2021

SUMMARY OF BENEFITS

MMM Extra

H3293-003 (HMO)

South Florida:
Miami-Dade, Broward & Palm Beach Counties

H3293_2021 1099 0001 1_M

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(HMO)

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The benefit information provided will help you learn about some of the benefits and services we cover, what you pay and other important details about MMM Extra (HMO). While the Summary of Benefits does not list every service, limit or exclusion, the "Evidence of Coverage" does.

This plan is available to anyone who has Medicare. MMM Extra (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. You can see our plan's Evidence of Coverage, Prescription Drugs Formulary and Provider and Pharmacy Directory on our website www.mmm-fl.com, or if you want a printed copy, just give us a call.

To be eligible
To join MMM Extra (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes: Miami-Dade, Broward & Palm Beach Counties.

Plan name:
MMM Extra (HMO)

More about MMM Extra (HMO)
As a member you must select an in-network doctor to act as your Primary Care Physician (PCP). MMM Extra (HMO) has a network of doctors, hospitals, pharmacies and other providers. If you use providers who aren't in our network, the plan may not pay for these services.

Questions?
Here's how to reach us and our hours of operation:

If you are not a member of this plan, please call us toll-free **1-844-212-9859 (TTY: 711)**, and follow the instructions to be connected to a representative.

If you are a member of this plan, please call us toll-free at **1-844-212-9858 (TTY: 711)**.

We are available for phone calls:
October 1, 2020 - March 31, 2021
Monday - Sunday 8:00 a.m. - 8:00 p.m. EST

April 1, 2021 – September 30, 2021
Monday - Friday 8:00 a.m. - 8:00 p.m. EST

Calls to these numbers are free.

Or you can check our website at **www.mmm-fl.com**.

Covered services, hospital and prescription drug benefits

Services with a [1] may require prior authorization.
Services with a [2] may require a referral from your doctor or Primary Care Physician (PCP).

Monthly Premium, Deductible and Limits

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Monthly Plan Premium	**$0**
Part B Premium Reduction	**$144.60**
Medical Deductible	This plan does not have a deductible.
Pharmacy (Part D) Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket responsibility (does not include Part D drugs)	**$3,400** in-network For Medicare-covered benefits received from doctors and facilities in our plan.

Covered Medical and Hospital Benefits

Inpatient Hospital[1,2]	
	$100 copay from days 1-5, **$0** copay from days 6-90.
Outpatient Hospital Coverage[1,2]	
	$25 copay Medicare-covered outpatient hospital services. **$25** copay Medicare-covered observation services.
Doctor Office Visits	
Primary Care Physician (PCP)	**$0** copay
Specialists[2]	**$15** copay

Your primary care physician (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral". Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authrization" or "preauthorization". Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.

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Preventive Care Screening[2]

$0 copay

- Abdominal aortic aneurysm screening
- Annual Wellness visit
- Bone mass measurement
- Breast Cancer Screening (mammograms)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease testing
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes Self-Management Training[1], diabetic services and supplies
- Health and wellness education programs
- HIV screening
- Immunizations
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Medicare-covered Barium Enema[1]
- Medicare-covered Digital Rectal Exams
- Medicare-covered EKG following Welcome Visit
- Obesity screening and therapy to promote sustained weight loss
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)
- Screening for Sexually Transmitted Infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation
- Vision Care (Glaucoma Screening[1])
- "Welcome to Medicare" preventive visit

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Emergency Care	
Emergency Room	**$100** copay If you are admitted to the hospital within 24 hours, you don't have to pay your share of the cost for the emergency care. Outside the U.S., this plan may cover emergency care and urgent care up to a **$50,000** limit. If the cost of the service is more than **$50,000**, you will have to pay the difference.
Urgently Needed Services	**$30** copay Outside the U.S., this plan may cover emergency care and urgent care up to a **$50,000** limit. If the cost of the service is more than **$50,000**, you will have to pay the difference.
Diagnostic Services/Labs/Imaging[1,2]	
Diagnostic radiology services (such as MRI's, CT scans)	**$0** copay at an outpatient facility. **$50** copay at an outpatient hospital.
Lab services	**$0** copay at a free standing outpatient facility. **$15** copay at an outpatient hospital.
Diagnostic tests and procedures	**$0** copay at a free standing outpatient facility. **$100** copay at an outpatient hospital.
Outpatient X-rays	**$0** copay
Therapeutic radiology services (such as radiation for cancer)	**$0** copay at an outpatient facility. **$50** copay at an outpatient hospital.
Hearing Services[1,2]	
Medicare-covered hearing services	**$0** copay
Routine hearing exams	**$0** copay Up to one supplemental routine exam per year.
Supplemental hearing aids	**$0** copay Up to **$1,000** annual supplemental benefit for the purchase of hearing aids for both ears.
Supplemental hearing aid fitting/evaluation service	**$0** copay Up to one supplemental hearing and fitting evaluation per year.

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Dental Services[1]	
Medicare-covered dental services	**$0** copay
Preventive and diagnostic dental services	**$0** copay Up to two oral exams, two prophylaxis (cleaning), three visits for dental X-Rays, and one fluoride treatment per year.
Comprehensive dental services	**$0** copay • Periodontal services: Periodontal maintenance covered once every 6 months. Gingivectomy or Gingivoplasty covered once per quadrant every 24 months. Osseous surgery covered once per quadrant every 36 months. Periodontal scaling and root planning covered once per quadrant every 24 months. • Restorative services: Up to two amalgam or resin fillings per year. - Post and core buildup and/or individual crown: 2 per year. • Extractions, Oral Surgery and Maxillofacial Services: Simple and complicated extractions. Covered once in a life time per quadrant. Oroantral fistula closure and primary closure of a sinus perforation covered. Alveoloplasty with or without extractions covered one per quadrant per lifetime. Incision and drainage of abscess covered. • Prosthodontic Services: - Removable Prosthodontia: • Immediate dentures covered once per arch in a lifetime. • Complete or removable denture in resin base or partial denture in cast metal framework with resin base or partial flexible base denture covered every five years. Denture repair services, including services related to the repair of existing and complete or partial dentures are covered. Reline or rebase not covered in flexible base dentures and flexible base dentures are not covered in complete or full dentures. - Fixed dentures: • Pontic and retainer crowns covered once per tooth every 5 years.

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Vision Services	
Medicare-covered vision services[1,2]	**$0** copay
Routine eye exam[1,2]	**$0** copay **$15** copay for eye exams provided by a specialist. Up to one annual supplemental routine eye exam.
Supplemental eyewear	**$0** copay Up to a **$100** annual supplemental benefit to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses.
Mental Health Services[1,2]	
Inpatient visit	**$100** copay from days 1-5, **$0** copay from days 6-90.
Outpatient individual and group therapy visit	**$35** copay
Skilled Nursing Facility[1,2]	
	$0 copay from days 1-20, **$60** copay from days 21-100.

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Physical Therapy[1,2]	
	$0 copay at a Physician's office. **$30** copay at a free standing facility.
Ambulance	
	$200 copay Must receive authorization for non-emergency ambulance transportation services. Waived if admitted to hospital.
Transportation	
	$0 copay This plan covers up to twelve one-way routine transportation trips per year health-related locations. Arrangements must be made up to **48** hours in advance.
Medicare Part B Drugs[1]	
	• Chemotherapy drugs: **20%** of the total cost. • All other Part B drugs: **10-20%** of the total cost.
Ambulatory Surgical Center[1,2]	
	$25 copay

Phase 1: Pharmacy (Part D) Deductible

Because this plan does not have a deductible, this phase does not apply to you.

Phase 2: Initial Coverage

You pay the following until your total yearly drug costs reach **$4,130**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan.

Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan. If you live in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.

Your primary care physician (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral". Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authrization" or "preauthorization". Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.

Prescription Drug Benefits

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	Standard Retail Cost-Sharing 30-day supply/ **LTC Cost-sharing** 31-day supply	**Standard Retail Cost-Sharing** 90-day supply	**Mail Order Cost-Sharing** 90-day supply
Tier 1: Preferred Generics	**$0** copay	**$0** copay	**$0** copay
Tier 2: Generics	**$10** copay	**$30** copay	**$30** copay
Tier 3: Preferred Brand	**$47** copay	**$141** copay	**$141** copay
Tier 4: Non-preferred drugs	**$100** copay	**$300** copay	**$300** copay
Tier 5: Speciality drugs	**33%** of the total cost	Speciality drugs are limited to a 30-day supply	Speciality drugs are limited to a 30-day supply
Select Insulins	**$0** copay	**$0** copay	**$0** copay

Additional Drug Coverage	
Erectile dysfunction (ED) drugs	**$0** copay for drugs on tier 1 and **$47** copay for drugs on tier 3 for 4 pills per month. Please refer to the Evidence of Coverage and/or the Formulary for more information.

Phase 3: Coverage Gap

You receive a discount on brand name drugs and pay no more than **25%** of the costs of generic drugs. You stay in this stage until your yearly out-of-pocket costs reach **$6,550**. Please refer to the Evidence of Coverage for more details.

Our plan offers additional gap coverage for select insulins. During the Coverage Gap Stage, your out-of-pocket costs for select insulins will be **$0**. To find out which drugs are select insulins, review the most recent Drug List we sent to you in the mail.

Phase 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reaches **$6,550** you pay:

- Either - coinsurance of **5%** of the cost
- Or - **$3.70** for a generic drug or a drug that is treated like a generic and **$9.20** for all other drugs.
- Whichever is higher

Our plan pays the rest of the cost.

Prescription Drug Benefits (cont.)

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People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about "Extra Help", contact your local Social Security Office or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 711.

Foot Care (podiatry services)[1]	
Medicare-covered podiatry services	**$0** copay
Routine foot care	**$0** copay Up to twelve routine visits per year for supplemental foot care.

Medical Equipment / Supplies[1]	
Durable Medical Equipment (such as wheelchairs, oxygen)	**0-20%** of the total cost For services received from preferred vendors.
Prosthetics devices (such as braces, artificial limbs)	**20%** of the total cost
Medical supplies	**0%** of the total cost
Diabetes supplies and services	**0-20%** of the total cost

Rehabilitation Services[1,2]	
Speech Therapy	**$0** copay at Physician's office. **$30** copay at a free standing facility.
Occupational Therapy	**$30** copay
Cardiac Rehabilitation	**$30** copay
Pulmonary Rehabilitation	**$0** copay

More Benefits With Your Plan

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Wellness Programs	
	$0 copay Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets. • Written health education materials.
Chiropractic Care[1]	
Medicare-covered chiropractic visits	**$20** copay
Over the Counter Items (OTC)	
	$0 copay Up to **$25** per quarter for OTC items. For more details consult the OTC list available in our website.
Fitness Program	
	$0 copay Members are covered for a basic fitness membership at participating fitness facilities or can request an educational in-home fitness program.
Renal Dialysis[1,2]	
	20% of the total cost
Outpatient Substance Abuse[1,2]	
Group therapy sessions	**$30** copay
Individual therapy sessions	**$30** copay
Opioids treatment	**0%** of the total cost

Find Out More

You can see our plan's provider and pharmacy directory on our website at www.mmm-fl.com or call us at the number listed at the beginning of this booklet and we will send you one.

You can see our plan's drug formulary on our website or call us at the number listed at the beginning of this booklet and we will send you one.

Premium, co-pays, co-insurance, and deductibles may vary based on the level of "Extra Help" you receive. Please contact the plan for further details.

This information is available in other formats such as Creole, large print, and audio tapes.

If you want to know about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 711.

MMM of Florida, Inc., is an HMO plan with a Medicare contract. Enrollment in MMM of Florida, Inc., depends on contract renewal.

Multi-Language Insert
Multi-Language Interpreter Services

Spanish (Español): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-212-9858 (TTY: 711).

French Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-212-9858 (TTY: 711).

Vietnamese (Tiếng Việt): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-212-9858 (TTY: 711).

Portuguese (Português): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-212-9858 (TTY: 711).

Chinese (繁體中文): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-844-212-9858 (TTY:711）。

French (Français): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-212-9858 (ATS: 711).

Tagalog – Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-212-9858 (TTY: 711).

Russian (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-212-9858 (телетайп:711).

Arabic (العربية)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-212-9858 (رقم هاتف الصم والبكم: 117).

Italian (Italiano): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-212-9858 (TTY: 711).

German (Deutsch): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-212-9858 (TTY: 711).

Korean (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-212-9858 (TTY: 711)번으로 전화해 주십시오.

Polish (Polski): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-212-9858 (TTY: 711).

Gujarati (સુચના): જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-212-9858 (TTY: 711).

Thai (เรียน**)**: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-844-212-9858 (TTY: 711).

Notice about nondiscrimination

MMM Medicare and Much More

MMMM Medicare and Much More complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MMM Medicare and Much More does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MMM Medicare and Much More:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact the Client Services Unit.

If you believe that MMM Medicare and Much More has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Appeals and Grievances Department
P. O. Box 260430, Miami, FL 33126
1-844-212-9858 (toll free), **TTY: 711** (hearing impaired), **1-833-523-2626** (fax)
info@mmm-fl.com (email)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Client Services Unit is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html