

APPENDIX C (4)
**Bid Report - Summary of
Benefits**

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Bid Reports 2025

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 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	Cost share	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	Cost share 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	\$0 copay	N/A	N/A	Emergency Care
Emergency care - urgent care	Urgent care \$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures, lab services, imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
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 procedure, 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 procedure, 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
Hearing	Hearing aids Not covered	N/A	N/A	Hearing Aids OTC
Medicare Dental Services	Medicare Dental Services \$0 copay	Yes	No	Medicare Dental Services Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Oral exam Not covered	N/A	N/A	Other Diagnostic Services Other Preventive Services

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Diagnostic and Preventive dental	Cleaning Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Fluoride treatment Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Diagnostic Services Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Preventive Services Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Comprehensive dental	Prosthodontics, removable SD copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Restorative services SD copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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ADMINISTRACION DE SEGUROS DE SALUD

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Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Implant Services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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SEGUROS DE SALUD

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				Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Oral and Maxillofacial Surgery Not covered	N/A	N/A	
				Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Orthodontics Not covered	N/A	N/A	
				Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Adjunctive General Services Not covered	N/A	N/A	
				Eye Exams Routine Eye Exams Other
Vision	Routine eye exam Not covered	N/A	N/A	
				Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	
				Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Contact 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	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
Vision	Eyeglass frames Not covered	N/A	N/A	

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					Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	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	
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 Occupational therapy visit	Yes		No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit \$0 copay	Yes		Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes		No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A		N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide. \$0 copay	Yes		No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (flat) services	Foot exams and treatment \$0 copay	Yes		Yes	Routine foot care
Foot care (flat) 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
Medicare Part B drugs	\$0 copay	Yes		N/A	

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Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Reprint
Deductible	\$500.00	PBP Section Rx

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Formula Website	www.mmmr.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.
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Initial Coverage Phase			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Insulin Cost Share Data		
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 \$2,000)		
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 2025

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

ADMINISTRACION DE SEGUROS DE SALUD

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

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay 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 Emergency	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures, lab services, (margin)	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, (margin)	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, (margin)	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, (margin)	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			Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	There may be limits on how much the plan will provide. Hearing aids	Yes	No	Hearing Aids OTC
Medicare Dental Services	Not covered Medicare Dental Services	N/A	N/A	Medicare Dental Services
Medicare Dental Services	0 copay	Yes	No	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Oral exam Not covered	N/A	N/A	Other Preventive Services

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Diagnostic and Preventive dental	Cleaning Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Fluoride treatment Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Diagnostic Services Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Preventive Services Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Comprehensive dental	Prosthetics, removable \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthetics removable Restorative Services Endodontics Periodontics Prosthetics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Restorative services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthetics removable Restorative Services Endodontics Periodontics Prosthetics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed 50 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Implant Services 50 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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				Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Oral and Maxillofacial Surgery Not covered	N/A	N/A	
				Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Orthodontics Not covered	N/A	N/A	
				Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Adjunctive General Services Not covered	N/A	N/A	
				Eye Exams Routine Eye Exams Other
Vision	Routine eye exam Not covered	N/A	N/A	
				Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	
				Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Contact 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	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	

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				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	
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 SO copy	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist SO copy	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist SO copy	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit SO copy	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit SO copy	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	IO copy Occupational therapy visit	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	IO copy Physical therapy and speech and language therapy visit	Yes	Yes	Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits
Medical services	IO copy	Yes	No	
Ambulance	IO copy	N/A	N/A	Ambulance Services
Transitiation	SO copy There may be limits on how much the plan will provide.	Yes	No	Transitiation Services
Foot care (podiatry services)	IO copy Foot exams and treatment	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	IO copy Routine foot care	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	IO copy Durable medical equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs)	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	SO copy Diabetes supplies	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)	IO copy Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	IO copy Chemotherapy	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	IO copy Other Part B drugs	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	IO copy	Yes	N/A	
Medicare Part B drugs	IO copy	Yes	N/A	

TRP

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	0.00	BPT Worksheet Row 10
Deductible	1590.00	PBP Section 1x

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Formula Website	www.mmtmjr.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.
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Initial Coverage Phase			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Insulin Cost Share Data		
Drug Type	Cost Share Information	Data Source
Generic drug	25%	PBP Section Rx
Brand-name drug	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,000)		
Drug Type	Cost share Information	Data Source
Generic drug	Not applicable	PBP Section Rx
Brand-name drug	Not applicable	PBP Section Rx

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Bid Reports 2025

Benefits Summary Report

MMM HEALTHCARE, LLC
 H4003 - OSB
 VBD: 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	Compl 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 D (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 Emergency	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services (imaging)	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)	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)	0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services (imaging)	0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	0 copay 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	0 copay Hearing aids \$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	Not covered Medicare Dental Services	N/A	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear Hearing Aids OTC
Medicare Dental Services	\$0 copay	Yes	No	Medicare Dental Services Diagnostic and Preventive Dental Oral Exams Prophylaxis (cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	

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Diagnostic and Preventive dental	Cleaning Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Fluoride treatment Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Diagnostic Services Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Preventive Services Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Comprehensive dental	Prosthodontics, removable \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Restorative services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

**ADMINISTRACION DE
SEGUROS DE SALUD**

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Contrato Número

Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Implant Services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

ADMINISTRACION DE
SEGUROS DE SALUD

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Comprehensive dental	Oral and Maxillofacial Surgery Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Orthodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Adjunctive General Services Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	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

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ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

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				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	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	
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 Occupational therapy visit	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	\$0 copay Physical therapy and speech and language therapy visit	Yes	Yes	Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	
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
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	

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Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	0.00	BPT Worksheet Reimrt
Deductible	1500.00	PBP Section Rr

ADMINISTRACION DE SEGUROS DE SALUD

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Formula Website	www.mmmof.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.
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Initial Coverage Phase			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Insulin Cost Share Data		
Drug Type	Cost Share Information	Data Source
Generic drug	25%	PBP Section Rx
Brand-name drug	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,000)		
Drug Type	Cost Share Information	Data Source
Generic drugs	Not applicable	PBP Section Rx
Brand-name drugs	Not applicable	PBP Section Rx

ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

Bid Reports 2025

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

ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

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 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 Emergency	Yes	No	Medicare-covered Preventive Services	
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care	
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services	
Diagnostic procedures/lab services/imagi	\$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services	
Diagnostic procedures/lab services/imagi	\$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services	
Diagnostic procedures/lab services/imagi	\$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services	
Diagnostic procedures/lab services/imagi	\$0 copay	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	
Hearing	Not covered Medicare Dental Services	N/A	N/A	Hearing Aids OTC	
Medicare Dental Services	\$0 copay	Yes	No	Medicare Dental Services Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services	
Diagnostic and Preventive dental	Not covered	N/A	N/A		

Diagnostic and Preventive dental	Cleaning Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Fluoride treatment Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Diagnostic Services Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Preventive Services Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Comprehensive dental	Prosthodontics, removable \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Restorative services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

ADMINISTRACION DE
SEGUROS DE SALUD

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Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Implant Services \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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Comprehensive dental	Oral and Maxillofacial Surgery Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Orthodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Adjunctive General Services Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	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

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				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	
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 50 coinsurance	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist 10 coinsurance	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist 10 coinsurance	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit 10 coinsurance	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit 10 coinsurance	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	50 coinsurance Occupational therapy visit	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	10 coinsurance Physical therapy and speech and language therapy visit	Yes	Yes	Occupational Therapy Services Medicare-covered benefits PT and SP Services Medicare-covered benefits
Rehabilitation services	10 coinsurance	Yes	No	
Ground Ambulance	50 coinsurance	N/A	N/A	Ambulance Services
Transportation	50 coinsurance There may be limits on how much the plan will provide.	Yes	No	Transportation Services Pediatric Services Medicare-covered benefits
Foot care (podiatry services)	10 coinsurance Foot exams and treatment	Yes	Yes	Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 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 10 coinsurance	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 10 coinsurance	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs 10 coinsurance	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	50 coinsurance	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Reprint
Deductible	\$500.00	PBP Section Rx

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Website	www.mmmrx.com	NPMS 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.
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Initial Coverage Phase			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Insulin Cost Share Data		
Drug Type	Cost Share Information	Data Source
Generic dru	25%	PBP Section Rx
Brand-name dru	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,000)		
Drug Type	Cost Share Information	Data Source
Generic dru	Not applicable	PBP Section Rx
Brand-name dru	Not applicable	PBP Section Rx

ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

Bid Reports 2025

Benefits Summary Report

MMM HEALTHCARE, LLC
 H4004 - 068
 VBIID: Yes - Part C
 MA Uniformity Flexibility: No
 Special Supplemental Benefits for the Chronically Ill: No
 Part D Senior Savings Model: No

ADMINISTRACION DE SEGUROS DE SALUD

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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 (cat 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 coinsurance	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 coinsurance Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 coinsurance Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 coinsurance	Yes	Yes	Physician Specialist Services
Preventive care	\$0 coinsurance Emergency	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 coinsurance Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 coinsurance	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services (major)	\$0 coinsurance 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 (major)	\$0 coinsurance Lab services	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services (major)	\$0 coinsurance 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 (major)	\$0 coinsurance Outpatient x-rays	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	\$0 coinsurance Hearing exam	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Not covered Fitting/evaluation	N/A	N/A	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Not covered Hearing aids - inner ear	N/A	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Not covered Hearing aids - outer ear	N/A	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Not covered Hearing aids - over the ear	N/A	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear

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Hearing aids	Hearing aids			Hearing Aids OTC
Medicare Dental Services	Medicare Dental Services	N/A	N/A	Medicare Dental Services
Medicare Dental Services	0-20% coinsurance	Yes	No	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Oral exams			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Cleaning			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Fluoride treatment			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Dental x-ray(s)			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Diagnostic Services			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Preventive Services			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Comprehensive dental	Prosthodontics, removable 0-20% coinsurance			Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

Comprehensive dental	Restorative services 0-20% coinsurance There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed 0-20% coinsurance There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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ADMINISTRACION DE
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Contrato Número

Comprehensive dental	Implant Services 0-20% coinsurance There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Oral and Maxillofacial Surgery Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Orthodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Adjunctive General Services Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

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				Eyewear Medicare-covered benefits
	Eyeglasses (frames and lenses) \$0 copay			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	
				Eyewear Medicare-covered benefits
	Eyeglass frames			Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
				Eyewear Medicare-covered benefits
	Eyeglass lenses			Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	
				Eyewear Medicare-covered benefits
	Upgrades			Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
	Not covered	N/A	N/A	
	Inpatient hospital - psychiatric			Inpatient Hospital Psychiatric Medicare-covered stay
Mental health services	\$0 copay	Yes	No	Additional days
	Outpatient group therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions
Mental health services	\$0 copay	Yes	Yes	Medicare-covered Group Sessions
	Outpatient individual therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions
Mental health services	ID copay	Yes	Yes	Medicare-covered Group Sessions
	Outpatient group therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions
Mental health services	ID copay	Yes	Yes	Medicare-covered Group Sessions
	Outpatient individual therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions
Mental health services	\$0 copay	Yes	Yes	Medicare-covered Group Sessions
				Skilled Nursing Facility Medicare-covered stay
Skilled Nursing Facility	\$0 copay	Yes	No	Additional days
	Occupational therapy visit			Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	Yes	
	Physical therapy and speech and language therapy visit			PT and SP Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	\$0 copay			
Transportation	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
	Foot exams and treatment			Podiatry Services Medicare-covered benefits
Foot care (podiatry) services	ID copay	Yes	Yes	Routine foot care
	Routine foot care			Podiatry Services Medicare-covered benefits
Foot care (podiatry) services	There may be limits on how much the plan will provide.	Yes	Yes	Routine foot care
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment supplies	0% or 20% coinsurance per item	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical supplies	0% or 20% coinsurance per item	Yes	N/A	

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Medical equipment supplies	Diabetes supplies	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	Yes	N/A	Medicare Part B Chemotherapy Drug Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	0.00	BPT Worksheet Report
Deductible	150.00	PBP Section Rx
Formula Website	www.nmmr.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			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Insulin Cost Share Data		
Drug Type	Cost Share Information	Data Source
Brand-name drug	25%	PBP Section Rx
	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,000)		
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 2025

Benefits Summary Report

MMM HEALTHCARE, LLC
 H4004 - 069
 VBIID: 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	Contin. 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	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 coinsurance	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 coinsurance Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 coinsurance Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 coinsurance	Yes	Yes	Physician Specialist Services
Preventive care	\$0 coinsurance Emergency	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 coinsurance Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 coinsurance	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/Imaging	\$0 coinsurance	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/Imaging	\$0 coinsurance	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/Imaging	\$0 coinsurance	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/Imaging	\$0 coinsurance	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation	Not covered	N/A	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids - Inner ear	Not covered	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids - outer ear	Not covered	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids - over the ear	Not covered	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear

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Hearing aids	Hearing aids			Hearing Aids OTC
Medicare Dental Services	Medicare Dental Services			Medicare Dental Services
Diagnostic and Preventive dental	0-20% coinsurance	Yes	No	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Oral exam			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Cleaning			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Fluoride treatment			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Dental x-ray(s)			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Diagnostic Services			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Preventive Services			Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Comprehensive dental	Prosthodontics, removable			Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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Comprehensive dental	Restorative services Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Endodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Periodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, fixed Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Maxillofacial Prosthetics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services

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Comprehensive dental	Implant Services Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Oral and Maxillofacial Surgery Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Orthodontics Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Adjunctive General Services Not covered	N/A	N/A	Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Vision	Routine eye exams 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 Not covered	N/A	N/A	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

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				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) Not covered	N/A	N/A	
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
	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	Occupational therapy visit \$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	PT and SP Services \$0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	Ground Ambulance \$0 copay	N/A	N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide. \$0 copay	Yes	No	Transportation Services
Foot care (podiatry) services	Foot exams and treatment \$0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry) services	Routine foot care \$0 copay	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

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

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premiums	\$0.00	BPT Worksheet Rpt
Deductible	\$500.00	PBP Section Rx
Formulary Website	www.mmmftr.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			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Insulin Cost Share Data		
Drug Type	Cost Share Information	Data Source
Generic drug	25%	PBP Section Rx
Brand-name drug	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,000)		
Drug Type	Cost Share Information	Data Source
Generic drug	Not applicable	PBP Section Rx
Brand-name drug	Not applicable	PBP Section Rx

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