MEDICARE PLATINO CONTRACT



APPENDIX C (7) (23)

BENEFITS NOT-COVERED BY
WRAP AROUND SUPPLEMNTARY
BENEFITS PART C

EMR





Part C Supplementary Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare</u>, <u>LLC</u>, will be offering the following additional benefits not covered in the Wrap-Around 2023 to all members enrolled in:

Product Identification: MMM Diamante Platino (H4003-017)

		Сорау				
Description Benefits	100	110	120	130		
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Worldwide Emergency / Urgent	\$75 copay	\$75 copay	\$75 copay	\$75 copay		
Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	. , ,					
Supplemental Chiropractic	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply. Referral needed.						
Supplemental Podiatry Services: Routine Care Up to six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Supplemental Transportation	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Services: Unlimited one-way trips to plan approved health- related locations every year Authorization rules may apply						
Supplemental	\$0 copay	\$0 copay	\$0 copay	\$0 (0)		
Acupuncture Services: Up to six (6) visits with a maximum benefit				\$0 Contex		





Authorization rules may apply

amount of \$500 a year. Referral needed.

	Сорау				
Description Benefits	100	110	120	130	
Over the Counter Items (OTC): Up to a maximum benefit amount of \$100 every three months *The following Categories are covered: 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for ongoing monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization.					
7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap)					
(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.					
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply					
Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Other Defined Supplemental Benefits: Health Education	\$0 copay	\$0 copay	\$0 copay	\$0 copay	24.0
Additional Smoking and Tobacco Use Cessation (9 additional sessions) Remote Access Technologies (Nursing Hotline)				Contrato 2 3 -	Múmero 3
Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr				OU POS D	



	Сорау			
Description Benefits	100	110	120	130
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$100 every three months.				
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$100 every three months. The following items will be covered through the OTC catalogue:				
1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight				
Fitness Benefit- Up to a maximum plan benefit shared amount of \$100 every three months. The following items will be covered through the DTC catalogue:				
Physical exercise pedals Stretch straps Puzzles for memory fitness				
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity imits in each category may apply.				
Supplemental Comprehensive	0%	0%	0%	0%
Dental: Restorative: Core buildup and pin retention covered per cooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.	coinsurance	coinsurance	coinsurance	coinsurance
Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.				Ontrato Nom
Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.				Contrato Nan
Fixed dentures: Up to 4 units per year. Retainer				TOSDE



	pay			
Description Benefits	100	110	120	130
crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. Implants: Up to 2 implants a year or 4 implants a year for edentulous patients. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain				
(metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.				
Authorization rules apply for removable prosthodontics, implants and retainer crowns. Up to a maximum benefit amount of \$5,000 a year for all supplemental comprehensive dental				
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$1,000 a year.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of \$3,000 a year for both ears combined Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
 Annual Wellness Visit Medicare Health Risk Assessment Care Management Program In-Home Assessment 				
Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MMM Flexi Card \$145 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline				Constrato Núm





- Gasoline

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Description Benefits	100	110	120	130
Cleaning Products Entertainment (concerts/theater/movies, etc.) Utilities Additional OTC items Alternative Therapies (Homeopathic / Natural Medicine Items Only) Home and Bathroom Safety Devices Fitness Benefit (Physical exercise and Memory Fitness items only) Copayments / Coinsurance Pet Care Gardening/Hardware Items Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, bedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams Appliances Towels, Linens and Clothing Additional Roadside Assistance and In-Home				
Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* (Up to one windshield replacement and battery replacement per year) 2) In-Home minor repairs* 3) Pest Control (One visit per quarter) 4) Anti-fall preventive measures visit (Includes an evaluation of the home and installation of LED lighting, traction/anti-slip tape. Grip and safety bars could also be installed if the member provides them. (One visit per quarter) 5) Technology connectivity services (One inperson visit and unlimited remote support per year)				
*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies. In addition, member can use the \$145 monthly allowance for additional Roadside				



services.

Assistance, in-home minor repairs and other

Description Renefits	Copay				
Description Benefits	100	110	120	130	
Value-Based Insurance Design (VBID): Hospice Benefit Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or lifethreatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of enrollees' family members or caretakers. The proposed ECCP model program will help enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	
Value-Based Insurance Design	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
(VBID): Rewards and Incentives Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two er visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply. Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.				Contrato Numero De Contrato Nume	



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

06/10/22

Date

EMR

Contrato Número

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Part C Supplementary Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare, LLC</u>, will be offering the following additional benefits not covered in the Wrap-Around 2023 to all members enrolled in:

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Product Identification: MMM Valor Platino (H4003-047)

Description Benefits	Сориу					
Description benefits	100	110	120	130		
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$75 copay	\$75 copay	\$75 copay	\$75 copay		
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Supplemental Podiatry Services: Routine Care Up to six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Supplemental Transportation Services: Unlimited one-way trips to plan approved health- related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Supplemental Acupuncture Services: Up to six (6) visits with a maximum benefit	\$0 copay	\$0 copay	\$0 copay	\$0 copy		



Authorization rules may apply

amount of \$500 a year. Referral needed.

Сорау			Сорау				
Description Benefits	100	110	120	130			
Over the Counter Items (OTC): Up to a maximum benefit amount of \$100 every three months *The following Categories are covered:	\$0 copay	\$0 copay	\$0 copay	\$0 copay			
1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure							
For members who meet medical criteria for ongoing monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. (7) Fiber Supplements (8) Topical Sunscreen (9) Supporting Items for Comfort (10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) (11) Soap (doctor recommended antibacterial/antimicrobial soap)							
Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being Effered does not duplicate any Part D OTC or Dormulary drugs.							
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural nedicine items only), home and bathroom safety levices and modifications and fitness benefit. tem quantity limits in each category may apply							
Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five 5) days, after an inpatient stay in either a nospital or a skilled nursing facility (SNF). Up to wo (2) time per year. Maximum of twenty (20) neals per year. Authorization rules and referral may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay			
Other Defined Supplemental	\$0 copay	\$0 copay	\$0 copay	\$0 copay			
Benefits: Health Education				STPA			
Additional Smoking and Tobacco Use Cessation 9 additional sessions)				Shinistración Construto Número			
Remote Access Technologies (Nursing Hotline)				2 3 - 0 0 3			
Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr			\	MOL POODE SA			



	Сорау				
Description Benefits	100	110	120	130	
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$100 every three months.					
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$100 every three months. The following items will be covered through the OTC catalogue:					
1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight					
Fitness Benefit- Up to a maximum plan benefit shared amount of \$100 every three months. The following items will be covered through the OTC catalogue:					
1) Physical exercise pedals 2) Stretch straps 3) Puzzles for memory fitness					
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.					
Supplemental Comprehensive	0%	0%	0%	0%	
Dental: Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.	coinsurance	coinsurance	coinsurance	coinsurance	
Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.				INISTRACIO	
Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.	12		(A)	Contrato Númera	OF 95
Fixed dentures: Up to 4 units per year. Retainer crowns porcelain to high noble metal, retainer			1	POSDESP	1





	Copay				
Description Benefits	100	110	120	130	
crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. Implants: Up to 2 implants a year or 4 implants a year for edentulous patients. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics dervices are not covered.	*				
or to a maximum benefit amount of \$1,500 a ear for all supplemental comprehensive dental					
ervices. Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact enses Ip to a maximum benefit amount of \$450 a ear.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Hearing Exams: itting/evaluation for hearing aid lp to one (1) every year luthorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Hearing Aids: Up to a maximum benefit amount of \$500 every wo (2) years for both ears combined authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP) - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment	\$0 copay	\$0 copay	\$0 copay	\$0 сорау	
Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits: Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 12 individual events a year for:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	





	Сорау			
Description Benefits	100	110	120	130
 Roadside assistance services* (Up to one windshield replacement and battery replacement per year) In-Home minor repairs* Pest Control (One visit per quarter) Anti-fall preventive measures visit (Includes an evaluation of the home and installation of LED lighting, traction/anti-slip tape. Grip and safety bars could also be installed if the member provides them. (One visit per quarter) Technology connectivity services (One inperson visit and unlimited remote support per year) 				
Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies.				
Value-Based Insurance Design (VBID): Hospice Benefit Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or lifethreatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of the enrollees' family members or caretakers. The proposed ECCP model program will help the enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay
Value-Based Insurance Design (VBID): Rewards and Incentives Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and	\$0 сорау	\$0 copay	\$0 copay	STRACION Contrato Número 3 - 0 0 3



care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and

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	Сорау			
Description Benefits	100	110	120	130
incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two er visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.				
Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.			354	
All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.				
Value-Based Insurance Design (VBID): New Technologies Professional Continuous Glucose Monitoring (CGM) device indicated for detecting trends and tracking patterns and glucose level excursions	\$0 copay	\$0 copay	\$0 copay	\$0 copay
above or below the desired range, facilitating therapy adjustments in members (age 18 and older) with diabetes. This system is intended for use by health care professionals.				

President

06/10/22

Date





Part C Supplementary Benefits Certification

I, Orlando González as President, hereby certify that MMM Healthcare, LLC, will be offering the following additional benefits not covered in the Wrap-Around 2023 to all members enrolled in:

Product Identification: MMM Grande Platino (H4003-049)

	Copay				
Description Benefits	100	110	120	130	
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$75 copay	\$75 copay	\$75 copay	\$75 copay	
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Podiatry Services: Routine Care Up to six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Transportation Services: Up to twelve (12) one-way trips to plan approved health-related locations every year Authorization rules may apply	\$0 copay	\$0 copay	(g	\$0 copay	
Rev2022 Compliance Office			FOUR	OSDESAY	





	Сорау			
Description Benefits	100	110	120	130
Over the Counter Items (OTC): Up to a maximum benefit amount of \$50 every three months *The following Categories are covered:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
 Minerals and Vitamins First Aid Supplies Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms Mouth Care Incontinence Supplies (Adult Diapers & Under Pads) In Home Testing and Monitoring Specifically 				
Monitor Blood Pressure (For members who meet medical criteria for ongoing monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap)				
(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.				
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.				
Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Other Defined Supplemental	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Benefits: Health Education				
Additional Smoking and Tobacco Use Cessation (9 additional sessions)			STA.	NSTRACION
Remote Access Technologies (Nursing Hotline)			2	3 - 0 0 3
Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr			70	, i





	Сорау				
Description Benefits	100	110	120	130	
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$50 every three months.					
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$50 every three months. The following items will be covered through the OTC catalogue:					
1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight					
Fitness Benefit- Up to a maximum plan benefit shared amount of \$50 every three months. The following items will be covered through the OTC catalogue:					
Physical exercise pedals Stretch straps Puzzles for memory fitness					
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.					
Supplemental Comprehensive	0%	0%	0%	0%	
Dental: Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.	coinsurance	coinsurance	coinsurance	coinsurance	
Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.				PAC	
Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.				Contrato No.	
Fixed dentures: Up to 4 units per year. Retainer crowns porcelain to high noble metal, retainer				POUROS	



	Сорау				
Description Benefits	100	110	120	130	
crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. Implants: Up to 2 implants a year or 4 implants a year for edentulous patients. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered. Authorization rules apply for removable prosthodontics, implants and retainer crowns. Up to a maximum benefit amount of \$2,000 a year for all supplemental comprehensive dental					
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$500 a year.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Hearing Aids: Up to a maximum benefit amount of \$1,000 every three (3) years for both ears combined Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
MMM Elige: Pick two (2) a year Member Selection Benefits Member will be able to select two (2) of the following primarily and non-primarily health related supplemental benefits per year: 1. Smartphone (VBID Benefit): Member will receive one smartphone with voice and data plan while enrolled in the plan. The member will have to return the smartphone to the MAO in case of disenrollment or change in plan coverage. and/or, 2. In-Home Support (Other Defined Supplemental Benefits): 4-hour in-home care visits (up to 12 hours per quarter for a max amount of 48 hours total per year) to help with activities of daily living. (PA may apply) and/or, 3. Additional allowance for Debit Card (VBID Benefit): \$50 per month. and/or,	\$0 copay	\$0 copay	\$0 copay	\$0 copay	



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Description Benefits	100	110	120	130	
4. Meals Beyond/Food and Produce (VBID Benefit): Up to 45 frozen meals per quarter (for a max amount of 180 frozen meals per year) or one (1) healthy food box a month.					
Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP) - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
- In-Home Assessment Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
\$180 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Memory Fitness items only) - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams - Appliances - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services					
Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* (Up to one windshield replacement and battery replacement per year) 2) In-Home minor repairs* 3) Pest Control (One visit per quarter) 4) Anti-fall preventive measures visit (Includes an evaluation of the home and installation of LED lighting, traction/anti-slip tape. Grip and safety bars could also be installed if the			\ \o	Contrato Número 23 - 00 OUROS DES	

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Description Benefits	100	110	120	130	
member provides them. (One visit per quarter) 5) Technology connectivity services (One inperson visit and unlimited remote support per year)					
Maximum amount of \$300 per service for toadside assistance and In-Home minor repairs pplies. In addition, member can use the \$180 monthly allowance for additional Roadside assistance, in-home minor repairs and other ervices.					
/alue-Based Insurance Design VBID): lospice Benefit	Medicare- covered prescription	Medicare- covered prescription	Medicare- covered prescription drugs and	Medicare- covered prescription drugs and	
nnovative and evidence-based palliative and ospice care program for enrollees who meet ligibility criteria. The proposed Enhanced Care	drugs and biologics 5%	drugs and biologics 5%	biologics 5%	biologics 5%	
doordination Partnerships (ECCP) Model will ddress palliative and hospice services which will ocus primarily on anticipating, managing, coordinating, treating and planning supports and	coinsurance (\$5 maximum)	coinsurance (\$5 maximum)	coinsurance (\$5 maximum)	coinsurance (\$5 maximum)	
ervices for enrollees with serious or life- nreatening illnesses, with multiple clinical and on-clinical providers, and who have been told y a physician that their life expectancy is less	Medicare- covered respite care	Medicare- covered respite care	Medicare- covered respite care	Medicare- covered respite care	
nan six months. The hospice and palliative care rogram will focus on transitional concurrent	5% coinsurance	5% coinsurance	5% coinsurance	5% coinsurance	
are, interdisciplinary care management, evelopment of comprehensive and humanistic lan of care, and the active participation of nrollees' family members or caretakers. The	per day (\$5 per day maximum)	per day (\$5 per day maximum)	per day (\$5 per day maximum)	per day (\$5 per day maximum)	
roposed ECCP model program will help nrollees and their families make clinical and on-clinical decisions aimed at improving quality	All other Medicare-	All other Medicare-	All other Medicare-	All other Medicare-	
f care and quality of life.	covered hospice care and	covered hospice care and	covered hospice care and	covered hospice care and	
	palliative care	<u>palliative</u> <u>care</u>	<u>palliative</u> <u>care</u>	<u>palliative</u> <u>care</u>	
	services \$0 copay	services \$0 copay	services \$0 copay	services \$0 copay	
/alue-Based Insurance Design VBID):	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Rewards and Incentives leneficiaries with a qualifying chronic diagnosis					
f diabetes and/or congestive heart that meet ne following inclusion criteria for the integrated are management practice units (ICMPUS), and re active participants of the stated program will e eligible to receive the Part C rewards and			Li	ISTRACIOA	
iagnosis, two or more inpatient admissions in past year and/or readmission within thirty ays, and/or two er visits/month in two			(5	3 - 0 0	
onsecutive months, and/or polypharmacy (more han eight medications). Concerning the diabetes			Ort.	UROSDE	

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

06/10/22

Date





Part C Supplementary Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare, LLC</u>, will be offering the following additional benefits not covered in the Wrap-Around 2023 to all members enrolled in:

Product Identification: MMM Dorado Platino (H4003-058)

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Description Benefits	100	110	120	130	
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$75 copay	\$75 copay	\$75 copay	\$75 copay	
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Podiatry Services: Routine Care Up to six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Transportation Services: Up to twelve (12) one-way trips to plan approved health-related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Acupuncture Services: Up to six (6) visits with a maximum benefit amount of \$500 a year. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	





Authorization rules may apply

	Copay				
Description Benefits	100	110	120	130	
Over the Counter Items (OTC): Up to a maximum benefit amount of \$35 every three months *The following Categories are covered:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for ongoing monitoring of blood pressure, the plan will brovide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap)					
Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being Offered does not duplicate any Part D OTC or Dormulary drugs.					
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural nedicine items only), home and bathroom safety levices and modifications and fitness benefit.					
tem quantity limits in each category may apply Supplemental Post-Discharge Meal	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a nospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) neals per year. Authorization rules and referral may apply				^	
Other Defined Supplemental	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Benefits: Health Education			.52	HINISTRAC	
dditional Smoking and Tobacco Use Cessation 9 additional sessions)			(Contrato Nivue	
temote Access Technologies (Nursing Hotline)			0	O O O	
Nutritional / Dietary Benefit- Both Sessions Individual and Group) covered for up to 6 risits/yr			1,	UPOS DES	





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Description Benefits	100	110	120	130	
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$35 every three months.					
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$35 every three months. The following items will be covered through the OTC catalogue:					
1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight					
Fitness Benefit- Up to a maximum plan benefit shared amount of \$35 every three months. The following items will be covered through the OTC catalogue:					
1) Physical exercise pedals 2) Stretch straps 3) Puzzles for memory fitness					
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity imits in each category may apply.					
Supplemental Comprehensive	0%	0%	0%	0%	
Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.	coinsurance	coinsurance	coinsurance	coinsurance	
Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.			SWIM Con	STRACION	
Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.			SEQUA	OSDESA	



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Description Benefits	100	110	120	130		
Fixed dentures: Up to 4 units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.						
Implants: Up to 2 implants a year or 4 implants a year for edentulous patients. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.						
Authorization rules apply for removable prosthodontics, implants and retainer crowns.						
Up to a maximum benefit amount of \$1,500 a year for all supplemental comprehensive dental services.						
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$750 a year.	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Supplemental Hearing Aids: Up to a maximum benefit amount of \$2,500 every three (3) years for both ears combined Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 сорау		
Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP) - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits: MMM Flexi Card \$325 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food	\$0 copay	\$0 copay	\$0 copay	\$0 CODAY TRAC/O		



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Description Benefits	100	110	120	130	
- Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Memory Fitness items only) - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams - Appliances - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services					
Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* (Up to one windshield replacement and battery replacement per year) 2) In-Home minor repairs* 3) Pest Control (One visit per quarter) 4) Anti-fall preventive measures visit (Includes an evaluation of the home and installation of LED lighting, traction/anti-slip tape. Grip and safety bars could also be installed if the member provides them. (One visit per quarter) 5) Technology connectivity services (One inperson visit and unlimited remote support per year)				Contrato Núm	
*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies. In addition, member can use the \$325 monthly allowance for additional Roadside Assistance, in-home minor repairs and other services.		·	\	ROUROSDE	
Value-Based Insurance Design (VBID): Hospice Benefit Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	



	Сорау			
Description Benefits	100	110	120	130
services for enrollees with serious or life-threatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of enrollees' family members or caretakers. The proposed ECCP model program will help enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services
Value-Based Insurance Design	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay
Rewards and Incentives Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two er visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply. Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients. All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will			e s	STRACION OF THE STRACE Número 3 - 0 0 3





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

06/10/22

Date

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Part C Supplementary Benefits Certification

I, Orlando González as President, hereby certify that MMM Healthcare, LLC, will be offering the following additional benefits not covered in the Wrap-Around 2023 to all members enrolled in:

Product Identification: PMC Premier Platino (H4004-048)

	Сорау					
Description Benefits	100	110	120	130		
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$75 copay	\$75 copay	\$75 copay	\$75 copay		
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Supplemental Podiatry Services: Routine Care Up to six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Supplemental Transportation Services: Twenty-four (24) one-way trips to plan approved health-related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay		
Supplemental Acupuncture Services: Up to six (6) visits with a maximum benefit	\$0 copay	\$0 copay	\$0 copay	\$0 copay		





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Authorization rules may apply

amount of \$500 a year. Referral needed.

		Co	pay	
Description Benefits	100	110	120	130
Over the Counter Items (OTC): Up to a maximum benefit amount of \$200 every month *The following Categories are covered:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for ongoing monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited				
to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or				
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply				
Supplemental Post-Discharge Meal	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply				
Other Defined Supplemental	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Benefits:				
Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions)			SMIN!	TRACION ON MINISTRA
Remote Access Technologies (Nursing Hotline)			23	- 0 0 3
Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr			EGUPO	SKY

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		Co	pay	
Description Benefits	100	110	120	130
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$200 every month.				
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$200 every month. The following items will be covered through the OTC catalogue:				
 Medical bathmat Raised toilet seat Handheld shower head Reacher Nightlight 				
Fitness Benefit- Up to a maximum plan benefit shared amount of \$200 every month. The following items will be covered through the OTC catalogue:				
Physical exercise pedals Stretch straps Puzzles for memory fitness				
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.				
Supplemental Comprehensive	0%	0%	0%	0%
Dental: Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.	coinsurance	coinsurance	coinsurance	coinsurance
Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.			THIN	STRACION
Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.			(c) Co.	S DE SP
Fixed dentures: Up to 4 units per year. Retainer crowns porcelain to high noble metal, retainer			18	OSDES

	Copay				
Description Benefits	100	110	120	130	
crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic- porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.					
Implants: Up to 2 implants a year or 4 implants a year for edentulous patients. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.					
Authorization rules apply for removable prosthodontics, implants and retainer crowns. Up to a maximum benefit amount of \$3,000 a					
year for all supplemental comprehensive dental services.					
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$600 a year.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Hearing Aids: Up to a maximum benefit amount of \$2,500 a year for both ears combined Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
MMM Elige: Pick one (1) a year Member Selection Benefit Member will be able to select one (1) of the following primarily and non-primarily health related supplemental benefits per year: 1. In-Home Support (Other Defined Supplemental Benefits): 4-hour in-home care visits (up to 24 hours per quarter for a max amount of 96 hours total per year.) to help with activities of daily living. (PA may apply) or, 2. Additional allowance for Debit Card (VBID	\$0 copay	\$0 copay	\$0 copay	\$0 copay \$0 copay Contrato Númer 2 3 - 0 0	
Benefit): \$50 per month. Value-Based Insurance Design (VBID): Wellness and Health Care Planning	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
(WHP) - Annual Wellness Visit					



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	Copay			
Description Benefits	100	110	120	130
 Medicare Health Risk Assessment Care Management Program In-Home Assessment 				
/alue-Based Insurance Design VBID) Flexibilities- Dual-Eligible Status Targeted Benefits:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMM Flexi Card 65 per month allowance in the form of a debit ard. Member will be able to use the debit card or the following services: Prepared Food Food & Groceries Gasoline Cleaning Products Entertainment (concerts/theater/movies, etc.) Utilities Additional OTC items Alternative Therapies (Homeopathic / Natural ledicine Items Only) Home and Bathroom Safety Devices Fitness Benefit (Physical exercise and Memory itness items only) Copayments / Coinsurance Pet Care Gardening/Hardware Items Personal Care Services, such as: Personal ygiene products, Grooming services (Manicure, edicure, Haircut, etc.), Hair growth and Antiging/Spot Creams Appliances Towels, Linens and Clothing				
Additional Roadside Assistance and In-Home linor Repairs and Other Services Roadside Assistance and In-Home linor Repairs lember will be eligible for up to 12 individual vents a year for: 1) Roadside assistance services* (Up to one windshield replacement and battery replacement per year) 2) In-Home minor repairs* 3) Pest Control (One visit per quarter) 4) Anti-fall preventive measures visit (Includes an evaluation of the home and installation of LED lighting, traction/anti-slip tape. Grip and safety bars could also be installed if the member provides them. (One visit per quarter) 5) Technology connectivity services (One inperson visit and unlimited remote support			(A)	INISTRACIO
per year) Maximum amount of \$300 per service for loadside assistance and In-Home minor repairs pplies. In addition, member can use the \$65 monthly allowance for additional Roadside			SEO	3 - 0 0

	Copay				
Description Benefits	100	110	120	130	
Assistance, in-home minor repairs and other services. Meal Benefit (Beyond Limited Basis) Up to two (2) meals per day, for ten (10) days. Up to one (1) time per year. Maximum of twenty (20) meals per year.					
Value-Based Insurance Design (VBID): Hospice Benefit Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or life-threatening illnesses, with multiple clinical and non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of the enrollees' family members or caretakers. The proposed ECCP model program will help tenrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum) Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care services \$0 copay	
Value-Based Insurance Design (VBID): Rewards and Incentives Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two er visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply. Enrollees that comply with the stated inclusion parameters but are enduring the following health	\$0 copay	\$0 copay	(2	**STRACION Número 3 - 0 0	



Description Benefits	Copay				
	100	110	120	130	
care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.					
All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.			w4b		
Value-Based Insurance Design (VBID): New Technologies Professional Continuous Glucose Monitoring (CGM) device indicated for detecting trends and tracking patterns and glucose level excursions above or below the desired range, facilitating	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
therapy adjustments in members (age 18 and older) with diabetes. This system is intended for use by health care professionals.					

06/10/22

Date

President Da





Part C Supplementary Benefits Certification

I, <u>Orlando González</u> as <u>President</u>, hereby certify that <u>MMM Healthcare, LLC</u>, will be offering the following additional benefits not covered in the Wrap-Around 2023 to all members enrolled in:

Product Identification: MMM Relax Platino (H4004-062)

Description Benefits	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Unlimited one-way trips to plan approved health- related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Acupuncture Services: Up to six (6) visits with a maximum benefit amount of \$500 a year. Referral needed. Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	Contrato Núm



	Copay			
Description Benefits	100	110	120	130
Over the Counter Items (OTC): Up to a maximum benefit amount of \$60 every three months *The following Categories are covered:	\$0 copay	\$0 copay	\$0 copay	\$0 copay
1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for ongoing monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap)				
(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.				
This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply				
Supplemental Post-Discharge Meal	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply				
Other Defined Supplemental	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Benefits: Health Education		, , ,		
Additional Smoking and Tobacco Use Cessation (9 additional sessions)			HISTR	ACION OR
Remote Access Technologies (Nursing Hotline)			A Contrat	Número
Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr			23-	000 a
ev2022 Compliance Office			GUR	OSDES





	Сорау				Copay			
Description Benefits	100	110	120	130				
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$60 every three months.								
Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$60 every three months. The following items will be covered through the OTC catalogue:								
1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight								
Fitness Benefit- Up to a maximum plan benefit shared amount of \$60 every three months. The following items will be covered through the OTC catalogue:								
Physical exercise pedals Stretch straps Puzzles for memory fitness								
This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.								
Supplemental Comprehensive	0%	0%	0%	0%				
Dental:	coinsurance	coinsurance	coinsurance	coinsurance				
Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.								
Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.								
Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.			Own Com	TRAC/ON OR TRACE Número				
Fixed dentures: Up to 4 units per year. Retainer crowns porcelain to high noble metal, retainer			O.F.O.	ROSDESE				



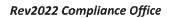


	Copay				
Description Benefits	100	110	120	130	
crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic- porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.					
Implants: Up to 2 implants a year or 4 implants a year for edentulous patients. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.					
Authorization rules apply for removable prosthodontics, implants and retainer crowns.					
Up to a maximum benefit amount of \$3,000 a year for all supplemental comprehensive dental services.					
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$600 a year.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Supplemental Hearing Aids: Up to a maximum benefit amount of \$600 every three (3) years for both ears combined Authorization rules may apply.	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP) - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program - In-Home Assessment	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
MMM Flexi Card \$200 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline			Contrato Núm 23-0	30)	





	Copay				
Description Benefits	100	110	120	130	
 Cleaning Products Entertainment (concerts/theater/movies, etc.) Utilities Additional OTC items Alternative Therapies (Homeopathic / Natural Medicine Items Only) Home and Bathroom Safety Devices Fitness Benefit (Physical exercise and Memory Fitness items only) Copayments / Coinsurance Pet Care Gardening/Hardware Items Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams Appliances Towels, Linens and Clothing Additional Roadside Assistance and In-Home Minor Repairs and Other Services Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* (Up to one windshield replacement and battery replacement per year) 2) In-Home minor repairs* 3) Pest Control (One visit per quarter) 4) Anti-fall preventive measures visit (Includes an evaluation of the home and installation of LED lighting, traction/anti-slip tape. Grip and safety bars could also be installed if the member provides them. (One visit per quarter) 5) Technology connectivity services (One inperson visit and unlimited remote support per year) *Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies. In addition, member can use the \$200 monthly allowance for additional Roadside Assistance, in-home minor repairs and other services. 			Contrato No. 2 3 - VA. O. S.	75/	
Value-Based Insurance Design (VBID): Hospice Benefit Innovative and evidence-based palliative and hospice care program for enrollees who meet eligibility criteria. The proposed Enhanced Care Coordination Partnerships (ECCP) Model will address palliative and hospice services which will focus primarily on anticipating, managing, coordinating, treating and planning supports and services for enrollees with serious or life-threatening illnesses, with multiple clinical and	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	Medicare- covered prescription drugs and biologics 5% coinsurance (\$5 maximum)	



Description Benefits	100	110	120	130
non-clinical providers, and who have been told by a physician that their life expectancy is less than six months. The hospice and palliative care program will focus on transitional concurrent care, interdisciplinary care management, development of comprehensive and humanistic plan of care, and the active participation of enrollees' family members or caretakers. The proposed ECCP model program will help enrollees and their families make clinical and non-clinical decisions aimed at improving quality of care and quality of life.	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care	Medicare- covered respite care 5% coinsurance per day (\$5 per day maximum) All other Medicare- covered hospice care and palliative care
Value-Based Insurance Design	services \$0 copay \$0 copay	services \$0 copay \$0 copay	services \$0 copay \$0 copay	services \$0 copay \$0 copay
Rewards and Incentives Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two er visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply. Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.				
All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue		Contrato Nome 2 3 - 0	377	





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

06/10/22

Date

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