



Vision Benefits Summary Products MMM 2022

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 2022.

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
MMM Valor Platino	\$0.00	\$0.00	\$0.00	\$450
MMM Grande Platino	\$0.00	\$0.00	\$0.00	\$200
MMM Diamante Platino	\$0.00	\$0.00	\$0.00	\$825
MMM Extra	\$0.00	\$0.00	\$0.00	\$200
MMM Unico	\$0.00	\$0.00	\$0.00	\$850
MMM-Supremo	\$0.00	\$0.00	\$0.00	\$500
MMM Relax Platino	\$0.00	\$0.00	\$0.00	\$600
PMC Max	\$0.00	\$0.00	\$0.00	\$450
PMC Premier Platino	\$0.00	\$0.00	\$0.00	\$600
MMM Dinamico	\$0.00	\$0.00	\$0.00	\$500
MMM Integral	\$0.00	\$0.00	\$0.00	\$450
MMM Balance	\$0.00	\$0.00	\$0.00	\$400
MMM Poderoso	\$0.00	\$0.00	\$0.00	\$100
MMM Plenitud	\$0.00	\$0.00	\$0.00	\$850
MMM Bono Platino	\$0.00	\$0.00	\$0.00	\$0
MMM ELA Advantage A	\$0.00	\$0.00	\$0.00	\$750
MMM ELA Advantage SA	\$0.00	\$0.00	\$0.00	\$750
MMM ELA Cash A	\$0.00	\$0.00	\$0.00	\$800
MMM ELA Cash SA	\$0.00	\$0.00	\$0.00	\$800
MMM ELA Relax A	\$0.00	\$0.00	\$0.00	\$1,000
MMM ELA Relax SA	\$0.00	\$0.00	\$0.00	\$1,000
MMM ELA Grande A	\$0.00	\$0.00	\$0.00	\$300
MMM ELA Grande SA	\$0.00	\$0.00	\$0.00	\$300
MMM ELA Dinámico Plus	\$0.00	\$0.00	\$0.00	\$450
MMM Alianza Valor - UPR	\$0.00	\$0.00	\$0.00	\$800
MMM Alianza Valor 2022 A	\$0.00	\$0.00	\$0.00	\$800
MMM Alianza Valor 2022 SA	\$0.00	\$0.00	\$0.00	\$800
MMM Alianza Relax - UPR	\$0.00	\$0.00	\$0.00	\$1,000
MMM Alianza Relax 2022 A	\$0.00	\$0.00	\$0.00	\$1,000





PlanCode	Medicare Covered Eye Exam*	Post-Cataract Surgery Medicare Covered Eyeglasses**	Routine Vision Exam, and Refraction (Added Benefit)	Vision Hardware (Added Benefit)
MMM Alianza Relax 2022 SA	\$0.00	\$0.00	\$0.00	\$1,000
MMM Alianza SEA	\$0.00	\$0.00	\$0.00	\$400
MMM Alianza Ultra - UPR	\$0.00	\$0.00	\$0.00	\$800
MMM Alianza Ultra 2022	\$0.00	\$0.00	\$0.00	\$800
MMM Alianza Flex A	\$0.00	\$0.00	\$0.00	\$500
MMM Alianza Flex SA	\$0.00	\$0.00	\$0.00	\$500
MMM Alianza Flex - UPR	\$0.00	\$0.00	\$0.00	\$500
MMM Alianza SEA Plus	\$0.00	\$0.00	\$0.00	\$500
MMM Alianza Mas - UPR	\$0.00	\$0.00	\$0.00	\$500
MMM Alianza Mas A	\$0.00	\$0.00	\$0.00	\$500
MMM Alianza Mas SA	\$0.00	\$0.00	\$0.00	\$500
MMM PRTC CLARO Advanced Flex	\$0.00	\$0.00	\$0.00	\$600
MMM PRTC CLARO Elite Flex	\$0.00	\$0.00	\$0.00	\$1,000
MMM Wells Fargo & Company Flex	\$0.00	\$0.00	\$0.00	\$700
MMM Pleno Flex - CCI	\$0.00	\$0.00	\$0.00	\$825
MMM Pleno Flex - UIET	\$0.00	\$0.00	\$0.00	\$825
MMM Máximo Flex - CIAPR	\$0.00	\$0.00	\$0.00	\$825
MMM Pleno Flex - CIAPR	\$0.00	\$0.00	\$0.00	\$825
MMM Pleno Flex – FFIL	\$0.00	\$0.00	\$0.00	\$825
MMM Pleno Flex - Kraft	\$0.00	\$0.00	\$0.00	\$825
MMM Avance Flex - Colgate	\$0.00	\$0.00	\$0.00	\$1,000
MMM Pleno Flex – AIG	\$0.00	\$0.00	\$0.00	\$825
MMM Pleno Flex - L'Oreal	\$0.00	\$0.00	\$0.00	\$825
MMM Alianza UPR Grande	\$0.00	\$0.00	\$0.00	\$1,000
MMM Alianza UPR Cash	\$0.00	\$0.00	\$0.00	\$850
MMM Alianza UPR Dinámico	\$0.00	\$0.00	\$0.00	\$500
MMM Alianza Súper Extra	\$0.00	\$0.00	\$0.00	\$500
MMM Alianza Extra A	\$0.00	\$0.00	\$0.00	\$850
MMM Alianza Extra SA	\$0.00	\$0.00	\$0.00	\$850
MMM PREPA	\$0.00	\$0.00	\$0.00	\$625

^{*}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.