

SUMMARY OF BENEFITS

MCS Classicare ELA Crédito Rubí (HMO-POS) MCS Classicare ELA Máximo (HMO-POS)

MCS Classicare ELA Enlace Acero (HMO-POS) MCS Classicare ELA Sólido (HMO-POS)

MCS Classicare Gobierno Ahorro (HMO-POS) MCS Classicare ELA Te Ayuda (HMO-POS)



2025

SUMMARY OF BENEFITS

BENEFITS

PREMIUM, DEDUCTIBLE, AND LIMITS

Monthly Plan Premium

You must continue to pay your Medicare Part B premium

Part B monthly premium reduction

Deductible

Maximum Out-of-Pocket Responsibility (does not include prescription drugs)

The maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.

HOSPITAL COVERAGE

Inpatient Hospital Coverage ¹

Outpatient Hospital Services ¹

Ambulatory Surgical Center Services (ASC) ¹

DOCTOR VISITS

Primary Care Providers

Specialists

Preventive Care (e.g., flu vaccine, diabetic screenings)

Any additional preventive services approved by Medicare during the contract year will be covered.

**MCS Classicare
GOBIERNO AHORRO**
(HMO-POS)

**MCS Classicare
ELA CRÉDITO RUBÍ**
(HMO-POS)

**MCS Classicare
ELA ENLACE ACERO**
(HMO-POS)

You pay \$0

You pay \$100

You pay \$100

\$0 monthly

\$50 monthly

\$0 monthly

You pay nothing
This plan does not have a deductible

You pay nothing
This plan does not have a deductible

You pay nothing
This plan does not have a deductible

\$6,700 annually

\$6,700 annually

\$6,700 annually

In-Network:
\$0 copayment for each
Medicare-covered hospital stay
Out-of-network (POS):
20% of the total cost

In-Network:
\$0 copayment for each
Medicare-covered hospital stay
Out-of-network (POS):
20% of the total cost

In-Network:
\$0 copayment for each
Medicare-covered hospital stay
Out-of-network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
20% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
0% of the total cost



In-Network:
You pay nothing
Out-of-Network (POS):
0% of the total cost

In-Network:
You pay nothing
Out-of-Network (POS):
0% of the total cost



1. Some services may require pre-authorization. Contact the plan for details.



SUMMARY OF BENEFITS

BENEFITS	
Emergency Care	
If you are admitted to the hospital within 24 hours, you do not have to pay your share of the copayment for emergency care.	
Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.	
Urgently Needed Services	
Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.	
DIAGNOSTIC SERVICES/LABS/IMAGING	
	Diagnostic tests and procedures ¹
	Lab services ¹
	Diagnostic Radiology services (e.g. MRI, CT Scan) ¹
	X-rays ¹
HEARING SERVICES	
	Medicare-covered hearing exam
	Routine hearing exam - one (1) annually
	Fitting-evaluation for hearing aids - one (1) annually

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
\$25 copayment per visit	\$25 copayment per visit	\$25 copayment per visit
You pay nothing	You pay nothing	You pay nothing
DIAGNOSTIC SERVICES/LABS/IMAGING		
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost
HEARING SERVICES		
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 0% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 0% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 0% of the total cost

1. Some services may require pre-authorization. Contact the plan for details.

SUMMARY OF BENEFITS

BENEFITS
Hearing aids ¹
DENTAL SERVICES
Medicare-covered Dental Services
 <p>Diagnostic and preventive dental services ¹</p> <ul style="list-style-type: none"> - Oral Exam - Dental X-rays - Prophylaxis (Cleaning) - Flouride Treatment <p>No maximum benefit coverage applies for diagnostic and preventive services.</p>
 <p>Comprehensive dental services ¹</p> <ul style="list-style-type: none"> - Restorative Services (including Crowns) - Prosthodontics (Fixed and Removable)
VISION SERVICES
Medicare-covered Eye Exam
Routine Eye Exam - one (1) annually
Eyewear

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
See “Combined Benefit for Eyewear and Hearing Aids”	<p>In-Network: You pay nothing Up to \$1,250 per ear annually</p> <p>Out-of-Network (POS): 0% of the total cost</p>	See “Combined Benefit for Eyewear and Hearing Aids”
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Up to \$2,500 annually</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Up to \$3,500 annually</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Up to \$4,500 annually</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
See “Combined Benefit for Eyewear and Hearing Aids”	<p>In-Network: You pay nothing Up to \$800 annually</p> <p>Out-of-Network (POS): 0% of the total cost</p>	See “Combined Benefit for Eyewear and Hearing Aids”

1. Some services may require pre-authorization. Contact the plan for details.

SUMMARY OF BENEFITS



BENEFITS	
MEDICARE PART B DRUGS	
Chemotherapy drugs and radiation ¹	
Other Part B drugs ¹	
Insulin drugs	
MEDICAL EQUIPMENT/ SUPPLIES	
Durable medical equipment (DME) ¹	
Prosthetic devices ¹	
Diabetic supplies ¹	
WELLNESS PROGRAMS	
Fitness Benefit	
Nursing Hotline (MCS <i>Medilínea</i>)	

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
In-Network: 0% - 5% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% - 10% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% - 5% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% - 10% of the total cost, maximum \$35 copayment Out-of-Network (POS): 20% of the total cost, maximum \$35 copay	In-Network: 0% - 5% of the total cost, maximum \$35 copayment Out-of-Network (POS): 20% of the total cost, maximum \$35 copay	In-Network: 0% of the total cost, maximum \$35 copayment Out-of-Network (POS): 20% of the total cost, maximum \$35 copay
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: 0% - 5% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% - 5% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-network (POS): Not Covered	In-Network: You pay nothing Out-of-network (POS): Not Covered	In-Network: You pay nothing Out-of-network (POS): Not Covered
In-Network: You pay nothing Out-of-network (POS): Not Covered	In-Network: You pay nothing Out-of-network (POS): Not Covered	In-Network: You pay nothing Out-of-network (POS): Not Covered

¹ Some services may require pre-authorization. Contact the plan for details.

SUMMARY OF BENEFITS

BENEFITS
WELLNESS BENEFITS
<p>Foot exams and treatment (Podiatry Services)</p>
<p>Foot Reflexology</p>
<p>Remote Access Technologies (Telemedicine)</p> <p>Remote Access Technologies (Telemedicine) services allow you to receive medical attention from anywhere within Puerto Rico 365 days a year. You have access to health consultations for a minor illness with a family doctor, general practitioner, internist, or licensed pediatrician.</p> <p>If the doctor determines that your condition cannot be treated through this platform, you will be referred to an emergency room, an urgency center, or your primary doctor.</p> <p>Telemedicine visits can be done by cell phone, computer, or tablet. Does not apply for services outside the contracted platform. See your Evidence of Coverage for more details.</p>
<p>Additional acupuncture services</p>



MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
<p>In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing Out-of-network (POS): Not Covered</p>	<p>In-Network: You pay nothing Out-of-network (POS): Not Covered</p>	<p>In-Network: You pay nothing Out-of-network (POS): Not Covered</p>
<p>In-Network: You pay nothing Six (6) additional visits annually Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing Six (6) additional visits annually Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing Six (6) additional visits annually Out-of-Network (POS): Not covered</p>

SUMMARY OF BENEFITS

BENEFITS

SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL



Te Paga Card ^{3,4}



Home Assistance ^{3,5,6,7}
 Services include hairstyling, yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection.

Only simple repairs and basic services apply according to the evaluation performed by the service supplier.



Transportation for non-medical needs ³
 Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.

OTHER SUPPLEMENTAL BENEFITS

Combined Benefits for Vision Care and Hearing Services ¹

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
<p>In-Network: \$600 annually (\$50 monthly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: \$1,260 annually (\$105 monthly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: \$1,980 annually (\$165 monthly)</p> <p>Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p> <p>Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing</p> <p>Out-of-network (POS): Not Covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-network (POS): Not Covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-network (POS): Not Covered</p>
<p>Up to \$800 annually for a combined Eyewear and Hearing Aids Benefit</p>	<p>N/A</p>	<p>Up to \$900 annually for a combined Eyewear and Hearing Aids Benefit</p>

1. Some services may require pre-authorization. Contact the plan for details. 2. Preauthorization through MCS Solutions. 3. SSBCI: The benefits mentioned are a part of special supplemental program for members with chronic diseases, such as: Cardiovascular disorders, Hypertension, Diabetes, Chronic and disabling mental health conditions, Chronic kidney disease and other conditions not listed. Eligibility cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For

details, please contact us. 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. 5. Unused amounts do not rollover to the next month or quarter. 6. For hairstyling (was, cut, dry) you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 7. Only simple repairs and basic services apply, according to the evaluation performed by the service supplier.

SUMMARY OF BENEFITS

BENEFITS

PREMIUM, DEDUCTIBLE, AND LIMITS

Monthly Plan Premium
You must continue to pay your Medicare Part B premium
Part B monthly premium reduction
Deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)
The maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.

HOSPITAL COVERAGE

Inpatient Hospital Coverage ¹
Outpatient Hospital Services ¹
Ambulatory Surgical Center Services (ASC) ¹

DOCTOR VISITS



Primary Care Providers
Specialists
Preventive Care (e.g., flu vaccine, diabetic screenings)
Any additional preventive services approved by Medicare during the contract year will be covered.



MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network MCS Classicare ELA SÓLIDO (HMO-POS) ⁸
You pay \$100	You pay \$100	You pay \$100
\$101 monthly	\$174.70 monthly	\$101 monthly
You pay nothing This plan does not have a deductible	You pay nothing This plan does not have a deductible	You pay nothing This plan does not have a deductible
\$6,700 annually	\$6,700 annually	\$6,700 annually
In-Network: \$0 copayment for each Medicare-covered hospital stay Out-of-network (POS): 20% of the total cost	In-Network: \$50 copayment for each Medicare-covered hospital stay Out-of-network (POS): 20% of the total cost	In-Network: \$50 copayment for each Medicare-covered hospital stay Out-of-network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: \$50 copayment Out-of-network (POS): 20% of the total cost	In-Network: \$50 copayment Out-of-network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: \$10 copayment per visit Out-of-network (POS): 20% of the total cost	In-Network: \$10 copayment per visit Out-of-network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 0% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 0% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 0% of the total cost

1. Some services may require pre-authorization. Contact the plan for details. 8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare ELA Sólido (HMO-POS) includes 39 municipalities. For details see the Evidence of Coverage or contact the plan.



SUMMARY OF BENEFITS

BENEFITS	
Emergency Care	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the copayment for emergency care. Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.
Urgently Needed Services	Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.
DIAGNOSTIC SERVICES/LABS/IMAGING	
 Diagnostic tests and procedures ¹	
Lab services ¹	
Diagnostic Radiology services (e.g. MRI, CT Scan) ¹	
 X-rays ¹	
HEARING SERVICES	
Medicare-covered hearing exam	
Routine hearing exam - one (1) annually	
Fitting-evaluation for hearing aids - one (1) annually	

MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network MCS Classicare ELA SÓLIDO (HMO-POS) ⁸
\$25 copayment per visit	\$75 copayment per visit	\$75 copayment per visit
You pay nothing	\$10 copayment per visit	\$10 copayment per visit
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 0% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 0% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 0% of the total cost

1. Some services may require pre-authorization. Contact the plan for details. 8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare ELA Sólido (HMO-POS) includes 39 municipalities. For details see the Evidence of Coverage or contact the plan.



SUMMARY OF BENEFITS

BENEFITS
Hearing aids ¹
DENTAL SERVICES
Medicare-covered Dental Services
 <p>Diagnostic and preventive dental services ¹</p> <ul style="list-style-type: none"> - Oral Exam - Dental X-rays - Prophylaxis (Cleaning) - Flouride Treatment <p>No maximum benefit coverage applies for diagnostic and preventive services.</p>
 <p>Comprehensive dental services ¹</p> <ul style="list-style-type: none"> - Restorative Services (including Crowns) - Prosthodontics (Fixed and Removable)
VISION SERVICES
Medicare-covered Eye Exam
Routine Eye Exam - one (1) annually
Eyewear

MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network
		MCS Classicare ELA SÓLIDO (HMO-POS) ⁸
See “Combined Benefit for Eyewear and Hearing Aids”	See “Combined Benefit for Eyewear and Hearing Aids”	See “Combined Benefit for Eyewear and Hearing Aids”
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Up to \$3,000 annually Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Up to \$2,000 annually Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Up to \$2,500 annually Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
See “Combined Benefit for Eyewear and Hearing Aids”	See “Combined Benefit for Eyewear and Hearing Aids”	See “Combined Benefit for Eyewear and Hearing Aids”

1. Some services may require pre-authorization. Contact the plan for details. 8. Access to the provider’s network all over Puerto Rico. The service area for MCS Classicare ELA Sólido (HMO-POS) includes 39 municipalities. For details see the Evidence of Coverage or contact the plan.

SUMMARY OF BENEFITS

BENEFITS	
MENTAL HEALTH SERVICES	
<p>Inpatient Hospital ²</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital.</p> <p>The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.</p>	
	<p>Outpatient Individual Therapy Visit ²</p> <p>Outpatient Group Therapy Visit ²</p>
	ADDITIONAL BENEFITS
<p>Skilled Nursing Facility ¹</p> <p>Our plan covers up to 100 days. Contact the plan for details.</p>	
	<p>Physical Therapy ¹</p> <p>We also cover occupational therapy, and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.</p>
	<p>Ambulance</p> <p>Air Ambulance ¹</p> <p>Ground ambulance ¹</p>
<p>Transportation</p> <p>A trip is considered one-way transportation to a plan approved health-related location.</p>	

MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network MCS Classicare ELA SÓLIDO (HMO-POS) ⁸
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: \$50 copayment per visit</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: \$50 copayment per visit</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>

1. Some services may require pre-authorization. Contact the plan for details. 2. Preauthorization through MCS Solutions. 8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare ELA Sólido (HMO-POS) includes 39 municipalities. For details see the Evidence of Coverage or contact the plan.

SUMMARY OF BENEFITS

BENEFITS	
MEDICARE PART B DRUGS	
Chemotherapy drugs and radiation ¹	
Other Part B drugs ¹	
Insulin drugs	
MEDICAL EQUIPMENT/ SUPPLIES	
Durable medical equipment (DME) ¹	
Prosthetic devices ¹	
Diabetic supplies ¹	
WELLNESS PROGRAMS	
Fitness Benefit	
Nursing Hotline (MCS <i>Medilínea</i>)	



MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network
		MCS Classicare ELA SÓLIDO (HMO-POS) ⁸
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% - 5% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% - 5% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% - 10% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% - 10% of the total cost Out-of-Network (POS): 20% of the total cost
In-Network: 0% of the total cost, maximum \$35 copayment Out-of-Network (POS): 20% of the total cost, maximum \$35 copay	In-Network: 0% - 10% of the total cost, maximum \$35 copayment Out-of-Network (POS): 20% of the total cost, maximum \$35 copay	In-Network: 0% - 10% of the total cost, maximum \$35 copayment Out-of-Network (POS): 20% of the total cost, maximum \$35 copay
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost
In-Network: You pay nothing	In-Network: You pay nothing	In-Network: You pay nothing
Out-of-network (POS): Not Covered	Out-of-network (POS): Not Covered	Out-of-network (POS): Not Covered
In-Network: You pay nothing	In-Network: You pay nothing	In-Network: You pay nothing
Out-of-network (POS): Not Covered	Out-of-network (POS): Not Covered	Out-of-network (POS): Not Covered

1. Some services may require pre-authorization. Contact the plan for details. 8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare ELA Sólido (HMO-POS) includes 39 municipalities. For details see the Evidence of Coverage or contact the plan.

SUMMARY OF BENEFITS




BENEFITS
WELLNESS BENEFITS
<p>Foot exams and treatment (Podiatry Services)</p>
<p>Foot Reflexology</p>
<p>Remote Access Technologies (Telemedicine)</p> <p>Remote Access Technologies (Telemedicine) services allow you to receive medical attention from anywhere within Puerto Rico 365 days a year. You have access to health consultations for a minor illness with a family doctor, general practitioner, internist, or licensed pediatrician.</p> <p>If the doctor determines that your condition cannot be treated through this platform, you will be referred to an emergency room, an urgency center, or your primary doctor.</p> <p>Telemedicine visits can be done by cell phone, computer, or tablet. Does not apply for services outside the contracted platform. See your Evidence of Coverage for more details.</p>
<p>Additional acupuncture services</p>



MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network MCS Classicare ELA SÓLIDO (HMO-POS) ⁸
<p>In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: \$10 copayment per visit Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: \$10 copayment per visit Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing Out-of-network (POS): Not Covered</p>	<p>In-Network: You pay nothing Out-of-network (POS): Not Covered</p>	<p>In-Network: You pay nothing Out-of-network (POS): Not Covered</p>
<p>In-Network: You pay nothing Six (6) additional visits annually Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing Six (6) additional visits annually Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing Six (6) additional visits annually Out-of-Network (POS): Not covered</p>

8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare ELA Sólido (HMO-POS) includes 39 municipalities. For details see the Evidence of Coverage or contact the plan.

SUMMARY OF BENEFITS


BENEFITS	
SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL	
 <p>Te Paga Card ^{3,4}</p>	
 <p>Home Assistance ^{3,5,6,7} Services include hairstyling, yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection.</p> <p>Only simple repairs and basic services apply according to the evaluation performed by the service supplier.</p>	
 <p>Transportation for non-medical needs ³ Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.</p>	
OTHER SUPPLEMENTAL BENEFITS	
Combined Benefits for Vision Care and Hearing Services ¹	

MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network MCS Classicare ELA SÓLIDO (HMO-POS) ⁸
<p>In-Network: \$780 annually (\$65 monthly)⁵</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: \$360 annually (\$30 monthly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: \$1,440 annually (\$120 monthly)</p> <p>Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p> <p>Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing</p> <p>Out-of-network (POS): Not Covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-network (POS): Not Covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-network (POS): Not Covered</p>
Up to \$700 annually for a combined Eyewear and Hearing Aids Benefit	Up to \$800 annually for a combined Eyewear and Hearing Aids Benefit	Up to \$600 annually for a combined Eyewear and Hearing Aids Benefit

1. Some services may require pre-authorization. Contact the plan for details. 2. Preauthorization through MCS Solutions. 3. SSBCI: The benefits mentioned are a part of special supplemental program for members with chronic diseases, such as: Cardiovascular disorders, Hypertension, Diabetes, Chronic and disabling mental health conditions, Chronic kidney disease and other conditions not listed. Eligibility cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us. 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor

tobacco, or its derivatives. 5. Unused amounts do not rollover to the next month or quarter. 6. For hairstyling (was, cut, dry) you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 7. Only simple repairs and basic services apply, according to the evaluation performed by the service supplier. 8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare ELA Sólido (HMO-POS) includes 39 municipalities. For details see the Evidence of Coverage or contact the plan.

PRESCRIPTION DRUGS


STAGE	DRUG TIER
ANNUAL DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.
 <p>INITIAL COVERAGE</p> <p>You stay in the Initial Coverage Stage until your out-of-pocket costs for the year reach \$2,000. You then move on to the Catastrophic Coverage Stage.</p>	STANDARD RETAIL COST SHARING (30-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	STANDARD RETAIL COST SHARING (90-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
Tier 4 - Non-Preferred Brand	
Tier 5 - Specialty Drugs	
Tier 6 - Select Care Drugs	
CATASTROPHIC COVERAGE	<p>You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,000 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered drugs.

Cost-sharing may differ for Long Term Care (LTC) pharmacies, home infusion pharmacies, and out-of-network pharmacies. Cost-sharing may also change when you enter into another phase of the Part D benefit. Please see your Evidence of Coverage for details.

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$4 copay	\$0 copay
\$5 copay	\$8 copay	\$0 copay
25% of the total cost	25% of the total cost	25% of the total cost
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$12 copay	\$0 copay
\$15 copay	\$24 copay	\$0 copay
Not offered	Not offered	Not offered
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$8 copay	\$0 copay
\$10 copay	\$16 copay	\$0 copay
Not offered	Not offered	Not offered
\$0 copay	\$0 copay	\$0 copay



PRESCRIPTION DRUGS

STAGE	DRUG TIER
ANNUAL DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.
 <p>INITIAL COVERAGE</p> <p>You stay in the Initial Coverage Stage until your out-of-pocket costs for the year reach \$2,000. You then move on to the Catastrophic Coverage Stage.</p> <p>CATASTROPHIC COVERAGE</p> <p>You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,000 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered drugs. 	STANDARD RETAIL COST SHARING (30-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	STANDARD RETAIL COST SHARING (90-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
Tier 5 - Specialty Drugs	
Tier 6 - Select Care Drugs	

Cost-sharing may differ for Long Term Care (LTC) pharmacies, home infusion pharmacies, and out-of-network pharmacies. Cost-sharing may also change when you enter into another phase of the Part D benefit. Please see your Evidence of Coverage for details.

MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network
		MCS Classicare ELA SÓLIDO (HMO-POS) ⁸
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$2 copay	\$5 copay	\$0 copay
\$4 copay	\$10 copay	\$0 copay
25% of the total cost	33% of the total cost	33% of the total cost
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$6 copay	\$15 copay	\$0 copay
\$12 copay	\$30 copay	\$0 copay
Not offered	Not offered	Not offered
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$4 copay	\$10 copay	\$0 copay
\$8 copay	\$20 copay	\$0 copay
Not offered	Not offered	Not offered
\$0 copay	\$0 copay	\$0 copay



This is a summary of drug and health services covered by MCS Classicare.

January 1, 2025 – December 31, 2025

MCS Classicare is a product subscribed by MCS Advantage, Inc. MCS Classicare is an HMO plan with a Medicare contract and a contract with the Puerto Rico Medicaid Program. Enrollment in MCS Classicare depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services that we cover, please visit our website at www.mcsclassicare.com to view your 2025 Evidence of Coverage.

To join an MCS Classicare plan you must have Medicare Part A, be enrolled in Medicare Part B, and live in our service area. You are also eligible for membership in our plan as long as you are a United States citizen, are lawfully present in the United States, or were a member of a different plan that was terminated. Only government retirees under Law 95 qualify to enroll in these plans.

For MCS Classicare Gobierno Ahorro (HMO-POS), MCS Classicare ELA Crédito Rubí (HMO-POS), MCS Classicare ELA Enlace Acero (HMO-POS), MCS Classicare ELA Te Ayuda (HMO-POS) and MCS Classicare ELA Máximo (HMO-POS) our service area includes the following municipalities in Puerto Rico:

Adjuntas, Aguada, Aguadilla, Aguas Buenas, Aibonito, Añasco, Arecibo, Arroyo, Barceloneta, Barranquitas, Bayamón, Cabo Rojo, Caguas, Camuy, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Ciales, Cidra, Coamo, Comerío, Corozal, Culebra, Dorado, Fajardo, Florida, Guánica, Guayama, Guayanilla, Guaynabo, Gurabo, Hatillo, Hormigueros, Humacao, Isabela, Jayuya, Juana Díaz, Juncos, Lajas, Lares, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Maricao, Maunabo, Mayagüez, Moca, Morovis, Naguabo, Naranjito, Orocovis, Patillas, Peñuelas, Ponce, Quebradillas, Rincón, Río Grande, Sabana Grande, Salinas, San Germán, San Juan, San Lorenzo, San Sebastián, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Utuado, Vega Alta, Vega Baja, Vieques, Villalba, Yabucoa and Yauco.

For MCS Classicare ELA Sólido (HMO-POS), our service area includes the following municipalities in Puerto Rico:

Adjuntas, Aguada, Aguadilla, Añasco, Arecibo, Barceloneta, Cabo Rojo, Camuy, Ciales, Corozal, Florida, Guánica, Guayanilla, Hatillo, Hormigueros, Isabela, Jayuya, Juana Díaz, Lajas, Lares, Las Marías, Manatí, 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 (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network (Point of Service, POS). This benefit is covered by reimbursement. Out-of-network/non-contracted providers are under no obligation to treat MCS Classicare members, except in emergency situations. Coverage for services received out-of-network is managed through reimbursement based on the different fee schedules allowed by our plan, which are applied according to the service received, less the corresponding cost-sharing amount. Please call our Call Center number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Approved by the Puerto Rico Health Insurance Administration.

Getting Help from Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy 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.

Plan Documents in Other Formats and Languages

This information is available in different formats including large print, braille, and audio CD. This document is also available for free in Spanish. Please call our Call Center if you need plan information in another format or language.

Plan Phone Numbers and Website

For more information, please call us at the phone numbers below or visit us at www.mcsclassicare.com

If you are a member of this plan, call toll free 1-866-627-8183. TTY users should call 1-866-627-8182.

If you are not a member of this plan, call (Metro Area) 787-296-9003 and (Toll Free) 1-866-591-4002. TTY users should call 1-866-627-8182.

Hours of Operation

From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m.

From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m., and Saturday from 8:00 a.m. to 4:30 p.m.

After these business hours, for general information on your benefits you may leave us a voice message. We will return your call on our next business day.

Evidence of Coverage

You can see your Evidence of Coverage at our website at www.mcsclassicare.com

Plan Directories

You can see our plan’s **providers and pharmacies directory** at our website at www.mcsclassicare.com

Drug Coverage

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.mcsclassicare.com

MEDICARE BENEFICIARY

The one who knows,
is with **MCS** Classicare
(HMO)



MCS Classicare Te Paga card^{3,4}

MCS Classicare ELA Enlace Acero (HMO-POS)	MCS Classicare ELA Sólido (HMO-POS) Regional	MCS Classicare ELA Crédito Rubí (HMO-POS)
\$1,980 annual (\$165 monthly)	\$1,440 annual (\$120 monthly)	\$1,260 annual (\$105 monthly)
MCS Classicare ELA Te Ayuda (HMO-POS)	MCS Classicare Gobierno Ahorro (HMO-POS)	MCS Classicare ELA Máximo (HMO-POS)
\$780 annual (\$65 monthly) ⁵	\$600 annual (\$50 monthly)	\$360 annual (\$30 monthly)

Part B monthly premium reduction

MCS Classicare ELA Máximo (HMO-POS)	MCS Classicare ELA Te Ayuda (HMO-POS)	MCS Classicare ELA Sólido (HMO-POS) Regional	MCS Classicare ELA Crédito Rubí (HMO-POS)
\$2,096.40 annual (\$174.70 monthly)	\$1,212 annual (\$101 monthly)	\$1,212 annual (\$101 monthly)	\$600 annual (\$50 monthly)

3. SSBCI: The benefits mentioned are a part of special supplemental program for members with chronic diseases, such as: Cardiovascular disorders, Hypertension, Diabetes, Chronic and disabling mental health conditions, Chronic kidney disease and other conditions not listed. Eligibility cannot be guaranteed based solely on your condition. All applicable

eligibility requirements must be met before the benefit is provided. For details, please contact us. 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. 5. Unused amounts do not rollover to the next month or quarter.

Stay with the plan that offers you **complete health!**

With MCS Classicare ELA Enlace Acero (HMO-POS) you have:



Generic and brand drugs
\$0 copay



Comprehensive dental¹
\$4,500 annual

- Restorative Services (including Crowns)
- Prosthodontics (Fixed and Removable)



Eyewear and hearing aids

Up to

\$900 annual

Combined benefit



Transportation

32 one way
trips per year



DID YOU KNOW...

As an active member of the plan, you have the option not to receive calls to discuss or talk about Medicare Advantage and Part D plans, as established by the Centers for Medicare and Medicaid Services (CMS), other Medicare plans (not the current plan) or other types of insurance or lines of business, for example, home insurance, among others. This does not include calls that are strictly necessary to receive your health plan benefits.

If you do not want to receive these types of calls, please contact the MCS Classicare Call Center at 787-620-2530 (metro area) or 1-866-627-8183 (toll free). TTY (Hearing impaired) may call 1-866-627-8182. Our service hours are Monday through Sunday from 8:00 a.m. to 8:00 p.m. (October 1 - March 31), and Monday through Friday from 8:00 a.m. to 8:00 p.m., Saturday from 8:00 a.m. to 4:30 p.m. (April 1 - September 30).

1. Some services may require pre-authorization. Contact the plan for details.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-627-8183. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-627-8183. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-627-8183。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-627-8183。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-627-8183. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-627-8183. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-627-8183 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-627-8183. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-627-8183 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-627-8183. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: أهيوذالاً وأهيوذالاً أنتطخ لوح كهيدل نوكت دق نلئسأ ياً نغ فباجلال أناجم هجاتم هيروفلا فمجرتلأ تامدخ انيدل هيناجم فمدخ هذه. كئتدعاسم نم هينابسلإا شدحتي صخش نكمتسي. 1-866-627-8183 مقرلاب لاصلالاً يجرئ، يروف مجرتم يلاً شدحتلل.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपबिध हैं. एक दुभाकिया प्राप्त करने के लिए, बस हमें 1-866-627-8183 पर फोन करें. कोई व्यक्ति जो कहन्दी बोति है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-627-8183. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-627-8183. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-627-8183. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-627-8183. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-627-8183 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Complete Health

MCS Classicare

PENSIONADO DE GOBIERNO (HMO)

H5577_6850924_M