Appendix C (4)

Bid Report - Summary of Benefits

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 0 0 0 0 2

NÚMERO DE CONTRATO

Review Upload Status - 2027
Last Generated: 6/1/2026 10:12:55 AM

Contract	Plan	Segment	Plan Name	Service Area Verification	Plan Crosswalk	Formulary Crosswalk	Substantiation	Bid Submission	Formulary Supplemental Files				Latest Actuarial Certification	
									Free First Fill	Home Infusion	OTC	Excluded Drugs	MA	PD
[redacted]														
H4003	017	N/A	MMM Diamante Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM
[redacted]														
H4003	058	N/A	MMM Dorado Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM
H4004	048	N/A	PMC Premier Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM
[redacted]														
H4004	068	N/A	MMM Combo Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM
[redacted]														
H4004	072	1	MMM Relax Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM
H4004	072	2	MMM Relax Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM
H4004	072	3	MMM Relax Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM
[redacted]														
H4004	076	1	MMM Preciso Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM
H4004	076	2	MMM Preciso Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM
H4004	076	3	MMM Preciso Platino (HMO D-SNP)	Concurred	Complete	Complete (00027353)	Yes	Plan successfully submitted	N/A	N/A	N/A	N/A	05/29/2026 04:22 PM	05/29/2026 04:14 PM

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Bid Reports 2027

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

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

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care
Emergency care/urgent care	Urgent care $0 copay	N/A	N/A	Urgently Needed Services

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

Yes

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

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

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

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

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

Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

Yes

Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) $0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits

Yes

AB

Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) $0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	**Standard Retail 1 Month**	**Standard Retail 3 Month**	**ıard Mail Order 3 M**	**Data Source**
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	**Cost Share Information**	**Data Source**
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx

Bid Reports 2027

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

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

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care
Emergency care/urgent care	Urgent care $0 copay	N/A	N/A	Urgently Needed Services

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

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

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

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

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

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

Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) $0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits

Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) $0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	Standard Retail 1 Month	Standard Retail 3 Month	ıard Mail Order 3 M	Data Source
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx

Bid Reports 2027

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

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

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care
Emergency care/urgent care	Urgent care $0 copay	N/A	N/A	Urgently Needed Services

Yes

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

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

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

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

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

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

Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) $0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits

Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) $0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	Standard Retail 1 Month	Standard Retail 3 Month	ıard Mail Order 3 M	Data Source
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx

ADMINISTRACIÓN DE SEGUROS DE SALUD

Bid Reports 2027

Benefits Summary Report

27 - 00002

NÚMERO DE CONTRATO

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

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care

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

Yes

AL

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

Diagnostic and Preventive dental	Cleaning Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Fluoride treatment Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services
Diagnostic and Preventive dental	Other Diagnostic Services Not covered	N/A	N/A	Diagnostic and Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays Other Diagnostic Services Other Preventive Services

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

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

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

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

Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days

Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 20% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors

Yes

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

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	**Standard Retail 1 Month**	**Standard Retail 3 Month**	**lard Mail Order 3 M**	**Data Source**
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	**Cost Share Information**	**Data Source**
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx

Bid Reports 2027

Benefits Summary Report

ADMINISTRACIÓN DE SEGUROS DE SALUD

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

27 - 00002

NÚMERO DE CONTRATO

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

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care

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

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

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

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

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

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

Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits

Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	Standard Retail 1 Month	Standard Retail 3 Month	ard Mail Order 3 M	Data Source
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx

Bid Reports 2027

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

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

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

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care

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

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

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

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

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

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

Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits

Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	**Standard Retail 1 Month**	**Standard Retail 3 Month**	**lard Mail Order 3 M**	**Data Source**
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	**Cost Share Information**	**Data Source**
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx

Bid Reports 2027

Benefits Summary Report

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

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

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care

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

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

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

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

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

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

Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits

Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	Standard Retail 1 Month	Standard Retail 3 Month	ıard Mail Order 3 M	Data Source
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx

Bid Reports 2027

ADMINISTRACIÓN DE SEGUROS DE SALUD

Benefits Summary Report

27 - 00002

MMM HEALTHCARE, LLC
H4004 - 076 1
MA Uniformity Flexibility: No

NÚMERO DE CONTRATO

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

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

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care

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

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

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

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

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

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

Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits

Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	Standard Retail 1 Month	Standard Retail 3 Month	lard Mail Order 3 M	Data Source
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx

ADMINISTRACIÓN DE SEGUROS DE SALUD

Bid Reports 2027

Benefits Summary Report

27 - 00002

NÚMERO DE CONTRATO

MMM HEALTHCARE, LLC
H4004 - 076 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 PBP Section D (plan level)
Health plan deductible	$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level) PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	$3,250 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care

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

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

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

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

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

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

Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits

Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	Standard Retail 1 Month	Standard Retail 3 Month	ıard Mail Order 3 M	Data Source
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx

ADMINISTRACIÓN DE SEGUROS DE SALUD

Bid Reports 2027

Benefits Summary Report

27 - 00002

NÚMERO DE CONTRATO

MMM HEALTHCARE, LLC
H4004 - 076 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 PBP Section D (plan level)
Health plan deductible	$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level) PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	$3,250 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

Health and Medical Benefits				
Selected Benefits	**Cost Share Information**	**Authorization**	**Referral**	**Data Source**
Inpatient hospital coverage	$0 copay	Yes	No	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	$0 copay	Yes	No	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary $0 copay	N/A	N/A	Primary Care Physician Services
Doctor visits	Specialist $0 copay	Yes	Yes	Physician Specialist Services
Preventive care	$0 copay	Yes	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency $0 copay	N/A	N/A	Emergency Care

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

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

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

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

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

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

Vision	Eyeglass frames Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

Mental health services	Outpatient individual therapy visit with a psychiatrist $0 copay	Yes	Yes	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit $0 copay	Yes	Yes	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit $0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit $0 copay	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	$0 copay	N/A	N/A	Ambulance Services
Transportation	$0 copay There may be limits on how much the plan will provide.	Yes	No	Transportation Services
Foot care (podiatry services)	Foot exams and treatment $0 copay	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care There may be limits on how much the plan will provide.	Yes	Yes	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) 0% or 0-10% coinsurance per item	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits

Yes

Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) 0% or 20% coinsurance per item	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Medical equipment/supplies	Diabetic Monitors $0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts Medicare-covered Diabetic Monitors
Wellness programs (e.g.; fitness, nursing hotline)	Covered	Yes	No	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs $0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information		
Descriptor	**Value**	**Data Source**
Monthly Premium	$0.00	BPT Worksheet Report
Deductible	$700.00	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				
Tier	Standard Retail 1 Month	Standard Retail 3 Month	lard Mail Order 3 M	Data Source
DS	$35.00 copay or 25%	$105.00 copay or 25%	$105.00 copay or 25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed $2,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	No Cost Sharing	PBP Section Rx
Brand-name drugs	No Cost Sharing	PBP Section Rx