







QUICK REFERENCE GUIDE 2022

Complete Health MCS Classicare (HMO)

		2022				
		MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare ACTIVO (HMO)	MCS Classicare EFFECTIVO (HMO)	MCS Classicare SuperRx (HMO)	MCS Classicare ENTU HOGAR (HMO)
		NO REFERRAL	NO REFERRAL	NO REFERRAL	NO REFERRAL	NO REFERRAL
Te Paga and buydown	<p>NEW CASH BENEFIT</p> <p> More powerful and with more money than ever before</p> <p>All members qualify</p> <p>NEW: ATM cash withdrawal¹ </p>	\$300 annually (\$25 monthly)	\$600 annually (\$50 monthly)	\$420 annually (\$35 monthly)	\$600 annually (\$50 monthly)	\$1,380 annually (\$115 monthly)
	Part B premium reduction	\$0	\$0	\$720 annually / \$60 monthly	\$0	\$0
	Total Savings	\$300 annually	\$600 annually	\$1,140 annually	\$600 annually	\$1,380 annually
Principal medical benefits	Primary physician	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Specialist	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Chiropractic	\$0 copay / 6 visits per year	\$0 copay / 6 visits per year	\$0 copay / 6 visits per year	\$0 copay / 6 visits per year	\$0 copay / 6 visits per year
	Podiatry	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Hospital	\$0 Special network / \$50 General network	\$0 Special network / \$50 General network	\$0 Special network / \$50 General network	\$0 Special network / \$50 General network	\$0 Special network / \$50 General network
	Emergency	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
	Urgent Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Durable medical equipment	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Laboratories	0% Special network / 20% General network	0% Special network / 20% General network	0% Special network / 20% General network	0% Special network / 20% General network	0% Special network / 20% General network
	X-Rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MRI / CT	20% coinsurance	20% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance	
Drugs	Preferred generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Generic	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$0 copay
	Preferred brand	\$0 copay	\$6 copay	\$4 copay	\$15 copay	\$5 copay
	Non-preferred brand	\$0 copay	\$16 copay	\$14 copay	\$30 copay	\$15 copay
	Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
	Select Diabetic Drugs (Select insulins)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Erectile Dysfunction Drugs	7 pills monthly	7 pills monthly	7 pills monthly	7 pills monthly	7 pills monthly	
Dental	Dental Preventive: Oral exams, prophylaxis (cleaning), fluoride treatment, X-Rays	\$0 copay (no maximum plan benefit coverage amount)	\$0 copay (no maximum plan benefit coverage amount)	\$0 copay (no maximum plan benefit coverage amount)	\$0 copay (no maximum plan benefit coverage amount)	\$0 copay (no maximum plan benefit coverage amount)
	Dental Comprehensive: New: Implants; fixed prosthesis; Non-routine services and oral surgery (fillings, emergency services and anesthesia); restorative services (crowns); endodontics; periodontics; extractions, prosthodontics	\$2,500 annually \$0 copay	\$2,000 annually \$0 copay	\$2,000 annually \$0 copay	\$1,000 annually \$0 copay	\$1,500 annually \$0 copay
Supplementary benefits	Eyewear	\$1,000 annually	\$400 annually	\$800 annually	\$150 annually	\$400 annually
	Hearing aids	\$1,500 annually	\$1,000 annually	\$1,000 annually	\$3,000 annually	\$1,000 annually
	Worldwide coverage-emergency / Urgency	\$75 copay (reimbursement)	\$75 copay (reimbursement)	\$75 copay (reimbursement)	\$75 copay (reimbursement)	\$75 copay (reimbursement)
Wellness benefits	Telemedicine	\$0 copay per encounter	\$0 copay per encounter	\$0 copay per encounter	\$0 copay per encounter	\$0 copay per encounter
	Nutritionist	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually
	Acupuncture, therapeutic massage, foot reflexology	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually
Special supplementary benefits	Transportation non-medical destinations	24 One-Way	20 One-Way	22 One-Way	18 One-Way	16 One-Way
	Non-medical destinations	Supermarkets, MCS service centers, church, banks, Medicaid offices, MCS health and wellness activities	Supermarkets, MCS service centers, church, banks, Medicaid offices, MCS health and wellness activities	Supermarkets, MCS service centers, church, banks, Medicaid offices, MCS health and wellness activities	Supermarkets, MCS service centers, church, banks, Medicaid offices, MCS health and wellness activities	Supermarkets, MCS service centers, church, banks, Medicaid offices, MCS health and wellness activities
	Cell Phone	N/A	N/A	N/A	N/A	N/A
	 Home Assistance: New! Pet grooming and technology assistance; plumbing, electricity, locksmith, preventive home cleaning/disinfection and pest control	8 visits annually / 2 quarterly	8 visits annually / 2 quarterly	8 visits annually / 2 quarterly	8 visits annually / 2 quarterly	8 visits annually / 2 quarterly




MCS Classicare (HMO)

2022

		MCS Classicare HERO ² (HMO) NO REFERRAL	MCS Classicare FIRME (HMO) NO REFERRAL <i>Access to the network of providers across Puerto Rico</i>	MCS Classicare CEROCEROCERO (HMO C-SNP) NO REFERRAL <i>Access to the network of providers across Puerto Rico</i>	MCS Classicare PRIMERO (HMO C-SNP) NO REFERRAL	
Te Paga and buydown	<p>NEW CASH BENEFIT</p> <p> More powerful and with more money than ever before</p> <p>All members qualify</p> <p>NEW: ATM cash withdrawal¹ </p>	\$600 annually (\$50 monthly)	\$1,260 annually (\$105 monthly)	\$1,320 annually (\$110 monthly)	\$1,200 annually (\$100 monthly)	
	Part B premium reduction	\$1,200 annually / \$100 monthly	\$0	\$0	\$0	
	Total Savings	\$1,800 annually	\$1,260 annually	\$1,320 annually	\$1,200 annually	
Principal medical benefits	Primary physician	\$11 copay	\$0 copay	\$0 copay	\$0 copay	
	Specialist	\$20 copay	\$0 copay	\$0 copay	\$0 copay	
	Chiropractic	\$20 copay / 6 visits per year	\$0 copay / 6 visits per year	\$0 copay / 6 visits per year	\$0 copay / 6 visits per year	
	Podiatry	\$20 copay	\$0 copay	\$0 copay	\$0 copay	
	Hospital	\$100 Special network / \$200 General network	\$0 Special network / \$50 General network	\$0 Special network / \$50 General network	\$0 Special network / \$50 General network	
	Emergency	\$75 copay	\$40 copay	\$0 copay	\$40 copay	
	Urgent Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
	Durable medical equipment	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
	Laboratories	0% Special network / 20% General network	0% Special network / 20% General network	0% Special network / 20% General network	0% Special network / 20% General network	
	X-Rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
	MRI / CT	20% coinsurance	15% coinsurance	15% coinsurance	15% coinsurance	
	Drugs	Preferred generic	\$5 copay	\$0 copay	\$0 copay	\$0 copay
		Generic	\$10 copay	\$0 copay	\$0 copay	\$0 copay
Preferred brand		\$30 copay	\$0 copay	\$0 copay	\$0 copay	
Non-preferred brand		25% coinsurance	\$0 copay	\$0 copay	\$15 copay	
Specialty Drugs		33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	
Select Diabetic Drugs (Select insulins)		\$5 copay	\$0 copay	\$0 copay	\$0 copay	
Erectile Dysfunction Drugs		7 pills monthly	7 pills monthly	7 pills monthly	7 pills monthly	
Dental	<p>Dental Preventive: Oral exams, prophylaxis (cleaning), fluoride treatment, X-Rays</p>	\$0 copay (no maximum plan benefit coverage amount)	\$0 copay (no maximum plan benefit coverage amount)	\$0 copay (no maximum plan benefit coverage amount)	\$0 copay (no maximum plan benefit coverage amount)	
	<p>Dental Comprehensive: New: Implants; fixed prosthesis; Non-routine services and oral surgery (fillings, emergency services and anesthesia); restorative services (crowns); endodontics; periodontics; extractions, prosthodontics</p>	\$3,000 annually \$0 copay	\$2,500 annually \$0 copay	\$2,500 annually \$0 copay	\$1,500 annually \$0 copay	
Supplementary benefits	Eyewear	\$600 annually	\$800 annually	\$850 annually	\$400 annually	
	Hearing aids	\$2,000 annually	\$1,500 annually	\$2,000 annually	\$500 annually	
	Worldwide coverage-emergency / Urgency	\$75 copay (reimbursement)	\$75 copay (reimbursement)	\$75 copay (reimbursement)	\$75 copay (reimbursement)	
Wellness benefits	Telemedicine	\$0 copay per encounter	\$0 copay per encounter	\$0 copay per encounter	\$0 copay per encounter	
	Nutritionist	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	
	Acupuncture, therapeutic massage, foot reflexology	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually	
Special supplementary benefits	Transportation non-medical destinations	28 One-Way	30 One-Way	36 One-Way	30 One-Way	
	Non-medical destinations	Supermarkets, MCS service centers, church, banks, Medicaid offices, MCS health and wellness activities	Supermarkets, MCS service centers, church, banks, Medicaid offices, MCS health and wellness activities	Supermarkets, MCS service centers, church, banks, Medicaid offices, MCS health and wellness activities	Supermarkets, MCS service centers, church, banks, Medicaid offices, MCS health and wellness activities	
	Cell Phone	N/A	Cell phone + Data	N/A	N/A	
	<p> Home Assistance:</p> <p>New! Pet grooming and technology assistance; plumbing, electricity, locksmith, preventive home cleaning/disinfection and pest control</p>	8 visits annually / 2 quarterly	8 visits annually / 2 quarterly	8 visits annually / 2 quarterly	8 visits annually / 2 quarterly	

MCS Classicare (HMO)

2022

		MCS Classicare MEDICASH (HMO) NO REFERRAL	MCS Classicare MediOnly (HMO) NO REFERRAL
Te Paga and buydown	<p>NEW CASH BENEFIT</p> <p> More powerful and with more money than ever before</p> <p>All members qualify</p> <p>NEW: ATM cash withdrawal¹ </p>	\$1,188 annually (\$99 monthly)	\$1,980 annually (\$165 monthly)
	Part B premium reduction	\$660 annually / \$55 monthly	\$0
Principal medical benefits	Total Savings	\$1,848 annually	\$1,980 annually
	Primary physician	20% coinsurance	\$0 copay
	Specialist	20% coinsurance	\$0 copay
	Chiropractic	20% coinsurance (only covered by Medicare)	\$0 copay / 6 visits per year
	Podiatry	20% coinsurance (only covered by Medicare)	\$0 copay
	Hospital	\$0 copay	\$0 Special network / \$50 General network
	Emergency	\$80 copay	\$40 copay
	Urgent Care	\$65 copay	\$0 copay
	Durable medical equipment	20% coinsurance	\$0 copay
	Laboratories	20% coinsurance	0% Special network / 20% General network
Drugs	X-Rays	20% coinsurance	\$0 copay
	MRI / CT	20% coinsurance	20% coinsurance
Dental	Covered drugs	25% coinsurance	N/A
	Erectile Dysfunction Drugs	N/A	N/A
Dental	Dental Preventive: Oral exams, prophylaxis (cleaning), fluoride treatment, X-Rays	Not covered	\$0 copay (no maximum plan benefit coverage amount)
	Dental Comprehensive: New: Implants; fixed prosthesis; Non-routine services and oral surgery (fillings, emergency services and anesthesia); restorative services (crowns); endodontics; periodontics; extractions, prosthodontics	20% coinsurance Covered by Medicare	\$1,000 annually \$0 copay
Supplementary benefits	Eyewear	20% Covered by Medicare	\$200 annually
	Hearing aids	Not covered	\$500 annually
	Worldwide coverage-emergency / Urgency	20% coinsurance (reimbursement)	\$75 copay (reimbursement)
Wellness benefits	Telemedicine	\$0 copay per encounter	\$0 copay per encounter
	Nutritionist	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually
	Acupuncture, therapeutic massage, foot reflexology	\$0 copay / 6 visits annually	\$0 copay / 6 visits annually
Special supplementary benefits	Transportation non-medical destinations	Not covered	Not covered
	Non-medical destinations	Not covered	Not covered
	Cell Phone	N/A	N/A
	 Home Assistance: New! Pet grooming and technology assistance; plumbing, electricity, locksmith, preventive home cleaning/disinfection and pest control	8 visits annually / 2 quarterly	12 visits annually / 3 quarterly

The regional products Firme (HMO) and CeroCeroCero (HMO C-SNP) has access to the network of providers throughout the Island. Eligible residences for this coverage are in the following municipalities: Adjuntas, Aguada, Aguadilla, Añasco, Arecibo, Barceloneta, Cabo Rojo, Camuy, Ciales, Corozal, Florida, Guánica, Guayanilla, Hatillo, Hormigueros, Isabela, Jayuya, Juana Diaz, Lajas, Lares, Las Marías, Manati, Maricao, Mayagüez, Moca, Morovis, Orocovis, Peñuelas, Ponce, Quebradillas, Rincón, Sabana Grande, San Germán, San Sebastián, Utuado, Vega Alta, Vega Baja, Villalba and Yauco.

MCS Classicare is a product subscribed by MCS Advantage, Inc. MCS Classicare is an HMO plan with a Medicare contract. Enrollment in MCS Classicare depends on contract renewal. The Cash or Monetary Rebates represent savings the plan achieves compared to Original/FFS Medicare. The balance will be available for 6 months after the end of the year or date of disenrollment. If you have any questions or do not want this benefit, you can call us at 1.866.627.8183 (Toll free) or 1.866.627.8182 TTY (Hearing impaired). < Service hours>. This will not affect your eligibility to the plan or any other benefits. You might be eligible to transportation for non-medical matters to plan-approved locations through contracted suppliers. For home assistance only simple repairs apply, according to the evaluation performed by the service supplier. Services are limited by quarter and if you did not use the trimester's full amount, the remaining amount will not be accumulated to be used in the next trimester. These benefits are part of special supplemental benefits and not all members will qualify. For eyewear and hearing aids, the member must pay the difference if the cost is greater than what the plan covers. Some dental services will be covered every 5 years. 1. Cash withdrawal in the Banco Popular de Puerto Rico ATMs. 2. MCS Classicare Hero (HMO) product is also available to any Medicare beneficiary.