

APPENDIX C (4)

Bid Report –

Summary of Benefits

Bid Reports 2024

Bid Submission Status Report

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

Contract Number	Organization Name	Plan ID	Segment ID	Version	User ID/Name	Submission Confirmation Number	Submission Date/Time	Number of bids included with submission	Plan successfully processed?	Error Message
H4003	MMM HEALTHCARE, LLC	017	N/A	3	rh/n/viviana MARTINEZ	1928	06/04/2023 16:53:09	51	Yes	N/A
H4003	MMM HEALTHCARE, LLC	049	N/A	2	rh/n/viviana MARTINEZ	1928	06/04/2023 16:53:09	51	Yes	N/A
H4003	MMM HEALTHCARE, LLC	058	N/A	2	rh/n/viviana MARTINEZ	1928	06/04/2023 16:53:09	51	Yes	N/A
H4004	MMM HEALTHCARE, LLC	048	N/A	2	rh/n/viviana MARTINEZ	1928	06/04/2023 16:53:10	51	Yes	N/A
H4004	MMM HEALTHCARE, LLC	062	N/A	2	rh/n/viviana MARTINEZ	1928	06/04/2023 16:53:10	51	Yes	N/A
H4004	MMM HEALTHCARE, LLC	067	N/A	2	rh/n/viviana MARTINEZ	1928	06/04/2023 16:53:10	51	Yes	N/A

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Bid Reports 2024

Benefits Summary Report

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

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level) 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 Bx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes, contact plan for further details	

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Primary Specialist	N/A	N/A	Primary Care Physician Services Physician Specialist Services
Preventive care	\$0 copay Emergency	Yes	Yes	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays

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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Restorative services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

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	Prosthodontics, other oral/maxillofacial surgery, other services			Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay 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 Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes		Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	\$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days

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Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	\$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$545.00	PBP Section Rx
Formulary Website	www.nmmmr.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)		
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

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Bid Reports 2024

Benefits Summary Report

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

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

Health and Medical Benefits

Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	Yes	Yes	Physician Specialist Services
Preventive care	\$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency \$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Restorative services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

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	Prosthodontics, other oral/maxillofacial surgery, other services			Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay 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 Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes		Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	\$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days



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Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	\$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-20% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 10% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Charter 4
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information

Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$545.00	PBP Section Rx
Formulary Website	www.mmmiir.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)

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

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Bid Reports 2024

Benefits Summary Report

MMM HEALTHCARE, LLC
 HMO03 - 054
 VBID: Yes - Part C
 MA Uniformity Flexibility: No
 Special Supplemental Benefits for the Chronically Ill: No
 Part D Senior Savings Model: No

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

Health and Medical Benefits

Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary \$0 copay Specialist	N/A	N/A	Primary Care Physician Services Physician Specialist Services
Preventive care	\$0 copay	Yes	Yes	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency \$0 copay Urgent care	N/A	N/A	Emergency Care Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exams \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays

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

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	Prosthodontics, other oral/maxillofacial surgery, other services			Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay 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 Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	\$0 copay	Yes		Skilled Nursing Facility Medicare-covered stay Additional days



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Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	\$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information

Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$545.00	PBP Section Rx
Formulary Website	www.mmmpr.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$5,030)

Standard Retail 3 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)

Drug 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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Bid Reports 2024

Benefits Summary Report

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

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level) 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	

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	Yes	Yes	Physician Specialist Services
Preventive care	\$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency \$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays

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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Restorative services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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	Prosthodontics, other oral/maxillofacial surgery, other services			Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	
	Routine eye exam			Eye Exams Routine Eye Exams Other
Vision	Not covered	N/A	N/A	
	Other			Eye Exams Routine Eye Exams Other
Vision	Not covered	N/A	N/A	
	Contact lenses \$0 copay			Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	
	Eyeglasses (frames and lenses) \$0 copay			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	Yes	No	
	Eyeglass frames			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Eyeglass lenses			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Upgrades			Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
	Inpatient hospital - psychiatric			Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	\$0 copay	Yes	No	
	Outpatient group therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	Yes	
	Outpatient individual therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	Yes	
	Outpatient group therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	Yes	
	Outpatient individual therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	Yes	
				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay	Yes	No	



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Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	\$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

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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.rmmir.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Risk 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 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

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Bid Reports 2024

Benefits Summary Report

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

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

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Primary	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Physician Specialist Services
Preventive care	\$0 copay	Yes	Yes	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Emergency	Yes	No	Emergency Care
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	\$0 copay Diagnostic tests and procedures	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	\$0 copay Lab services	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	\$0 copay Diagnostic radiology services (e.g., MRI)	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	\$0 copay Outpatient x-rays	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	\$0 copay Hearing exam	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay Fitting/evaluation There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay Hearing aids There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Not covered Oral exam	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Not covered Cleaning	N/A		Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays

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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Restorative services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

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	Prosthodontics, other oral/maxillofacial surgery, other services			Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay 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 Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes		Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes		Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes		Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes		Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions



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				Skilled Nursing Facility Medicare-covered stay
Skilled Nursing Facility	\$0 copay	Yes	No	Additional days
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	\$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$445.00	PBP Section Rx
Formulary Website	www.mmmir.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)		
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



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Bid Reports 2024

Benefits Summary Report

MNM HEALTHCARE, LLC
 H4004 - 067
 VBID: Yes - Part C
 AA Uniformity Flexibility: No
 Special Supplemental Benefits for the Chronically Ill: No
 Part D Senior Savings Model: No

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

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Primary	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Physician Specialist Services
Preventive care	\$0 copay	Yes	Yes	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Emergency	Yes	No	Emergency Care
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	\$0 copay Diagnostic tests and procedures	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	\$0 copay Lab services	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	\$0 copay Diagnostic radiology services (e.g., MRI)	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	\$0 copay Outpatient x-rays	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	\$0 copay Hearing exam	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay Fitting/evaluation	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay Hearing aids	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Restorative services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Extractions Not covered	N/A	N/A	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

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				Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Ora/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay 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 Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes		Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes		Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

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				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay	Yes	No	
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	\$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 20% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered diabetic supplies Medicare-covered diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information

Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$645.00	PBP Section Rx
Formulary Website	www.mmmjil.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)

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



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