# APPENDIX C (4)

Bid Report –
Summary of Benefits

# Bld Sulumission Status Report

### Report Date: 6/6/2023 11:24:29 AM EDT

Contract Number	Organization Name	Plan ID	Segment 80	Version	User ID/Name	Submission Confirmation married	Submission Date/Time	number of bids included with submission	Plan successfully processed?	Error Messages
44003	MMM HEALTHCARE, LLC	017	N/A		mint/VIVIANA MARTINEZ	1928	06/04/2023 16:53:09	51	Yes	N/A
44009	MMM HEALTHCARE, LLC	049	N/A		mjnt/VIVIANA MARTINEZ	1928	06/04/2023 16:53:09	51	Yes	N/A
H4003	MMM HEALTHCARE, LLC	058	N/A		mjot/VIVIANA MARTINEZ	1928	06/04/2023 16:53:09	51	Yes	N/A
14004	MMM HEALTHCARE, LLC	048	N/A		mint/VIVIANA MARTINEZ	1928	06/04/2023 16:53:10	51	Yes	N/A
H4004	MMM HEALTHCARE, LLC	062	N/A		mjnt/VIVIANA MARTINEZ	1928	06/04/2023 16:53:10	51	Yes	N/A
14004	MMM HEALTHCARE, LLC	067	N/A		mjnt/VIVIANA MARTINEZ	1928	06/04/2023 16:53:10	51	Yes	N/A

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### Benefits Summary Report

MMM HEALTHCARE, LLC
H4003 - 0.17
VBID: Yes - Part C
MA Uniformity Fexibility; No
Special Supplemental Benefits for the Chronically (IE. No
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
		BPT Worksheet Report
Monthly Plan Premium	Coming Soon	PBP Section D (plan level)
Health plan deductible	\$0.00	PBP Section D (plan level)
		PBP Section B (category level)
Other health plan deductibles?	No	PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not		
include prescription drugs)	\$3,250 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
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	

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-Acute Medicare-covered stay
Inputient hospital coverage	\$0 copay	Yes	No	Additional days
				Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Primary Care Physician Services
Doctor visits	50 copy	N/A	N/A	
Doctor visits	\$0 copay	Yes	Yes	Physician Specialist Services
Preventive care	\$0 сорну	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency \$0 copiny	N/A	N/A	Emergency Care
	Urgent care			Urgently Needed Services
Emergency care/urgent care	\$0 copay	N/A	N/A	Outpatient Diagnostic Procedures, Tests and Lab Services
	Diagnostic tests and procedures			Medicare-covered Diagnostic Procedures/Tests
Dia nostic procedures/lab services/imating	\$0 copay	Yes	No	Medicare-covered Lab Services
	Lab services			Out patient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
Diagnostic procedures/lab services/imaging	\$0 copey	Yes	No	Medicare-covered Lab Services
				Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services
Class and a second area Hab are in a firm aire	Diagnostic radiology services (e.g., MRI)	Yes	No	Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	\$0 copay	is .	NO	
	Outpatient x-rays			Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered X-ray services
				Hearing Exams Medicare-covered benefits
Hearing	Hearing exam \$0 copay	Yes	No	Fitting/Evaluation for Hearing Aid
	Fitting/evaluation			Hearing Exams Medicare-covered benefits
	\$0 copay			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
	Hearing aids			Outer ear
Hearing	\$0 copay  There may be limits on how much the plan will provide.	Yes	No	Over the ear
- NATION S	The carry se make an non-make the pair will provide.	Tod		Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
	Oral exam			Fluoride treatment
Preventive dental	Not covered	N/A	WA .	Dental X-rays
		MIST	ACIONOR	Preventive Dental Oral Exams
		(2M)	10	Prophylaxis (Cleaning) Fluoride treatment
	Cleaning	N/A Contrato	Númoro /m	Dental X-rays
Preventive dental	Not covered	N/A CONTRACO	Menuero /	

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Contrato Número

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				_
				Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
	Fluoride treatment			Fluoride treatment
Preventive dental	Not covered	N/A	N/A	Dental X-rays
				Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Dental x-ray(s)			Dental X-rays
Preventive dental	Not covered	N/A	N/A	
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Non-routine services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
			.77.	Services
Comprehensive dental	Not covered	N/A	N/A	Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endedontics
				Periodontics
			1	Extractions
	Diagnostic services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Not covered	N/A	N/A	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
1				Restorative Services
1				Endadontics
				Periodontics
	Dank and his accident			
	Restorative services			Extractions
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
r				Extractions
	Endodontics			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Not covered	N/A	N/A	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Periodontics	l		Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Not covered	N/A		Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
			- 75	Endodontics
		In.	STRACION	Periodontics
		Will	(O)	Extractions
	Extractions	12/	101	Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental		N/A / Cont	rato Número m	rvices
7		1 0	140111010	

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				Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Prosthodontics, other oral/maxillofacial surgery, other			
	services			Extractions
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Eye Exams
	Routine eye exam			Routine Eye Exams
Vision	Not covered	N/A	41/4	Other
XDAGII	Not covered	N/A	N/A	Eye Exams
	Other			Routine Eye Exams
Vision	Not covered	N/A		Other
VOICE	Hot covered	N/A	N/A	Eyewear
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Contact lenses			Eyeglass frames
	\$0 copay			
Vision	There may be limits on how much the plan will provide.	Yes	No	Upgrades
				Eyewear Medicare-covered benefits
				Contact leases
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglasses (frames and lenses)			Eyeglass frames
	\$0 copay			
Vision	There may be limits on how much the plan will provide.	Yes	No	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Eyeglass frames			
Vision	Not covered	N/A	N/A	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Eyeglass lenses			
Vision	Not covered	N/A	N/A	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
I				Eyeglasses (lenses and frames)
				Eyeglasses (lenses and frames)
	Upgrades			Eyreglasses (lenses and frames) Eyreglass lenses Eyreglass frames
Vision	Upgrades Not covered	N/A	NA	Eyreglasses (lenses and frames) Eyreglass lenses Eyreglass frames Upgrades
Vision	Not covered	M/A	N/A	Eyreglasses (lenses and frames) Eyreglass lenses Eyreglass frames
Vision		MA	N/A	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Inpatient Hospital Psychiatric Medicare-covered stay
Vision  Mental health services	Not covered	M/A Yes	N/A No	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Inpatient Hospital Psychiatric Medicare-covered stay Additional days
	Not covered - Inpatient hospital - psychiatric			Eyreglasses (lenses and frames) Eyreglass lenses Eyreglass frames Upgrades Inpatient Hospital Psychiatric Medicare covered stay Additional days Psychiatric Services
	Not covered - Inpatient hospital - psychiatric			Eyreglasses (lenses and frames) Eyreglass lenses Eyreglass frames Upgrades Inpatient Hospital Psychiatric Medicare covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions
	Not covered  Inpatient hospital - psychiatric  S0 copay			Eyreglasses (lenses and frames) Eyreglass lenses Eyreglass frames Upgrades Inpatient Mospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Not covered  Inpatient hospital - psychistric  50 cepay  Outpatient group therapy visit with a psychiatrist	Yes	No	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Inpatient Hospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered froup Sessions Psychiatric Services Psychiatric Services
Mental health services	Not covered  Inpatient hospital - psychistric  50 cepsy  Outpatient group therapy visit with a psychiatrist	Yes	No	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Inpatient Hospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Individual Sessions
Mental health services	Not covered  Inpalient hospital - psychiatric  SO copay  Outpatient group therapy visit with a psychiatrist  SO copay	Yes Yes	No Yes	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass lenses Upgrades Inpatient Hospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services  Mental health services	Not covered  Inpalient hospital - psychiatric  SO copay  Outpatient group therapy visit with a psychiatrist  SO copay  Outpatient individual therapy visit with a psychiatrist	Yes Yes	No Yes	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Inpatient Hospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered froup Sessions Medicare-covered or oup Sessions Psychiatric Services Medicare-covered Individual Sessions
Mental health services  Mental health services	Not covered  Inpalient hospital - psychiatric  SO copay  Outpatient group therapy visit with a psychiatrist  SO copay  Outpatient individual therapy visit with a psychiatrist	Yes Yes	No Yes	Eyreglasses (lenses and frames) Eyreglass lenses Eyreglass frames Upgrades Inpatient Mospital Psychiatric Medicare covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Psychiatric Services Medicare-covered Individual Sessions
Mental health services  Mental health services	Not covered  Inpatient hospital - psychiatric  50 copay  Outpatient group therapy visit with a psychiatrist  50 copay  Outpatient individual therapy visit with a psychiatrist  50 copay  Outpatient group therapy visit with a psychiatrist	Yes Yes	Yes RACION	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass lenses Upgrades Upgrades Ungstient Hospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Group Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Group Sessions Medicare-covered Group Sessions
Mental health services  Mental health services  Mental health services	Not covered  Inpatient hospital - psychiatric  50 copay  Outpatient group therapy visit with a psychiatrist  50 copay  Outpatient individual therapy visit with a psychiatrist  50 copay	ves  ves  ves  ves  ves	Yes RACION Yes	Eyeglasses (lenses and frames) Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Inpatient Hospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Group Sessions Medicare-covered Group Sessions Medicare-covered Individual Sessions
Mental health services  Mental health services  Mental health services	Not covered  Inpatient hospital - psychiatric  50 copay  Outpatient group therapy visit with a psychiatrist  50 copay  Outpatient individual therapy visit with a psychiatrist  50 copay  Outpatient group therapy visit with a psychiatrist	ves  ves  ves  ves  ves	Yes RACION Yes	Eyeglasses (lenses and frames) Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Impatient Hospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Group Sessions Medicare-covered Group Sessions Medicare-covered Group Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Group Sessions Medicare-covered Group Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions
Mental health services  Mental health services  Mental health services  Mental health services	Not covered  Inpalient hospital - psychiatric  SO copay  Outpatient group therapy visit with a psychiatrist  SO copay  Outpatient individual therapy visit with a psychiatrist  SO copay  Outpatient group therapy visit  SO copay  Outpatient group therapy visit	Yes Yes  Yes  Contrato	Yes RACION Yes	Eyeglasses (lenses and frames) Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Inpatient Hospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered Group Sessions Medicare-covered Group Sessions Medicare-covered Individual Sessions
Mental health services  Mental health services  Mental health services	Not covered  Inpalient hospital - psychiatric  SO copay  Outpatient group therapy visit with a psychiatrist  SO copay  Outpatient individual therapy visit with a psychiatrist  SO copay  Outpatient group therapy visit  SO copay	Yes Yes OMINIST Yes Contrato	Yes  RACION Yes  Número Yes	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass lenses Eyeglass frames  Upg rades Inpatient Hospital Psychiatric Medicare-covered stay Additional days  Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Mental Health Specialty Services Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Mental Health Specialty Services Medicare-covered Individual Sessions  Mental Health Specialty Services  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Skilled Nursing Facility
Mental health services  Mental health services  Mental health services  Mental health services	Not covered  Inpalient hospital - psychiatric  SO copay  Outpatient group therapy visit with a psychiatrist  SO copay  Outpatient individual therapy visit with a psychiatrist  SO copay  Outpatient group therapy visit  SO copay  Outpatient group therapy visit	ves  ves  Ves  Contrato  Ves	Yes PACION VIES Número	Eyeglasses (lenses and frames) Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades Inpatient Hospital Psychiatric Medicare-covered stay Additional days Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Individual Sessions Medicare-covered foroup Sessions Medicare-covered foroup Sessions Medicare-covered foroup Sessions Medicare-covered Individual Sessions
Mental health services  Mental health services  Mental health services  Mental health services  Mental health services	Not covered  Inpatient hospital - psychiatric  50 copay  Outpatient group therupy visit with a psychiatrist  50 copay  Outpatient individual therapy visit with a psychiatrist  \$0 copay  Outpatient group therapy visit  \$0 copay  Outpatient group therapy visit  \$0 copay	ves  ves  Ves  Contrato  Ves	Yes  RACION Yes  Número Yes	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass lenses Eyeglass frames  Upg rades Inpatient Hospital Psychiatric Medicare-covered stay Additional days  Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Mental Health Specialty Services Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Mental Health Specialty Services Medicare-covered Individual Sessions  Mental Health Specialty Services  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Skilled Nursing Facility
Mental health services  Mental health services  Mental health services  Mental health services	Not covered  Inpalient hospital - psychiatric  SO copay  Outpatient group therapy visit with a psychiatrist  SO copay  Outpatient individual therapy visit with a psychiatrist  SO copay  Outpatient group therapy visit  SO copay  Outpatient group therapy visit	ves  ves  ves  ves  Contrato  ves  ves	Yes  RACION Yes  Número Yes	Eyeglasses (lenses and frames) Eyeglasse (lenses Eyeglass lenses Eyeglass frames  Upg rades Inpatient Hospital Psychiatric Medicare-covered stay  Additional days  Psychiatric Services Medicare-covered Individual Sessions  Medicare-covered Group Sessions  Psychiatric Services Medicare-covered Individual Sessions  Medicare-covered Group Sessions  Medicare-covered Individual Sessions  Medicare-covered Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Skilled Nursing Facility Medicare-covered stay
Mental health services  Mental health services  Mental health services  Mental health services  Mental health services	Not covered  Inpatient hospital - psychiatric  50 copay  Outpatient group therupy visit with a psychiatrist  50 copay  Outpatient individual therapy visit with a psychiatrist  \$0 copay  Outpatient group therapy visit  \$0 copay  Outpatient group therapy visit  \$0 copay	ves  ves  ves  ves  Contrato  ves  ves	Yes  RACION Yes  Número Yes	Eyeglasses (lenses and frames) Eyeglasse (lenses Eyeglass lenses Eyeglass frames  Upg rades Inpatient Hospital Psychiatric Medicare-covered stay  Additional days  Psychiatric Services Medicare-covered Individual Sessions  Medicare-covered Group Sessions  Psychiatric Services Medicare-covered Individual Sessions  Medicare-covered Group Sessions  Medicare-covered Individual Sessions  Medicare-covered Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Skilled Nursing Facility Medicare-covered stay
Mental health services  Mental health services  Mental health services  Mental health services  Mental health services	Not covered  Inpatient hospital - psychiatric  50 copay  Outpatient group therupy visit with a psychiatrist  50 copay  Outpatient individual therapy visit with a psychiatrist  \$0 copay  Outpatient group therapy visit  \$0 copay  Outpatient group therapy visit  \$0 copay	ves  ves  ves  ves  Contrato  ves  ves	Yes  RACION Yes  Número Yes	Eyeglasses (lenses and frames) Eyeglasse (lenses Eyeglass lenses Eyeglass frames  Upg rades Inpatient Hospital Psychiatric Medicare-covered stay  Additional days  Psychiatric Services Medicare-covered Individual Sessions  Medicare-covered Group Sessions  Psychiatric Services Medicare-covered Individual Sessions  Medicare-covered Group Sessions  Medicare-covered Individual Sessions  Medicare-covered Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Skilled Nursing Facility Medicare-covered stay
Mental health services  Mental health services  Mental health services  Mental health services	Not covered  Inpatient hospital - psychiatric  50 copay  Outpatient group therupy visit with a psychiatrist  50 copay  Outpatient individual therapy visit with a psychiatrist  \$0 copay  Outpatient group therapy visit  \$0 copay  Outpatient group therapy visit  \$0 copay	ves  ves  Ves  Contrato  Ves	Yes  RACION Yes  Número Yes	Eyeglasses (lenses and frames) Eyeglasse (lenses Eyeglass lenses Eyeglass frames  Upg rades Inpatient Hospital Psychiatric Medicare-covered stay  Additional days  Psychiatric Services Medicare-covered Individual Sessions  Medicare-covered Group Sessions  Psychiatric Services Medicare-covered Individual Sessions  Medicare-covered Group Sessions  Medicare-covered Individual Sessions  Medicare-covered Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Medicare-covered Individual Sessions  Skilled Nursing Facility Medicare-covered stay

	Occupational therapy visit			Occupational Therapy Services
	,			Medicare-covered benefits
tehabilitation services	\$0 copay	Yes	Yes	
	Physical therapy and speech and language therapy visit			PT and SP Services
	Physical therapy and speech and language therapy visit			Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	
Ground Ambulance	\$0 copiny	N/A	N/A	Ambulance Services
	\$0 copay			
Frans portation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
				Podiatry Services
	Foot exams and treatment			Medicare-covered benefits
	Processing and deathern			Routine foot care
Foot care (podiatry services)	\$0 copy	Yes	Yes	
	Routine foot care			Podiatry Services
	HOUTINE TOUT Care			Medicare-covered benefits
				Incared covered serving
				Routine foot care
Foot care (podiatry services)	There may be limits on how much the plan will provide.	Yes	Yes	
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME)
	, , , , , , , , , , , , , , , , , , , ,			Medicare-covered benefits
Medical equipment/supplies	\$0 co pay	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	\$0 copay	Yes	N/A	medicare-covered prostnetic devices
				Diabetes Supplies and Services
	Diabetes supplies			Medicare-covered Diabetic supplies
	inaueres suppines			Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies	\$0 со рну	Yes	N/A	
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
	спетноспетару	[1]		Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
	Other Fort D Graga	I.		Other Medicare Part B Drugs
Redicare Part B drugs	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information					
Descriptor	Value	Data Source			
Monthly Premium	\$0.00	BPT Worksheet Report			
Deductible	\$545.00	PBP Section Rx			
Formulary Website	www.rnmm#r.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 Manille Plans link.			

Initial Coverage Phase (After you pay your deductible, If applicable, up to the Initial coverage (limit of \$5,030)						
Standard Retall 1 Month	Standard Reteil 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 \$5,030, up to the out-of-pocket threshold of \$5,000)					
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 \$8,000)					
Drug Type Cost Share Information Data Source					
Generic drugs	Not applicable	PBP Section Rx			
Brand-name drugs	Not applicable	PBP Section Rx			





### Benefits Summary Report

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

Enrollee Details	Data Source
	BPT Worksheet Report
Corning Soon	PBP Section D plan level
\$0.00	PBP Section D (plan level)
	PBP Section B (category level)
No	PBP Section C (category level)
\$3,250 in-network	PBP Section D
Plan Doctors for Most Services	
No	Optional supplemental
Yes	PBP Section Rx
Yes, contact plan for further details	
1	Corning Soon 60.00 10 10 10 15 15.250 In-network Plan Doctors for Most Services 10 10 10 10 10 10 10 10 10 10 10 10 10

	Cost Share Information	Authorization	Referral	Data Source
				Inpatient Hospital-Acute Medicare-covered stay
				Additional days
atient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services
tpatient hospital coverage	\$0 copay	Yes	No	Medicare-covered Outpatient Hospital Services
	Primary			Primary Care Physician Services
ctor visits	\$0 coppay Specialist	N/A	N/A	Printery Care i hysican Jervices
ctor visits	\$0 copay	Yes	Yes	Physician Specialist Services
eventive care	\$0 coppy Emergency	Yes	No	Medicare-covered Preventive Services
nergency care/urgent care	\$0 copay	N/A	N/A	Emergency Care
na Barney war yangan war a	Urgent care	W/O	NA	Urgently Needed Services
nerrency care/urrent care	\$0 сорну	N/A	N/A	Olgentity Needed Jervices
				Outpatient Diagnostic Procedures, Tests and Lab Ser Medicare-covered Diagnostic Procedures/Tests
	Diagnostic tests and procedures			Medicare-covered Lab Services
agnostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered Lab Services
				Outpatient Diagnostic Procedures, Tests and Lab Serv
	Lab services			Medicare-covered Diagnostic Procedures/Tests
agnostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered Lab Services
				Outpatient Diagnostic/Therapeutic Radiological Serv
	Diagnostic radiology services (e.g., MRI)			Medicare-covered Diagnostic Radiological Services
a_ostic ⊫ocedures/lab services/ima_in_	\$0 copiey	Yes	No	Medicare-covered X-ray services
				Outpatient Diagnostic/Therapeutic Radiological Servi
	Outpatient x-rays			Medicare-covered Diagnostic Radiological Services
geostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered X-ray services
				Hearing Exams Medicare-covered benefits
	Hearing exam			Fitting/Evaluation for Hearing Aid
arin:	\$0 copey	Yes	No	
	Fitting/evaluation			Hearing Exams Medicare-covered benefits
	\$0 copay			Fitting/Evaluation for Hearing Aid
aring	There may be limits on how much the plan will provide.	Yes	No	Hearing Aids
				All Types
	Hearing aids			Inner ear
	\$0 copay			Outer ear
aring	There may be limits on how much the plan will provide.	Yes	No	Over the ear
				Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Oral exam		TO.	Dental X-rays
eventive dental	Not covered	NA	MAC	Preventive Dental
		OW	RACION D	Oral Exams
		/ R3/	Númem M	Prophylaxis (Cleaning)
	Cleaning	/ / Contra	to Número m	Fluoride treatment
	Not covered	N/A . 4	Ter. (2)	Dental X-rays

				Preventive Destal Oral Exams
				Prophylaxis (Cleaning)
	Fluoride treatment			Fluoride treatment
1		l.		Dental X-rays
Preventive dental	Not covered	N/A	N/A	Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Dental x-ray(s)		()	
Preventive dental	Not covered	N/A	N/A	Dental X-rays
				Comprehensive Dental Non-routine Services
		1.		
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Non-routine services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Not covered	N/A	N/A	
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Diagnostic services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
				Services
Comprehensive dental	Not covered	N/A	N/A	Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Restorative Services
0				Endodonlics
	Restorative services			Endodonlics
	Restorative services			Endodontics Periodontics Extractions
Comprehensive dental		Vise	No	Endodontics Periodontics
Comurehensive dental	Restorative services  There may be limits on how much the plan will provide.	Yes	No	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental
Comurehensive dental		Yes	No	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental		Yes	No	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental
Comurehensive dental		Yes	No	Endodontics Periodontics  Ettractions Presthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services
Comprehensive dental		Yes	No	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Deetall Non-routine Services  Diagnostic Services  Restorative Services
Comurehensive dental		Yes	No	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Deetall Non-routine Services  Diagnostic Services  Restorative Services  Endodontics
Comprehensive dental		Yes	No	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Deetal Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Periodontics
Comprehensive dental		Yes	No	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Deetall Non-routine Services  Diagnostic Services  Restorative Services  Endodontics
Comprehensive dental		Yes	No	Endodontics  Periodontics  Extractions  Prosthedontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Diagnosik: Services  Restorative Services  Endodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	There may be limits on how much the plan will provide.	Yes N/A	No No	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnosik: Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
	There may be limits on how much the plan will provide.			Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Deetal Non-routine Services Diagnostic Services Restorative Services Endodontics Extractions Periodontics Extractions Comprehensive Deetal
	There may be limits on how much the plan will provide.		N/A	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Endodontics Endodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Comprehensive Dental Non-routine Services
	There may be limits on how much the plan will provide.		N/A	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Comprehensive Dental
	There may be limits on how much the plan will provide.		N/A	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Endodontics Endodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Comprehensive Dental Non-routine Services
	There may be limits on how much the plan will provide.		N/A	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Comprehensive Dental
	There may be limits on how much the plan will provide.		N/A	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehens We Dental Non-routine Services Diagnostic Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehens We Dental Non-routine Services Comprehens We Dental Non-routine Services Diagnostic Services Restorative Services Restorative Services
	There may be limits on how much the plan will provide.		N/A	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehens We Dental Non-routine Services Diagnostic Services Endodontics Periodontics Periodontics Comprehens We Dental Non-routine Services Endodontics Diagnostic Services Endodontics Diagnostic Services Comprehens We Dental Non-routine Services Comprehens We Dental Non-routine Services Restorative Services Restorative Services Endodontics Endodontics Periodontics
	There may be limits on how much the plan will provide.  Endodontics  Not covered		N/A	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehens We Dental Non-noutline Services Diagnostic Services Endodontics Periodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehens We Dental Non-noutline Services Comprehens We Dental Non-noutline Services Comprehens We Dental Non-noutline Services Restorative Services Endodontics Services Endodontics Periodontics Extractions
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehens We Dental Non-routine Services Diagnostic Services Endodontics Periodontics Periodontics Comprehens We Dental Non-routine Services Endodontics Diagnostic Services Endodontics Diagnostic Services Comprehens We Dental Non-routine Services Comprehens We Dental Non-routine Services Restorative Services Restorative Services Endodontics Endodontics Periodontics
	There may be limits on how much the plan will provide.  Endodontics  Not covered		N/A	Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnosik: Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Olagnosik: Services Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Olagnosik: Services Restorative Services Restorative Services Endodontics Prosthodontics Extractions Prosthodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A	Endodontics  Periodontics  Extractions  Prosthedontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Restorative Services  Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Olagnostic Services  Restorative Services  Restorative Services  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Olagnostic Services  Restorative Services  Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Extractions  Periodontics  Extractions  Comprehensive Dental  Non-routine Services  Comprehensive Dental  Non-routine Services  Restorative Services  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Restorative Services  Restorative Services  Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Extractions  Comprehensive Dental
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Extractions  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Restorative Services  Restorative Services  Endodontics Services  Restorative Services  Endodontics  Entractions  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Endodontics  Extractions  Comprehensive Dental Non-routine Services  Comprehensive Dental Non-routine Services  Comprehensive Dental Non-routine Services  Diagnostic Services
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Posthodontics Services  Restorative Services  Endodontics Services  Endodontics Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics Services  Endodontics Services  Endodontics Services  Endodontics Services  Endodontics  Entractions  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Entractions  Comprehensive Dental  Non-routine Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Diagnostic Services  Restorative Services
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Extractions  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Restorative Services  Restorative Services  Endodontics Services  Restorative Services  Endodontics  Entractions  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Endodontics  Extractions  Comprehensive Dental Non-routine Services  Comprehensive Dental Non-routine Services  Comprehensive Dental Non-routine Services  Diagnostic Services
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Posthodontics Services  Restorative Services  Endodontics Services  Endodontics Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics Services  Endodontics Services  Endodontics Services  Endodontics Services  Endodontics  Entractions  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Entractions  Comprehensive Dental  Non-routine Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Diagnostic Services  Restorative Services
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Prosthodontics, Services  Restorative Services  Endodontics  Periodontics  Periodontics  Comprehensive Dental  Non-routine Services  Comprehensive Dental  Non-routine Services  Endodontics Cervices  Restorative Services  Endodontics Cervices  Restorative Services  Endodontics  Entractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Endodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Entractions  Comprehensive Dental  Non-routine Services  Diagnostic Services  Endodontics Services
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered  Periodontics  Not covered	N/A N/A  ROMINISTA	N/A  ACION	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Periodontics  Periodontics  Comprehensive Dental  Non-routine Services  Comprehensive Dental  Non-routine Services  Endodontics  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Endodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Extractions  Comprehensive Dental  Non-routine Services  Diagnostic Services  Endodontics Services  Endodontics Periodontics  Extractions
Comprehensive dental	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A  ACION	Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Periodontics  Endodontics Services  Endodontics  Periodontics  Comprehensive Dental  Non-routine Services  Comprehensive Dental  Non-routine Services  Endodontics Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services  Endodontics Services  Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Endodontics  Extractions  Comprehensive Dental  Non-routine Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Endodontics  Restorative Services  Endodontics Services  Endodontics  Periodontics Services  Endodontics  Periodontics  Periodontics  Periodontics

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				v
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Prosthodontics, other oral/maxillofacial surgery, other services			Extractions
	33.17.63			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	There may be limits on how much the plan will provide.	Yes		Services
Completersive derivat	There may be minds of now inder the plan was provide.	163	NO	Eye Exams
	Routine eye exam			Routine Eye Exams
Vision	Not covered	N/A	N/A	Other
				Eye Exams Routine Eye Exams
	Other			Other
Vision	Not covered	N/A	N/A	Eyewear
				Contact lenses
				Eyeglasses (lenses and frames)
	Contact leases			Eyeglass lenses
	S0 copay			Eyeglass frames
Vision	There may be limits on how much the plan will provide.	Yes	No	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglasses (frames and lenses)			Eyeglass frames
	\$0 copay			Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
P	Eyeglass frames			Eyeglass frames
		N/A	N/A	Upgrades
VISIOI	NOCCOVERG	lyn		Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses Eyeglass frames
	Eyeglass lenses			
Vision	Not covered	N/A	N/A	Upgrades Eyewear
				eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Herender			Eyeglass frames
	Upgrades	M/a	N/A	Upgrades
Vision	Not covered	N/A		Inpatient Hospital Psychiatric
	inpatient hospital - psychlatric			Medicare-covered stay
Mental health services	\$0 сорау	Yes	No	Additional days
				Psychiatric Services Medicare-covered Individual Sessions
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Group Sessions
Mental health services	\$0 сорау	Yes	Yes	Psychlatric Services
	Outpatient individual therapy visit with a psychiatrist			Medicare-covered Individual Sessions
Mental health services	\$0 copay	Yes	Yes	Medicare-covered Group Sessions
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient group therapy visit	MISTRA		Medicare-covered Group Sessions
Mental health services	50 copay	Ves ROMINISTRAC	70.	Mental Health Specialty Services
	Outpatient individual therapy visit	10	121	Medicare-covered Individual Sessions
Mental health services	\$0 copay	Yes Contrato Nume	Yes Cal	Medicare-covered Group Sessions
		9 A Man	oro / ''' ore	Skilled Nursing Facility Medicare-covered stay
				Additional days
Skilled Nursing Facility	60 copay	ves O	No.	

	Occupational therapy visit			Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	\$0 copy	Yes	Yes	model core o setting
	Physical therapy and speech and language therapy visit			PT and SP Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	
Ground Ambulance	\$0 copiay	N/A	N/A	Ambulance Services
	\$0 copay			
Transportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
	Foot exams and treatment			Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	\$0 copiey	Yes	Yes	Noutine root care
	Routine foot care			Podiatry Services Medicare-covered benefits
Foot care (pediatry services)	There may be limits on how much the plan will provide.	Yes	Yes	Routine foot care
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME) Medicare-covered benefits
Viedical equipment/supplies	0% or 0-20% coinsurance per item	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	0% or 10% coinsurance per item	Yes	N/A	
	Diabetes supplies			Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Medical en inment/supplies	\$0 copay	Yes	N/A	Medicale-covered Orabetic Helapfortic Silves of high R
Velhess programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part 6 drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
and the state of t		1100	II/A	Medicare Part B Chemotherapy Drugs
Medicare Part & drugs	Other Part B drugs SO copay	Yes	N/A	Other Medicare Part B Drugs
CONTROL OF	The school	Invest.	HUM	

Outpatient Prescription Drugs Coverage Information						
Descriptor	Velue	Data Source				
Monthly Premium	\$0.00	BPT Worksheet Report				
Deductible	\$545.00	PBP Section Rx				
Formulary Website	www.mmmer.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids limk. 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 \$5,030)					
Standard Retail 1 Month	Standard Retail 1 Month Standard Retail 3 Month Standard Meil 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 \$5,030, up to the out-of-pocket threshold of \$8,000)					
Drug Type	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 \$8,000)				
Drug Type Cost Share Information Data Source				
Generic drugs	Nint applicable	PBP Section Rx		
Brand-name drugs	Not applicable	PBP Section Rx		





# Benefits Summary Report

MMM HEALTHCARE, LLC
HM03-058
VBID: Yes - Part C
MA Uniformity Flexibility: No
Special Supplemental Renefits for the Chronically III: No
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
		BPT Warksheet Report
Monthly Plan Premium	Coming Soon	PBP Section D (plan level)
Health plan deductible	\$0.00	PBP Section D (plan level)
		PBP Section B (category level)
Other health plan deductibles?	No	PBP Section C   category level
Maximum out-of-pocket enrollee responsibility (does not		
include prescription drugs)	\$3,250 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Outional supplemental benefits?	No	Optional suppremental
Pres cription 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	

Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Selected Benefits	Lost Share information	Authorization	кететта	Inpatient Hospital-Acute
				Medicare-covered stay
putient hospital covera e	\$0 copay	Yes	No	Additional days
itent nospital covera je	So copay	Tes	140	Out patient Hospital Services
t putient hospital coverage	\$0 copay	Yes	No	Medicare-covered Outpatient Hospital Services
	Primary			Primary Care Physician Services
ctor visits	\$0 ce pay Specialist	N/A	N/A	
ctor visits	\$0 co pws	Yes	Yes	Physician Specialist Services
ventive care	\$0 copay Emergency	Yes	No	Medicare-covered Preventive Services
ergency care/urgent care	\$0 copay	N/A	N/A	Emergency Care
rigency careyorgenic care	Urgent care	NJA	N/A	11
erginicy care/urgent care	\$0 ca pay	N/A	N/A	Urgently Needed Services
				Outpatient Diagnostic Procedures, Tests and Lab Ser
	Diagnostic tests and procedures			Medicare-covered Diagnostic Procedures/Tests
gnostic procedures/lab services/imaging	\$0 capay	Yes	No	Medicare-covered Lab Services
grustic procedures) iau services) iliaging	Socupay	163	NO	
				Outpatient Diagnostic Procedures, Tests and Lab Set Medicare-covered Diagnostic Procedures/Tests
	Lab services			Medicare-covered Lab Services
gnostic procedures/lab services/imaging	\$0 copay	Yes	No	
				Outpatient Diagnostic/Therapeutic Radiological Serv Medicare-covered Diagnostic Radiological Services
	Diagnostic radiology services (e.g., MRI)			
gnostic procedures/lab services/imaging	\$0 copey	Yes	No	Medicare-covered X-ray services
				Outpatient Diagnostic/Therapeutic Radiological Serv
	Outpatient x-rays			Medicare-covered Diagnostic Radiological Services
enostic procedures/lab services/ima ling	\$0 capity	Yes	No	Medicare-covered X-ray services
BOSIC FOCEOUR BY HID SELVICES AND BING	20-00-4			Hearing Exams
	Hearing exam			Medicare-covered benefits
aring	\$0 copily	Yes	No	Fitting/Evaluation for Hearing Aid
	Fitting/evaluation			Hearing Exams
	\$0 сорау			Medicare-covered benefits
aring	There may be limits on how much the plan will provide.	Yes	No	Fitting/Evaluation for Hearing Aid
nang	тнеге нау веннис выном наси сперан мигриочое.	165	NO	Hearing Aids
	1			All Types
	Hearing aids			Inner ear
	\$0 copay			Outer ear
aring	There may be limits on how much the plan will provide.	Yes	No	Over the ear
	There may be miner on now much the pass was provide.	TC.		Preventive Dental
	The state of the s			Oral Exams
				Prophylaxis (Cleaning)
	Oral exam			Fluoride treatment
eventive dental	Not covered	N/A	STRACION	Dental X-rays
SERVE SERVE	No. control	WHA	0.1	Preventive Dental
		2	111	Oral Exams
		/ Y/Cant	ato Número m	Prophylaxis (Cleaning)
	Cleaning	/ Conti	rato Número m	Fluoride treatment
eventive dental	Not covered	N/A 2 4	- 0 0	Dental X-rays
- MR		w m	30,	
- N1K		100	SDESA	
A 1/4 ( )		1.1		

				Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Fluoride treatment			
Preventive dental	Not covered	N/A	N/A	Dental X-rays
				Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Dental x-ray(s)	1		Dental X-rays
Preventive dental	Not covered	N/A	N/A	Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Non-routine services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Cornerehensive dental	Not covered	N/A	N/A	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Restorative Services Endodontics
		1		
				Periodontics
				Extractions
	Diagnostic services	I		Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Not covered	N/A	N/A	Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Restorative services			Extractions
				Prosthodontics, Other Oral/Maxiliofacial Surgery, Other
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Services
				Comprehensive Dental Non-routine Services
				Non-routine Services
				Non-routine Services Diagnostic Services
				Non-routine Services Diagnostic Services Restorative Services
				Non-routine Services Diagnostic Services Restorative Services Endodonilics
	Endodontics			Non-routine Services Diagnostic Services Restorative Services Endodonites Periodontics
Complishersive dental	Endodontics Not covered	N/A	N/A	Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental		N/A	N/A	Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Compi#hersive dental		N/A		Non-routine Services  Diagnostic Services  Restorative Services  Endodonites  Periodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services
Comprehensive dental		N/A		Non-routine Services Diagnostic Services Restorative Services Endodonites Periodonitics Extractions Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental
Comprehensive dental		N/A		Non-routine Services  Diagnostic Services  Restorative Services  Endodonites  Periodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Diagnostic Services
Comprehensive dental		N/A		Non-routine Services Diagnostic Services Restorative Services Endodonites Periodonites Extractions Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodonites
Comprehensive dental		N/A		Non-routine Services  Diagnostic Services  Restorative Services  Endodonites  Periodonitics  Estractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other  Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodonitics  Endodonitics
Comprehensive dental	Not covered	N/A		Non-routine Services  Diagnostic Services  Restorative Services  Endodonites  Periodonitics  Estractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Diagnostic Services  Restorative Services  Endodonitics  Endodonitics  Extractions
	Not covered  Periodontics			Non-routine Services  Diagnostic Services  Restorative Services  Endodonites  Periodonitics  Estractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other  Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodonitics  Endodonitics
Comprehensive dental	Not covered	N/A		Non-routine Services  Diagnostic Services  Restorative Services  Endodonites  Periodonitics  Estractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dential Non-routine Services  Diagnostic Services  Restorative Services  Endodonitics  Periodonitics  Periodonitics  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Services  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dential
	Not covered  Periodontics		N/A	Non-routine Services  Diagnostic Services  Restorative Services  Endodonites  Periodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Restorative Services  Endodonites,  Periodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Endodonites,  Periodonites,  Comprehensive Services  Comprehensive Dental Non-routine Services  Comprehensive Dental Non-routine Services
	Not covered  Periodontics		N/A	Non-routine Services  Diagnostic Services  Restorative Services  Endodonites  Periodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Restorative Services  Endodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Services  Endodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Diagnostic Services
	Not covered  Periodontics		N/A	Non-routine Services  Restorative Services  Restorative Services  Endodonites  Periodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Denital Non-routine Services  Restorative Services  Endodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Services  Endodonites  Extractions  Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Denital Non-routine Services  Restorative Services  Restorative Services
	Not covered  Periodontics		N/A	Non-routine Services  Restorative Services  Restorative Services  Endodonites  Periodonitics  Extractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Restorative Services  Endodonites  Extractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Services  Endodonites  Extractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Restorative Services  Restorative Services  Endodonitics
	Not covered  Periodontics	N/A	N/A	Non-routine Services  Restorative Services Restorative Services Endodonitics Extractions Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Restorative Services Endodonitics Extractions Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Services Endodonitics Extractions Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Restorative Services Restorative Services Endodonitics Periodonitics
	Not covered  Periodontics		N/A	Non-routine Services  Restorative Services  Restorative Services  Endodonites  Periodonitics  Extractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Restorative Services  Endodonites  Extractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Services  Endodonites  Extractions  Prosthodonitics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Restorative Services  Restorative Services  Endodonitics

Comprehensive dental

Contrato Número m

38				
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Prosthodontics, other oral/maxillofacial surgery, other			
	services			Extractions
				Prosthodontics, Other Oral/Maxilloffacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the Man will in ovide.	Yes	No	Eye Exams
	Routine eye exam			Routine Eye Exams
Vision	Not covered	N/A	N/A	Other
				Eye Exams Routine Eye Exams
	Other			Other
Vision	Not covered	AU/A	N/A	Eyeweat
				Contact lenses
				Eyeglasses (lenses and frames)
	Contact lenses			Eyeglass lenses
	\$0 copay			Eyeglass frames
Vision	There may be limits on how much the plan will provide.	Yes	No	Upgrades
Value	There was be since on from fraction the past will provide.	The	100	Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
	Eyeglasses (frames and lenses)			Eyeglass lenses
	\$0 сорау			Eyeglass frames
Vision	There may be limits on how much the plan will provide.	Yes	No	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Eyeglass frames			Upgrades
Vision	Not covered	N/A	N/A	Eyewear
				Medicare-covered benefits
				Contact lenses
	1			Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Eyeglass lenses			Upgrades
Vision	Not covered	N/A	N/A	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Upgrades			Eyeglass frames
Vision	Not covered	n/A	N/A	Upgrades
			-	Inpatient Hospital Psychiatric Medicare-covered stay
	Inpatient hospital - psychiatric			Additional days
Mental health services	\$0 copus	Yes	No	Additional days  Psychiatric Services
				Psychiatric Services Medicare-covered Individual Sessions
L	Outpatient group therapy visit with a psychiatrist			Medicare-covered Group Sessions
Mental health services	\$0 copuly	Yes	Yes	Psychiatric Services
	Out patient individual therapy visit with a psychiatrist			Medicare-covered Individual Sessions
Mental health services	\$0 copay	Yes	Yes	Medicare-covered Group Sessions
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Out patient group therapy visit	NISTR	0	Medicare-covered Group Sessions
Mental health services	\$0 copay	ves Contrato No	KON	Mental Health Specialty Services
	Outpatient individual therapy visit	12/	121	Medicare-covered Individual Sessions
Mental health services	\$0 copay	Ves Contrato No	Yes /27/	Medicare-covered Group Sessions
		2 A A A A	mero \	Skilled Nursing Facility
			3	Medicare-covered stay
Skilled Nursing Facility	\$0 copiny	Yes O		Additional days
		OU S DE	191	
		10	/ /	
SMR		PORDE	SP	
> V. A. I.C		J DE		
A VA Page				

	Occupational therapy visit	1		Occupational Therapy Services
	, , , , , , , , , , , , , , , , , , , ,	1		Medicare-covered benefits
ehabilitation services	\$0 copay	Yes	Yes	
	Physical therapy and speech and language therapy visit			PT and SP Services
	Physical therapy and speech and language therapy visit			Medicare-covered benefits
tehabilitation services	\$0 copay	Yes	No	The state of the s
Fround Ambulance	\$0 сорау	N/A	N/A	Ambulance Services
	\$0 copay			
ransportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Tansportation	The e may be mind on now much the plan will provide.	TES .	110	Podiatry Services
				Medicare-covered benefits
	Foot exams and treatment			
	II.		l	Routine foot care
Foot care (podiatry services)	\$0 сорау	Yes	Yes	
	Routine foot care			Podiatry Services
	TO COLOR			Medicare-covered benefits
				Routine foot care
out care (podiatry services)	There may be limits on how much the plan will provide.	Yes	Yes	
	Burkling Calandaria (Calandaria)			Ourable Medical Equipment (DME)
	Durable medical equipment (e.g., wheelchairs, oxygen)			Medicare-covered benefits
Medical equipment/supplies	\$0 copay	Yes	N/A	Medicare-covered benefits
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies
				Medicare-covered prosthetic devices
Aedical equipment/supplies	\$0 copiey	Yes	N/A	
				mit and a first to the state of
				Diabetes Supplies and Services Medicare-covered Diabetic supplies
	Diabetes supplies			medicare-covered biabetic supplies
				Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies	\$0 copiny	Yes	N/A	
Vellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Ellurible Supplemental Benefits as Defined in Chapter 4
				Medicare Part B Chemotherapy Drugs
	Chemotherapy			011-11-11-0-100-
Andicare Part 8 drugs	50 copay	Yes	N/A	Other Medicare Part B Drugs
The state of the s		105	livo.	
				Medicare Part B Chemotherapy Drugs
	Other Part B drugs			
0.0 (g) = 0.1 (2 #4 m2) + 1 (4 m)		157	l.,,	Other Medicare Part B Drugs
Wedicare Part Bidnigs	\$0 copay	Yes	N/A	

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/	6		

Outpatient Prescription Drugs Coverage Information				
Descriptor Value Data Source				
Monthly Premium	\$0.00	BPT Worksheet Report		
Deductible	\$545.00	PBP Section Rx		
Formulary Website	www.mmmpr.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids fink. 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 \$5,030)					
Standard Retail 1 Month	Data Source				
25%	25%	25%	PBP Section Rx		

Gap Coverage Phase (A	Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$5,030, up to the out-of-pocket threshold of \$8,000)				
Drug Type	Cost Share Information	Data Source			
Generic drugs	25%	PBP Section Rx			
Brand-name drum	25%	PBP Section Rx			

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$8,000)					
Drug Type	Cost Shere Information	Data Source			
Generic drugs	Not applicable	PBP Section Rx			
Brand-name drugs	Not applicable	PRP Section Rs			





Benefits Summary Report

MMM HEALTHCARE, LLC
H4004 - 048
VBID: Yes - Part C
MA Uniformity Flexibility; No
Special Supplemental Benefits for the Chronically III: No
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source	
		BPT Worksheet Report	
Monthly Plan Premium	Coming Soon	PBP Section D (plan level)	
Health plan deductible	\$0.00	PBP Section D (plan level)	
		PBP Section B (category level)	
Other health plan deductibles?	No	PBP Section C (category level)	
Maximum out-of-pocket enrollee responsibility (does not			
include prescription drugs)	\$3,250 In-network	PBP Section D	
Choice of Doctors?	Plan Doctors for Most Services		
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		

with certain health conditions?	Yes, contact plan for further details			
		Health and Medical Benefits		
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
	P. Committee of the com			In patient Hospital-Acute Medicare-covered stay
				Additional days
nationt hospital coverage	\$0 copey	Yes	No	Outpatient Hospital Services
patient hospital coverage	\$0 сарау	Yes	No	Medicare-covered Outpatient Hospital Services
ector visits	Primary \$0 copay	N/A	2.70	Primary Care Physician Services
CLOT VISICS	Specialist	NYA	N/A	Physician Specialist Services
ctor visits eventive care	\$0 co pay	Yes Yes	Yes No	Medicare-covered Preventive Services
rentive care	Emergency	la .	WD	Emergency Care
ergency care/urgent care	\$0 copey. Urgent care	N/A	N/A	Lines gently core
netBenty care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
A BERT COLO, O'BERT COLO	go copy	nyo.	ilyn	Outpatient Diagnostic Procedures, Tests and Lab Services
	Diagnostic tests and procedures			Medicare-covered Diagnostic Procedures/Tests
iagnostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered Lab Services
				Outpatient Diagnostic Procedures, Tests and Lab Services
	Lab services			Medicare-covered Diagnostic Procedures/Tests
agnostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered Lab Services
				Outpatient Diagnostic/Therapeutic Radiological Services
	Diagnostic radiology services (e.g., MRI)			Medicare-covered Diagnostic Radiological Services
agnostic procedures/lab services/imaging	\$0 co.ney	Yes	No	Medicare-covered X-ray services
				Outpatient Diagnostic/Therapeutic Radiological Services
	Outpatient x-rays			Medicare-covered Diagnostic Radiological Services
agnostic procedures/lab services/imaging	\$0 copiny	Yes	No	Medicare-covered X-ray services
				Hearing Exams Medicare-covered benefits
earing .	Hearing exam	Yes	No	Fitting/Evaluation for Hearing Aid
ality	Fitting/evaluation	165	No	Hearing Exams
	\$0 сорау			Medicare-covered benefits
aring	There may be limits on how much the plan will provide.	Yes	No	Fitting/Evaluation for Hearing Aid
				Hearing Aids All Types
				toner ear
	Hearing aids			Outer ear
	\$0 сорау			Over the ear
gning	There may be limits on how much the plan will provide.	Yes	No	Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
	Oral exam			Fluoride treatment
eventive dental	Not covered	N/A	AT.	Dental X-rays
		MINIO	TRACIO	Preventive Dental Oral Exams
		PO.	2	Prophylaxis (Cleaning)
		Contract	Nu Maro m	Fluoride treatment
	Cleaning	L. I L. Contract	Númem \m	Dental X-rays
eventive dental	Not covered	N/A	N/A	

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( <del>)</del>				
				Preventive Dental Oral Exams
1				Prophylaxis (Cleaning)
				Fluoride treatment
	Fluoride treatment			Dental X-rays
Preventive dental	Not covered	N/A	N/A	Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
	Dental x-ray(s)			Fluoride treatment
Preventive dental	Not covered	N/A	N/A	Dental X-rays
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodantics
				Periodontics
				Extractions
	Non-routine services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Not covered	N/A	N/A	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Diagnostic services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Not covered	N/A	N/A	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
_				Restorative Services
				Endodontics
				Periodontics
	Restorative services			Extractions
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Endodontics			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Not covered	N/A	N/A	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Periodontics			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Periodontics Not covered	n/A		Services
Comprehensive dental			n/a	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental  Non-routine Services
Comprehensive dental			n/a	Services  Comprehensive Dental
Comprehensive dental			n/a	Services  Comprehensive Dental  Non-routine Services
Comprehensive dental			n/a	Services  Comprehensive Dental  Non-routine Services  Diagnostic Services
Comprehensive dental		WINISTRACION C	n/a	Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services
Comprehensive dental		OMINISTRACION Contrato Número	N/A	Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics
Comprehensive dental		Contrato Número	N/A	Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Not covered  Extractions	Contrato Número 4 - 0 0 3	N/A	Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodomits  Periodontiks  Extractions
	Not covered  Extractions	Contrato Número 4 - 0 0 3	N/A	Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other
	Not covered  Extractions	Contrato Número 4 - 0 0 3	N/A	Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other
	Not covered  Extractions	Contrato Número 4 - 0 0 3	N/A	Services  Comprehensive Dental  Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other

				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Prosthodontics, other oral/maxillofacial surgery, other services			Extractions
				Prosthodontics, Other Oral/Maxiliofacial Surgery, Other
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Services
				Eye Exams Routine Eye Exams
	Routine eye exam			Other
Vision	Not covered	N/A	N/A	Eye Exams
	Other			Routine Eye Exams
Vision	Not covered	N/A	N/A	Other
	NOT COVERCE			Eyewear Contact lenses
				Eyeglasses (lenses and frames)
	Contact lenses			Eyeglass lenses
	\$0 copay			Eyeglass frames
/Isian	There may be limits on how much the plan will provide.	Yes	No	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglasses (frames and lenses)			Eyeglass frames
	\$0 copay			Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Fundam 6			Eyeglass frames
Silve	Eyeglass frames			Upgrades
Vision	Not covered	N/A	N/A	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglass lenses			Eyeglass frames
/ision	Not covered	N/A	N/A	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Upgrades			Upgrades
/islon	Not covered	N/A	N/A	Inpatient Hospital Psychiatric
	Inpatient hospital - psychiatric			Medicare-covered stay
Mental health services	\$0 copay	Yes	No	Additional days
				Psychiatric Services Medicare-covered Individual Sessions
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Group Sessions
Mental health services	\$0 сорау	Yes	Yes	Psychiatric Services
	Outpatient individual therapy visit with a psychiatrist	Vis Contrato Número		Medicare-covered individual Sessions
Mental health services	\$0 copay	TES TRACION		Medicare-covered Group Sessions
. 100 (1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		THE STATE OF THE S		Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient group therapy visit	2	W.	
Hental health services	\$0 copay	Contrato Número	+ 1	Medicare-covered Group Sessions
	Output inchibitual *harrons	1 Out.		Mental Health Specialty Services Medicare-covered Individual Sessions
and the second	Outpatient individual therapy visit	1 2 4 - 0 0 - 9	<b>1</b> 0 !	Medicare-covered Group Sessions
	\$0 copay	Yes	101	Skilled Nursing Facility
vientai neatti services			~ I	Medicare-covered stay
Mental nearth services		0		
Mental health services	\$0 copay	Yes OROS POS	No.	Additional days

·				
	Occupational therapy visit			Occupational Therapy Services
	Mad		II.	Medicare-covered benefits
Rehabilitation services	\$0 coppy	Yes	Yes	
	Physical therapy and speech and language therapy visit			PT and SP Services
	Priysical therapy and speech and language therapy visit			Medicare-covered benefits
Rehabilitation services	\$0 copaly	Yes	No	Wiedrate-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
ar out a r time a since		1,7		
	\$0 copay			
Transportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
				Podiatry Services
		T .		Medicare-covered benefits
	Foot exams and treatment			Routine foot care
Foot care (podiatry services)	\$0 corney	U	No.	ROUTINE TOOL CARE
Foot care (podiatry services)	50 coray	Yes	Yes	
	Routine foot care			Podiatry Services
				Medicare-covered benefits
				Program of the column of
39.5		1		Routine foot care
Foot care (podiatry services)	There may be limits on how much the plan will provide.	Yes	Yes	
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME)
L	A- (500)	l	The second	Medicare-covered benefits
Medical equipment/supplies	SO coney  Prosthetics (e.g., braces, artificial limbs)	Yes	N/A	Prosthetics/Medical Supplies
	Prostneucs (e.g., braces, artificial limits)			Medicare-covered prosthetic devices
Medical equipment/supplies	\$0 copay	Yes	N/A	Medicare-covered prostrietic devices
темса едиритену заружез	20 copey	16	N/A	
				Diabetes Supplies and Services
				Medicare-covered Diabetic supplies
	Diabetes supplies			
				Medicare-covered Diabetic therapeutic shoes or inserts
Medical inquipment/supplies	\$0 copay	Yes	N/A	
Wellness programs (e.g.; fitness, nursing hotline)	Covered	V		Clinite Combinate Description of Profession 1
wenness programs (e.g.; nuiess, nuising notine)	COMMEN	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
				Medicare Part B Chemotherapy Drugs
	Chemotherapy			The second of th
				Other Medicare Part B Drugs
Medicare Part B drugs	SO copay	Yas	N/A	
				Medicare Part B Chemotherapy Drugs
	Other Part B drugs			
	L	L.		Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	

Outpetlient Prescription Drugs Coverage Information					
Descriptor	Value	Data Source			
Monthly Premium	\$0.00	BPT Worksheet Report			
Deductible	\$545.00	PBP Section Rx			
Formulary Website		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 \$5,030)				
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 \$5,030, up to the out-of-pocket threshold of \$8,000)				
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 of	costs exceed \$8,000)	
Drug Type Cost Share Information Data Source			
Generic drugs	Not applicable	PBP Section Rx	
Brand-name drugs	Not applicable	PBP Section Rx	



# Benefits Summary Report

MMM HEALTHCARE, LLC
HADD4 - 052
VBID: Ves - Part C
MA Uniformity Fleibility: No
Special Supplemental Benefits for the Chronically III: No
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source	
		BPT Works heet Report	
Monthly Plan Premium	Coming Soon	PBP Section D (plan level)	
Health plan deductible	50.00	PBP Section D (plan level)	
		P8P Section 8 (category level)	
Other health plan deductibles?	No	PBP Section C  category level	
Maximum out-of-pocket enrollee responsibility (does not			
include prescription drup)	\$3,250 In-network	PBP Section D	
Choice of Doctors?	Plan Doctors for Most Services		
Optional supplemental benefits?	No	Optional supplemental	
Prescription Drup Covered?	Yes	PBP Section Rx	
Additional benefits and/or reduced cost-sharing for enrollees			
with certain health conditions?	Yes, contact plan for further details		

			noticed.	Data Source
Selected Benefits	Cost Share Information	Authorization	Referral	Inpatient Hospital-Acute
				Medicare-covered stay
atient hos pital coverage	\$D copay	Yes	No	Additional days  Outpatient Hospital Services
partient hospital coverage	\$0 copay	Yes	No	Medicare-covered Outpatient Hospital Services
	Primary			Primary Care Physician Services
ctor visits	\$0 coping Specialist	N/A	N/A	
ctor visits	\$0 copu <sub>1</sub>	Yes	Yes	Physician Specialist Services
eventive care	50 copey Emergency	Yes	No	Medicare-covered Preventive Services
ergency care/urgent care	50 copy	N/A	N/A	Emergency Care
en y care u rent care	Urgent care \$0 costs	N/A	N/A	Urgently Needed Services
	Diagnostic tests and procedures			Outpatient Diagnostic Procedures, Tests and Lab Servi Medicare-covered Diagnostic Procedures/Tests
matic procedures lab services/imaging	\$0 copus	Yes	No	Medicare-covered Lab Services
guerte procedures au services imaging	Lab services	10	NO	Outpatient Diagnostic Procedures, Tests and Lab Servi Medicare-covered Diagnostic Procedures/Tests
in ostic procedures/lab services/imaging	\$0 copay	Yes	No	Medicare-covered Lab Services
ges an process of the second	Diagnostic radiology services (e.g., MRI)			Outpatient Diagnostic/Therapeutic Radiological Service Medicare-covered Diagnostic Radiological Services
acrostic procedures lab services/imaging	50 copy	Yes	No	Medicare-covered X-ray services
N. IT	Outpatient x-rays			Outpatient Diagnostic/Therapeutic Radiological Service Medicare-covered Diagnostic Radiological Services
a nostic procedures/lab services/imaging	50 соряу	Yes	No	Medicare-covered X-ray services
	Hearing exam			Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
ering	\$0 copey	Yes	No	ricing evaluation for feeding risk
	Fitting/evaluation SO copay			Hearing Exams Medicare-covered benefits
aring	There may be limits on how much the plan will provide.	Yes	No	Fitting/Evaluation for Hearing Aid
				Hearing Aids All Types
				Innerear
	Hearing aids SO copay			Outerear
ering	There may be limits on how much the plan will provide.	Yes	No	Over the ear
gun.	righter than the little on now much the little was provide.	Ontrato Núme	100	Preventive Dental Oral Exams
		STRACIO		Prophylaxis (Cleaning)
	Oral exam	III.	(0)	Fluoride treatment
eventive dental	Not covered	NA 2 . Nume	man 1	Dental X-rays
		Contrato Núme 2 4 - 0 0	3	Preventive Dental Drai Exams Prophylaxis (Cleaning)
			151	Fluoride treatment
	Cleaning	(m)	Contract of the contract of th	Dental X-rays
wentive dental	Not covered	NA GUE O	10)	

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All Control of the Co		T		
				Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Fluoride treatment			Dental X-rays
Preventive dental	Not covered	N/A	N/A	Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Dental x-ray(s)	44.	lug-	Dental X-rays
Preventive dental	Not covered	N/A	N/A	Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endedontics
				Periodontics
				Extractions
	Non-routine services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Nat covered	N/A	N/A	Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Diagnostic services			Prosthodontics, Other DraVMaxillofacial Surgery, Other Services
Comprehensive dental	Not covered	N/A	N/A	Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Restorative services			Extractions
				Prosthodontics, Other Oral/Maxilfofacial Surgery, Other
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Endodontics			Prosthodontics, Other Oral/MaxilloFacial Surgery, Other
Comprehensive destal	Not covered	N/A	N/A	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Periodontics			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Not covered	N/A TRAC	NIA.	Services
		MISTRAC	101	Comprehensive Dental Non-routine Services
		MINISTRAC	101	Diagnostic Services
		19/	14,1	Restorative Services
		Contrato Nú	mero / I	Endodontics
		1 2 4 - 0	1 1 2	Periodontics
		1 1	70;	Periodon I ics Extractions
	Extractions	0	131	Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Commission deals!		100	377	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Not covered	N/A ROCI	OE/	
		NA ROS		



				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Prosthodontics, other oral/maxillofacial surgery, other			
	services			Extractions
1 20				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Eye Exams
	Routine eye exam			Routine Eye Exams
Vision	Not covered	N/A	N/A	Other
			· · · · · · · · · · · · · · · · · · ·	Eye Exams Routine Eye Exams
	Other			Other
Vision	Not covered	N/A	N/A	Eyewear
				Contact lenses
				Eyeglasses (lenses and frames)
	781.797			Eyeglass lenses
	Contact lenses			Eyeglass frames
	\$D copay			Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
	Eyeglasses (frames and lenses)			Eyeglass lenses
	\$0 copay			Eyeglass frames
Water				Upgrades
Vision	There m = be limits on how much the plan will provide.	Yes	No	Eyewear
1				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglass frames			Eyeglass frames
Vision		N/A	N/A	Upgrades
	NOCCOPERCO	nga.	nys.	Eyewear Medicare-covered benefits
.,				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglass lenses			Eyeglass frames
Vision	Not covered	N/A	N/A	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Upgrades			Eyeglass frames
Vision	Not covered	N/A	N/A	Upgrades
				Inpatient Hospital Psychiatric Medicare-covered stay
	Inpatient hospital - psychiatric			Additional days
Mental health services	\$0 coper	Yes	No	Psychiatric Services
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Individual Sessions
Mental health services	\$0 copy	Ves CTRACI	0	Medicare-covered Group Sessions
		, HIS	21/	Psychiatric Services Medicare-covered Individual Sessions
	Outpatient individual therapy visit with a psychiatrist	14	100	Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes Ves Contrato Núm	ero \	Mental Health Specialty Services
	Outpatient group therapy visit	Contrato Núm	3	Medicare-covered Individual Sessions
Mental health services		1 2 4 - 0 0		Medicare-covered Group Sessions
The state of the s	50 copay	Yes	5/	Mental Health Specialty Services
	Outpatient individual therapy visit	0	1~1	Medicare-covered Individual Sessions
Mental health services	\$0 сору	Yes M.	65	Medicare-covered Group Sessions
		ROSO	E	



				Skilled Nursing Facility Medicare-covered stay
				Additional days
killed Nursing Facility	50 copay	Yes	No	Additional days
and Harring Factor	Occupational therapy visit	1.0	, and	Occupational Therapy Services
				Medicare-covered benefits
ehabilitation services	50 сорау	Yes	Yes	
	Physical therapy and speech and language therapy visit			PT and SP Services Medicare-covered benefits
ehabilitation services	SO conay	Yes	No	Medicare-covered benefits
round Ambulance	50 copay	N/A	N/A	Ambulance Services
	\$0 copay			
ransportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
				Podiatry Services
	Foot exams and treatment			Medicare-covered benefits
	root exams and deadment	All controls		Routine foot care
oot care (podutry services)	50 copay	Yes	Yes	
	Routine foot care			Podiatry Services Medicare-covered benefits
oot care (podiatry services)	There may be limits on how much the plan will provide.	Yes	Yes	Routine foot care
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME) Medicare-covered benefits
ledical equipment/supplies	0% or 0-10% coinsurance per item	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
iedical equipment/supplies	0% or 20% coinsurance per item	Yes	N/A	Wicalcon C-Coverca provincia devices
	Diabetes supplies			Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	\$0 copiny	Yes	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
reliness integrams (e.g.: fitness, nursing hotline	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
				Other Medicare Part B Drugs
ledicare Part B drup	50 сорау	Yes	N/A	
<i>*</i>				Medicare Part B Chemotherapy Drugs
	Other Part B drugs			
edicare Part B drum	50 copay	Yes	N/A	Other Medicare Part B Drugs
SONORIE LALE O CHINES	1 of Collect	160	IN/A	

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Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	5545.00	PBP Section Rx	
Formulary Website	www.mmn™.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 \$5,030)				
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 \$5,030, up to the out-of-pocket threshold of \$8,000)				
Orug Type	Cost Share Information	Data Source		
Generic drum	25%	PBP Section Rx		
Brand-name drugs	25%	PBP Section Rx		

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$8,000)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	Not applicable	P8P Section Rx	
Generic drugs	Not applicable	PBP Section Rx	

### Benefits Summary Report

MMM HEALTHCARE, LLC
H4004 - 057
VBID: Yes - Part C
MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically III: No
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source	
		BPT Worksheet Report	
Monthly Plan Premium	Coming Saan	PBP Section D (plan level)	
Health plan deductible	\$0.00	PBP Section D (plan level)	
		PBP Section 8 [category level]	
Other health plan deductibles?	No	PBP Section C   category level	
Maximum out-of-pocket enrollee responsibility (does not			
include prescription drum)	\$3,250 In-network	PBP Section D	
Choice of Doctors?	Plan Doctors for Most Services		
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	

Additional benefits and/or reduced cost-sharing for enrollee 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-Acute Medicare-covered stay
Inputient hospital coverage	\$0 copay	Yes	No	Additional days
				Outpatient Hospital Services
Outpatient hospital coverage	\$0 co pay	Yes	No	Medicare-covered Outpatient Hospital Services
	Primary			Primary Care Physician Services
Doctor visits	\$0 copy	N/A	N/A	Thirty Edit (1) Journal Sciences
				Physician Specialist Services
Doctor visits Preventive care	50 copay 50 copay	Yes	Yes No	Medicare-covered Preventive Services
	Emergency			
Emmy entry care/urgent care	\$0 copay	N/A	N/A	Emergency Care
	Urgent care			
Emergency care/urgent care	\$0 copyy	N/A	N/A	Urgently Needed Services
				Outpatient Diagnostic Procedures, Tests and Lab Services
		1		Medicare-covered Diagnostic Procedures/Tests
	Diagnostic tests and procedures			Medicare-covered Lab Services
Diagnostic procedures lab services imaging	50 сорзу	Yes	No	
				Outpatient Diagnostic Procedures, Tests and Lab Services
	Lab services			Medicare-covered Diagnostic Procedures/Tests
Lear Les L. Val. L. W ==		III		Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	50 сорау	Yes	No	
				Outpatient Diagnostic/Therapeutic Radiological Services
	Diagnostic radiology services (e.g., MRI)	1		Medicare-covered Diagnostic Radiological Services
Dia nostic procedures ab services imaging	SD copies	Yes	No	Medicare-covered X-ray services
	12.44	10		
				Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services
	Outpatient x-rays			Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	No	
				Hearing Exams Medicare-covered benefits
	Hearing exam			Fitting/Evaluation for Hearing Aid
Hearing	50 copay	Yes	Na	Fitting Evaluation for Hearing Aid
	Fitting/evaluation			Hearing Exams
	\$D copay			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
	Hearing aids			Outer ear
	\$0 copay	STRACIO		Over the ear
Hearing	There may be limits on how much the plan will provide.	Yes All	King	
		15	m	Preventive Dental Oral Exams
		10/	1 /	0. "
		Contrato Númer		Prophylaxis (Cleaning)
	Oral exam	b 4 - 0 0	6 1 1	Fluoride treatment
Preventive dental	Not covered		70!	Dental X-rays
COGREHATE DEIKAI	MUI LUVEIRG	N/A	N/A/3/	Preventive Dental
		0	/2/	Oral Exams
		[m]	97/	Prophylaxis (Cleaning)
		UPS		Fluoride treatment
	Cleaning	GURO 1		
Preventive dental	Nat covered	N/A	2	Dental X-rays



				Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
	Fluoride treatment			Fluoride treatment
Preventive dental				Dental X-rays
Preventive dental	Not covered	N/A	H/A	Preventive Dental
				Dral Exams
				Prophylaxis (Cleaning)
	Dental x-ray(s)			Fluoride treatment
L		1990	24	Dental X-rays
Preventive dental	Not covered	N/A	N/A	Comprehensive Dental
				Non-routine Services
3				Diagnostic Services
				Restorative Services
				Endodontics
				Periadontics
				Extractions
	Non-routine services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Not covered	N/A	N/A	Services
				Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
				Extractions
	Diagnostic services			Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Not covered	N/A	N/A	Services
1				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				NESTOTATIVE SELVICES
				Endodontics
				Endodontics Periodontics
	Restorative services			
	Restorative services			Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	Restorative services  There may be limits on how much the plan will provide.	Yes	No	Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental		Yes	No	Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental		Yes	No	Periodontics  Extractions  Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental
Comprehensive dental		Ую:	No	Periodontics  Extractions  Prosthedontics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services
Comprehensive dental		Yes	No	Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services
Comprehensive dental		Yes	No	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endedontics
Comprehensive dental		Yes	No	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endedontics Periodontics
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions
	There may be limits on how much the plan will provide.		2	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endedontics Periodontics
Comprehensive dental  Comprehensive dental	There may be limits on how much the plan will provide.	Yes N/A	No	Periodontics  Extractions  Prosthedomtics, Other Oral/Maxillofacial Surgery, Other Services  Comprehensive Dental Non-routine Services  Diagnostic Services  Restorative Services Endedontics  Periodontics  Extractions  Prosthedontics, Other Oral/Maxillofacial Surgery, Other
	There may be limits on how much the plan will provide.		2	Periodontics Extractions Prosthedontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthedontics, Other Oral/Maxillofacial Surgery, Other Services
	There may be limits on how much the plan will provide.		2	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental
	There may be limits on how much the plan will provide.		2	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services
	There may be limits on how much the plan will provide.	N/A	14/A	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Diagnostic Services
	There may be limits on how much the plan will provide.	N/A	14/A	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Comprehensive Dental Non-routine Services Restorative Services Restorative Services
	There may be limits on how much the plan will provide.	N/A	14/A	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Restorative Services Endodontics
	There may be limits on how much the plan will provide.	N/A	14/A	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Periodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Comprehensive Dental Non-routine Services Restorative Services Restorative Services Restorative Services Periodontics Periodontics Endodontics Endodontics Endodontics Endodontics Endodontics Endodontics Endodontics Extractions
Comprehensive destal	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A TRACIO	H/A	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endedontics Periodontics Datractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Restorative Services Restorative Services Restorative Services Endedontics Periodontics
	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A TRACIO	H/A	Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Endodontics Endodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Diagnostic Services Endodontics Extractions Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Endodontics Endodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Comprehensive Dental
Commensive destal	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A	N/A	Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Diagnostic Services Endodontics Endodontics Directions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Diagnostic Services Endodontics Directions Comprehensive Dental Non-routine Services Endodontics Endodontics Endodontics Endodontics Entractions Prosthodontics Entractions Prosthodontics Extractions Prosthodontics Extractions Comprehensive Services Endodontics Extractions Comprehensive Dental Non-routine Services Comprehensive Dental Non-routine Services Comprehensive Dental Non-routine Services
Comprehensive destal	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A TRACIO	NA DE	Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Endodontics Endodontics Diagnostic Services Endodontics Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Non-routine Services Endodontics Extractions Prosthodontics Services Endodontics Entractions Periodontics Endodontics Entractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Comprehensive Dental Non-routine Services Comprehensive Dental Non-routine Services Comprehensive Dental Non-routine Services Diagnostic Services Comprehensive Dental Non-routine Services Diagnostic Services
Comprehensive destal	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A  Outralo Núme  2 4 - ()	NA OF CO	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Endodontics Endodontics Diagnostic Services Endodontics Other Oral/Maxillofacial Surgery, Other Services Diagnostic Services Endodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Endodontics Endodontics Endodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Comprehensive Services Endodontics Extractions Comprehensive Dental Mon-routine Services Comprehensive Dental Mon-routine Services Comprehensive Dental Mon-routine Services Restorative Services Restorative Services Restorative Services
Comprehensive destal	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A  Outralo Núme  2 4 - ()	NA OF CO	Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Endodontics Endodontics Entractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Lomprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Endodontics Entractions Prosthodontics Entractions Prosthodontics Entractions Prosthodontics Entractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Restorative Services Endodontics
Comprehensive destal	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A  Outralo Núme  2 4 - ()	NA OF CO	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Endodontics Endodontics Diagnostic Services Endodontics Other Oral/Maxillofacial Surgery, Other Services Diagnostic Services Endodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Endodontics Endodontics Endodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Comprehensive Services Endodontics Extractions Comprehensive Dental Mon-routine Services Comprehensive Dental Mon-routine Services Comprehensive Dental Mon-routine Services Restorative Services Restorative Services Restorative Services
Comprehensive destal	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A  Outralo Núme  2 4 - ()	NA OF CO	Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Endodontics Endodontics Entractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Lomprehensive Dental Mon-routine Services Diagnostic Services Restorative Services Endodontics Endodontics Entractions Prosthodontics Entractions Prosthodontics Entractions Prosthodontics Entractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Restorative Services Endodontics
Comprehensive destal	There may be limits on how much the plan will provide.  Endodontics  Not covered	N/A OMNISTRACIO	NA OF CO	Periodontics Extractions Proxthodontics, Other Oral/Maxillofacial Surgery, Other Services Comprehensive Dental Mon-routine Services Diagnostic Services Endedontics Endedontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Lomprehensive Dental Mon-routine Services Endedontics Diagnostic Services Restorative Services Endedontics Endedontics Entractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Prosthodontics Extractions Restorative Services Endedontics Extractions Restorative Services Extractions Restorative Services Entractions Restorative Services Restorative Services Restorative Services Restorative Services Restorative Services Endedontics Periodontics



				Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
	Prosthodontics, other oral/maxillofacial surgery, other			Periodontics
	sarvices			Extractions
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Eye Exams
	Routine eye exam			Routine Eye Exams
Vision	Not covered	H/A	N/A	Other
				Eye Exams Routine Eye Exams
	Other			Other
Vision	Not covered	N/A	N/A	Eyewear
				Contact leases
				Eyeglasses (lenses and frames)
	Contact lenses			Eyeglass lenses
	\$0 copay			Eyeglass frames
Vision	There may be limits on how much the plan will provide.	Yes	No	Upgrades
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglasses (frames and lenses)			Eyeglass frames
	\$0 copay			Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
X.	Eyeglass frames	100	V/	Upgrades
Vision	Not covered	N/A	N/A	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglass lenses			Eyeglass frames
Vision	Not covered	N/A	N/A	Upgrades
		741		Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Upgrades			Upgrades
Vision	Not covered	Vic NINISTRAC/	N/A	Inpatient Hospital Psychiatric
	Inpatient hospital - psychiatric	GTRAC/		Medicare-covered stay
Mental health services	50 coswy	Yes HIS		Additional days
		12/	141	Psychiatric Services Medicare-covered Individual Sessions
	Outpatient group therapy visit with a psychiatrist	Contrato Núm	ero \ \	Medicare-covered Group Sessions
Mental health services	50 сорау	ARE COURT STATES	3	Psychiatric Services
	Outpatient individual therapy visit with a psychiatrist	24-00	0!	Medicare-covered Individual Sessions
Mental health services	50 coll4r	Yes	/2/	Medicare-covered Group Sessions
		100	(95)	Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient group therapy visit		6.5/	Medicare-covered Group Sessions
Mental health services	\$D copay	Yes	E /	Mental Health Specialty Services
	Outpatient individual therapy visit			Medicare-covered Individual Sessions
Association beautiful annuisment		V		Medicare-covered Group Sessions
Mental health services	\$D copery	Yes	Yes	



				Skilled Nursing Facility
				Medicare-covered stay
		II.		
			III.	Additional days
killed Nursing Facility	\$0 сорну	Yes	No	
10-11-11-1	Occupational therapy visit			Occupational Therapy Services
				Medicare-covered benefits
ehabilitation services	\$6 copiey	Yes	Yes	
	Physical therapy and speech and language therapy visit			PT and SP Services
				Medicare-covered benefits
ehabilitation services	\$0 соряу	Yes	No	
round Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	\$0 copay			
ransportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
				Podiatry Services
				Medicare-covered benefits
	Foot exams and treatment			
. TVANGREDO TO A	4-1-400	l		Routine foot care
oot care (podiatry services)	\$D copiny	Yes	Yes	
	Routine foot care			Podiatry Services
				Medicare-covered benefits
		I.		
10115016W C	There is the tenter of the state of the stat	w	1	Routine foot care
pot care (pudiatry services)	There may be limits on how much the plan will provide.	Yes	Yes	
	Durable medical equipment (e.g., wheelchairs, oxygen)			Lance was a second
	purable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME)
Aedical equipment/supplies	0% or 20% coinsurance per item	Yes	H/A	Medicare-covered benefits
neukai inpulirinenti/supplines	Prosthetics (e.g., braces, artificial limbs)	Ties .	H/A	Prosthetics/Medical Supplies
	Prostnetics (e.g., praces, artificial minus)			Medicare-covered prosthetic devices
tedical equipment/supplies	0% or 20% coinsurance per item	Yes	N/A	Medicarie-covered prostnetic devices
nonal sport and supplies	079 01 2079 Contigurance p=1 Rem	163	H/A	
				Diabetes Supplies and Services
				Medicare-covered Diabetic supplies
	Diabetes supplies			medicale coreled productic supplies
				Medicare-covered Diabetic therapeutic shoes or inserts
fedical equipment/supplies	SO copier	Yes	N/A	mediate covered orange the apecano shoet or nocio
17-2-17				
Veliness programs (e.g.: fitness nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
		1		Medicare Part B Chemotherapy Drugs
	Chemotherapy			
				Other Medicare Part B Drugs
ledicare Part B drugs	\$0 coping	Yes	N/A	
				Medicare Part 8 Chemotherapy Drugs
	Other Part 8 drugs			
				Other Medicare Part B Drugs
ledicare Part B drugs	\$0 copay	Yes	N/A	

Dutpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	5545.00	PBP Section Rx	
Formula - Website	www.≀ълпп ⊯.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 ap	plicable, up to the Initial coverage limit of \$5,030}	
Standard Ratall 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 \$5,030,	up to the out-of-pocket threshold of \$8,000)
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 \$8,000)		
Orug Type	Cost Share Information	Data Source
Generic drugs	Not applicable	PBP Section Rx
Brand-name drugs	Not applicable	PBP Section Rx





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