

Vision Benefits Summary Products MMM 2021

Dear Visual Care Professional:

We appreciate your participation to provide services to members of MMM products, through Envolve Total Vision, Inc. d/b/a Envolve Vision Benefits of Puerto Rico / Eye Management of Puerto Rico (Envolve). Attached you will find a summary of vision benefits and allowances that will be offered to MMM members during the year 2021.

Remember that the information provided is a summary and is not a detailed description of the benefits. For your convenience, you can access an electronic copy of the plan's specifications at <https://visionbenefits.envolvehealth.com>. If you have any questions about the information provided here, you may contact the Envolve Health Provider team at 1-844-833-1905, or contact persons listed below:

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We look forward to continuing our relationship with you and continuing to provide quality visual health services to MMM members in your area.

Cordially,

Department of Provider Services

Attachment

PlanCode	Medicare Covered Eye Exam*	Post-Cataract Surgery Medicare Covered Eyeglasses**	Routine Vision Exam, and Refraction (Added Benefit)	Vision Hardware (Added Benefit)
MMM Elite	\$0.00	\$0.00	\$0.00	\$850 Annual
MMM Valor Platino	\$0.00	\$0.00	\$0.00	\$450 Annual
MMM Grande Platino	\$0.00	\$0.00	\$0.00	\$0 Annual
MMM Diamante Platino	\$0.00	\$0.00	\$0.00	\$825 Annual
MMM Extra	\$0.00	\$0.00	\$0.00	\$200 Annual
MMM Unico	\$0.00	\$0.00	\$0.00	\$400 Annual
MMM-Supremo	\$0.00	\$0.00	\$0.00	\$400 Annual
MMM Relax Platino	\$0.00	\$0.00	\$0.00	\$450 Annual
PMC Max	\$0.00	\$0.00	\$0.00	\$350 Annual
PMC Premier Platino	\$0.00	\$0.00	\$0.00	\$450 Annual
MMM Dinamico	\$0.00	\$0.00	\$0.00	\$400 Annual
MMM Conectado Platino	\$0.00	\$0.00	\$0.00	\$200 Annual
MMM ELA Advantage A	\$0.00	\$0.00	\$0.00	\$750 Annual
MMM ELA Advantage SA	\$0.00	\$0.00	\$0.00	\$750 Annual
MMM ELA Cash A	\$0.00	\$0.00	\$0.00	\$500 Annual
MMM ELA Cash SA	\$0.00	\$0.00	\$0.00	\$500 Annual
MMM ELA Relax A	\$0.00	\$0.00	\$0.00	\$1,000 Annual
MMM ELA Relax SA	\$0.00	\$0.00	\$0.00	\$1,000 Annual
MMM ELA Grande A	\$0.00	\$0.00	\$0.00	\$300 Annual
MMM ELA Grande SA	\$0.00	\$0.00	\$0.00	\$300 Annual
MMM ELA Dinamico	\$0.00	\$0.00	\$0.00	\$400 Annual
MMM Alianza Valor - UPR	\$0.00	\$0.00	\$0.00	\$500 Annual
MMM Alianza Valor 2021 A	\$0.00	\$0.00	\$0.00	\$500 Annual
MMM Alianza Valor 2021 SA	\$0.00	\$0.00	\$0.00	\$500 Annual
MMM Alianza Relax - UPR	\$0.00	\$0.00	\$0.00	\$1,000 Annual
MMM Alianza Relax 2021 A	\$0.00	\$0.00	\$0.00	\$1,000 Annual
MMM Alianza Relax 2021 SA	\$0.00	\$0.00	\$0.00	\$1,000 Annual
MMM Alianza SEA	\$0.00	\$0.00	\$0.00	\$400 Annual
MMM Alianza Ultra - UPR	\$0.00	\$0.00	\$0.00	\$800 Annual
MMM Alianza Ultra 2021	\$0.00	\$0.00	\$0.00	\$800 Annual
MMM Alianza UPR Relax	\$0.00	\$0.00	\$0.00	\$1,000 Annual

PlanCode	Medicare Covered Eye Exam*	Post-Cataract Surgery Medicare Covered Eyeglasses**	Routine Vision Exam, and Refraction (Added Benefit)	Vision Hardware (Added Benefit)
MMM Alianza UPR Valor	\$0.00	\$0.00	\$0.00	\$500 Annual
MMM Alianza Flex A	\$0.00	\$0.00	\$0.00	\$500 Annual
MMM Alianza Flex SA	\$0.00	\$0.00	\$0.00	\$500 Annual
MMM Alianza Flex - UPR	\$0.00	\$0.00	\$0.00	\$500 Annual
MMM Alianza Mega A	\$0.00	\$0.00	\$0.00	\$150 Annual
MMM Alianza Mega SA	\$0.00	\$0.00	\$0.00	\$150 Annual
MMM Alianza Mega - UPR	\$0.00	\$0.00	\$0.00	\$150 Annual
MMM Alianza SEA Plus	\$0.00	\$0.00	\$0.00	\$150 Annual
MMM PRTC CLARO Advanced Flex	\$0.00	\$0.00	\$0.00	\$700 Annual
MMM PRTC CLARO Elite Flex	\$0.00	\$0.00	\$0.00	\$1,000 Annual
MMM Wells Fargo & Company Flex	\$0.00	\$0.00	\$0.00	\$700 Annual
MMM Pleno Flex – CCI	\$0.00	\$0.00	\$0.00	\$825 Annual
MMM Alianza UPR Plus	\$0.00	\$0.00	\$0.00	\$300 Annual
MMM Pleno Flex - UIET	\$0.00	\$0.00	\$0.00	\$825 Annual
MMM Máximo Flex - CIAPR	\$0.00	\$0.00	\$0.00	\$825 Annual
MMM Pleno Flex - CIAPR	\$0.00	\$0.00	\$0.00	\$825 Annual
MMM Pleno Flex – FFIL	\$0.00	\$0.00	\$0.00	\$825 Annual
MMM Pleno Flex - Kraft	\$0.00	\$0.00	\$0.00	\$825 Annual
MMM Avance Flex - Colgate	\$0.00	\$0.00	\$0.00	\$1,000 Annual
MMM Pleno Flex – AIG	\$0.00	\$0.00	\$0.00	\$825 Annual

*Covered exam for certain diagnostic tests and treatment of diseases and conditions of the eye, which include glaucoma screening.

** One pair of eyeglasses or one set of contact lenses following cataract surgery that implants an intraocular lens. This benefit is limited to standard eyeglass frames, and other Medicare limitations.