

APPENDIX C-4
(H4003-017)

SUMMARY OF
BENEFITS REPORT
(SB)

Bid Reports 2026

Bid Submission Status Report

Report Date: 6/5/2025 1:22:52 PM EDT

Contract Number	Organization Name	Plan ID	Segment ID	Version	User ID/Name	Submission Confirmation Number	Submission Date/Time	Number of bids included with submission	Plan successfully processed?	Error Messages
H4003	MMM HEALTHCARE, LLC	017	N/A	4	mjnt/VIVIANA MARTINEZ	1885	06/04/2025 09:12:03	2	Yes	N/A
H4003	MMM HEALTHCARE, LLC	058	N/A	3	mjnt/VIVIANA MARTINEZ	1842	06/02/2025 20:30:05	20	Yes	N/A
H4004	MMM HEALTHCARE, LLC	048	N/A	3	mjnt/VIVIANA MARTINEZ	1842	06/02/2025 20:30:05	20	Yes	N/A
H4004	MMM HEALTHCARE, LLC	068	N/A	3	mjnt/VIVIANA MARTINEZ	1842	06/02/2025 20:30:06	20	Yes	N/A
H4004	MMM HEALTHCARE, LLC	069	N/A	3	mjnt/VIVIANA MARTINEZ	1842	06/02/2025 20:30:06	20	Yes	N/A
H4004	MMM HEALTHCARE, LLC	072	1	3	mjnt/VIVIANA MARTINEZ	1842	06/02/2025 20:30:07	20	Yes	N/A
H4004	MMM HEALTHCARE, LLC	072	2	3	mjnt/VIVIANA MARTINEZ	1842	06/02/2025 20:30:07	20	Yes	N/A
H4004	MMM HEALTHCARE, LLC	072	3	3	mjnt/VIVIANA MARTINEZ	1842	06/02/2025 20:30:07	20	Yes	N/A

ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

Bid Reports 2026

Benefits Summary Report

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

Selected Benefits	Enrollee Details	Data Source		
Monthly Plan Premium	Coming Soon	BPT Worksheet Report		
Health plan deductible	\$0.00	PBP Section D (plan level)		
Other health plan deductibles?	No	PBP Section D (plan level)		
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,250 In-network	PBP Section B (category level)		
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)		
Optional supplemental benefits?	No	Optional supplemental		
Prescription Drugs Covered?	Yes	PBP Section Rx		
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No			
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	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	Yes	No	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 aids			Hearing Aids All Types
	\$0 copay			Inner ear
	There may be limits on how much the plan will provide.	Yes	No	Outer ear
Hearing	Hearing aids			Over the ear
	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
	Oral exam			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Cleaning			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Fluoride treatment			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Dental x-ray(s)			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Other Diagnostic Services			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Other Preventive Services			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services

ADMINISTRACION DE
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Contrato Número





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
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

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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
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

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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	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 \$0 copay There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

ANEXO 1 CON DE
SEGURO DE SALUD

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Contrato Número





				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	
				Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	
				Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
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	
				Mental Health Specialty 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	
				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay	Yes	No	
				Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	
				PT and SP Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	
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 Routine foot care
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	
				Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	
				Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	
				Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	
Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes		Eligible Supplemental Benefits as Defined in Chapter 4

ADMINISTRACION DE
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	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$615.00	PBP Section Rx
		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.
Formulary Website	www.mmmir.com	

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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 \$2,100]		
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

APPENDIX C-4
(H4003-058)

SUMMARY OF
BENEFITS REPORT
(SB)

Bid Reports 2026

Benefits Summary Report

MMM HEALTHCARE, LLC
H4003 - 058

MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically Ill: Yes
Part D Senior Savings Model: No

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

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	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid

ADMINISTRACION DE
SALUD

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Contrato Número

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 exam 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 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

ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número





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
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

ADMINISTRACION DE
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Contrato Número





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
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

ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

				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 \$0 copay There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
				Upgrades
Vision	Eyeglass lenses	N/A	N/A	
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
				Upgrades
Vision	Upgrades	N/A	N/A	
				Inpatient Hospital Psychiatric Medicare-covered stay
				Additional days
Mental health services	Inpatient hospital - psychiatric			
	\$0 copay	Yes	No	
				Psychiatric Services Medicare-covered Individual Sessions
				Medicare-covered Group Sessions
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	
				Mental Health Specialty 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	
				Skilled Nursing Facility Medicare-covered stay
				Additional days
Skilled Nursing Facility				
	\$0 copay	Yes	No	
				Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Occupational therapy visit			
	\$0 copay	Yes	Yes	
				PT and SP Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit			
	\$0 copay	Yes	No	
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
				Routine foot care
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	
				Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen)			
	\$0 copay	Yes	N/A	
				Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs)			
	\$0 copay	Yes	N/A	
				Diabetes Supplies and Services Medicare-covered Diabetic supplies
				Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies	Diabetes supplies			
	\$0 copay	Yes	N/A	

ADMINISTRACION DE
SISTEMAS DE SALUD

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Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$615.00	PBP Section Rx
Formulary Website	www.mmmp.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 drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,100)		
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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APPENDIX C-4
(H4004-048)

SUMMARY OF
BENEFITS REPORT
(SB)

Bid Reports 2026

Benefits Summary Report

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

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

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	Yes	Yes	Physician Specialist Services
Preventive care	\$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$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 procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid

	Hearing aids			Hearing Aids All Types
	\$0 copay			Inner ear
Hearing	There may be limits on how much the plan will provide.	Yes	No	Outer ear
	Hearing aids			Over the ear
Hearing	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
	Oral exam			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Cleaning			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Fluoride treatment			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Dental x-ray(s)			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Other Diagnostic Services			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services
				Diagnostic and Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
				Dental X-rays
	Other Preventive Services			Other Diagnostic Services
Diagnostic and Preventive dental	Not covered	N/A	N/A	Other Preventive Services

ADMINISTRACION DE
SEGURIDAD SALUD

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Contrato Número





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
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

ADMINISTRACION DE
SISTEMAS DE SALUD

26 - 00002

Contrato Número





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
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

ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

				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 \$0 copay There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número





				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	
	Inpatient hospital - psychiatric			Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	\$0 copay	Yes	No	
	Outpatient group therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	Yes	
	Outpatient individual therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	Yes	
	Outpatient group therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	Yes	
	Outpatient individual therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	Yes	
				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay	Yes	No	
	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 Routine foot care
Foot care (podiatry services)	\$0 copay	Yes	Yes	
	Routine foot care			Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	There may be limits on how much the plan will provide.	Yes	Yes	
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	\$0 copay	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	\$0 copay	Yes	N/A	
	Diabetes supplies			Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies	\$0 copay	Yes	N/A	

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	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$615.00	PBP Section Rx
Formulary 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.

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 \$2,100)		
Drug Type	Cost Share Information	Data Source
Generic drugs	Not applicable	PBP Section Rx
Brand-name drugs	Not applicable	PBP Section Rx



ADMINISTRACIÓN DE
SERVICIOS DE SALUD

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APPENDIX C-4
(H4004-068)

SUMMARY OF
BENEFITS REPORT
(SB)

Bid Reports 2026

Benefits Summary Report

MMM HEALTHCARE, LLC
H4004 - 068

MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically Ill: Yes
Part D Senior Savings Model: No

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

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary \$0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist \$0 copay	Yes	Yes	Physician Specialist Services
Preventive care	\$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency \$0 copay	N/A	N/A	Emergency Care
Emergency care/urgent care	Urgent care \$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedure/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation Not covered	N/A	N/A	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid

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Hearing	Hearing aids - inner ear Not covered	N/A	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids - outer ear Not covered	N/A	N/A	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids - over the ear Not covered	N/A	N/A	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 0-20% coinsurance	Yes	No	Medicare Dental Services
Diagnostic and Preventive dental	Oral exam 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 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

ADMINISTRACION DE
SEGUROS DE SALUD

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				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	
				Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, removable 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	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	

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SERVICIOS 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	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
Comprehensive dental	Implant Services 0-20% coinsurance There may be limits on how much the plan will provide.	ARMANDO GONZALEZ SEGUNDO DE ABOGADO 26 - 00002 Contrato Número 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	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	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	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	Not covered	N/A	No	
				Eye Exams
				Routine Eye Exams
				Other
Vision	Not covered	N/A	N/A	
				Eye Exams
				Routine Eye Exams
				Other
Vision	Not covered	N/A	N/A	
				Eyewear
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
				Upgrades
Vision	Not covered	N/A	No	



yes.

				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	
				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	
				Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	
				Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
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	
				Mental Health Specialty 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	
				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay	Yes	No	
				Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	
				PT and SP Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services

ADMINISTRACION DE
SERVICIOS DE SALUD

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

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$615.00	PBP Section Rx
Formulary Website	www.mmmjpr.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 drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$2,100)		
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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**APPENDIX C-4
(H4004-069)**

**SUMMARY OF
BENEFITS REPORT
(SB)**

Bid Reports 2026

Benefits Summary Report

MMM HEALTHCARE, LLC
H4004 - 069

MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically Ill: Yes
Part D Senior Savings Model: No

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

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	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation Not covered	N/A	N/A	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid

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SEGUROS DE SALUD

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Yes

				Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids - inner ear Not covered	N/A	N/A	
				Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids - outer ear Not covered	N/A	N/A	
				Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids - over the ear Not covered	N/A	N/A	
				Hearing Aids OTC
Hearing	Hearing aids Not covered	N/A	N/A	
Medicare Dental Services	Medicare Dental Services 0-20% coinsurance	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	
				Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
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	

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				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	
				Comprehensive Dental Prosthodontics removable Restorative Services Endodontics Periodontics Prosthodontics fixed Maxillofacial Prosthetics Implant Services Oral Maxillofacial Surgery Orthodontics Adjunctive General Services
Comprehensive dental	Prosthodontics, removable 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	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	

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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
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

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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 Not covered	N/A	N/A	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

				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	
				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	
				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	
				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	
				Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	
				Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
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	
				Mental Health Specialty 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	
				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay	Yes	No	
				Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	
				PT and SP Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services

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

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$615.00	PBP Section Rx
Formulary Website	www.mmmpr.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.

Initial Coverage Phase			
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 \$2,100)		
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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**APPENDIX C-4
(H4004-072)**

**SUMMARY OF
BENEFITS REPORT
(SB)**

Bid Reports 2026

Benefits Summary Report

MMM HEALTHCARE, LLC
H4004 - 072 1
MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically Ill: Yes
Part D Senior Savings Model: No

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

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	N/A	N/A	Physician Specialist Services
Preventive care	Specialist	Yes	Yes	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay	Yes	No	Emergency Care
Emergency care/urgent care	Emergency	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Urgent care	N/A	N/A	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	Diagnostic tests and procedures	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Lab services	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
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI)	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Diagnostic procedures/lab services/imaging	Outpatient x-rays	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing exam	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay	Yes	No	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

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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 exam 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 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

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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
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

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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
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

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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	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 \$0 copay There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass frames Not covered			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	
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
				Upgrades
Vision	Upgrades			
	Not covered	N/A	N/A	
				Inpatient Hospital Psychiatric Medicare-covered stay
	Inpatient hospital - psychiatric			
	\$0 copay	Yes	No	Additional days
Mental health services				
	Outpatient group therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions
	\$0 copay	Yes	Yes	Medicare-covered Group Sessions
Mental health services				
	Outpatient individual therapy visit with a psychiatrist			Psychiatric Services Medicare-covered Individual Sessions
	\$0 copay	Yes	Yes	Medicare-covered Group Sessions
Mental health services				
	Outpatient group therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions
	\$0 copay	Yes	Yes	Medicare-covered Group Sessions
Mental health services				
	Outpatient individual therapy visit			Mental Health Specialty Services Medicare-covered Individual Sessions
	\$0 copay	Yes	Yes	Medicare-covered Group Sessions
Mental health services				
				Skilled Nursing Facility Medicare-covered stay
	\$0 copay	Yes	No	Additional days
Skilled Nursing Facility				
	Occupational therapy visit			Occupational Therapy Services Medicare-covered benefits
	\$0 copay	Yes	Yes	
Rehabilitation services				
	Physical therapy and speech and language therapy visit			PT and SP Services Medicare-covered benefits
	\$0 copay	Yes	No	
Rehabilitation services				
	\$0 copay	N/A	N/A	Ambulance Services
Ground Ambulance				
	\$0 copay			
	There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Transportation				
	Foot exams and treatment			Podiatry Services Medicare-covered benefits
	\$0 copay	Yes	Yes	Routine foot care
Foot care (podiatry services)				
	Routine foot care			Podiatry Services Medicare-covered benefits
	There may be limits on how much the plan will provide.	Yes	Yes	Routine foot care
Foot care (podiatry services)				
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME) Medicare-covered benefits
	0% or 0-10% coinsurance per item	Yes	N/A	
Medical equipment/supplies				
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
	0% or 20% coinsurance per item	Yes	N/A	
Medical equipment/supplies				
	Diabetes supplies			Diabetes Supplies and Services Medicare-covered Diabetic supplies
	\$0 copay	Yes	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies				

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Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$615.00	PBP Section Rx
Formulary Website	www.mmmpr.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.

Initial Coverage Phase			
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 \$2,100]		
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 2026

Benefits Summary Report

MMM HEALTHCARE, LLC
H4004 - 072 2

MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically Ill: Yes
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,250 In-network	PBP Section B (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)
Optional supplemental benefits?	No	PBP Section D
Prescription Drugs Covered?	Yes	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	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	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	No	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid

Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Aids All Types Inner ear Outer ear Over the ear
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 exam 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 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

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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
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

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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
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

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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	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 \$0 copay There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

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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	
				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	
				Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	
				Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
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	
				Mental Health Specialty 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	
				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay	Yes	No	
				Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	
				PT and SP Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	No	
				Ambulance Services
Ground Ambulance	\$0 copay	N/A	N/A	
				Transportation Services
Transportation	There may be limits on how much the plan will provide. \$0 copay	Yes	No	
				Podiatry Services Medicare-covered benefits Routine foot care
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	
				Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	
				Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	
				Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	

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Wellness programs (e.g., fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$615.00	PBP Section Rx
Formulary Website	www.mmmpr.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.

Initial Coverage Phase			
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 \$2,100]		
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 2026

Benefits Summary Report

MMM HEALTHCARE, LLC
H4004 - 0723
MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically Ill: Yes
Part D Senior Savings Model: No

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

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary \$0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist \$0 copay			Physician Specialist Services
Preventive care	\$0 copay	Yes	Yes	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency \$0 copay	Yes	No	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 procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	No	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay There may be limits on how much the plan will provide.	Yes	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid

	Hearing 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	N/A	N/A	Hearing Aids OTC
	Not covered	N/A	N/A	
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	
				Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
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	

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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
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

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SEGURIDAD DE SALUD

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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
Comprehensive dental	Oral and Maxillofacial Surgery Not covered	Contrato Número	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 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 \$0 copay There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	Yes	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades

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SEGURIDAD

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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	
				Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	
				Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	
				Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
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	
				Mental Health Specialty 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	
				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay	Yes	No	
				Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	
				PT and SP Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$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 Podiatry Services Medicare-covered benefits Routine foot care
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	
				Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	
				Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	
				Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes		

ADMINISTRACION DE
SECTORIAL

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Wellness programs (e.g.: fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$615.00	PBP Section Rx
Formulary 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.

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 \$2,100)		
Drug Type	Cost Share Information	Data Source
Generic drugs	Not applicable	PBP Section Rx
Brand-name drugs	Not applicable	PBP Section Rx

ADMINISTRACION DS
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