

SUMMARY OF BENEFITS

MCS Classicare Efectivo (HMO)

MCS Classicare Essential (HMO-POS)

MCS Classicare Patriot (HMO)

MCS Classicare Intelicare (HMO)

MCS Classicare Exacto (HMO)

MCS Classicare En Tu Hogar (HMO)

MCS Classicare Hero (HMO)

MCS Classicare Firme (HMO)

NEW!

MCS Classicare RxMax (HMO)



2025

MCS Classicare
(HMO)

SUMMARY OF BENEFITS

BENEFITS	
PREMIUMS AND BENEFITS	
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	



MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)
You pay \$0	You pay \$0	You pay \$0
\$69 monthly	\$0	\$0
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
\$3,400 annually	\$3,400 annually	\$3,400 annually
Special Network (SN): \$0 copayment for each Medicare-covered hospital stay General Network (GN): \$50 copayment for each Medicare-covered hospital stay	Special Network (SN): \$0 copayment for each Medicare-covered hospital stay General Network (GN): \$50 copayment for each Medicare-covered hospital stay Out-of-network (POS): 35% of the total cost	Special Network (SN): \$0 copayment for each Medicare-covered hospital stay General Network (GN): \$50 copayment for each Medicare-covered hospital stay
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing

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

SUMMARY OF BENEFITS



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

MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 0% of the total cost	You pay nothing
\$40 copayment per visit	\$40 copayment per visit	\$40 copayment per visit
You pay nothing	You pay nothing	You pay nothing
0% of the total cost for simple procedures 15% of the total cost for complex procedures	In-Network: 0% of the total cost for simple procedures 20% of the total cost for complex procedures Out-of-network (POS): 35% of the total cost	0% of the total cost for simple procedures 20% of the total cost for complex procedures
Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost	In-Network: Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost Out-of-network (POS): 35% of the total cost	Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost
0% of the total cost for simple procedures 15% of the total cost for complex procedures	In-Network: 0% of the total cost for simple procedures 20% of the total cost for complex procedures Out-of-network (POS): 35% of the total cost	0% of the total cost for simple procedures 20% of the total cost for complex procedures

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

SUMMARY OF BENEFITS

BENEFITS	
X-rays ¹	
HEARING SERVICES	
Medicare-covered hearing exam	
Routine hearing exam - one (1) annually	
Fitting-evaluation for hearing aids - one (1) annually	
Hearing aids ¹	
DENTAL SERVICES	
Medicare-covered Dental Services	
Diagnostic and preventive dental services ¹	
- Oral Exam	
- Dental X-rays	
- Prophylaxis (Cleaning)	
- Flouride Treatment	
No maximum benefit coverage applies for diagnostic and preventive services.	
Comprehensive dental services ¹	
- Restorative Services (including Crowns)	
- Prosthodontics (Fixed and Removable)	



MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 0% of the total cost	You pay nothing
See "Combined Benefit for Eyewear and Hearing Aids"	In-Network: You pay nothing Up to \$750 per ear annually Out-of-network (POS): 0% of the total cost	See "Combined Benefit for Eyewear and Hearing Aids"
You pay nothing	You pay nothing	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing Up to \$3,000 annually	In-Network: You pay nothing Up to \$3,500 annually Out-of-network (POS): 35% of the total cost	You pay nothing Up to \$2,500 annually

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

SUMMARY OF BENEFITS



BENEFITS	
VISION SERVICES	
Medicare-covered Eye Exam	
Routine Eye Exam - one (1) annually	
Eyewear	



MENTAL HEALTH SERVICES	
Inpatient Hospital ²	
Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital.	
The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.	
Outpatient Individual Therapy Visit ²	
Outpatient Group Therapy Visit ²	

ADDITIONAL BENEFITS	
Skilled Nursing Facility ¹	
Our plan covers up to 100 days. Contact the plan for details.	
Physical Therapy ¹	
We also cover occupational therapy, and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.	

MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
See “Combined Benefit for Eyewear and Hearing Aids”	In-Network: You pay nothing Up to \$1,100 annually Out-of-network (POS): 35% of the total cost	See “Combined Benefit for Eyewear and Hearing Aids”
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing

1. Some services may require pre-authorization. Contact the plan for details. 2. Preauthorization through MCS Solutions.

SUMMARY OF BENEFITS



BENEFITS	
Ambulance Air Ambulance ¹ Ground ambulance ¹	
Transportation A trip is considered one-way transportation to a plan approved health-related location.	



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	

MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing For up to 26 one-way trips every year	In-Network: You pay nothing For up to 34 one-way trips every year Out-of-network (POS): Not covered	You pay nothing Up to 68 one-way trips every year (28 one-way trips to a plan-approved location and 40 one-way trips to a plan-approved Veterans Affairs facility)
0% - 20% of the total cost	In-Network: 0% - 20% of the total cost Out-of-network (POS): 35% of the total cost	0% - 20% of the total cost
0% - 20% of the total cost	In-Network: 0% - 20% of the total cost Out-of-network (POS): 35% of the total cost	0% - 20% of the total cost
0% unbranded insulins 20% of the total cost for branded insulins maximum \$35	In-Network: 0% unbranded insulins 20% of the total cost for branded insulins maximum \$35 Out-of-network (POS): 35% of the total drug cost maximum \$35 copay	0% unbranded insulins 20% of the total cost for branded insulins maximum \$35
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
0% - 20% of the total cost	In-Network: 0% - 20% of the total cost Out-of-network (POS): 35% of the total cost	0% - 20% of the total cost

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

SUMMARY OF BENEFITS



BENEFITS
Diabetic supplies ¹
WELLNESS PROGRAMS
Fitness Benefit
Nursing Hotline (MCS <i>Medilínea</i>)
WELLNESS BENEFITS
Foot exams and treatment (Podiatry Services)
Foot Reflexology
Remote Access Technologies (Telemedicine) 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. 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. 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.
Additional acupuncture services

MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing
You pay nothing Eight (8) annual visits	In-Network: You pay nothing Six (6) annual visits Out-of-network (POS): Not Covered	You pay nothing Six (6) annual visits
You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing
You pay nothing Eight (8) additional visits annually	In-Network: You pay nothing Six (6) additional visits annually Out-of-Network (POS): Not Covered.	You pay nothing Six (6) additional visits annually

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

SUMMARY OF BENEFITS

BENEFITS

SUPPLEMENTAL BENEFITS



Te Paga Card ^{3,4,5}



Home Assistance ^{3,6,8,9}

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

Home Bundle Benefit ⁶

Monthly benefit for the purchase of diapers, wipes, nutritional drinks, creams, rash ointments, and pressure sore creams.

In-Home Foot Care Benefit ⁶

One (1) visit per quarter for specialty foot care from a plan-approved provider.

MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)
\$240 annually (\$20 monthly)	In-Network: \$420 annually (\$35 monthly) Out-of-network (POS): Not Covered	\$2,760 annually (\$230 monthly)
You pay nothing Sixteen (16) visits annually (maximum 4 quarterly)	In-Network: You pay nothing Twelve (12) visits annually (maximum 3 quarterly) Out-of-network (POS): Not Covered	You pay nothing Twelve (12) visits annually (maximum 3 quarterly)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing
Up to \$800 annually Combined Benefit for eyewear and hearing aids	N/A	Up to \$1,000 annually Combined Benefit for eyewear and hearing aids
N/A	N/A	N/A
N/A	N/A	N/A

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. Eligibility for the Additional Benefits under the VBID Model is not assured and will be determined by MCS after enrollment, based on relevant criteria (area deprivation index). Amounts may vary per coverage. If you have questions, need materials on a standing basis in alternate formats and/or languages

or need oral interpretation services, you can call us at 1.866.627.8183 (TTY: 1.866.627.8182). 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. 5. Unused amounts does not roll over to the next month for the following groups: MCS Classicare Efectivo (HMO), MCS Classicare Intellicare (HMO), MCS Classicare Exacto (HMO) and MCS Classicare En Tu Hogar (HMO). 6. Unused amounts do not rollover to the next month or quarter. 8. For hairstyling (was, cut, dry) you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 9. Only simple repairs and basic services apply, according to the evaluation performed by the service supplier.

SUMMARY OF BENEFITS

BENEFITS	
PREMIUMS AND BENEFITS	
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 ^{1,7}	
Outpatient Hospital Services ^{1,7}	
Ambulatory Surgical Center Services (ASC) ^{1,7}	
DOCTOR VISITS	
Primary Care Providers	
Specialists ⁷	
Preventive Care (e.g., flu vaccine, diabetic screenings)	
Any additional preventive services approved by Medicare during the contract year will be covered.	
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.	



MCS Classicare INTELICARE (HMO)	MCS Classicare EXACTO (HMO)	MCS Classicare EN TU HOGAR (HMO)
You pay \$0	You pay \$0	You pay \$0
\$49 monthly	\$80 monthly	\$21 monthly
You pay nothing This plan does not have a deductible	You pay nothing This plan has no deductible	You pay nothing This plan has no deductible
\$3,400 annually	\$3,400 annually	\$3,400 annually
Special Network (SN): \$0 copayment for each Medicare-covered hospital stay	Special Network (SN): \$0 copay for Medicare-covered inpatient stay	Special Network (SN): \$0 copay for Medicare-covered inpatient stay
General Network (GN): \$50 copayment for each Medicare-covered hospital stay	General Network (GN): \$50 copay for Medicare-covered inpatient stay	General Network (GN): \$50 copay for Medicare-covered inpatient stay
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
\$40 copayment per visit	\$40 copay per visit	\$40 copay per visit
You pay nothing	You pay nothing	You pay nothing

1. Some services may require pre-authorization. Contact the plan for details. 7. Some services may require referral only for MCS Classicare InteliCare (HMO).

SUMMARY OF BENEFITS



BENEFITS

DIAGNOSTIC SERVICES / LABS / IMAGING

Diagnostic tests and procedures ^{1,7}
Lab services ¹
Diagnostic Radiology services (e.g. MRI, CT Scan) ^{1,7}
X-rays ^{1,7}



HEARING SERVICES

Medicare-covered hearing exam
Routine hearing exam - one (1) annually
Fitting-evaluation for hearing aids - one (1) annually
Hearing aids ^{1,7}

DENTAL SERVICES

Medicare-covered Dental Services
Diagnostic and preventive dental services ¹
- Oral Exam
- Dental X-rays
- Prophylaxis (Cleaning)
- Flouride Treatment
No maximum benefit coverage applies for diagnostic and preventive services.
Comprehensive dental services ¹
- Restorative Services (including Crowns)
- Prosthodontics (Fixed and Removable)



MCS Classicare INTELICARE (HMO)	MCS Classicare EXACTO (HMO)	MCS Classicare EN TU HOGAR (HMO)
0% of the total cost for simple procedures	0% of the total cost for simple procedures	0% of the total cost for simple procedures
15% of the total cost for complex procedures	15% of the total cost for complex procedures	20% of the total cost for complex procedures
Special Network (SN): 0% of the total cost	Special Network (SN): 0% of the total cost	Special Network (SN): 0% of the total cost
General Network (GN): 20% of the total cost	General Network (GN): 20% of the total cost	General Network (GN): 20% of the total cost
0% of the total cost for simple procedures	0% of the total cost for simple procedures	0% of the total cost for simple procedures
15% of the total cost for complex procedures	15% of the total cost for complex procedures	20% of the total cost for complex procedures
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
See "Combined Benefit for Eyewear and Hearing Aids"	See "Combined Benefit for Eyewear and Hearing Aids"	See "Combined Benefit for Eyewear and Hearing Aids"
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing Up to \$2,500 annually	You pay nothing Up to \$2,500 annually	You pay nothing Up to \$2,500 annually

1. Some services may require pre-authorization. Contact the plan for details. 7. Some services may require referral only for MCS Classicare InteliCare (HMO).

SUMMARY OF BENEFITS



BENEFITS

VISION SERVICES

Medicare-covered Eye Exam
Routine Eye Exam - one (1) annually
Eyewear

MENTAL HEALTH SERVICES

Inpatient Hospital ²
Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital.
The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.

Outpatient Individual Therapy Visit ²
Outpatient Group Therapy Visit ²

ADDITIONAL BENEFITS

Skilled Nursing Facility ^{1,7}
Our plan covers up to 100 days. Contact the plan for details.

Physical Therapy ¹
We also cover occupational therapy, and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.

Ambulance
Air Ambulance ¹
Ground ambulance ¹

Transportation
A trip is considered one-way transportation to a plan approved health-related location.



MCS Classicare INTELCARE (HMO)	MCS Classicare EXACTO (HMO)	MCS Classicare EN TU HOGAR (HMO)
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
See "Combined Benefit for Eyewear and Hearing Aids"	See "Combined Benefit for Eyewear and Hearing Aids"	See "Combined Benefit for Eyewear and Hearing Aids"
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
Up to 50 one-way trips every year	Up to 34 one-way trips annually	Up to 16 one-way trips annually

1. Some services may require pre-authorization. Contact the plan for details. 2. Pre-authorization through MCS Solutions.

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 *Medilínea*)



WELLNESS BENEFITS

Foot exams and treatment (Podiatry Services) ⁷

Foot Reflexology

Remote Access Technologies (Telemedicine)

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.

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.

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.



Additional acupuncture services

MCS Classicare INTELICARE (HMO)	MCS Classicare EXACTO (HMO)	MCS Classicare EN TU HOGAR (HMO)
0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
0% unbranded insulins 20% of the total cost for branded insulins maximum \$35	0% unbranded insulins 20% of the total cost for branded insulins maximum \$35	0% unbranded insulins 20% of the total cost for branded insulins maximum \$35
You pay nothing	You pay nothing	You pay nothing
0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
Six (6) annual visits	Eight (8) visits annually	Six (6) visits annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
Six (6) additional visits annually	Eight (8) additional visits annually	Six (6) additional visits annually

1. Some services may require pre-authorization. Contact the plan for details. 7. Some services may require referral only for MCS Classicare InteliCare (HMO).

SUMMARY OF BENEFITS

BENEFITS

SUPPLEMENTAL BENEFITS



Te Paga Card ^{3,4,5}



Home Assistance ^{3,6,8,9}

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 ^{1,7}

Home Bundle Benefit ⁶

Monthly benefit for the purchase of diapers, wipes, nutritional drinks, creams, rash ointments, and pressure sore creams.

In-Home Foot Care Benefit ⁶

One (1) visit per quarter for specialty foot care from a plan-approved provider.



MCS Classicare INTELICARE (HMO)	MCS Classicare EXACTO (HMO)	MCS Classicare EN TU HOGAR (HMO)
\$1,080 annually (\$90 monthly)	\$180 annually (\$15 monthly)	\$420 annually (\$35 monthly)
You pay nothing Twelve (12) visits annually (maximum 3 quarterly)	You pay nothing Twelve (12) visits annually (maximum 3 quarterly)	You pay nothing Sixteen (16) visits annually (maximum 4 quarterly)
You pay nothing	You pay nothing	You pay nothing
Up to \$500 annually Combined Benefit for eyewear and hearing aids	Up to \$500 annually for a Combined Benefit for eyewear and hearing aids	Up to \$500 annually for a Combined Benefit for eyewear and hearing aids
N/A	N/A	\$1,800 annually (\$150 monthly)
N/A	N/A	You pay nothing

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. Eligibility for the Additional Benefits under the VBID Model is not assured and will be determined by MCS after enrollment, based on relevant criteria (area deprivation index). Amounts may vary per coverage. If you have questions, need materials on a standing basis in alternate formats and/or languages

or need oral interpretation services, you can call us at 1.866.627.8183 (TTY: 1.866.627.8182). 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. 5. Unused amounts does not roll over to the next month for the following groups: MCS Classicare Efectivo (HMO), MCS Classicare Intellicare (HMO), MCS Classicare Exacto (HMO) and MCS Classicare En Tu Hogar (HMO). 6. Unused amounts do not rollover to the next month or quarter. 7. Some services may require a referral for MCS Classicare InteliCare (HMO) only. 8. For hairstyling (was, cut, dry) you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 9. Only simple repairs and basic services apply, according to the evaluation performed by the service supplier.

SUMMARY OF BENEFITS

BENEFITS

PREMIUMS AND BENEFITS

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.
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.

MCS Classicare HERO (HMO)	MCS Classicare FIRME (HMO)	MCS Classicare RxMax (HMO)
	Access to island-wide provider network	NEW!
You pay \$0	You pay \$0	You pay \$0
\$167 monthly	\$5 monthly	\$18 monthly
You pay nothing This plan has no deductible	You pay nothing This plan has no deductible	You pay nothing This plan has no deductible
\$3,400 annually	\$3,400 annually	\$3,400 annually
Special Network (SN): \$100 copay for Medicare-covered inpatient stay	Special Network (SN): \$0 copay for Medicare-covered inpatient stay	Special Network (SN): \$0 copay for Medicare-covered inpatient stay
General Network (GN): \$200 copay for Medicare-covered inpatient stay	General Network (GN): \$50 copay for Medicare-covered inpatient stay	General Network (GN): \$50 copay for Medicare-covered inpatient stay
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
\$11 copay per visit	You pay nothing	You pay nothing
\$20 copay per visit	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
\$75 copay per visit	\$40 copay per visit	\$40 copay per visit
You pay nothing	You pay nothing	You pay nothing

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

SUMMARY OF BENEFITS



BENEFITS

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

Hearing aids ¹

DENTAL SERVICES

Medicare-covered Dental Services

Diagnostic and preventive dental services ¹

- Oral Exam
- Dental X-rays
- Prophylaxis (Cleaning)
- Flouride Treatment

No maximum benefit coverage applies for diagnostic and preventive services.



Comprehensive dental services ¹

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

MCS Classicare HERO (HMO)	MCS Classicare FIRME (HMO)	MCS Classicare RxMax (HMO)
	Access to island-wide provider network	NEW!
0% of the total cost for simple procedures	0% of the total cost for simple procedures	0% of the total cost for simple procedures
20% of the total cost for complex procedures	15% of the total cost for complex procedures	20% of the total cost for complex procedures
Special Network (SN): 0% of the total cost	Special Network (SN): 0% of the total cost	Special Network (SN): 0% of the total cost
General Network (GN): 20% of the total cost	General Network (GN): 20% of the total cost	General Network (GN): 20% of the total cost
0% of the total cost for simple procedures	0% of the total cost for simple procedures	0% of the total cost for simple procedures
20% of the total cost for complex procedures	15% of the total cost for complex procedures	20% of the total cost for complex procedures
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
Up to \$1,000 per ear annually	See "Combined Benefit for Eyewear and Hearing Aids"	\$1,000 per ear annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing Up to \$3,400 annually	You pay nothing Up to \$3,000 annually	You pay nothing Up to \$2,000 annually

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

SUMMARY OF BENEFITS



BENEFITS

VISION SERVICES

Medicare-covered Eye Exam
Routine Eye Exam - one (1) annually
Eyewear

MENTAL HEALTH SERVICES

Inpatient Hospital ²
Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital.
The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.
Outpatient Individual Therapy Visit ²
Outpatient Group Therapy Visit ²



ADDITIONAL BENEFITS

Skilled Nursing Facility ¹
Our plan covers up to 100 days. Contact the plan for details.
Physical Therapy ¹
We also cover occupational therapy, and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.
Ambulance
Air Ambulance ¹
Ground ambulance ¹
Transportation
A trip is considered one-way transportation to a plan approved health-related location.



1. Some services may require pre-authorization. Contact the plan for details. 2. Pre-authorization through MCS Solutions.

MCS Classicare HERO (HMO)	MCS Classicare FIRME (HMO)	MCS Classicare RxMax (HMO)
	Access to island-wide provider network	NEW!
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing Up to \$725 annually	See "Combined Benefit for Eyewear and Hearing Aids"	You pay nothing up to \$300 annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
Up to 78 one-way trips annually (38 one-way trips to a plan-approved location and 40 one-way trips to a plan-approved Veterans Affairs facility)	You pay nothing Up to 42 one-way trips annually	You pay nothing Up to 22 one-way trips annually

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 *Medilinea*)

WELLNESS BENEFITS

Foot exams and treatment (Podiatry Services)

Foot Reflexology

Remote Access Technologies (Telemedicine)

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.

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.

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.

Additional acupuncture services



MCS Classicare HERO (HMO)	MCS Classicare FIRME (HMO)	MCS Classicare RxMax (HMO)
	Access to island-wide provider network	NEW!
0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
0% unbranded insulins 20% of the total cost for branded insulins maximum \$35	0% unbranded insulins 20% of the total cost for branded insulins maximum \$35	0% unbranded insulins 20% of the total cost for branded insulins maximum \$35
You pay nothing	You pay nothing	You pay nothing
0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
\$20 copay per visit	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
Six (6) visits annually	Six (6) visits annually	Six (6) visits annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
Six (6) additional visits annually	Six (6) additional visits annually	Six (6) additional visits annually

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

SUMMARY OF BENEFITS

BENEFITS

SUPPLEMENTAL BENEFITS



Te Paga Card ^{3,4,5}

Home Assistance ^{3,6,8,9}

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 HERO (HMO)	MCS Classicare FIRME (HMO)	MCS Classicare RxMax (HMO)
	Access to island-wide provider network	NEW!
\$240 annually (\$20 monthly)	\$1,440 annually (\$120 monthly)	\$720 annually (\$60 monthly)
You pay nothing Twelve (12) visits annually (maximum 3 quarterly)	You pay nothing Twelve (12) visits annually (maximum 3 quarterly)	You pay nothing Sixteen (16) visits annually (maximum 4 quarterly)
You pay nothing	You pay nothing	You pay nothing
N/A	Up to \$950 annually for a Combined Benefit for eyewear and hearing aids	N/A

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. Eligibility for the Additional Benefits under the VBID Model is not assured and will be determined by MCS after enrollment, based on relevant criteria (area deprivation index). Amounts may vary per coverage. If you have questions, need materials on a standing basis in alternate formats and/or languages

or need oral interpretation services, you can call us at 1.866.627.8183 (TTY: 1.866.627.8182). 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. 5. Unused amounts does not roll over to the next month for the following groups: MCS Classicare Efectivo (HMO), MCS Classicare Intellicare (HMO), MCS Classicare Exacto (HMO) and MCS Classicare En Tu Hogar (HMO). 6. Unused amounts do not rollover to the next month or quarter. 8. For hairstyling (was, cut, dry) you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 9. Only simple repairs and basic services apply, according to the evaluation performed by the service supplier.

PRESCRIPTION DRUGS


STAGE	DRUG TIER	MCS Classicare EFECTIVO (HMO)
ANNUAL DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.	\$0 copay
 INITIAL COVERAGE 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.	STANDARD RETAIL COST SHARING (30-DAY SUPPLY)	
	Tier 1 - Preferred Generic	\$0 copay
	Tier 2 - Generic	\$0 copay
	Tier 3 - Preferred Brand	\$4 copay
	Tier 4 - Non-Preferred Brand	\$14 copay
	Tier 5 - Specialty Drugs	33% of the total cost
	Tier 6 - Select Care Drugs	\$0 copay
	STANDARD RETAIL COST SHARING (90-DAY SUPPLY)	
	Tier 1 - Preferred Generic	\$0 copay
	Tier 2 - Generic	\$0 copay
	Tier 3 - Preferred Brand	\$12 copay
	Tier 4 - Non-Preferred Brand	\$42 copay
	Tier 5 - Specialty Drugs	Not Offered
	Tier 6 - Select Care Drugs	\$0 copay
	MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)	
	Tier 1 - Preferred Generic	\$0 copay
	Tier 2 - Generic	\$0 copay
	Tier 3 - Preferred Brand	\$8 copay
Tier 4 - Non-Preferred Brand	\$28 copay	
Tier 5 - Specialty Drugs	Not Offered	
Tier 6 - Select Care Drugs	\$0 copay	
CATASTROPHIC COVERAGE	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. <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 ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)	MCS Classicare INTELICARE (HMO)	MCS Classicare EXACTO (HMO)
\$0 copay	N/A	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	\$10 copay
33% of the total cost	N/A	33% of the total cost	33% of the total cost
\$0 copay	N/A	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	\$30 copay
Not Offered	N/A	Not Offered	Not Offered
\$0 copay	N/A	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	\$0 copay
\$0 copay	N/A	\$0 copay	\$20 copay
Not Offered	N/A	Not Offered	Not Offered
\$0 copay	N/A	\$0 copay	\$0 copay



PRESCRIPTION DRUGS

STAGE	DRUG TIER
 <p>ANNUAL DEDUCTIBLE</p> <p>Because there is no deductible for the plan, this payment stage does not apply to you.</p> <p>STANDARD RETAIL COST SHARING (30-DAY SUPPLY)</p> <p>Tier 1 - Preferred Generic</p> <p>Tier 2 - Generic</p> <p>Tier 3 - Preferred Brand</p> <p>Tier 4 - Non-Preferred Brand</p> <p>Tier 5 - Specialty Drugs</p> <p>Tier 6 - Select Care Drugs</p> <p>STANDARD RETAIL COST SHARING (90-DAY SUPPLY)</p> <p>Tier 1 - Preferred Generic</p> <p>Tier 2 - Generic</p> <p>Tier 3 - Preferred Brand</p> <p>Tier 4 - Non-Preferred Brand</p> <p>Tier 5 - Specialty Drugs</p> <p>Tier 6 - Select Care Drugs</p> <p>MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)</p> <p>Tier 1 - Preferred Generic</p> <p>Tier 2 - Generic</p> <p>Tier 3 - Preferred Brand</p> <p>Tier 4 - Non-Preferred Brand</p> <p>Tier 5 - Specialty Drugs</p> <p>Tier 6 - Select Care Drugs</p>	
<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. 	

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 EN TU HOGAR (HMO)	MCS Classicare HERO (HMO)	MCS Classicare FIRME (HMO)	MCS Classicare RxMax (HMO)
			NEW!
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$5 copay
\$5 copay	\$5 copay	\$0 copay	\$15 copay
\$15 copay	\$15 copay	\$0 copay	\$30 copay
33% of the total cost	33% 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	\$0 copay	\$0 copay	\$15 copay
\$15 copay	\$15 copay	\$0 copay	\$45 copay
\$45 copay	\$45 copay	\$0 copay	\$90 copay
Not Offered	Not Offered	Not Offered	Not offered
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$10 copay
\$10 copay	\$10 copay	\$0 copay	\$30 copay
\$30 copay	\$30 copay	\$0 copay	\$60 copay
Not Offered	Not Offered	Not Offered	Not offered
\$0 copay	\$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.

For MCS Classicare Efectivo (HMO), MCS Classicare Essential (HMO-POS), MCS Classicare Patriot (HMO), MCS Classicare InteliCare (HMO), MCS Classicare Exacto (HMO), MCS Classicare En Tu Hogar (HMO), MCS Classicare Hero (HMO) and MCS Classicare RxMax (HMO), 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 Firme (HMO), 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 has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

MCS Classicare Essential (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. 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. Coverage for services received out-of-network is administered through reimbursement based on the different rates allowed by our plan, which apply according to the service received, minus the corresponding cost-sharing amount.

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)



Part B monthly premium reduction

MCS Classicare Te Paga card^{3,4}

MCS Classicare Patriot (HMO)	MCS Classicare Firme (HMO) Regional	MCS Classicare Intellicare (HMO)	MCS Classicare RxMax (HMO) NEW!	MCS Classicare Essential (HMO-POS)
\$2,760 annual (\$230 monthly)	\$1,440 annual (\$120 monthly)	\$1,080 annual (\$90 monthly) ⁵	\$720 annual (\$60 monthly)	\$420 annual (\$35 monthly)

MCS Classicare En Tu Hogar (HMO)	MCS Classicare Efectivo (HMO)	MCS Classicare Hero (HMO)	MCS Classicare Exacto (HMO)
\$420 annual (\$35 monthly) ⁵	\$240 annual (\$20 monthly) ⁵	\$240 annual (\$20 monthly)	\$180 annual (\$15 monthly) ⁵

MCS Classicare Hero (HMO)	MCS Classicare Exacto (HMO)	MCS Classicare Efectivo (HMO)	MCS Classicare Intellicare (HMO)
\$2,004 annual (\$167 monthly)	\$960 annual (\$80 monthly)	\$828 annual (\$69 monthly)	\$588 annual (\$49 monthly)

MCS Classicare En Tu Hogar (HMO)	MCS Classicare RxMax (HMO) NEW!	MCS Classicare Firme (HMO) Regional
\$252 annual (\$21 monthly)	\$216 annual (\$18 monthly)	\$60 annual (\$5 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. Eligibility for the Additional Benefits under the VBID Model is not assured and will be determined by MCS after enrollment, based

on relevant criteria (area deprivation index). Amounts may vary per coverage. If you have questions, need materials on a standing basis in alternate formats and/or languages or need oral interpretation services, you can call us at 1.866.627.8183 (TTY: 1.866.627.8182). 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. 5. Unused amounts does not roll over to the next month for the following groups: MCS Classicare Efectivo (HMO), MCS Classicare Intellicare (HMO), MCS Classicare Exacto (HMO) and MCS Classicare En Tu Hogar (HMO).

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

Comprehensive dental ¹

MCS Classicare Essential (HMO-POS)



\$3,500 annual

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

Eyewear

MCS Classicare Essential (HMO-POS)



\$1,100 annual

Transportation

MCS Classicare Hero (HMO)



Up to 78 one-way trips per year

38 one-way trips to a plan-approved location and 40 one-way trips to a plan-approved Veterans Affairs facility

Home Bundle ⁶

MCS Classicare En Tu Hogar (HMO)



\$1,800 annual (\$150 monthly)

In-Home Foot Care Benefit ⁶

MCS Classicare En Tu Hogar (HMO)



One (1) visit per quarter



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. 6. Unused amounts do not rollover to the next month or quarter.

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: نود أن نساعدك في فهم خطط التأمين الصحي أو الأدوية. يمكنك الاستفادة من خدماتنا المجانية من خلال مترجمي اللغات. للتحدث مع مترجم، يرجى الاتصال بنا على رقم الهاتف 1-866-627-8183. نحن نقدم هذه الخدمة مجاناً. مترجمنا يتحدث اللغة العربية.

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。

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