

2021

SUMMARY OF BENEFITS

MMM Platinum H3293-004 (HMO-SNP)

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

MMM Platinum

(HMO-SNP)



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 Platinum (HMO-SNP). 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 both Medical Assistance from the State and Medicare. MMM Platinum (HMO-SNP) 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 join MMM Platinum (HMO-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Florida Medicaid, and live in our service area. Our service area includes: Miami-Dade, Broward and Palm Beach Counties.

To be eligible

To enroll in MMM Platinum (HMO-SNP), a Dual Eligible Special Needs Plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B, live in our service area and also receive certain levels of assistance from the Florida Medical Assistance Program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are a dual eligible.

Plan name:

MMM Platinum (HMO-SNP)

More about MMM Platinum (HMO-SNP)

Depending on your level of eligibility for assistance under your state Medicaid program, you may or may not be subject to cost-sharing requirements. If you are cost-share protected by the State (QMB or QMB+) you pay nothing. The Comprehensive Benefit Chart shows the benefits you will receive from MMM of Florida and how Medicaid covers your cost sharing for those plan benefits if you are in a cost share protected category. The chart also lists some benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicare benefits, your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to.

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



Monthly Plan Premium **\$0** or up to **\$30.80** depending on your level of assistance. The Part B premium may be covered through your State Medicaid Program.

Medical Deductible **You pay nothing**
This plan does not have a deductible.

Pharmacy (Part D) Deductible **\$0** or **\$92** depending on your level of assistance. Only applies to Tier 3, Tier 4 and Tier 5.

Maximum Out-of-Pocket responsibility (does not include Part D drugs) **\$500** per year
For Medicare-covered benefits received from doctors and facilities in our plan.

Covered Medical and Hospital Benefits

The benefit chart below shows the benefits you will receive as a member of MMM Platinum (HMO-SNP) (left column) compared to what is currently provided by Traditional Florida Medicaid (right column). If you are currently enrolled in a Medicaid Managed Care Plan, the benefits may be different from what's listed in the right column. For each benefit listed below, you can see what you pay as a member of our plan compared to Traditional Florida Medicaid's coverage and charges. NOTE: You cannot be enrolled in both a Medicaid Managed Care plan and a D SNP plan in Florida. For members protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, copays and deductibles for Original Medicare covered services.

	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Inpatient Hospital^{1,2}	<p>\$0 copay</p> <p>Unlimited number of days for an inpatient hospital stay in facilities in our plan.</p>	<p>\$0 copay for each admission</p>

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 authorization" 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.

	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Outpatient Hospital Coverage^{1,2}		
	<p>\$0 copay</p> <p>For services received from doctors and facilities in our plan.</p>	<ul style="list-style-type: none"> • Medicaid recipients using the hospital emergency room for non-emergency services are responsible for a 5% coinsurance on the first \$300 of the Florida Medical Payment (maximum \$15). • \$3 copay for each visit for outpatient services provided in an outpatient setting other than emergency.
Doctor Office Visits		
<ul style="list-style-type: none"> • Primary Care Physician (PCP) 	<ul style="list-style-type: none"> • \$0 copay 	<ul style="list-style-type: none"> • \$2 copay per provider, per day. Provider services include Nurse Practitioner and Physician Assistant. • \$3 per federally qualified health center visit, per day. • \$3 per rural health clinic visit, per day.
<ul style="list-style-type: none"> • Specialists² 	<ul style="list-style-type: none"> • \$0 copay Office visits to doctors in our plan. 	

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Preventive Care Screening²

\$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 Training¹, diabetic services and supplies
- Health and wellness education programs
- HIV screening
- Immunizations
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Medicare-covered Barium Enema¹
- 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 Screening¹)
- “Welcome to Medicare” preventive visit

Any additional preventive services approved by Medicare during the contract year will be covered.

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	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Emergency Care		
Emergency Room	\$0 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.	<ul style="list-style-type: none"> • \$0 copay for emergency services in an emergency facility. • Medicaid recipients using the hospital emergency room for non-emergency services are responsible for a 5% coinsurance on the first \$300 of the Florida Medical Payment (maximum \$15).
Urgently Needed Services	\$0 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 service (such as MRI's, CT scans)	\$0 copay	\$1 copay per provider, per day.
• Lab services	\$0 copay	
• Diagnostic tests and procedures	\$0 copay	
• Outpatient X-rays	\$0 copay	
• Therapeutic radiology services (such as radiation for cancer)	\$0 copay For services received from doctors and facilities in our plan.	

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	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Hearing Services^{1,2}		
• Medicare-covered hearing services	\$0 copay	<ul style="list-style-type: none"> • \$0 copay • Diagnostic Audiological Tests when medically necessary by a physician’s examination or to document treatment outcome. • Bone Anchored Hearing Aids (BAHA) for recipients who have documented profound, severe hearing loss in one or both ears as follows: <ul style="list-style-type: none"> - Implanted device for recipients age five years and older. - Non-implantation (softband) device for recipients under the age of five years. • Cochlear Implants for recipients age 12 months and older who have documented profound to severe, bilateral sensorineural hearing loss. • Hearing Aids for recipients who have moderate hearing loss or greater, including the following services: <ul style="list-style-type: none"> - One new, complete, (not refurbished) hearing aid device per ear, every three years, per recipient. - Up to three pairs of ear molds per year, per recipient. - One fitting and dispensing service per ear, every three years, per recipient.
• Routine hearing exams	\$0 copay Up to one annual supplemental routine hearing exam.	
• Supplemental hearing aids	\$0 copay	
• Supplemental hearing aid fitting/evaluation service	\$0 copay Up to \$2,000 annual supplemental benefit for the purchase of hearing aids for both ears. One annual hearing aid fitting/evaluation. For services received from doctors and facilities in our plan.	

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	<p>What you pay on this MMM Medicare and Much More Plan.</p>	<p>Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)</p>
<p>Hearing Services^{1,2}</p>		
		<ul style="list-style-type: none"> • Hearing Assessment and Reassessment <ul style="list-style-type: none"> - One hearing assessment every three years for the purpose of determining hearing aid candidacy and the most appropriate hearing aid. • Repairs and Replacements of Hearing Devices <ul style="list-style-type: none"> - Repairs and replacement of both Medicaid and non-Medicaid provided hearing aids. - Up to two hearing aid repairs every 366 days, after the one year warranty period has expired. - Bone anchored hearing aid external components and cochlear implant components, including batteries, after the manufacturer’s warranty period or insurance protection plan coverage period has expired.

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	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Dental Services¹		
<ul style="list-style-type: none"> • Medicare-covered dental services 	<p>\$0 copay</p>	<ul style="list-style-type: none"> • \$3 copay per day for adult dental services including: <ul style="list-style-type: none"> - Comprehensive oral evaluation to determine need for dentures or problem focused services (1 every 3 years). - Limited medically necessary evaluations. Complete set of intraoral X-rays (1 every 3 years). - Panoramic X-ray film (1 every 3 years). Complete set of full or removable partial dentures or one upper or one lower denture. - Procedures essential to prepare the mouth for dentures. - Denture reline (1 per denture per year). • Emergency dental services to alleviate pain and/or infection.
<ul style="list-style-type: none"> • Preventive dental services 	<p>\$0 copay</p> <p>Up to two oral exams, two prophylaxis (cleaning), three visits for dental X-Rays, and one fluoride treatment per year.</p>	
<ul style="list-style-type: none"> • Comprehensive dental services 	<p>\$0 copay</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> - 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 	

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	<p>What you pay on this MMM Medicare and Much More Plan.</p>	<p>Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)</p>
<p>Dental Services¹</p>		
	<p>a sinus perforation covered. Alveoloplasty with or without extractions covered one per quadrant per lifetime. Incision and drainage of abscess covered.</p> <ul style="list-style-type: none"> • Prosthodontic Services: <ul style="list-style-type: none"> - Removable Prosthodontia: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Pontic and retainer crowns covered once per tooth every 5 years. 	

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	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Vision Services		
<ul style="list-style-type: none"> • Medicare-covered vision services^{1,2} 	<p>\$0 copay</p>	<ul style="list-style-type: none"> • \$2 copay per provider, per day • \$3 per federally qualified health center visit, per day • \$3 per rural health clinic visit, per day • One initial consultation visit per year • Up to two evaluation and management visits per month • Up to two refractions every 365 days • Contact lenses may be covered when eyeglasses would not benefit visual impairment. • For recipients age 21 years and older, eyeglass frames are limited to one frame per recipient, every two years; and, two lenses every 365 days.
<ul style="list-style-type: none"> • Routine eye exam^{1,2} 	<p>\$0 copay</p> <p>Up to one annual supplemental routine eye exam.</p>	
<ul style="list-style-type: none"> • Supplemental eyewear 	<p>\$0 copay</p> <p>Up to a \$500 annual supplemental benefit to be used toward the purchase of eyeglasses (frames and lenses) and/or contact lenses.</p> <p>For services received from doctors and facilities in our plan.</p>	
Mental Health Services^{1,2}		
<ul style="list-style-type: none"> • Inpatient visit 	<p>\$0 copay</p> <p>Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>Up to 90 days for an inpatient hospital stay.</p> <p>Up to 60 "lifetime reserve days".</p>	<p>\$0 copay for each admission</p>
<ul style="list-style-type: none"> • Outpatient individual and group therapy visit 	<p>\$0 copay</p>	<p>\$2 copay per provider, per day</p>

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Covered Medical and Hospital Benefits (cont.)



	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Skilled Nursing Facility ^{1,2}	<p>\$0 copay</p> <p>Up to 100 days in a skilled Nursing Facility (SNF)</p> <p>For services received from doctors and facilities in our plan.</p>	
Physical Therapy ^{1,2}	<p>\$0 copay</p> <p>For services received from doctors and facilities in our plan.</p>	\$0 copay for Medicaid covered services
Ambulance ¹	<p>\$0 copay</p> <p>For emergency transportation services. Must receive authorization for non-emergency ambulance transportation services.</p>	\$0 copay

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	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Transportation¹		
	<p>\$0 copay</p> <p>Unlimited one-way routine transportation trips per year to health-related locations. Arrangements must be made up to 48 hours in advance.</p>	<p>\$1 copay per one way trip for non-emergency transportation.</p>
Medicare Part B Drugs¹		
	<p>\$0 copay</p> <p>For drugs in our plan.</p>	
Ambulatory Surgical Center^{1,2}		
	<p>\$0 copay</p>	<ul style="list-style-type: none"> • Medicaid recipients using the hospital emergency room for non-emergency services are responsible for a 5% coinsurance on the first \$300 of the Florida Medical Payment (maximum \$15) • \$3 copay for each visit for outpatient services provided in an outpatient setting other than emergency

Phase 1: Pharmacy (Part D) Deductible

\$0 or **\$92** depending on your level of assistance. Only applies to Tier 3, Tier 4 and Tier 5.

Phase 2: Initial Coverage

You pay the following until your total yearly drug costs reach **\$4,500**. 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.

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Prescription Drug Benefits



	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
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Initial coverage (after you pay your deductible, if applicable)

30-Day Supply

For generic drugs (including brand drugs treated as generic), either:	\$0 copay; or \$1.30 copay; or \$3.70 copay; or 15% of the cost	
For all other drugs, either:	\$0 copay; or \$4.00 copay; or \$9.20 copay; or 15% of the cost	

90-Day Supply

For generic drugs (including brand drugs treated as generic), either:	\$0 copay; or \$1.30 copay; or \$3.70 copay; or 15% of the cost	
For all other drugs, either:	\$0 copay; or \$4.00 copay; or \$9.20 copay; or 15% of the cost	

Additional Drug Coverage

Erectile dysfunction (ED) drugs **\$0** copay for drugs on tier 1 and **\$25** 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.

Cost sharing may change when you enter another phase of the Part D benefit and if you qualify for “Extra Help.” To find out if you qualify for “Extra Help,” please contact the Social Security Office at 1-800-772-1213 Monday — Friday, 7 a.m. — 7 p.m. TTY users should call 1-800-325-0778. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our “Evidence of Coverage” online.

Phase 3: Coverage Gap

After you enter the coverage gap, you will pay your low income subsidy (LIS) level cost-sharing for generic and brand name drugs unless your plan has extra generic gap coverage. You will stay in the gap until your costs total **\$6,550**, which is the end of the coverage gap. Note - not everyone will enter the coverage gap. To learn more about your extra gap coverage, see the following chart to find out how much you will pay for your covered drugs.

Standard Retail and Standard Mail Order	30-day supply	90-day supply
Tier 1: Preferred Generics (Covered Drugs: Part D Drugs Only)	\$0 copay	\$0 copay
Tier 2: Generics (Covered Drugs: All drugs on the tier)	\$0 copay	\$0 copay

Phase 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$6,550**, your share of the cost for a covered drug will be either: **\$0** or **\$3.70** for generic (including brand drugs treated as generic) and a **\$0** or **\$9.20** copayment for all other drugs.

More Benefits With Your Plan



	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Foot Care (podiatry services)¹		
<ul style="list-style-type: none"> • Medicare-covered podiatry services 	\$0 copay	<ul style="list-style-type: none"> • \$2 copay per provider, per day
<ul style="list-style-type: none"> • Routine foot care 	\$0 copay Unlimited routine visits for supplemental foot care. For services received from doctors and facilities in our plan.	<ul style="list-style-type: none"> • \$3 per federally qualified health center visit, per day • \$3 per rural health clinic visit, per day
Medical Equipment / Supplies¹		
<ul style="list-style-type: none"> • Durable Medical Equipment (such as wheelchairs, oxygen) 	\$0 copay For services received from preferred vendors.	\$0 copay for Medicaid covered services
<ul style="list-style-type: none"> • Prosthetic devices (such as braces, artificial limbs) 	\$0 copay	
<ul style="list-style-type: none"> • Medical supplies 	\$0 copay	
<ul style="list-style-type: none"> • Diabetes supplies and services 	\$0 copay For supplies and equipment from suppliers in our plan.	

More Benefits With Your Plan (cont.)



	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Rehabilitation Services^{1,2}		
Occupational and Speech Therapy Services	\$0 copay	\$0 copay for Medicaid covered services
Cardiac Rehabilitation	\$0 copay	
Pulmonary Rehabilitation	\$0 copay	
Wellness Programs		
Wellness Programs	<p>\$0 copay</p> <p>Programs focused on health conditions such as high blood pressure, cholesterol, asthma, and special diets.</p> <ul style="list-style-type: none"> • Written health education materials • Nutritional/dietary training and benefit • Additional Sessions of Smoking and Tobacco Cessation Counseling: To further assist in your effort to quit smoking or tobacco product use, we cover one additional counseling quit attempt within a 12-month period as a service with no cost 	

	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Wellness Programs (cont.)		
	to you. This is in addition to the two counseling attempts provided by Medicare and includes up to four face-to-face visits. This service can be used for either preventive measures or for diagnosis with a tobacco related disease.	
Chiropractic Care¹		
• Medicare-covered chiropractic visits	\$0 copay	\$1 copay per provider, per day
• Supplemental chiropractic visits	\$0 copay Up to twelve visits per year for routine supplemental visits.	
Acupuncture^{1,2}		
	\$0 copay Up to six supplemental visits per year for acupuncture services.	

	<p>What you pay on this MMM Medicare and Much More Plan.</p>	<p>Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)</p>
<p>Over the Counter Items (OTC)</p>		
	<p>\$0 copay</p> <p>Up to \$90 every month for OTC items. For more details consult the OTC list available in our website.</p>	<p>\$0 copay for certain OTC items</p> <ul style="list-style-type: none"> • Select Over-the-Counter items, contained in the Medicaid formulary.
<p>Meal Program^{1,2}</p>		
	<p>\$0 copay</p> <p>After you are discharged from an inpatient stay at a hospital or skilled nursing facility, you qualify to have up to two meals per day during the first 5 days. Up to four times per year.</p>	

More Benefits With Your Plan (cont.)



	What you pay on this MMM Medicare and Much More Plan.	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care Plan Benefits May be Different)
Fitness Program		
	<p>\$0 copay</p> <p>Members are covered for a basic fitness membership at participating fitness facilities or request an educational in-home fitness program.</p>	
Renal Dialysis^{1,2}		
	\$0 copay	\$0 copay for Medicaid covered services
Outpatient Substance Abuse^{1,2}		
<ul style="list-style-type: none"> • Outpatient group therapy visit • Outpatient individual therapy visit 	\$0 copay	\$2 copay per provider, per day
<ul style="list-style-type: none"> • Opioids treatment 	0% of the total cost	

Additional Medicaid Covered Services



Dual eligible members who meet financial criteria for full Medicaid coverage may also be eligible to receive all Medicaid services not covered by Medicare. MMM Platinum (HMO-SNP) may also offer coverage for these services. The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what the Florida Agency for Health Care Administration (AHCA) Program covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-888-419-3456.

Benefit	What you pay on this MMM Medicare and Much More Plan.	Medicaid State Plan
Products and Devices		
Dentures	See "Dental Services" benefit in the "Covered Medical and Hospital Benefits" chart above	\$3 copay per day for adult dental services. <ul style="list-style-type: none"> • Medicaid reimburses for prosthodontic services to diagnose, plan, rehabilitate, fabricate, and maintain dentures as follows: <ul style="list-style-type: none"> - One upper, lower, or complete set of full or removable partial dentures per recipient - One relines, per denture, per 366 days, per recipient.
Eyeglasses	See "Vision Services" benefit in the "Covered Medical and Hospital Benefits" chart above	\$0 copay <ul style="list-style-type: none"> • Contact lenses may be covered when eyeglasses would not benefit visual impairment. • For recipients age 21 years and older, eyeglass frames are limited to one frame per recipient, every two years; and, two lenses every 365 days.
Hearing Aids	See "Hearing Services" benefit in the "Covered Medical and Hospital Benefits" chart above	\$0 copay <ul style="list-style-type: none"> • For recipients who have moderate hearing loss or greater, including the following services: <ul style="list-style-type: none"> - One new, complete, (not refurbished) hearing aid device per ear, every three years, per recipient - Up to three pairs of ear molds per year, per recipient - One fitting and dispensing service per ear, every three years, per recipient

Additional Medicaid Covered Services (cont.)



Benefit	What you pay on this MMM Medicare and Much More Plan.	Medicaid State Plan
Transportation		
Non-Emergency Medical Transportation Services	See "Transportation" benefit in the "Covered Medical and Hospital Benefits" chart above	\$1 copay per one way trip
Inpatient Long Term Care Services		
Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older	Not covered	\$0 copay
Inpatient Psychiatric Services, under age 21	Not covered	\$0 copay
Intermediate Care Facility Services for Individuals with Intellectual Disabilities	Not covered	\$0 copay <ul style="list-style-type: none"> • Limited to fifteen days per hospital stay • Limited to forty-five days per Florida fiscal year (July 1 through June 30) for therapeutic leave.
Nursing Facility Services, other than in an Institution for Mental Diseases	Not covered	\$0 copay <ul style="list-style-type: none"> • Limited to eight days per hospital stay and sixteen days per Florida state fiscal year (July 1 through June 30) for therapeutic home visits.

Benefit	What you pay on this MMM Medicare and Much More Plan.	Medicaid State Plan
Other Medicaid Covered Services		
Assistive Care Services	\$0 copay for Assistive Care Services as provided under Medicaid.	\$0 copay <ul style="list-style-type: none"> • Care to eligible recipients living in a qualified Assisted Living Facility (ALF) or similar facility and requiring integrated services on a 24-hour per day basis.
Mental Health Targeted Case Management	\$0 copay for Mental Health Case Management as provided under Medicaid.	<ul style="list-style-type: none"> • To receive mental health targeted case management services, a recipient must be in one of the specific target groups described below: <ul style="list-style-type: none"> - Children’s mental health targeted case management for recipients’ birth through 17 years. - Adult mental health targeted case management for recipients age 18 years and older. - Intensive case management team services for recipients age 18 years and older. • Medicaid will reimburse: <ul style="list-style-type: none"> - Up to 344 units of children’s mental health or adult mental health targeted case management per month, per recipient. - Up to 48 units of intensive case management team services per recipient, per day, per case management team.

HOME AND COMMUNITY BASED WAIVER SERVICES

Dual eligible members, who meet the financial criteria for full Medicaid coverage, may also be eligible to receive Waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria. For information on waiver services and eligibility, contact Medicaid at 1-888-419-3456.

The Additional Medicaid Covered Services table above reflects Medicaid services available on a fee for service basis for dual eligibles who meet the eligibility requirements for full Medicaid benefits.

Our source of information for Medicaid benefits is the Florida Agency for Health Care Administration (Medicaid) website. All Medicaid covered services are subject to change at any time. For the most current Florida Medicaid coverage information, please visit the Florida Medicaid website at <http://ahca.myflorida.com/> or call the Medicaid Hotline at 1-888-419-3456.

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 a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. 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 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>