Appendix C (7)

Benefits Not-Covered by Wrap Around Supplementary Benefits Part C

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 0 0 0 2

NÚMERO DE CONTRATO

ADMINISTRACIÓN DE SEGUROS DE SALUD

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NÚMERO DE CONTRATO

Plan de Salud medicare PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

APPENDIX C-7

Part C Supplementary Benefits Certification 2027

I, **Agustín González Cuadrado**, **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2027 to all members enrolled in:

Product Identification: MMM Diamante Platino (H4003-017)

Description Benefits	Copay			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	$0 copay	$0 copay	$0 copay	$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of $500	$75 copay	$75 copay	$75 copay	$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of $750 a year Authorization rules may apply. Referral needed.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Podiatry Services: Routine Care Up to six (6) visits a year Authorization rules may apply. Referral needed.	$0 copay	$0 copay	$0 copay	$0 copay
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Transportation Services: Up to thirty (30) one-way trips to plan approved health-related locations every year. Unlimited transportation trips to and from the Multi-Specialty Clinics. Authorization rules may apply	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Supplemental Acupuncture Services: Up to six (6) visits with a maximum benefit amount of $500 a year. Referral needed. Authorization rules may apply	$0 copay	$0 copay	$0 copay	$0 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of $100 every three months *The following Categories are covered: 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests 13) Homeopathic/Natural Medicine Items (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. This is a combined benefit with a single, shared maximum plan benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) times per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Remote Access Technologies (Nursing Hotline) Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of $100 every three months. The following items will be covered through the OTC catalogue: 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight Fitness Benefit- Up to a maximum plan benefit shared amount of $100 every three months. The following items will be covered through the OTC catalogue: 1) Physical exercise pedals 2) Stretch straps This is a combined benefit with a single, shared maximum benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Comprehensive Dental: **Restorative:** Core buildup and pin retention per tooth, per surface, once every 24 months. Post and core in addition to crown covered one per tooth per life. Single crowns covered- up to 1 per year. Replacement crowns covered every 5 years per tooth, by report if replacement is needed. Single crowns require pre authorization. Provisional crowns are covered one (1) per tooth every five (5) years. Labial veneers are covered one (1) per tooth every five (5) years. **Prosthodontics, Removable:** Removable complete or partial dentures in resin and metal base covered every five (5) years.	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

Description Benefits	Copay			
	100	110	120	130
Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. **Prosthodontics, Fixed:** Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. **Implants:** Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered. Authorization rules apply for removable prosthodontics, implants and retainer crowns. **Adjunctive general services:** Anesthesia under deep sedation is covered. The first 15 minutes and 3 additional 15 minute increments are covered for a total of 60 minutes combined per day of service. Deep sedation services are applicable for payment when the following services are performed: surgical placement of the implant body, endosseous implant, surgical extraction of protruding tooth or residual root, removal of impacted teeth – in soft tissue, removal of partially or completely impacted teeth in bone, removal of residual tooth roots, removal of the palatine torus, mandibular torus and removal of exostosis. Authorization rules apply for deep sedation services. Up to a maximum benefit amount of $3,500 a year for all supplemental comprehensive dental services.				
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of $800 a year.	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of $3,000 every three (3) years for both ears combined Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay
SSBCI: Non-Primarily Health Related Benefits for the Chronically Ill: **MMM Flexi Card** $85 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items, including Homeopathic / Natural Medicine Items - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Gym Membership) - Memory and Cognitive Function Support items, such as: memory cards, board games, sudoku or other items that help the member exercise their memory - Pet Care - Gardening/Hardware Items - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services - Eyewear (Contact lenses, Eyeglasses (lenses and frames), Upgrades) - Hearing Services: (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types)) - Diagnostic and Comprehensive Dental Services (Oral exams, Dental X-Rays, Restorative, Endodontics, Periodontics, Removable Prosthodontics, Implant Services, Fixed Prosthodontics, Oral/Maxillofacial Surgery, Adjunctive General Services and Other Diagnostic Dental Services) **Roadside Assistance and In-Home Minor Repairs** Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* 2) In-Home minor repairs* (2 per year for appliances repair services and 1 event per year for 2hrs. Handyman services)	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
3) Pest Control two (2) per year (1/semester) 4) Indoor Air Quality Equipment Services (2 events per year (1/semester) for A/C cleaning services) *Maximum amount of $300 per service for Roadside assistance and some In-Home minor repairs applies. Maximum amount of $200 per service applies for appliances repair services.				

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

President

6/5/2026

Date

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Plan de Salud medicare PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

APPENDIX C-7

Part C Supplementary Benefits Certification 2027

I, **Agustín González Cuadrado, President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2027 to all members enrolled in:

Product Identification: PMC Premier Platino (H4004-048)

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

Description Benefits	Copay			
	100	110	120	130
Over the Counter Items (OTC): Up to a maximum benefit amount of $200 every month *The following Categories are covered: 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests 13) Homeopathic/Natural Medicine Items (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. This is a combined benefit with a single, shared maximum plan benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) times per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply	$0 copay	$0 copay	$0 copay	$0 copay
Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Remote Access Technologies (Nursing Hotline) Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of $200 every month. The following items will be covered through the OTC catalogue: 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight Fitness Benefit- Up to a maximum plan benefit shared amount of $200 every month The following items will be covered through the OTC catalogue: 1) Physical exercise pedals 2) Stretch straps This is a combined benefit with a single, shared maximum benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.				
Supplemental Comprehensive Dental: **Restorative:** Core buildup and pin retention per tooth, per surface, once every 24 months. Post and core in addition to crown covered one per tooth per life. Single crowns covered- up to 1 per year. Replacement crowns covered every 5 years per tooth, by report if replacement is needed. Single crowns require pre authorization. Provisional crowns are covered one (1) per tooth every five (5) years. Labial veneers are covered one (1) per tooth every five (5) years. **Prosthodontics, Removable:** Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. **Prosthodontics, Fixed:** Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

Description Benefits	Copay			
	100	110	120	130
porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. **Implants:** Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered. Authorization rules apply for removable prosthodontics, implants and retainer crowns. **Adjunctive general services:** Anesthesia under deep sedation is covered. The first 15 minutes and 3 additional 15 minute increments are covered for a total of 60 minutes combined per day of service. Deep sedation services are applicable for payment when the following services are performed: surgical placement of the implant body, endosseous implant, surgical extraction of protruding tooth or residual root, removal of impacted teeth – in soft tissue, removal of partially or completely impacted teeth in bone, removal of residual tooth roots, removal of the palatine torus, mandibular torus and removal of exostosis. Authorization rules apply for deep sedation services. Up to a maximum benefit amount of $2,000 a year for all supplemental comprehensive dental services.				
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of $600 a year.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of $2,500 every three (3) years for both ears combined Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
SSBCI: Non-Primarily Health Related Benefits for the Chronically Ill: **MMM Flexi Card** $85 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items, including Homeopathic / Natural Medicine Items - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Gym Membership) - Memory and Cognitive Function Support items, such as: memory cards, board games, sudoku or other items that help the member exercise their memory - Pet Care - Gardening/Hardware Items - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services - Eyewear (Contact lenses, Eyeglasses (lenses and frames), Upgrades) - Hearing Services: (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types)) - Diagnostic and Comprehensive Dental Services (Oral exams, Dental X-Rays, Restorative, Endodontics, Periodontics, Removable Prosthodontics, Implant Services, Fixed Prosthodontics, Oral/Maxillofacial Surgery, Adjunctive General Services and Other Diagnostic Dental Services) **Roadside Assistance and In-Home Minor Repairs** Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* 2) In-Home minor repairs* (2 per year for appliances repair services and 1 event per year for 2hrs. Handyman services) 3) Pest Control two (2) per year (1/semester) 4) Indoor Air Quality Equipment Services (2 events per year (1/semester) for A/C cleaning services) *Maximum amount of $300 per service for Roadside assistance and some In-Home minor repairs applies. Maximum amount of $200 per service applies for appliances repair services.	$0 copay	$0 copay	$0 copay	$0 copay

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

6/05/2026

President **Date**

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Plan de Salud medicare PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

APPENDIX C-7

Part C Supplementary Benefits Certification 2027

I, **Agustín González Cuadrado**, **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2027 to all members enrolled in:

Product Identification: MMM Dorado Platino (H4003-058)

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

Description Benefits	Copay			
	100	110	120	130
Supplemental Acupuncture Services: Up to six (6) visits with a maximum benefit amount of $500 a year. Referral needed. Authorization rules may apply	$0 copay	$0 copay	$0 copay	$0 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of $35 every three months *The following Categories are covered: 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests 13) Homeopathic/Natural Medicine Items (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. This is a combined benefit with a single, shared maximum plan benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) times per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Remote Access Technologies (Nursing Hotline) Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of $35 every three months. The following items will be covered through the OTC catalogue: 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight Fitness Benefit- Up to a maximum plan benefit shared amount of $35 every three months. The following items will be covered through the OTC catalogue: 1) Physical exercise pedals 2) Stretch straps This is a combined benefit with a single, shared maximum benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Comprehensive Dental: **Restorative:** Core buildup and pin retention per tooth, per surface, once every 24 months. Post and core in addition to crown covered one per tooth per life. Single crowns covered- up to 1 per year. Replacement crowns covered every 5 years per tooth, by report if replacement is needed. Single crowns require pre authorization. Provisional crowns are covered one (1) per tooth every five (5) years. Labial veneers are covered one (1) per tooth every five (5) years. **Prosthodontics, Removable:** Removable complete or partial dentures in resin and metal base covered every five (5) years.	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

Description Benefits	Copay			
	100	110	120	130
Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. **Prosthodontics, Fixed:** Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. **Implants:** Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered. Authorization rules apply for removable prosthodontics, implants and retainer crowns. **Adjunctive general services:** Anesthesia under deep sedation is covered. The first 15 minutes and 3 additional 15 minute increments are covered for a total of 60 minutes combined per day of service. Deep sedation services are applicable for payment when the following services are performed: surgical placement of the implant body, endosseous implant, surgical extraction of protruding tooth or residual root, removal of impacted teeth – in soft tissue, removal of partially or completely impacted teeth in bone, removal of residual tooth roots, removal of the palatine torus, mandibular torus and removal of exostosis. Authorization rules apply for deep sedation services. Up to a maximum benefit amount of $1,500 a year for all supplemental comprehensive dental services.				
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of $750 a year.	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of $2,500 every three (3) years for both ears combined Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay
SSBCI: Non-Primarily Health Related Benefits for the Chronically Ill: **MMM Flexi Card** $145 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items, including Homeopathic / Natural Medicine Items - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Gym Membership) - Memory and Cognitive Function Support items, such as: memory cards, board games, sudoku or other items that help the member exercise their memory - Pet Care - Gardening/Hardware Items - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services - Eyewear (Contact lenses, Eyeglasses (lenses and frames), Upgrades) - Hearing Services: (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types)) - Diagnostic and Comprehensive Dental Services (Oral exams, Dental X-Rays, Restorative, Endodontics, Periodontics, Removable Prosthodontics, Implant Services, Fixed Prosthodontics, Oral/Maxillofacial Surgery, Adjunctive General Services and Other Diagnostic Dental Services) **Roadside Assistance and In-Home Minor Repairs** Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* 2) In-Home minor repairs* (2 per year for appliances repair services and 1 event per year for 2hrs. Handyman services)	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
3) Pest Control two (2) per year (1/semester) 4) Indoor Air Quality Equipment Services (2 events per year (1/semester) for A/C cleaning services) *Maximum amount of $300 per service for Roadside assistance and some In-Home minor repairs applies. Maximum amount of $200 per service applies for appliances repair services.				

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

President

6/5/2026

Date

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

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Administración de Seguros de Salud
Gobierno de Puerto Rico

APPENDIX C-7

Part C Supplementary Benefits Certification 2027

I, **Agustín González Cuadrado**, **President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2027 to all members enrolled in:

Product Identification: MMM Combo Platino (H4004-068)

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

Description Benefits	Copay			
	100	110	120	130
Supplemental Acupuncture Services: Up to six (6) visits with a maximum benefit amount of $500 a year. Referral needed. Authorization rules may apply	$0 copay	$0 copay	$0 copay	$0 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of $45 every three months *The following Categories are covered: 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests 13) Homeopathic/Natural Medicine Items (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. This is a combined benefit with a single, shared maximum plan benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) times per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Remote Access Technologies (Nursing Hotline) Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of $45 every three months. The following items will be covered through the OTC catalogue: 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight Fitness Benefit- Up to a maximum plan benefit shared amount of $45 every three months. The following items will be covered through the OTC catalogue: 1) Physical exercise pedals 2) Stretch straps This is a combined benefit with a single, shared maximum benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Comprehensive Dental: **Restorative:** Core buildup and pin retention per tooth, per surface, once every 24 months. Post and core in addition to crown covered one per tooth per life. Replacement crowns covered every 5 years per tooth, by report if replacement is needed. Single crowns require pre authorization. Provisional crowns are covered one (1) per tooth every five (5) years. Labial veneers are covered one (1) per tooth every five (5) years. **Prosthodontics, Removable:** Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services	0%-20% coinsurance 0% coinsurance applies for services provided in the Multi-Specialty Clinics. Services may vary by clinic.	0%-20% coinsurance 0% coinsurance applies for services provided in the Multi-Specialty Clinics. Services may vary by clinic	0%-20% coinsurance 0% coinsurance applies for services provided in the Multi-Specialty Clinics. Services may vary by clinic	0%-20% coinsurance 0% coinsurance applies for services provided in the Multi-Specialty Clinics. Services may vary by clinic

Description Benefits	Copay			
	100	110	120	130
related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. **Prosthodontics, Fixed:** Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. **Implants:** Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered. Authorization rules apply for removable prosthodontics, implants and retainer crowns. **Adjunctive general services:** Anesthesia under deep sedation is covered. The first 15 minutes and 3 additional 15 minute increments are covered for a total of 60 minutes combined per day of service. Deep sedation services are applicable for payment when the following services are performed: surgical placement of the implant body, endosseous implant, surgical extraction of protruding tooth or residual root, removal of impacted teeth – in soft tissue, removal of partially or completely impacted teeth in bone, removal of residual tooth roots, removal of the palatine torus, mandibular torus and removal of exostosis. Authorization rules apply to deep sedation services. Up to a maximum benefit amount of $1,000 a year for all supplemental comprehensive dental services.				
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of $1,000 a year.	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
SSBCI: Non-Primarily Health Related Benefits for the Chronically Ill: **MMM Flexi Card** $120 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items, including Homeopathic / Natural Medicine Items - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Gym Membership) - Memory and Cognitive Function Support items, such as: memory cards, board games, sudoku or other items that help the member exercise their memory - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services - Eyewear (Contact lenses, Eyeglasses (lenses and frames), Upgrades) - Hearing Services: (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types)) - Diagnostic and Comprehensive Dental Services (Oral exams, Dental X-Rays, Restorative, Endodontics, Periodontics, Removable Prosthodontics, Implant Services, Fixed Prosthodontics, Oral/Maxillofacial Surgery, Adjunctive General Services and Other Diagnostic Dental Services) **Roadside Assistance and In-Home Minor Repairs** Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* 2) In-Home minor repairs* (2 per year for appliances repair services and 1 event per year for 2hrs. Handyman services) 3) Pest Control two (2) per year (1/semester) 4) Indoor Air Quality Equipment Services (2 events per year (1/semester) for A/C cleaning services) *Maximum amount of $300 per service for Roadside assistance and some In-Home minor repairs applies. Maximum amount of $200 per service applies for appliances repair services.	$0 copay	$0 copay	$0 copay	$0 copay

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

6/5/2026

President **Date**

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Plan de Salud medicare PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

APPENDIX C-7

Part C Supplementary Benefits Certification 2027

I, **Agustín González Cuadrado, President**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2027 to all members enrolled in:

Product Identification: MMM Relax Platino (H4004-072-001; H4004-072-002; H4004-072-003)

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

Description Benefits	Copay			
	100	110	120	130
Supplemental Acupuncture Services: Up to six (6) visits with a maximum benefit amount of $500 a year. Referral needed. Authorization rules may apply	$0 copay	$0 copay	$0 copay	$0 copay
Over the Counter Items (OTC): **H4004-072-001** Up to a maximum benefit amount of $60 every three (3) months. **H4004-072-002** Up to a maximum benefit amount of $20 every three (3) months. **H4004-072-003** Up to a maximum benefit amount of $45 every three (3) months. *The following Categories are covered: 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests 13) Homeopathic/Natural Medicine Items (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. This is a combined benefit with a single, shared maximum plan benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) times per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply	$0 copay	$0 copay	$0 copay	$0 copay
Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Remote Access Technologies (Nursing Hotline) Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of $60 every 3 months for H4004-072-001, $20 every 3 months for H4004-072-002 and $45 every 3 months for H4004-072-003. The following items will be covered through the OTC catalogue: 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight Fitness Benefit- Up to a maximum plan benefit shared amount of $60 every 3 months for H4004-072-001, $20 every 3 months for H4004-072-002 and $45 every 3 months for H4004-072-003. The following items will be covered through the OTC catalogue: 1) Physical exercise pedals 2) Stretch straps This is a combined benefit with a single, shared maximum benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Supplemental Comprehensive Dental: **Restorative:** Core buildup and pin retention per tooth, per surface, once every 24 months. Post and core in addition to crown covered one per tooth per life. Single crowns covered- up to 1 per year. Replacement crowns covered every 5 years per tooth, by report if replacement is needed. Single crowns require pre authorization. Provisional crowns are covered one (1) per tooth every five (5) years. Labial veneers are covered one (1) per tooth every five (5) years. **Prosthodontics, Removable:** Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. **Prosthodontics, Fixed:** Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. **Implants:** Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered. Authorization rules apply for removable prosthodontics, implants and retainer crowns. **Adjunctive general services:** Anesthesia under deep sedation is covered. The first 15 minutes and 3 additional 15 minute increments are covered for a total of 60 minutes combined per day of service. Deep sedation services are applicable for payment when the following services are performed: surgical placement of the implant body, endosseous	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

Description Benefits	Copay			
	100	110	120	130
implant, surgical extraction of protruding tooth or residual root, removal of impacted teeth – in soft tissue, removal of partially or completely impacted teeth in bone, removal of residual tooth roots, removal of the palatine torus, mandibular torus and removal of exostosis. Authorization rules apply to deep sedation services. Up to a maximum benefit amount of $2,000 a year for all supplemental comprehensive dental services.				
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of $600 a year.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of $600 every three (3) years for both ears combined Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay
SSBCI: Non-Primarily Health Related Benefits for the Chronically Ill: **MMM Flexi Card** **H4004-072-001** $210 per month allowance in the form of a debit card. **H4004-072-002** $95 per month allowance in the form of a debit card. **H4004-072-003** $100 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items, including Homeopathic / Natural Medicine Items - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Gym Membership)	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
- Memory and Cognitive Function Support items, such as: memory cards, board games, sudoku or other items that help the member exercise their memory - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Towels, Linens and Clothing - Additional Roadside Assistance and In-Home Minor Repairs and Other Services - Eyewear (Contact lenses, Eyeglasses (lenses and frames), Upgrades) - Hearing Services: (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types)) - Diagnostic and Comprehensive Dental Services (Oral exams, Dental X-Rays, Restorative, Endodontics, Periodontics, Removable Prosthodontics, Implant Services, Fixed Prosthodontics, Oral/Maxillofacial Surgery, Adjunctive General Services and Other Diagnostic Dental Services) **Roadside Assistance and In-Home Minor Repairs** Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* 2) In-Home minor repairs* (2 per year for appliances repair services and 1 event per year for 2hrs. Handyman services) 3) Pest Control two (2) per year (1/semester) 4) Indoor Air Quality Equipment Services (2 events per year (1/semester) for A/C cleaning services) *Maximum amount of $300 per service for Roadside assistance and some In-Home minor repairs applies. Maximum amount of $200 per service applies for appliances repair services.				

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

President

06/5/2026

Date

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

Plan de Salud medicare PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

APPENDIX C-7

Part C Supplementary Benefits Certification 2027

I, **Agustín González Cuadrado**, hereby certify that **MMM Healthcare, LLC**, will be offering the following additional benefits not covered in the Wrap-Around 2027 to all members enrolled in:

Product Identification: MMM Preciso Platino (H4004-076-001; H4004-076-002; H4004-076-003)

Description Benefits	Copay			
	100	110	120	130
Skilled Nursing Facility: Waive three (3)-day inpatient hospital stay prior to admission Authorization rules may apply	$0 copay	$0 copay	$0 copay	$0 copay
Worldwide Emergency / Urgent Coverage: Worldwide Emergency Coverage Worldwide Urgent Coverage Maximum plan benefit coverage amount of $500	$75 copay	$75 copay	$75 copay	$75 copay
Supplemental Chiropractic Services: Routine Care Up to six (6) visits with a maximum benefit amount of $750 a year Authorization rules may apply. Referral needed.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Podiatry Services: Routine Care Up to six (6) visit a year Authorization rules may apply. Referral needed.	$0 copay	$0 copay	$0 copay	$0 copay
Additional Telehealth Services: Covered for Physician Specialist Services provided in the Multi-Specialty Clinics	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Transportation Services: **H4004-076-001 and H4004-076-002** Up to twenty-four (24) one-way trips to plan approved health-related locations every year. **H4004-076-003** Up to eighteen (18) one-way trips to plan approved health-related locations every year.	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Unlimited transportation trips to and from the Multi-Specialty Clinics. Authorization rules may apply				
Supplemental Acupuncture Services: Up to six (6) visits with a maximum benefit amount of $500 a year. Referral needed. Authorization rules may apply	$0 copay	$0 copay	$0 copay	$0 copay
Over the Counter Items (OTC): Up to a maximum benefit amount of $45 every three (3) months. *The following Categories are covered: 1) Minerals and Vitamins 2) First Aid Supplies 3) Medicines, Ointments and Sprays with Active Medical Ingredients that Alleviate Symptoms 4) Mouth Care 5) Incontinence Supplies (Adult Diapers & Under Pads) 6) In Home Testing and Monitoring Specifically Monitor Blood Pressure (For members who meet medical criteria for on-going monitoring of blood pressure, the plan will provide one (1) blood pressure monitor unit every 5 years. This benefit may require medical evaluation and / or preauthorization. 7) Fiber Supplements 8) Topical Sunscreen 9) Supporting Items for Comfort 10) Skin moisturizers (including, but not limited to face, body, and foot lotions used for dry skin) 11) Soap (doctor recommended antibacterial/antimicrobial soap) 12) COVID-19 Tests 13) Homeopathic/Natural Medicine Items (Nicotine Replacement Therapy (NRT) covered) The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. This is a combined benefit with a single, shared maximum plan benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Post-Discharge Meal Benefit: Up to two (2) nutritious meals per day, for five (5) days, after an inpatient stay in either a hospital or a skilled nursing facility (SNF). Up to two (2) times per year. Maximum of twenty (20) meals per year. Authorization rules and referral may apply	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
Other Defined Supplemental Benefits: Health Education Additional Smoking and Tobacco Use Cessation (9 additional sessions) Remote Access Technologies (Nursing Hotline) Nutritional / Dietary Benefit- Both Sessions (Individual and Group) covered for up to 6 visits/yr Alternative Therapies covered for up to 12 visits/yr for Naturopath services. Home and Bathroom Safety Devices and Modifications- Up to a maximum plan benefit shared amount of $45 every 3 months. The following items will be covered through the OTC catalogue: 1) Medical bathmat 2) Raised toilet seat 3) Handheld shower head 4) Reacher 5) Nightlight Fitness Benefit- Up to a maximum plan benefit shared amount of $45 every 3 months. The following items will be covered through the OTC catalogue: 1) Physical exercise pedals 2) Stretch straps This is a combined benefit with a single, shared maximum benefit amount for OTC, home and bathroom safety devices and modifications and fitness benefit. Item quantity limits in each category may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Comprehensive Dental: **Restorative:** Core buildup and pin retention per tooth, per surface, once every 24 months. Post and core in addition to crown covered one per tooth per life. Single crowns covered- up to 1 per year. Replacement crowns covered every 5 years per tooth, by report if replacement is needed. Single crowns require pre authorization. Provisional crowns are covered one (1) per tooth every five (5) years. Labial veneers are covered one (1) per tooth every five (5) years.	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance

Description Benefits	Copay			
	100	110	120	130
Prosthodontics, Removable: Removable complete or partial dentures in resin and metal base covered every five (5) years. Denture repair services, including services related to the repair of existing complete or partial dentures are covered. Removable partial flexible base dentures covered every five (5) years. Reline or rebase are not covered in flexible base dentures and/or flexible base are not covered in complete or full dentures. **Prosthodontics, Fixed:** Up to four (4) units per year. Retainer crowns porcelain to high noble metal, retainer crown porcelain/ceramic, pontic porcelain fused to noble metal and/or high noble metal, pontic-porcelain/ceramic. Pontics and retainers are covered one per tooth, per life. **Implants:** Up to one (1) implant a year. Surgical placement of implant body, endosteal implant, covered one per tooth, per life. Abutment supported porcelain (metal and/or high noble metal), abutment supported porcelain/ceramic crown, implant supported porcelain crown (ceramic) covered. Crowns on implants are covered, one per tooth, every five (5) years with appropriate justification. Implants are only covered when performed by a certified provider. All other prosthodontics services are not covered. Authorization rules apply for removable prosthodontics, implants and retainer crowns. **Adjunctive general services:** Anesthesia under deep sedation is covered. The first 15 minutes and 3 additional 15 minute increments are covered for a total of 60 minutes combined per day of service. Deep sedation services are applicable for payment when the following services are performed: surgical placement of the implant body, endosseous implant, surgical extraction of protruding tooth or residual root, removal of impacted teeth – in soft tissue, removal of partially or completely impacted teeth in bone, removal of residual tooth roots, removal of the palatine torus, mandibular torus and removal of exostosis. Authorization rules apply to deep sedation services. **H4004-076-001 and H4004-076-002** Up to a maximum benefit amount of $2,000 a year for all supplemental comprehensive dental services.				

Description Benefits	Copay			
	100	110	120	130
H4004-076-003 Up to a maximum benefit amount of $1,500 a year for all supplemental comprehensive dental services.				
Supplemental Eyewear: Eyeglasses (lenses and frames) and/ or Contact Lenses Up to a maximum benefit amount of $600 a year.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Hearing Exams: Fitting/evaluation for hearing aid Up to one (1) every year Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay
Supplemental Hearing Aids: Up to a maximum benefit amount of $600 every three (3) years for both ears combined Authorization rules may apply.	$0 copay	$0 copay	$0 copay	$0 copay
SSBCI: Non-Primarily Health Related Benefits for the Chronically Ill: **MMM Flexi Card** **H4004-076-001** $185 per month allowance in the form of a debit card. **H4004-076-002** $155 per month allowance in the form of a debit card. **H4004-076-003** $175 per month allowance in the form of a debit card. Member will be able to use the debit card for the following services: - Prepared Food - Food & Groceries - Gasoline - Cleaning Products - Entertainment (concerts/theater/movies, etc.) - Utilities - Additional OTC items, including Homeopathic / Natural Medicine Items - Home and Bathroom Safety Devices - Fitness Benefit (Physical exercise and Gym Membership) - Memory and Cognitive Function Support items, such as: memory cards, board games, sudoku or other items that help the member exercise their memory - Copayments / Coinsurance - Pet Care - Gardening/Hardware Items - Towels, Linens and Clothing	$0 copay	$0 copay	$0 copay	$0 copay

Description Benefits	Copay			
	100	110	120	130
- Additional Roadside Assistance and In-Home Minor Repairs and Other Services - Eyewear (Contact lenses, Eyeglasses (lenses and frames), Upgrades) - Hearing Services: (Fitting/Evaluation for Hearing Aid, Hearing Aids (all types)) - Diagnostic and Comprehensive Dental Services (Oral exams, Dental X-Rays, Restorative, Endodontics, Periodontics, Removable Prosthodontics, Implant Services, Fixed Prosthodontics, Oral/Maxillofacial Surgery, Adjunctive General Services and Other Diagnostic Dental Services) **Roadside Assistance and In-Home Minor Repairs** Member will be eligible for up to 12 individual events a year for: 1) Roadside assistance services* 2) In-Home minor repairs* (2 per year for appliances repair services and 1 event per year for 2hrs. Handyman services) 3) Pest Control two (2) per year (1/semester) 4) Indoor Air Quality Equipment Services (2 events per year (1/semester) for A/C cleaning services) *Maximum amount of $300 per service for Roadside assistance and some In-Home minor repairs applies. Maximum amount of $200 per service applies for appliances repair services.				

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

President

6/05/2026

Date