

APPENDIX C (7)

**Benefits Non-Covered by
Wrap Around Supplementary
Benefits Part C**



APPENDIX C (7)

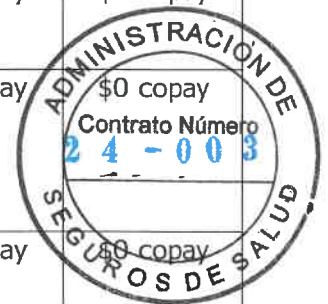
Part C Supplementary Benefits Certification

I, **Ricardo Rivera Cardona** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

Product Identification: MMM Diamante Platino (H4003-017)

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

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Description Benefits	Copay			
	100	110	120	130
<p>Over the Counter Items (OTC): Up to a maximum benefit amount of \$100 every three months *The following Categories are covered:</p> <ol style="list-style-type: none"> 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests <p>(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p> <p>This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Other Defined Supplemental Benefits: Health Education</p> <p>Additional Smoking and Tobacco Use Cessation (9 additional sessions)</p> <p>Remote Access Technologies (Nursing Hotline)</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay



Description Benefits	Copay			
	100	110	120	130
<p>Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr</p> <p>Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$100 every three months.</p> <p>Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$100 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight <p>Fitness Benefit- Up to a maximum plan benefit shared amount of \$100 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Physical exercise pedals 2) Stretch straps 3) Puzzles and other items for memory fitness <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.</p>				
<p>Supplemental Comprehensive Dental:</p> <p>Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered: up to one (1) per year. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.</p> <p>Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.</p> <p>Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

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Description Benefits	Copay			
	100	110	120	130
<p>base are not covered in complete or full dentures.</p> <p>Fixed dentures: Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.</p> <p>Implants: Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$3,500 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$800 a year.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Aids: Up to a maximum benefit amount of \$3,000 every three (3) years for both ears combined Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP)</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program 	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits:</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>MMM Flexi Card</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>\$80 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Memory Fitness items only) - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams - Appliances - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services <p>Roadside Assistance and In-Home Minor Repairs</p> <p>Member will be eligible for up to 12 individual events a year for:</p> <ol style="list-style-type: none"> 1) Roadside assistance services* 2) In-Home minor repairs* 3) Pest Control two (2) per year <p>*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies. In addition, member can use the \$80 monthly allowance for additional Roadside Assistance, in-home minor repairs and other services.</p>				
<p>Value-Based Insurance Design (VBID):</p> <p>Rewards and Incentives</p> <p>Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two or more visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.</p> <p>All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.</p>				

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



President

06/09/23

Date




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APPENDIX C (7)

Part C Supplementary Benefits Certification

I, **Ricardo Rivera Cardona** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

Product Identification: MMM Valor Platino (H4003-049)

Description Benefits	Copoly			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
 Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of \$500	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of \$750 a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Podiatry Services: Routine Care Up to six (6) visit a year Authorization rules may apply. Referral needed.	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Supplemental Transportation Services: Up to twelve (12) one-way trips to plan approved health-related locations every year Authorization rules may apply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of \$25 every three months *The following Categories are covered: 1) Minerals and Vitamins	\$0 copay	\$0 copay	\$0 copay	\$0 copay



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Description Benefits	Copay			
	100	110	120	130
<p>2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests</p> <p>(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p> <p>This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply</p>				
<p>Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Remote Access Technologies (Nursing Hotline) Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>maximum plan benefit shared amount of \$25 every three months.</p> <p>Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$25 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight <p>Fitness Benefit- Up to a maximum plan benefit shared amount of \$25 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Physical exercise pedals 2) Stretch straps 3) Puzzles and other items for memory fitness <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.</p>				
<p>Supplemental Comprehensive Dental:</p> <p>Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered: up to one (1) per year. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.</p> <p>Prostodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.</p> <p>Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures.</p> <p>Fixed dentures: Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

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Description Benefits	Copay			
	100	110	120	130
<p>Implants: Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$2,000 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$500 a year.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Aids: Up to a maximum benefit amount of \$1,000 every three (3) years for both ears combined Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP)</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program 	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits:</p> <p>MMM Flexi Card \$50 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items 	\$0 copay	\$0 copay	\$0 copay	\$0 copay

TRP



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Description Benefits	Copay			
	100	110	120	130
<ul style="list-style-type: none"> - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Memory Fitness items only) - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams - Appliances - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services <p>Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 12 individual events a year for:</p> <ol style="list-style-type: none"> 1) Roadside assistance services* 2) In-Home minor repairs* 3) Pest Control two (2) per year <p>*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies. In addition, member can use the \$50 monthly allowance for additional Roadside Assistance, in-home minor repairs and other services.</p>				
<p>Value-Based Insurance Design (VBID): Rewards and Incentives Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two or visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.</p> <p>Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.				

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



President

06/09/23

Date



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APPENDIX C (7)

Part C Supplementary Benefits Certification

I, **Ricardo Rivera Cardona** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

Product Identification: MMM Dorado Platino (H4003-058)

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

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Description Benefits	Copay			
	100	110	120	130
<p>Over the Counter Items (OTC): Up to a maximum benefit amount of \$35 every three months *The following Categories are covered:</p> <ol style="list-style-type: none"> 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests <p>(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p> <p>This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Other Defined Supplemental Benefits: Health Education</p> <p>Additional Smoking and Tobacco Use Cessation (9 additional sessions)</p> <p>Remote Access Technologies (Nursing Hotline)</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr</p> <p>Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$35 every three months.</p> <p>Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$35 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight <p>Fitness Benefit- Up to a maximum plan benefit shared amount of \$35 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Physical exercise pedals 2) Stretch straps 3) Puzzles and other items for memory fitness <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.</p>				
<p>Supplemental Comprehensive Dental:</p> <p>Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered: up to one (1) per year. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.</p> <p>Prostodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.</p> <p>Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

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Description Benefits	Copay			
	100	110	120	130
<p>base are not covered in complete or full dentures.</p> <p>Fixed dentures: Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.</p> <p>Implants: Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$1,500 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$750 a year.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Aids: Up to a maximum benefit amount of \$2,500 every three (3) years for both ears combined Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP)</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program 	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits: MMM Flexi Card</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>\$145 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Memory Fitness items only) - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams - Appliances - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services <p>Roadside Assistance and In-Home Minor Repairs</p> <p>Member will be eligible for up to 12 individual events a year for:</p> <ol style="list-style-type: none"> 1) Roadside assistance services* 2) In-Home minor repairs* 3) Pest Control two (2) per year <p>*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies. In addition, member can use the \$145 monthly allowance for additional Roadside Assistance, in-home minor repairs and other services.</p>				
<p>Value-Based Insurance Design (VBID):</p> <p>Rewards and Incentives</p> <p>Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two or visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.</p> <p>All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.</p>				

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



President

06/09/23

Date







APPENDIX C (7)

Part C Supplementary Benefits Certification

I, **Ricardo Rivera Cardona** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

Product Identification: PMC Premier Platino (H4004-048)

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



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Description Benefits	Copay			
	100	110	120	130
<p>Over the Counter Items (OTC): Up to a maximum benefit amount of \$200 every month *The following Categories are covered:</p> <ol style="list-style-type: none"> 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for ongoing monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests <p>(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p> <p>This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Other Defined Supplemental Benefits: Health Education</p> <p>Additional Smoking and Tobacco Use Cessation (9 additional sessions)</p> <p>Remote Access Technologies (Nursing Hotline)</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr</p> <p>Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$200 every month.</p> <p>Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$200 every month. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight <p>Fitness Benefit- Up to a maximum plan benefit shared amount of \$200 every month. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Physical exercise pedals 2) Stretch straps 3) Puzzles and other items for memory fitness <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.</p>				
<p>Supplemental Comprehensive Dental:</p> <p>Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered: up to one (1) per year. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.</p> <p>Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.</p> <p>Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

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Description Benefits	Copay			
	100	110	120	130
<p>base are not covered in complete or full dentures.</p> <p>Fixed dentures: Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.</p> <p>Implants: Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$2,000 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$600 a year.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Aids: Up to a maximum benefit amount of \$2,500 every three (3) years for both ears combined Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP)</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program 	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits:</p> <p>MMM Flexi Card</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>\$85 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Memory Fitness items only) - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams - Appliances - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services <p>Roadside Assistance and In-Home Minor Repairs Member will be eligible for up to 12 individual events a year for:</p> <ol style="list-style-type: none"> 1) Roadside assistance services* 2) In-Home minor repairs* 3) Pest Control two (2) per year <p>*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies. In addition, member can use the \$85 monthly allowance for additional Roadside Assistance, in-home minor repairs and other services.</p>				
<p>Value-Based Insurance Design (VBID): Rewards and Incentives Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two or more visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.</p> <p>All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.</p>				

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



President

06/09/23

Date



EMR





APPENDIX C (7)

Part C Supplementary Benefits Certification

I, **Ricardo Rivera Cardona** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

Product Identification: MMM Relax Platino (H4004-062)

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



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Description Benefits	Copay			
	100	110	120	130
<p>Over the Counter Items (OTC): Up to a maximum benefit amount of \$60 every three months *The following Categories are covered:</p> <ol style="list-style-type: none"> 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests <p>(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p> <p>This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Other Defined Supplemental Benefits: Health Education</p> <p>Additional Smoking and Tobacco Use Cessation (9 additional sessions)</p> <p>Remote Access Technologies (Nursing Hotline)</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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Description Benefits	Copay			
	100	110	120	130
<p>Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr</p> <p>Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$60 every three months.</p> <p>Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$60 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight <p>Fitness Benefit- Up to a maximum plan benefit shared amount of \$60 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Physical exercise pedals 2) Stretch straps 3) Puzzles and other items for memory fitness <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.</p>				
<p>Supplemental Comprehensive Dental:</p> <p>Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered: up to one (1) per year. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.</p> <p>Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.</p> <p>Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

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Description Benefits	Copay			
	100	110	120	130
<p>base are not covered in complete or full dentures.</p> <p>Fixed dentures: Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.</p> <p>Implants: Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$2,000 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$500 a year.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Aids: Up to a maximum benefit amount of \$600 every three (3) years for both ears combined Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP)</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program 	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits:</p> <p>MMM Flexi Card</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay



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Description Benefits	Copay			
	100	110	120	130
<p>\$120 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Memory Fitness items only) - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams - Appliances - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services <p>Roadside Assistance and In-Home Minor Repairs</p> <p>Member will be eligible for up to 12 individual events a year for:</p> <ol style="list-style-type: none"> 1) Roadside assistance services* 2) In-Home minor repairs* 3) Pest Control two (2) per year <p>*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies. In addition, member can use the \$120 monthly allowance for additional Roadside Assistance, in-home minor repairs and other services.</p>				
<p>Value-Based Insurance Design (VBID):</p> <p>Rewards and Incentives</p> <p>Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two or more visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay



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Description Benefits	Copay			
	100	110	120	130
<p>Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.</p> <p>All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.</p>				

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



President

06/09/23

Date






APPENDIX C (7)

Part C Supplementary Benefits Certification

I, **Ricardo Rivera Cardona** as **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

Product Identification: MMM Plus Platino (H4004-067)

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

EMR



Description Benefits	Copay			
	100	110	120	130
<p>Over the Counter Items (OTC): Up to a maximum benefit amount of \$25 every three months *The following Categories are covered:</p> <ol style="list-style-type: none"> 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests <p>(Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.</p> <p>This is a combined benefit with a single, shared maximum plan benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) time per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Other Defined Supplemental Benefits: Health Education</p> <p>Additional Smoking and Tobacco Use Cessation (9 additional sessions)</p> <p>Remote Access Technologies (Nursing Hotline)</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

THP



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Description Benefits	Copay			
	100	110	120	130
<p>Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr</p> <p>Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Homeopathic / Natural Medicine items will also be covered through the OTC catalogue with up to a maximum plan benefit shared amount of \$25 every three months.</p> <p>Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of \$25 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight <p>Fitness Benefit- Up to a maximum plan benefit shared amount of \$25 every three months. The following items will be covered through the OTC catalogue:</p> <ol style="list-style-type: none"> 1) Physical exercise pedals 2) Stretch straps 3) Puzzles and other items for memory fitness <p>This is a combined benefit with a single, shared maximum benefit amount for OTC, alternative therapies (homeopathic / natural medicine items only), home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.</p>				
<p>Supplemental Comprehensive Dental:</p> <p>Restorative: Core buildup and pin retention covered per tooth, per surface, once every 24 months. Post and core and single crowns are covered: up to one (1) per year. Replacement crowns are covered every five (5) years per tooth. Authorization rules apply for single crowns.</p> <p>Prosthodontics: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered.</p> <p>Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible</p>	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance



EMR

Description Benefits	Copay			
	100	110	120	130
<p>base are not covered in complete or full dentures.</p> <p>Fixed dentures: Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life.</p> <p>Implants: Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered.</p> <p>Authorization rules apply for removable prosthodontics, implants and retainer crowns.</p> <p>Up to a maximum benefit amount of \$1,000 a year for all supplemental comprehensive dental services.</p>				
<p>Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of \$350 a year.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Supplemental Hearing Aids: Up to a maximum benefit amount of \$500 every three (3) years for both ears combined Authorization rules may apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID): Wellness and Health Care Planning (WHP)</p> <ul style="list-style-type: none"> - Annual Wellness Visit - Medicare Health Risk Assessment - Care Management Program 	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>Value-Based Insurance Design (VBID) Flexibilities- Dual-Eligible Status Targeted Benefits:</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<p>MMM Flexi Card</p>				



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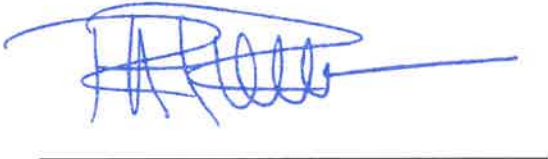
Description Benefits	Copay			
	100	110	120	130
<p>\$15 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services:</p> <ul style="list-style-type: none"> - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items - Alternative Therapies (Homeopathic / Natural Medicine Items Only) - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Memory Fitness items only) - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Personal Care Services, such as: Personal Hygiene products, Grooming services (Manicure, pedicure, Haircut, etc.), Hair growth and Anti-Aging/Spot Creams - Appliances - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services <p>Roadside Assistance and In-Home Minor Repairs</p> <p>Member will be eligible for up to 12 individual events a year for:</p> <ol style="list-style-type: none"> 1) Roadside assistance services* 2) In-Home minor repairs* 3) Pest Control two (2) per year <p>*Maximum amount of \$300 per service for Roadside assistance and In-Home minor repairs applies. In addition, member can use the \$15 monthly allowance for additional Roadside Assistance, in-home minor repairs and other services.</p>				
<p>Value-Based Insurance Design (VBID):</p> <p>Rewards and Incentives</p> <p>Beneficiaries with a qualifying chronic diagnosis of diabetes and/or congestive heart that meet the following inclusion criteria for the integrated care management practice units (ICMPUS), and are active participants of the stated program will be eligible to receive the Part C rewards and incentives: applicable to congestive heart diagnosis, two or more inpatient admissions in the past year and/or readmission within thirty days, and/or two or visits/month in two consecutive months, and/or polypharmacy (more than eight medications). Concerning the diabetes diagnosis, only the criterion of polypharmacy will apply.</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay



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Description Benefits	Copay			
	100	110	120	130
<p>Enrollees that comply with the stated inclusion parameters but are enduring the following health care stages will be excluded: ESRD (receiving dialysis), Alzheimer's (severe or late stage), active cancer (receiving chemotherapy/radiotherapy), infectious or parasitic disease, HIV/active, hepatitis, bedridden, serious mental disorders, and organ transplant recipients.</p> <p>All beneficiaries that meet ICMPUS inclusion criteria and are active participants of the ICMPUS can receive both the wellness and health care program and rewards and incentives aligned with the value-based insurance design interventions protocols, such as education and wellness up to \$40, health monitoring up to \$70, and a program graduation recognition up to \$40. As enrollees complete each milestone of their plan, they will be able to redeem a reward from the catalogue according to the value of the completed activity. The member can also opt to accumulate the value of completed activities and redeem later for rewards of higher value, up to a total of \$150 per member per year.</p>				

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



President



06/09/23

Date

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