palliative care services	All other Medicare- covered hospice care and palliative care services	All other Medicare- covered hospice care and palliative care services	All other Medicare- covered hospice care and palliative care services		
Value-Based Insurance Design	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay		
(VBID): Rewards and Incentives Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two er visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.						
Enrollees that comply with the stated inclusion parameters, but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.			(P	Contrato Núm		
All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care			/8	GUROS DE		



Description Benefits	Copay				
	100	110	120	130	
program and rewards and incentives aligned with the value based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.					
Value-Based Insurance Design (VBID): New Technologies	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Professional Continuous Glucose Monitoring (CGM) device indicated for detecting trends and tracking patterns and glucose level excursions above or below the desired range, facilitating therapy adjustments in members (age 18 and older) with diabetes. This system is intended for use by health care professionals.					

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

President

06/09/21

Date





Rev2021