# 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

26 - 00002

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<br>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)<br>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<br>Medicare-covered stay<br><br>Additional days |
| Outpatient hospital coverage | $0 copay | Yes | No | Outpatient Hospital Services<br>Medicare-covered Outpatient Hospital Services |
| Doctor visits | Primary<br>$0 copay | N/A | N/A | Primary Care Physician Services |
| Doctor visits | Specialist<br>$0 copay | Yes | Yes | Physician Specialist Services |
| Preventive care | $0 copay | Yes | No | Medicare-covered Preventive Services |
| Emergency care/urgent care | Emergency<br>$0 copay | N/A | N/A | Emergency Care |
| Emergency care/urgent care | Urgent care<br>$0 copay | N/A | N/A | Urgently Needed Services |
| Diagnostic procedures/lab services/imaging | Diagnostic tests and procedures<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Lab services<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Diagnostic radiology services (e.g., MRI)<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Diagnostic procedures/lab services/imaging | Outpatient x-rays<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Hearing | Hearing exam<br>$0 copay | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |
| Hearing | Fitting/evaluation<br>$0 copay<br><br>There may be limits on how much the plan will provide. | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |

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

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

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

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

APROBACIÓN DE
SEGUROS DE SALUD
26 - 00002
Contrato Número

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

ADMINISTRACION DE
SEGUROS DE SALUD

26-00002

Contrato Número

| 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

26 - 00002

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<br>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)<br>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<br>Medicare-covered stay<br><br>Additional days |
| Outpatient hospital coverage | $0 copay | Yes | No | Outpatient Hospital Services<br>Medicare-covered Outpatient Hospital Services |
| Doctor visits | Primary<br>$0 copay | N/A | N/A | Primary Care Physician Services |
| Doctor visits | Specialist<br>$0 copay | Yes | Yes | Physician Specialist Services |
| Preventive care | $0 copay | Yes | No | Medicare-covered Preventive Services |
| Emergency care/urgent care | Emergency<br>$0 copay | N/A | N/A | Emergency Care |
| Emergency care/urgent care | Urgent care<br>$0 copay | N/A | N/A | Urgently Needed Services |
| Diagnostic procedures/lab services/imaging | Diagnostic tests and procedures<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Lab services<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Diagnostic radiology services (e.g., MRI)<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Diagnostic procedures/lab services/imaging | Outpatient x-rays<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Hearing | Hearing exam<br>$0 copay | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |
| Hearing | Fitting/evaluation<br>$0 copay<br><br>There may be limits on how much the plan will provide. | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |

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

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

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

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

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

ADMINISTRACION DE SEGUROS DE SALUD

26 - 00002

Contrato Número

# 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<br>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)<br>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<br>Medicare-covered stay<br><br>Additional days |
| Outpatient hospital coverage | $0 copay | Yes | No | Outpatient Hospital Services<br>Medicare-covered Outpatient Hospital Services |
| Doctor visits | Primary<br>$0 copay | N/A | N/A | Primary Care Physician Services |
| Doctor visits | Specialist<br>$0 copay | Yes | Yes | Physician Specialist Services |
| Preventive care | $0 copay | Yes | No | Medicare-covered Preventive Services |
| Emergency care/urgent care | Emergency<br>$0 copay | N/A | N/A | Emergency Care |
| Emergency care/urgent care | Urgent care<br>$0 copay | N/A | N/A | Urgently Needed Services |
| Diagnostic procedures/lab services/imaging | Diagnostic tests and procedures<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Lab services<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Diagnostic radiology services (e.g., MRI)<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Diagnostic procedures/lab services/imaging | Outpatient x-rays<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Hearing | Hearing exam<br>$0 copay | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |
| Hearing | Fitting/evaluation<br><br>$0 copay<br><br>There may be limits on how much the plan will provide. | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |

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

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

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

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

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

DB

26-00002

Contrato Número

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

ADMINISTRACION DE SEGUROS DE SALUD

26 - 00002

Contrato Número

# 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<br>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)<br>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<br>Medicare-covered stay<br>Additional days |
| Outpatient hospital coverage | $0 copay | Yes | No | Outpatient Hospital Services<br>Medicare-covered Outpatient Hospital Services |
| Doctor visits | Primary<br>$0 copay | N/A | N/A | Primary Care Physician Services |
| Doctor visits | Specialist<br>$0 copay | Yes | Yes | Physician Specialist Services |
| Preventive care | $0 copay | Yes | No | Medicare-covered Preventive Services |
| Emergency care/urgent care | Emergency<br>$0 copay | N/A | N/A | Emergency Care |
| Emergency care/urgent care | Urgent care<br>$0 copay | N/A | N/A | Urgently Needed Services |
| Diagnostic procedures/lab services/imaging | Diagnostic tests and procedures<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Lab services<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Diagnostic radiology services (e.g., MRI)<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br>Medicare-covered X-ray services |
| Diagnostic procedures/lab services/imaging | Outpatient x-rays<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br>Medicare-covered X-ray services |
| Hearing | Hearing exam<br>$0 copay | Yes | No | Hearing Exams<br>Medicare-covered benefits<br>Fitting/Evaluation for Hearing Aid |
| Hearing | Fitting/evaluation<br>Not covered | N/A | N/A | Hearing Exams<br>Medicare-covered benefits<br>Fitting/Evaluation for Hearing Aid |

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 00002

Contrato Número

| | | | | |
|---|---|---|---|---|
| Hearing | Hearing aids - inner ear<br>Not covered | N/A | N/A | Hearing Aids<br>All Types<br>Inner ear<br>Outer ear<br>Over the ear |
| Hearing | Hearing aids - outer ear<br>Not covered | N/A | N/A | Hearing Aids<br>All Types<br>Inner ear<br>Outer ear<br>Over the ear |
| Hearing | Hearing aids - over the ear<br>Not covered | N/A | N/A | Hearing Aids<br>All Types<br>Inner ear<br>Outer ear<br>Over the ear |
| Hearing | Hearing aids<br>Not covered | N/A | N/A | Hearing Aids<br>OTC |
| Medicare Dental Services | Medicare Dental Services<br>0-20% coinsurance | Yes | No | Medicare Dental Services |
| Diagnostic and Preventive dental | Oral exam<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |
| Diagnostic and Preventive dental | Cleaning<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |
| Diagnostic and Preventive dental | Fluoride treatment<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |
| Diagnostic and Preventive dental | Dental x-ray(s)<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |

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

ADMINISTRACIÓN DE SERVICIOS DE SALUD

26 - 00002

Contrato Número

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

26-00002

Contrato Número

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

| | | | | |
|---|---|---|---|---|
| Vision | Eyeglasses (frames and lenses)<br>$0 copay<br>There may be limits on how much the plan will provide. | Yes | No | Eyewear<br>Medicare-covered benefits<br>Contact lenses<br>Eyeglasses (lenses and frames)<br>Eyeglass lenses<br>Eyeglass frames<br>Upgrades |
| Vision | Eyeglass frames<br>Not covered | N/A | N/A | Eyewear<br>Medicare-covered benefits<br>Contact lenses<br>Eyeglasses (lenses and frames)<br>Eyeglass lenses<br>Eyeglass frames<br>Upgrades |
| Vision | Eyeglass lenses<br>Not covered | N/A | N/A | Eyewear<br>Medicare-covered benefits<br>Contact lenses<br>Eyeglasses (lenses and frames)<br>Eyeglass lenses<br>Eyeglass frames<br>Upgrades |
| Vision | Upgrades<br>Not covered | N/A | N/A | Eyewear<br>Medicare-covered benefits<br>Contact lenses<br>Eyeglasses (lenses and frames)<br>Eyeglass lenses<br>Eyeglass frames<br>Upgrades |
| Mental health services | Inpatient hospital - psychiatric<br>$0 copay | Yes | No | Inpatient Hospital Psychiatric<br>Medicare-covered stay<br>Additional days |
| Mental health services | Outpatient group therapy visit with a psychiatrist<br>$0 copay | Yes | Yes | Psychiatric Services<br>Medicare-covered Individual Sessions<br>Medicare-covered Group Sessions |
| Mental health services | Outpatient individual therapy visit with a psychiatrist<br>$0 copay | Yes | Yes | Psychiatric Services<br>Medicare-covered Individual Sessions<br>Medicare-covered Group Sessions |
| Mental health services | Outpatient group therapy visit<br>$0 copay | Yes | Yes | Mental Health Specialty Services<br>Medicare-covered Individual Sessions<br>Medicare-covered Group Sessions |
| Mental health services | Outpatient individual therapy visit<br>$0 copay | Yes | Yes | Mental Health Specialty Services<br>Medicare-covered Individual Sessions<br>Medicare-covered Group Sessions |
| Skilled Nursing Facility | $0 copay | Yes | No | Skilled Nursing Facility<br>Medicare-covered stay<br>Additional days |
| Rehabilitation services | Occupational therapy visit<br>$0 copay | Yes | Yes | Occupational Therapy Services<br>Medicare-covered benefits |
| Rehabilitation services | Physical therapy and speech and language therapy visit<br>$0 copay | Yes | No | PT and SP Services<br>Medicare-covered benefits |
| Ground Ambulance | $0 copay | N/A | N/A | Ambulance Services |

| | | | | |
|---|---|---|---|---|
| Transportation | $0 copay<br><br>There may be limits on how much the plan will provide. | Yes | No | Transportation Services |
| Foot care (podiatry services) | Foot exams and treatment<br><br>$0 copay | Yes | Yes | Podiatry Services<br>Medicare-covered benefits<br><br>Routine foot care |
| Foot care (podiatry services) | Routine foot care<br><br>There may be limits on how much the plan will provide. | Yes | Yes | Podiatry Services<br>Medicare-covered benefits<br><br>Routine foot care |
| Medical equipment/supplies | Durable medical equipment (e.g., wheelchairs, oxygen)<br><br>0% or 20% coinsurance per item | Yes | N/A | Durable Medical Equipment (DME)<br>Medicare-covered benefits |
| Medical equipment/supplies | Prosthetics (e.g., braces, artificial limbs)<br><br>0% or 20% coinsurance per item | Yes | N/A | Prosthetics/Medical Supplies<br>Medicare-covered prosthetic devices |
| Medical equipment/supplies | Diabetes supplies<br><br>$0 copay | Yes | N/A | Diabetes Supplies and Services<br>Medicare-covered Diabetic supplies<br><br>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<br><br>$0 copay | Yes | N/A | Medicare Part B Chemotherapy Drugs<br><br>Other Medicare Part B Drugs |
| Medicare Part B drugs | Other Part B drugs<br><br>$0 copay | Yes | N/A | Medicare Part B Chemotherapy Drugs<br><br>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 |

# 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<br>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)<br>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<br>Medicare-covered stay<br><br>Additional days |
| Outpatient hospital coverage | $0 copay | Yes | No | Outpatient Hospital Services<br>Medicare-covered Outpatient Hospital Services |
| Doctor visits | Primary<br>$0 copay | N/A | N/A | Primary Care Physician Services |
| Doctor visits | Specialist<br>$0 copay | Yes | Yes | Physician Specialist Services |
| Preventive care | $0 copay | Yes | No | Medicare-covered Preventive Services |
| Emergency care/urgent care | Emergency<br>$0 copay | N/A | N/A | Emergency Care |
| Emergency care/urgent care | Urgent care<br>$0 copay | N/A | N/A | Urgently Needed Services |
| Diagnostic procedures/lab services/imaging | Diagnostic tests and procedures<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Lab services<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Diagnostic radiology services (e.g., MRI)<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Diagnostic procedures/lab services/imaging | Outpatient x-rays<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Hearing | Hearing exam<br>$0 copay | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |
| Hearing | Fitting/evaluation<br>Not covered | N/A | N/A | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |

| | | | | |
|---|---|---|---|---|
| Hearing | Hearing aids - inner ear<br>Not covered | N/A | N/A | Hearing Aids<br>All Types<br>Inner ear<br>Outer ear<br>Over the ear |
| Hearing | Hearing aids - outer ear<br>Not covered | N/A | N/A | Hearing Aids<br>All Types<br>Inner ear<br>Outer ear<br>Over the ear |
| Hearing | Hearing aids - over the ear<br>Not covered | N/A | N/A | Hearing Aids<br>All Types<br>Inner ear<br>Outer ear<br>Over the ear |
| Hearing | Hearing aids<br>Not covered | N/A | N/A | Hearing Aids<br>OTC |
| Medicare Dental Services | Medicare Dental Services<br>0-20% coinsurance | Yes | No | Medicare Dental Services |
| Diagnostic and Preventive dental | Oral exam<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |
| Diagnostic and Preventive dental | Cleaning<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |
| Diagnostic and Preventive dental | Fluoride treatment<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |
| Diagnostic and Preventive dental | Dental x-ray(s)<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |

| | | | | |
|---|---|---|---|---|
| Diagnostic and Preventive dental | Other Diagnostic Services<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |
| Diagnostic and Preventive dental | Other Preventive Services<br>Not covered | N/A | N/A | Diagnostic and Preventive Dental<br>Oral Exams<br>Prophylaxis (Cleaning)<br>Fluoride treatment<br>Dental X-rays<br>Other Diagnostic Services<br>Other Preventive Services |
| Comprehensive dental | Prosthodontics, removable<br>Not covered | N/A | N/A | Comprehensive Dental<br>Prosthodontics removable<br>Restorative Services<br>Endodontics<br>Periodontics<br>Prosthodontics fixed<br>Maxillofacial Prosthetics<br>Implant Services<br>Oral Maxillofacial Surgery<br>Orthodontics<br>Adjunctive General Services |
| Comprehensive dental | Restorative services<br>Not covered | N/A | N/A | Comprehensive Dental<br>Prosthodontics removable<br>Restorative Services<br>Endodontics<br>Periodontics<br>Prosthodontics fixed<br>Maxillofacial Prosthetics<br>Implant Services<br>Oral Maxillofacial Surgery<br>Orthodontics<br>Adjunctive General Services |
| Comprehensive dental | Endodontics<br>Not covered | N/A | N/A | Comprehensive Dental<br>Prosthodontics removable<br>Restorative Services<br>Endodontics<br>Periodontics<br>Prosthodontics fixed<br>Maxillofacial Prosthetics<br>Implant Services<br>Oral Maxillofacial Surgery<br>Orthodontics<br>Adjunctive General Services |

ADMINISTRACIÓN DE SEGUROS DE SALUD

26-00002

Contrato Número

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 00002

Contrato Número

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 00002

Contrato Número

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

| | | | | |
|---|---|---|---|---|
| Transportation | $0 copay<br><br>There may be limits on how much the plan will provide. | Yes | No | Transportation Services |
| Foot care (podiatry services) | Foot exams and treatment<br><br>$0 copay | Yes | Yes | Podiatry Services<br>Medicare-covered benefits<br><br>Routine foot care |
| Foot care (podiatry services) | Routine foot care<br><br>There may be limits on how much the plan will provide. | Yes | Yes | Podiatry Services<br>Medicare-covered benefits<br><br>Routine foot care |
| Medical equipment/supplies | Durable medical equipment (e.g., wheelchairs, oxygen)<br><br>0% or 20% coinsurance per item | Yes | N/A | Durable Medical Equipment (DME)<br>Medicare-covered benefits |
| Medical equipment/supplies | Prosthetics (e.g., braces, artificial limbs)<br><br>0% or 20% coinsurance per item | Yes | N/A | Prosthetics/Medical Supplies<br>Medicare-covered prosthetic devices |
| Medical equipment/supplies | Diabetes supplies<br><br>$0 copay | Yes | N/A | Diabetes Supplies and Services<br>Medicare-covered Diabetic supplies<br><br>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<br><br>$0 copay | Yes | N/A | Medicare Part B Chemotherapy Drugs<br><br>Other Medicare Part B Drugs |
| Medicare Part B drugs | Other Part B drugs<br><br>$0 copay | Yes | N/A | Medicare Part B Chemotherapy Drugs<br><br>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 |

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 00002

Contrato Número

# 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<br>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)<br>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<br>Medicare-covered stay<br><br>Additional days |
| Outpatient hospital coverage | $0 copay | Yes | No | Outpatient Hospital Services<br>Medicare-covered Outpatient Hospital Services |
| Doctor visits | Primary<br>$0 copay | N/A | N/A | Primary Care Physician Services |
| Doctor visits | Specialist<br>$0 copay | Yes | Yes | Physician Specialist Services |
| Preventive care | $0 copay | Yes | No | Medicare-covered Preventive Services |
| Emergency care/urgent care | Emergency<br>$0 copay | N/A | N/A | Emergency Care |
| Emergency care/urgent care | Urgent care<br>$0 copay | N/A | N/A | Urgently Needed Services |
| Diagnostic procedures/lab services/imaging | Diagnostic tests and procedures<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Lab services<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Diagnostic radiology services (e.g., MRI)<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Diagnostic procedures/lab services/imaging | Outpatient x-rays<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Hearing | Hearing exam<br>$0 copay | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |
| Hearing | Fitting/evaluation<br>$0 copay<br><br>There may be limits on how much the plan will provide. | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 0 0 0 0 2

Contrato Número

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

AD[illegible] DE
SE[illegible]ALUD
26-00002

Contrato Número

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

ADMINISTRACIÓN DE SERVICIOS DE SALUD

26 - 00002

Contrato Número

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 00002

Contrato Número

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 00002

Contrato Número

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



26 - 0 0 0 0 2

Contrato Número

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 00002

Contrato Número

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<br>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)<br>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<br>Medicare-covered stay<br><br>Additional days |
| Outpatient hospital coverage | $0 copay | Yes | No | Outpatient Hospital Services<br>Medicare-covered Outpatient Hospital Services |
| Doctor visits | Primary<br>$0 copay | N/A | N/A | Primary Care Physician Services |
| Doctor visits | Specialist<br>$0 copay | Yes | Yes | Physician Specialist Services |
| Preventive care | $0 copay | Yes | No | Medicare-covered Preventive Services |
| Emergency care/urgent care | Emergency<br>$0 copay | N/A | N/A | Emergency Care |
| Emergency care/urgent care | Urgent care<br>$0 copay | N/A | N/A | Urgently Needed Services |
| Diagnostic procedures/lab services/imaging | Diagnostic tests and procedures<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Lab services<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Diagnostic radiology services (e.g., MRI)<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Diagnostic procedures/lab services/imaging | Outpatient x-rays<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Hearing | Hearing exam<br>$0 copay | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |
| Hearing | Fitting/evaluation<br>$0 copay<br>There may be limits on how much the plan will provide. | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |

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

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

AT[illegible]SECRETARÍA DE SALUD

26-00002

Contrato Número

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 0 0 0 0 2

Contrato Número

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 0 0 0 0 2

Contrato Número

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



Contrato Número

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

ADMINISTRACION DE SEGUROS DE SALUD

26 - 00002

Contrato Número

Bid Reports 2026

Benefits Summary Report

MMM HEALTHCARE, LLC
H4004 - 072 3
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<br>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)<br>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<br>Medicare-covered stay<br><br>Additional days |
| Outpatient hospital coverage | $0 copay | Yes | No | Outpatient Hospital Services<br>Medicare-covered Outpatient Hospital Services |
| Doctor visits | Primary<br>$0 copay | N/A | N/A | Primary Care Physician Services |
| Doctor visits | Specialist<br>$0 copay | Yes | Yes | Physician Specialist Services |
| Preventive care | $0 copay | Yes | No | Medicare-covered Preventive Services |
| Emergency care/urgent care | Emergency<br>$0 copay | N/A | N/A | Emergency Care |
| Emergency care/urgent care | Urgent care<br>$0 copay | N/A | N/A | Urgently Needed Services |
| Diagnostic procedures/lab services/imaging | Diagnostic tests and procedures<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Lab services<br>$0 copay | Yes | No | Outpatient Diagnostic Procedures, Tests and Lab Services<br>Medicare-covered Diagnostic Procedures/Tests<br><br>Medicare-covered Lab Services |
| Diagnostic procedures/lab services/imaging | Diagnostic radiology services (e.g., MRI)<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Diagnostic procedures/lab services/imaging | Outpatient x-rays<br>$0 copay | Yes | No | Outpatient Diagnostic/Therapeutic Radiological Services<br>Medicare-covered Diagnostic Radiological Services<br><br>Medicare-covered X-ray services |
| Hearing | Hearing exam<br>$0 copay | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |
| Hearing | Fitting/evaluation<br>$0 copay<br><br>There may be limits on how much the plan will provide. | Yes | No | Hearing Exams<br>Medicare-covered benefits<br><br>Fitting/Evaluation for Hearing Aid |

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

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

26 - 00002

Contrato Número

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

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

ADMINISTRACION DE SEGUROS DE SALUD

26 - 0 0 9 0 2

Contrato Número

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

APROBADO POR LA JUNTA DE SEGUROS DE SALUD

26 - 0 0 0 0 2

Contrato Número