

## **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.