

# MEDICARE PLATINO CONTRACT

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APPENDIX C (4) (23)

BID SUMMARY OF  
BENEFITS (SB)

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**Bid Reports 2023**

**Bid Submission Status Report**

Report Date: 6/7/2022 4:59:05 PM EDT

Contract Number	Organization Name	Plan ID	Segment ID	Version	User ID/Name	Upload Confirmation Number	Upload Date/Time	Number of bids uploaded with submission	Plan successfully processed?	Error Messages
H4003	MIMM HEALTHCARE, LLC	017	N/A	5	mjm/viviana MARTINEZ	01714	06/03/2022 20:26:36	54	Yes	N/A
H4003	MIMM HEALTHCARE, LLC	047	N/A	5	mjm/viviana MARTINEZ	01714	06/03/2022 20:26:36	54	Yes	N/A
H4003	MIMM HEALTHCARE, LLC	049	N/A	5	mjm/viviana MARTINEZ	01714	06/03/2022 20:26:36	54	Yes	N/A
H4003	MIMM HEALTHCARE, LLC	058	N/A	7	mjm/viviana MARTINEZ	01714	06/03/2022 20:26:36	54	Yes	N/A
H4004	MIMM HEALTHCARE, LLC	048	N/A	5	mjm/viviana MARTINEZ	01714	06/03/2022 20:26:36	54	Yes	N/A
H4004	MIMM HEALTHCARE, LLC	062	N/A	5	mjm/viviana MARTINEZ	01714	06/03/2022 20:26:36	54	Yes	N/A

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**Bid Reports 2023**

**Benefits Summary Report**

MMM HEALTHCARE, LLC  
 H4003 - 017  
 VBID: Yes - Part C and Hospice  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically ill: No  
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,250 in-network	PBP Section C (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section D
Optional supplemental benefits?	No	Optional supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	

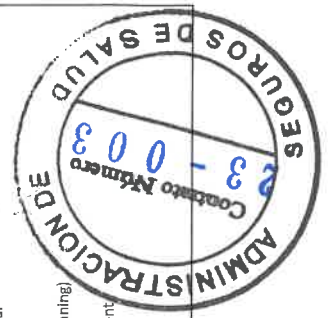
**Health and Medical Benefits**

Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Additional days Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay Emergency	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay		No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services

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Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prostodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prostodontics, Other Oral/Maxillofacial Surgery, Other Services



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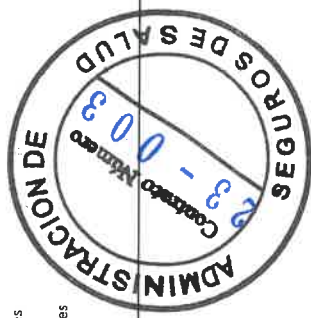
Comprehensive dental	Restorative services	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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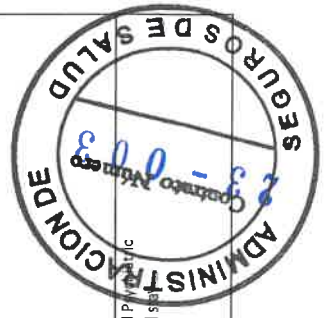
Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades



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<p>Vision</p> <p>Eyewear</p> <p>Medicare-covered benefits</p> <p>Contact lenses</p> <p>Eyeglasses (lenses and frames)</p> <p>Eyeglass lenses</p> <p>Eyeglass frames</p> <p>Upgrades</p>	<p>Medicare-covered benefits</p> <p>Contact lenses</p> <p>Eyeglasses (lenses and frames)</p> <p>Eyeglass lenses</p> <p>Eyeglass frames</p> <p>Upgrades</p>	<p>No</p>	<p>Eyeglasses (frames and lenses)</p> <p>\$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>
<p>Vision</p> <p>Eyeglass frames</p> <p>Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyeglass frames</p> <p>Not covered</p>	<p>N/A</p>
<p>Vision</p> <p>Eyeglass lenses</p> <p>Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyeglass lenses</p> <p>Not covered</p>	<p>N/A</p>
<p>Vision</p> <p>Upgrades</p> <p>Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Upgrades</p> <p>Not covered</p>	<p>N/A</p>
<p>Mental health services</p>	<p>Inpatient Hospital Psychiatric</p> <p>Medicare-covered services</p> <p>Additional days</p>	<p>No</p>	<p>Inpatient hospital - psychiatric</p> <p>\$0 copay</p>	<p>Yes</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	There may be limits on how much the plan will provide. \$0 copay	N/A	N/A	Ambulance Services
Transportation	Foot exams and treatment \$0 copay	Yes	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Routine foot care	Yes	Yes	Routine foot care
Foot care (podiatry services)	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits Prosthetics/Medical Supplies Medicare-covered prosthetic services
Medical equipment/supplies		Yes	N/A	



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Diabetes supplies and Services Medicare-covered Diabetic supplies					
Diabetes supplies \$0 copay	Yes				N/A
Medical equipment/supplies	Covered				No
Wellness programs (e.g., fitness, nursing hotline)	Chemotherapy \$0 copay				Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Other Part B drugs \$0 copay				Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs					Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mmmpr.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.	

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)	
Standard Retail 1 Month	Standard Retail 3 Month
25%	25%
	Standard Mail Order 3 Month
	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)	
Drug Type	Cost Share Information
Generic drugs	25%
Brand-name drugs	25%
	PBP Section Rx
	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)	
Drug Type	Cost Share Information
Generic drugs	\$4.15 copay or 5% (whichever costs more)
	PBP Section Rx



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Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx
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Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes		Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes		Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes		Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes		Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	Yes		Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes		Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay	Yes		Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes		Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Preventive dental	Oral exam Not covered	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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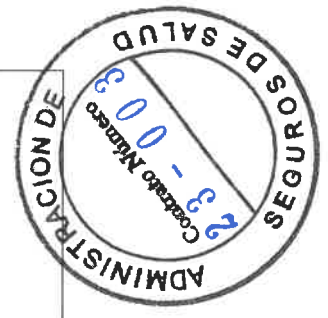
<p>Comprehensive dental</p>	<p>Restorative services</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p>	<p>Endodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p>	<p>Periodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>



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<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>	<p>N/A</p>	<p>N/A</p>	<p>Extractions Not covered</p>	<p>Comprehensive dental</p>
<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>	<p>No</p>	<p>Yes</p>	<p>Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.</p>	<p>Comprehensive dental</p>
<p>Eye Exams Routine Eye Exams Other</p>	<p>N/A</p>	<p>N/A</p>	<p>Routine eye exam Not covered</p>	<p>Vision</p>
<p>Eye Exams Routine Eye Exams Other</p>	<p>N/A</p>	<p>N/A</p>	<p>Other Not covered</p>	<p>Vision</p>
<p>Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>	<p>No</p>	<p>No</p>	<p>Contact lenses \$0 copay There may be limits on how much the plan will provide.</p>	<p>Vision</p>

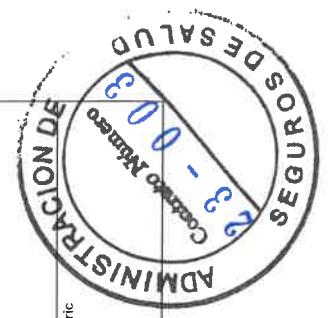


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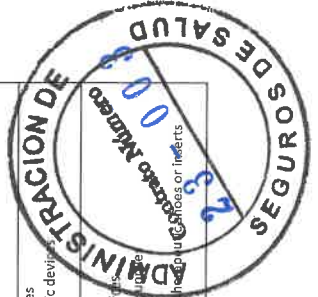
<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	Ground Ambulance \$0 copay	N/A	N/A	Ambulance Services
Transportation	Transportation There may be limits on how much the plan will provide.	Yes	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 20% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices, prosthetics, or inserts
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic supplies or inserts



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Wellness programs (e.g.: fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs			Medicare Part B Chemotherapy Drugs
	\$0 copay	Yes	N/A	Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mmmmp.com		
	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start page and select the Manage Plans link.		

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx	



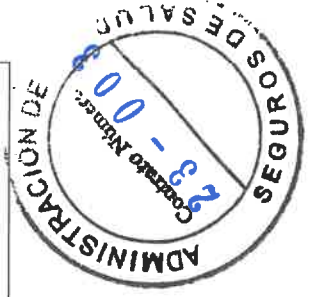
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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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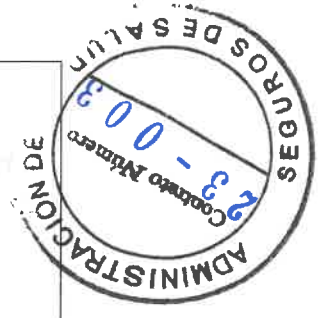
<p>Comprehensive dental</p> <p>Restorative services</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p> <p>Endodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p> <p>Periodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>



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Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral//maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

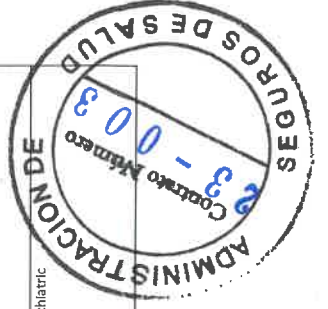


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<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>No</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	\$0 copay Occupational therapy visit	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	\$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	\$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Routine foot care
Foot care (podiatry services)	Routine foot care	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	There may be limits on how much the plan will provide.	Yes	Yes	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-20% coinsurance per item Prosthetics (e.g., braces, artificial limbs)	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	0% or 10% coinsurance per item	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapy, i.e. shoes, inserts
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	



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Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mmmpr.com HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.		

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx	



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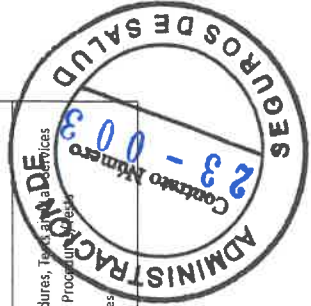
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### Bid Reports 2023

#### Benefits Summary Report

MMM HEALTHCARE, LLC  
 H4003 - 058  
 VBID: Yes - Part C and Hospice  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically ill: No  
 Part D Senior Savings Model: No

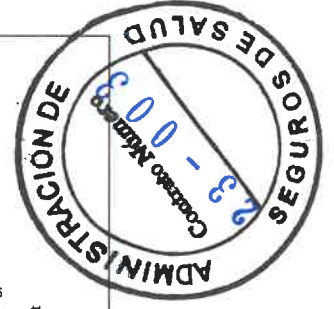
Selected Benefits	Enrollee Details	Data Source	Referral	Authorization	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report			
Health plan deductible	\$0.00	PPP Section D (plan level)			
Other health plan deductibles?	No	PPP Section B (category level)			
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$9,250 In-network	PPP Section C (category level)			
Choice of Doctors?	Plan Doctors for Most Services	PPP Section D			
Optional supplemental benefits?	No	Optional supplemental			
Prescription Drugs Covered?	Yes	PPP Section Rx			
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details				
<b>Health and Medical Benefits</b>					
Selected Benefits	Cost Share Information	Authorization	Referral	Authorization	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No		Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No		Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A		Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes		Physician Specialist Services
Preventive care	\$0 copay	Yes	No		Medicare-covered Preventive Services
Emergency care/urgent care	Emergency	N/A	N/A		Emergency Care
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A		Urgently Needed Services
Emergency care/urgent care	\$0 copay	N/A	N/A		Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No		Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures Medicare-covered Lab Services



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Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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Comprehensive dental	Restorative services  There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics  Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics  Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

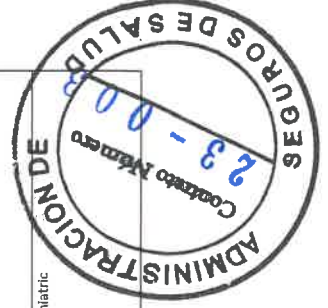


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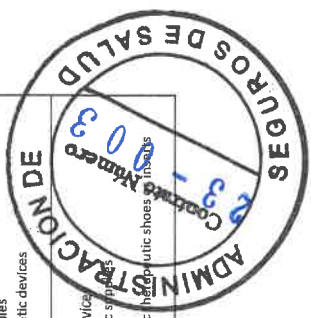
<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>No</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health, Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health, Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	Ground Ambulance \$0 copay	N/A	N/A	Ambulance Services
Transportation	Transportation \$0 copay	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic insulin



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# MEDICARE PLATINO CONTRACT

*SB*

APPENDIX C (4) (23)

BID SUMMARY OF  
BENEFITS (SB)

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**Bid Reports 2023**

**Bid Submission Status Report**

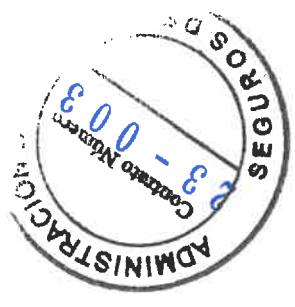
Report Date: 6/7/2022 4:59:05 PM EDT

Contract Number	Organization Name	Plan ID	Segment ID	Version	User ID/Name	Upload Confirmation Number	Upload Date/Time	Number of bids uploaded with submission	Plan successfully processed?	Error Messages
H4003	MMMM HEALTHCARE, LLC	017	N/A	5	mjnt/viviana MARTINEZ 01714		06/03/2022 20:26:36	54	Yes	N/A
H4003	MMMM HEALTHCARE, LLC	047	N/A	5	mjnt/viviana MARTINEZ 01714		06/03/2022 20:26:36	54	Yes	N/A
H4003	MMMM HEALTHCARE, LLC	049	N/A	5	mjnt/viviana MARTINEZ 01714		06/03/2022 20:26:36	54	Yes	N/A
H4003	MMMM HEALTHCARE, LLC	058	N/A	7	mjnt/viviana MARTINEZ 01714		06/03/2022 20:26:36	54	Yes	N/A
H4004	MMMM HEALTHCARE, LLC	048	N/A	5	mjnt/viviana MARTINEZ 01714		06/03/2022 20:26:36	54	Yes	N/A
H4004	MMMM HEALTHCARE, LLC	062	N/A	5	mjnt/viviana MARTINEZ 01714		06/03/2022 20:26:36	54	Yes	N/A

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**Bid Reports 2023**

**Benefits Summary Report**

MMMI HEALTHCARE, LLC  
 H4003 - 017  
 VBID: Yes - Part C and Hospice  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: No  
 Part D Senior Savings Model: No

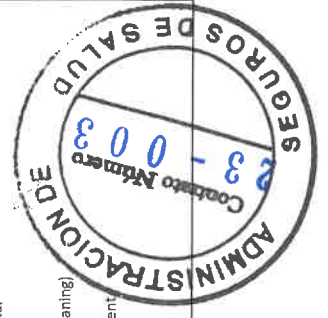
Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,250 In-network	PBP Section B (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)
Optional supplemental benefits?	No	PBP Section D
Prescription Drugs Covered?	Yes	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	PBP Section Rx

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist	No	Yes	Physician Specialist Services
Preventive care	\$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services

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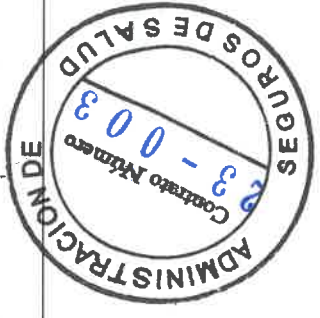
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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Comprehensive dental	Restorative services	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics Not covered		N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics Not covered		N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

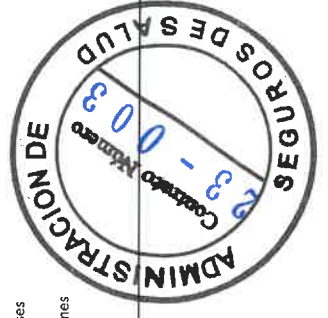


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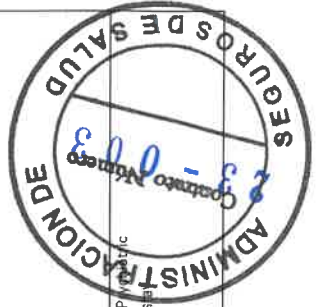
<p>Comprehensive dental</p> <p>Extractions</p> <p>Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p> <p>Prosthodontics, other oral/maxillofacial surgery, other services</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>Yes</p>	<p>Comprehensive Dental Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p> <p>Routine eye exam</p> <p>Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eye Exams Routine Eye Exams</p> <p>Other</p>
<p>Vision</p> <p>Other</p> <p>Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eye Exams Routine Eye Exams</p> <p>Other</p>
<p>Vision</p> <p>Contact lenses</p> <p>\$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Contact lenses</p> <p>Eyeglasses (lenses and frames)</p> <p>Eyeglass lenses</p> <p>Eyeglass frames</p> <p>Upgrades</p>



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<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision Mental health services</p>	<p>Upgrades Not covered Inpatient hospital - psychiatric \$0 copay</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Inpatient Hospital Psychiatric Medicare-covered plan Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility		Yes	Yes	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	No	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	Ground Ambulance \$0 copay	N/A	N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide. \$0 copay	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic services



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Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
Wellness programs (e.g.: fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value		Data Source
Monthly Premium	\$0.00		BPT Worksheet Report
Deductible	\$505.00		PBP Section Rx
Formulary Website	www.mmmpr.com HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.		

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)			
Drug Type	Cost Share Information		Data Source
Generic drugs	25%		PBP Section Rx
Brand-name drugs	25%		PBP Section Rx

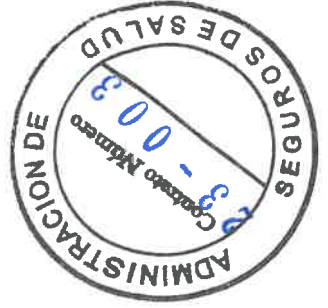
Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)			
Drug Type	Cost Share Information		Data Source
Generic drugs	\$4.15 copay or 5% (whichever costs more)		PBP Section Rx



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Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx
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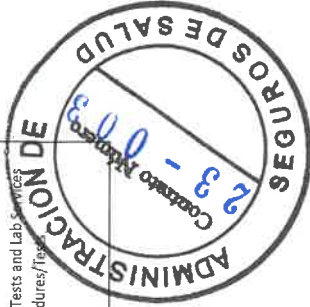
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### Bid Reports 2023

#### Benefits Summary Report

MMMM HEALTHCARE, LLC  
 H4603 - 047  
 VBID: Yes - Part C and Hospice  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: No  
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source		
Monthly Plan Premium	Coming Soon	BPT Worksheet Report		
Health plan deductible	\$0.00	PBP Section D (plan level)		
Other health plan deductibles?	No	PBP Section D (plan level)		
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,250 In-network	PBP Section B (category level)		
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)		
Optional supplemental benefits?	No	PBP Section D		
Prescription Drugs Covered?	Yes	Optional supplemental		
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	PBP Section Rx		
<b>Health and Medical Benefits</b>				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits Preventive care	\$0 copay \$0 copay	No Yes	Yes No	Physician Specialist Services Medicare-covered Preventive Services
Emergency care/urgent care	Emergency \$0 copay	N/A	N/A	Emergency Care
Emergency care/urgent care	Urgent care \$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services



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Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes	No	Hearing Exams All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes	No	Hearing Exams All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays

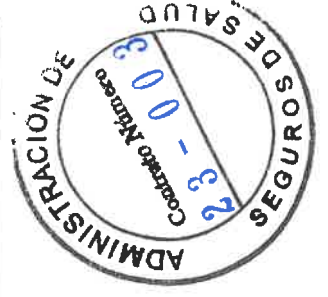


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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthetics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthetics, Other Oral/Maxillofacial Surgery, Other Services

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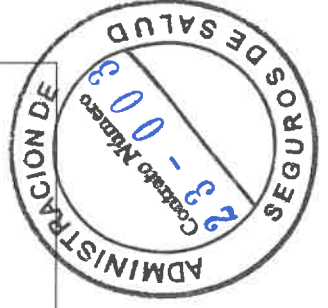
<p>Comprehensive dental Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>			<p>Restorative services</p> <p>There may be limits on how much the plan will provide.</p>	<p>Comprehensive dental</p>
<p>Comprehensive Dental Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>	<p>No</p>		<p>Yes</p>	<p>Comprehensive dental</p>
<p>Comprehensive Dental Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>	<p>N/A</p>	<p>N/A</p>	<p>Endodontics Not covered</p>	<p>Comprehensive dental</p>
<p>Comprehensive Dental Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>	<p>N/A</p>	<p>N/A</p>	<p>Periodontics Not covered</p>	<p>Comprehensive dental</p>



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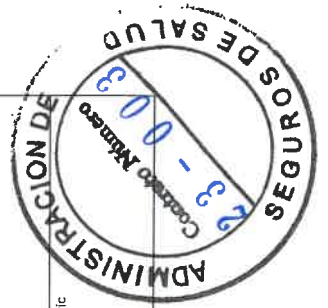
<p>Comprehensive dental Extractions Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Vision Routine eye exam Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eye Exams Routine Eye Exams Other</p>
<p>Vision Other Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eye Exams Routine Eye Exams Other</p>
<p>Vision Contact lenses \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>



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<p>Vision</p> <p>Eyeglasses (frames and lenses) \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p> <p>Eyeglass frames Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p> <p>Eyeglass lenses Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p> <p>Upgrades Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p> <p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>No</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Ground Ambulance \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Transportation	Foot exams and treatment \$0 copay	Yes	N/A	Ambulance Services
Foot care (podiatry services)	Routine foot care	Yes	No	Transportation Services Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 20% coinsurance per item	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic supplies



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Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mmmpr.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.	

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)		
Standard Retail 1 Month	Standard Retail 3 Month	Data Source
25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx



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**Bid Reports 2023**

**Benefits Summary Report**

MMM HEALTHCARE, LLC  
 H4003 - 049  
 VBI: Yes - Part C and Hospice  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: No  
 Part D Senior Savings Model: No

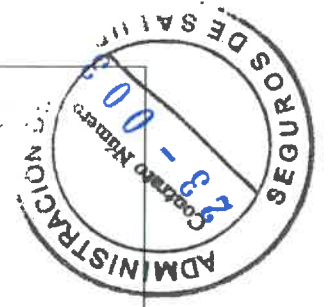
Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,250 In-network	PBP Section C (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section D
Optional supplemental benefits?	No	<input type="checkbox"/> Optional supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay Emergency	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay			Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services

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Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids \$0 copay	Yes	No	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Hearing	There may be limits on how much the plan will provide.	Yes	No	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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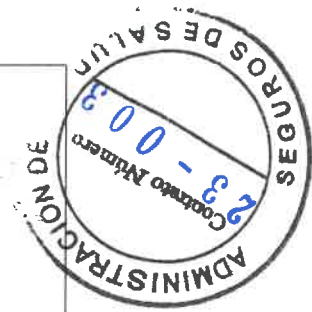
<p>Comprehensive dental</p> <p>Restorative services</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p> <p>Endodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p> <p>Periodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>



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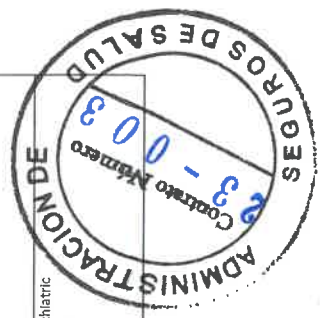
Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades



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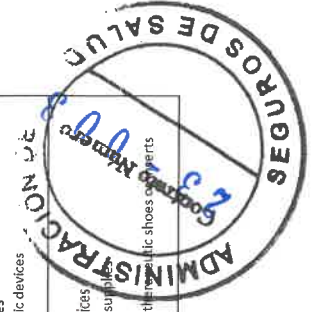
<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>No</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	Ground Ambulance \$0 copay	N/A	N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide. Foot exams and treatment \$0 copay	Yes	No	Transportation Services Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	There may be limits on how much the plan will provide. Durable medical equipment (e.g., wheelchairs, oxygen)	Yes	Yes	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	0% or 0-20% coinsurance per item Prosthetics (e.g., braces, artificial limbs)	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	0% or 10% coinsurance per item Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic shoes Medicare-covered Diabetic shoes inserts



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Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs		Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$505.00	PBP Section Rx
Formulary Website	www.mnmpr.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)		
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month
25%	25%	25%
		PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx



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**Bid Reports 2023**

**Benefits Summary Report**

MMM HEALTHCARE, LLC  
 H4003 - 058  
 VBID: Yes - Part C and Hospice  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: No  
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,250 In-network	PBP Section B (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)
Optional supplemental benefits?	No	PBP Section D
Prescription Drugs Covered?	Yes	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	PBP Section Rx

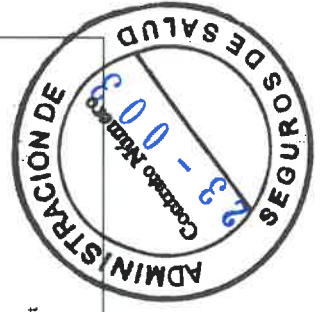
Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay Emergency	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Inpatient Lab Services Medicare-covered Diagnostic Procedures Medicare-covered Lab Services



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Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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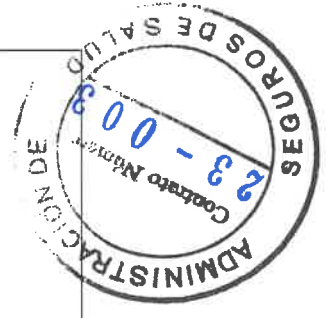
Comprehensive dental	Restorative services	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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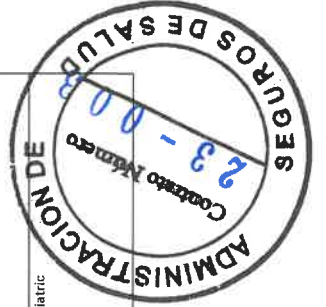
<p>Comprehensive dental</p>	<p>Extractions Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p>	<p>Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Vision</p>	<p>Routine eye exam Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eye Exams Routine Eye Exams Other</p>
<p>Vision</p>	<p>Other Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eye Exams Routine Eye Exams Other</p>
<p>Vision</p>	<p>Contact lenses \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>



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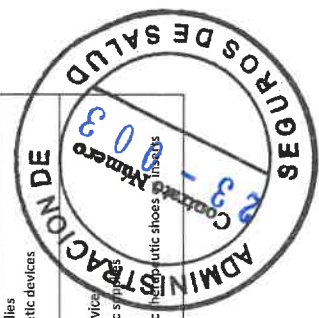
<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>No</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Transportation	There may be limits on how much the plan will provide.	Yes	N/A	Ambulance Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Transportation Services Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic



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Wellness programs (e.g.: fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs	Yes	N/A	Medicare Part B Chemotherapy Drugs
	\$0 copay			Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mmmpr.com	iPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.	

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx	



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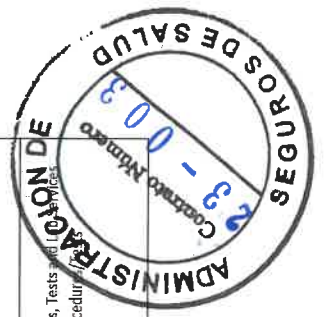
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**Bid Reports 2023**

**Benefits Summary Report**

MMM HEALTHCARE, LLC  
 H4004 - 048  
 VID: Yes - Part C and Hospice  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: No  
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source		
Monthly Plan Premium	Coming Soon	BPT Worksheet Report		
Health plan deductible	\$0.00	PBP Section D (plan level)		
Other health plan deductibles?	No	PBP Section B (category level)		
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,250 In-network	PBP Section C (category level)		
Choice of Doctors?	Plan Doctors for Most Services	PBP Section D		
Optional supplemental benefits?	No	Optional supplemental		
Prescription Drugs Covered?	Yes	PBP Section Rx		
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details			
<b>Health and Medical Benefits</b>				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary \$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Preventive care	\$0 copay Emergency	No Yes	Yes No	Physician Specialist Services Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Imaging Medicare-covered Diagnostic Procedures Medicare-covered Lab Services



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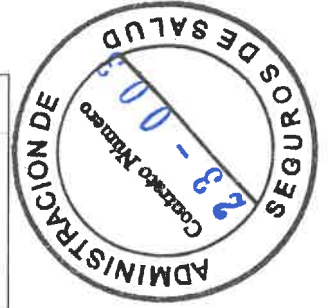
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthetics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthetics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthetics, Other Oral/Maxillofacial Surgery, Other Services



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<p>Comprehensive dental</p>	<p>Restorative services</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p>	<p>Endodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>
<p>Comprehensive dental</p>	<p>Periodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>



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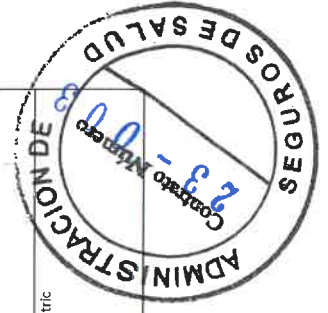
Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades



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2/28

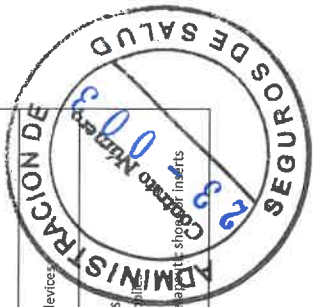
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	No		Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass frames Not covered	N/A		Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A		Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A		Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes		Inpatient Hospital Psychiatric Medicare-covered stay Additional days



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	Ground Ambulance \$0 copay	N/A	N/A	Ambulance Services
Transportation	Transportation There may be limits on how much the plan will provide.	Yes	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Routine foot care
Foot care (podiatry services)	Routine foot care			Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Foot care There may be limits on how much the plan will provide.	Yes	Yes	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes/insoles
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Medicare-covered Diabetic therapeutic shoes/insoles



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Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs		Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mmmpr.com		
	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.		

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx	



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**Bid Reports 2023**

**Benefits Summary Report**

MMM HEALTHCARE, LLC  
 H4004 - 062  
 VBID: Yes - Part C and Hospice  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: No  
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,250 In-network Plan Doctors for Most Services	PBP Section B (category level)
Choice of Doctors?	No	PBP Section C (category level)
Optional supplemental benefits?	No	PBP Section D
Prescription Drugs Covered?	Yes	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	PBP Section Rx

**Health and Medical Benefits**

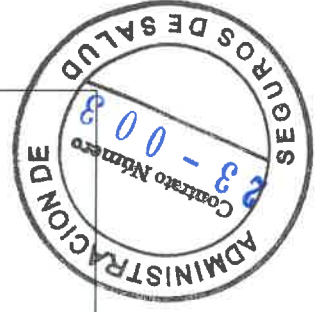
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient-Hospital-Acute Medicare-covered stay
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Additional days Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures Medicare-covered Lab Services



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Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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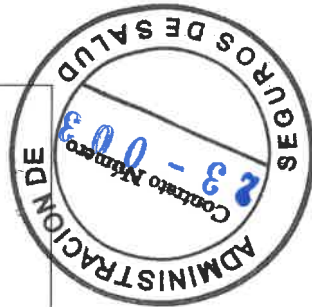
<p>Comprehensive dental Comprehensive dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>	<p>Restorative services</p>	<p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>
<p>Comprehensive dental Comprehensive dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>	<p>Endodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>Comprehensive dental Comprehensive dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p>	<p>Periodontics Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>



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Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades



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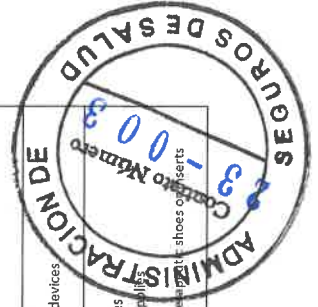
<p>Vision</p> <p>Eyeglasses (frames and lenses) \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p> <p>Eyeglass frames Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p> <p>Eyeglass lenses Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p> <p>Upgrades Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p> <p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>No</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	Ground Ambulance \$0 copay	N/A	N/A	Ambulance Services
Transportation	Transportation There may be limits on how much the plan will provide.	Yes	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Routine foot care
Foot care (podiatry services)	Routine foot care	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes and inserts



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Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mmmpr.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.	

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx	



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