

MCS Classicare Patriot (HMO) offered by MCS Advantage, Inc. (MCS Classicare)

Annual Notice of Changes for 2025

You are currently enrolled as a member of MCS Classicare Patriot (HMO). Next year, there will be changes to the plan's costs and benefits. *Please see page 5 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.mcsclassicare.com. You may also call our Call Center to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in MCS Classicare Patriot (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with MCS Classicare Patriot (HMO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Call Center number at 787-620-2530 (Metro Area), 1-866-627-8183 (Toll Free) for additional information. (TTY users should call 1-866-627-8182.) Hours are Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30. This call is free.
- This information is available in different formats including, large print, braille, and audio CD. Please call our Call Center at the numbers listed above if you need plan information in another format or language.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About MCS Classicare Patriot (HMO)

- MCS Classicare is an HMO plan with a Medicare contract and a contract with Puerto Rico Medicaid program. Enrollment in MCS Classicare depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means MCS Advantage, Inc. (MCS Classicare) When it says “plan” or “our plan,” it means MCS Classicare Patriot (HMO).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for MCS Classicare Patriot (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium See Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,400	\$3,400
Doctor office visits	Primary care visits: \$0 copayment per visit Specialist visits: \$0 copayment per visit	Primary care visits: \$0 copayment per visit Specialist visits: \$0 copayment per visit
Inpatient hospital stays	\$0 copayment for each inpatient hospital stay for Special Network (SN) Providers \$50 copayment per each inpatient hospital stay for General Network (GN) Providers	\$0 copayment for each inpatient hospital stay for Special Network (SN) Providers \$50 copayment per each inpatient hospital stay for General Network (GN) Providers

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$3,400	\$3,400 Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at www.mcsclassicare.com. You may also call our Call Center for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Providers Directory* www.mcsclassicare.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact our Call Center so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<p>Te Paga Card Home Assistance Transportation for Non-Medical Needs</p>	<p>To be eligible for these additional benefits, you must meet the following requirements:</p> <ul style="list-style-type: none"> • Special Supplemental Benefits for the Chronically Ill (SSBCI) <p>You must have been diagnosed with one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit your health or general functioning. Please refer to your Evidence of Coverage for the list of conditions identified by the plan. In addition, you must have a high risk of hospitalization or other adverse health outcomes; and must require intensive care coordination.</p>	<p>To be eligible for these additional benefits, you must meet the following requirements:</p> <ul style="list-style-type: none"> • Special Supplemental Benefits for the Chronically Ill (SSBCI) <p>You must have been diagnosed with one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit your health or general functioning and meet certain eligibility criteria. Please refer to your Evidence of Coverage for the list of conditions identified by the plan. In addition, you must have a high risk of hospitalization or other adverse health outcomes; and must require intensive care coordination.</p> <p>Or</p> <ul style="list-style-type: none"> • Value-Based Insurance Design (VBID) Model

Cost	2024 (this year)	2025 (next year)
		<p>You must live in geographic areas that meet certain criteria. Please refer to your Evidence of Coverage or contact the plan for the list of medical conditions and plan criteria for eligibility under SSBCI or to know if you reside within an eligible geographic area under VBID.</p>
<p>Medicare Part B prescription drugs - Chemotherapy/Radiation drugs</p>	<p>You pay 0% of the total cost for Medicare Part B Radiation Drugs.</p> <p>You pay 5% of the total cost for Medicare Part B Chemotherapy Drugs.</p>	<p>You pay 0% of the total cost for Medicare Part B generic Chemotherapy drugs and Radiation drugs.</p> <p>You pay 20% of the total cost for Medicare Part B brand Chemotherapy drugs.</p>
<p>Medicare Part B prescription drugs - Part B drugs</p>	<p>You pay 0% of the total cost for Medicare Part B opioid antagonists.</p> <p>You pay 10% of the total cost for all other Medicare Part B drugs.</p>	<p>You pay 0% of the total cost for Medicare Part B opioid antagonists.</p> <p>You pay 20% of the total cost for specialty Medicare Part B drugs.</p>
<p>Medicare Part B prescription drugs - Insulins</p>	<p>You pay 0% - 10% of the total cost, maximum \$35 copayment for insulin drugs.</p>	<p>You pay 0% of the total cost for Medicare Part B unbranded insulins and 20% of the total cost for Medicare Part B brand insulins, maximum \$35 copayment.</p>

Cost	2024 (this year)	2025 (next year)
Physician/Practitioner services, including doctor’s office visits (Telehealth services)	Diabetes Self-Management Training is covered under Telehealth services.	Diabetes Self-Management Training is <u>not</u> covered under Telehealth services.
Prior Authorizations		
Dental Services (Some X-Rays or CTs)	Prior Authorization is <u>not</u> required.	Prior Authorization is required.
Outpatient diagnostic tests and therapeutic services and supplies (Radiation (radium and isotope) therapy including technician materials and supplies)	Prior Authorization is <u>not</u> required.	Prior Authorization is required.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in MCS Classicare Patriot (HMO)

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our MCS Classicare Patriot (HMO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

As a reminder, MCS Advantage, Inc. (MCS Classicare) offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MCS Classicare Patriot (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MCS Classicare Patriot (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact our Call Center if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it **from October 15 until December 7**. The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Puerto Rico, the SHIP is called Programa Estatal de Asistencia Sobre Seguros

de Salud.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Programa Estatal de Asistencia Sobre Seguros de Salud counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Programa Estatal de Asistencia sobre Seguros de Salud at 1-877-725-4300 (Metro Area), 1-800-981-0056 (Mayagüez Area) or 1-800-981-7735 (Ponce Area). You can learn more about Programa Estatal de Asistencia sobre Seguros de Salud by visiting their website (<https://agencias.pr.gov/agencias/oppea/educacion/Pages/ship.aspx>).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Health Insurance Assistance Program (HIAP) - Ryan White Part B / ADAP Program - Puerto Rico Department of Health. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled, how to continue receiving assistance, call the Health Insurance Assistance Program (HIAP) - Ryan White Part B / ADAP Program - Puerto Rico Department of Health at 787-765-2929, exts. 5103, 5136, 5137. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 6 Questions?

Section 6.1 – Getting Help from MCS Classicare Patriot (HMO)

Questions? We’re here to help. Please call our Call Center at 787-620-2530 (Metro Area), 1-866-627-8183

(Toll Free). (TTY only, call 1-866-627-8182). We are available for phone calls Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30. Calls to these numbers are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for MCS Classicare Patriot (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.mcsclassicare.com. You may also call our Call Center to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.mcsclassicare.com. As a reminder, our website has the most up-to-date information about our provider network (Providers Directory).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2025

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.