

## **MCS Classicare Excede (HMO) offered by MCS Advantage, Inc. (MCS Classicare)**

### **Annual Notice of Change for 2026**

You're enrolled as a member of MCS Classicare Del Caribe (HMO).

Starting January 1, 2026, your new plan will be called MCS Classicare Excede (HMO). This means that after January 1, 2026, we will expand the number of municipalities where our enrollees may live to be eligible for this plan. MCS Classicare Excede (HMO) - Region 3 - is available only to members who live in this plan's service area, which includes these municipalities: Arroyo, Coamo, Guayama, Guayanilla, Juana Díaz, Patillas, Peñuelas, Ponce, Salinas, Santa Isabel, and Villalba.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in MCS Classicare Excede (HMO).
- To change to a **different plan**, visit [www.medicare.gov](http://www.medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [www.mcsclassicare.com](http://www.mcsclassicare.com) or call Member Services at 1-866-627-8183 (TTY users call 1-866-627-8182) to get a copy by mail.

#### **More Resources**

- This material is available for free in Spanish.
- Language assistance services and auxiliary aids and services are available free of charge to provide information in accessible formats. Refer to Notice of Availability of language assistance services and auxiliary aids and services attached.
- Call Member Services at 1-866-627-8183 (TTY users call 1-866-627-8182) for more information. Hours are Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30. This call is free.
- This information is available in different formats including, large print, braille, and audio CD. Please call Member Services at the numbers listed above if you need plan information in another format or language.

#### **About MCS Classicare Excede (HMO)**

- MCS Classicare is an HMO plan with Medicare and Puerto Rico Medicaid program contracts. Enrollment in MCS Classicare depends on contract renewal.

- When this material says “we,” “us,” or “our,” it means MCS ADVANTAGE, INC. (MCS Classicare). When it says “plan” or “our plan,” it means MCS Classicare Excede (HMO).
- On January 1, 2026, MCS Advantage, Inc. (MCS Classicare) will be combining MCS Classicare Del Caribe (HMO) with one of our plans, MCS Classicare Excede (HMO). This material tells you about the differences between your current benefits in MCS Classicare Del Caribe (HMO) and the benefits you will have on January 1, 2026 as a member of MCS Classicare Excede (HMO).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in MCS Classicare Excede (HMO).** Starting January 1, 2026, you’ll get your medical and drug coverage through MCS Classicare Excede (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

H5577\_057\_0360625\_M

**Table of Contents**

**Summary of Important Costs for 2026 ..... 4**

**SECTION 1      Changes to Benefits & Costs for Next Year ..... 6**

    Section 1.1 Changes to the Monthly Plan Premium ..... 6

    Section 1.2 Changes to Your Maximum Out-of-Pocket Amount ..... 6

    Section 1.3 Changes to the Provider Network ..... 7

    Section 1.4 Changes to the Pharmacy Network..... 7

    Section 1.5 Changes to Benefits & Costs for Medical Services ..... 8

    Section 1.6 Changes to Part D Drug Coverage ..... 13

    Section 1.7 Changes to Prescription Drug Benefits & Costs ..... 14

**SECTION 2      Administrative Changes ..... 17**

**SECTION 3      How to Change Plans ..... 17**

    Section 3.1 Deadlines for Changing Plans..... 18

    Section 3.2 Are there other times of the year to make a change?..... 18

**SECTION 4      Get Help Paying for Prescription Drugs ..... 19**

**SECTION 5      Questions? ..... 20**

    Get Help from MCS Classicare Excede (HMO) ..... 20

    Get Free Counseling about Medicare ..... 20

    Get Help from Medicare ..... 21

## Summary of Important Costs for 2026

|                                                                                                                                                                                                                                                                                                                                         | 2025<br>(this year)                                                                                                                                                         | 2026<br>(next year)                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br><br>* Your premium can be higher than this amount. Go to Section 1.1 for details.                                                                                                                                                                                                                       | \$0                                                                                                                                                                         | \$0                                                                                                                                                                         |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services.<br>(Go to Section 1.2 for details.)                                                                                                                                                                     | \$3,400                                                                                                                                                                     | \$3,400                                                                                                                                                                     |
| <b>Primary care office visits</b>                                                                                                                                                                                                                                                                                                       | Primary care visits:<br>\$0 copayment per visit                                                                                                                             | Primary care visits:<br>\$0 copayment per visit                                                                                                                             |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                                                                                         | Specialist visits:<br>\$0 copayment per visit                                                                                                                               | Specialist visits:<br>\$0 copayment per visit                                                                                                                               |
| <b>Inpatient hospital stays</b><br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services.<br>Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | \$0 copayment for each inpatient hospital stay for Special Network (SN) Providers<br><br>\$50 copayment per each inpatient hospital stay for General Network (GN) Providers | \$0 copayment for each inpatient hospital stay for Special Network (SN) Providers<br><br>\$50 copayment per each inpatient hospital stay for General Network (GN) Providers |
| <b>Part D drug coverage deductible</b><br>(Go to Section 1.6 for details.)                                                                                                                                                                                                                                                              | Deductible: \$0                                                                                                                                                             | Deductible: \$0                                                                                                                                                             |

|                                                                                                                                                  | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part D drug coverage</b><br>(Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"><li>• Drug Tier 1: \$0 copayment</li><li>• Drug Tier 2: \$0 copayment</li><li>• Drug Tier 3: \$0 copayment</li><li>• Drug Tier 4: \$0 copayment</li><li>• Drug Tier 5: 33% coinsurance</li><li>• Drug Tier 5: You pay \$35 per month supply of each covered insulin product on this tier.</li><li>• Drug Tier 6: \$0 copayment</li></ul> <p>Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"><li>• During this payment stage, you pay nothing for your covered Part D drugs <b>and for excluded drugs that are covered under our enhanced benefit.</b></li></ul> | <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"><li>• Drug Tier 1: \$0 copayment</li><li>• Drug Tier 2: \$0 copayment</li><li>• Drug Tier 3: \$0 copayment</li><li>• Drug Tier 4: \$0 copayment</li><li>• Drug Tier 5: 33% coinsurance</li><li>• Tier 5: You pay no more than \$35 per month supply of each covered insulin product on this tier.</li></ul> <p>Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"><li>• During this payment stage, you pay nothing for your covered Part D drugs <b>and for excluded drugs that are covered under our enhanced benefit.</b></li></ul> |

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

|                                                                                                                                  | 2025<br>(this year) | 2026<br>(next year) |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium.)                                     | \$0                 | \$0                 |
| <b>Part B premium reduction</b><br>This amount will be deducted from your Part B premium. This means you'll pay less for Part B. | \$80                | \$60                |

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be more if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

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

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

|                                     | 2025<br>(this year) | 2026<br>(next year) |
|-------------------------------------|---------------------|---------------------|
| <b>Maximum out-of-pocket amount</b> | \$3,400             | \$3,400             |

|                                                                                                                                                                                                                           | 2025<br>(this year) | 2026<br>(next year)                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.<br><br>Your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount. |                     | Once you've paid \$3,400 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [www.mcsclassicare.com](http://www.mcsclassicare.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [www.mcsclassicare.com](http://www.mcsclassicare.com).
- Call Member Services at 1-866-627-8183 (TTY users call 1-866-627-8182) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-866-627-8183 (TTY users call 1-866-627-8182) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* [www.mcsclassicare.com](http://www.mcsclassicare.com) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [www.mcsclassicare.com](http://www.mcsclassicare.com).

- Call Member Services at 1-866-627-8183 (TTY users call 1-866-627-8182) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.
- We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-866-627-8183 (TTY users call 1-866-627-8182) for help.

**Section 1.5 Changes to Benefits & Costs for Medical Services**

|                                                                                      | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Te Paga Card<br/>Home Assistance<br/>Transportation for Non-Medical<br/>Needs</b> | <p>To be eligible for these additional benefits, you must meet the following eligibility requirements:</p> <ul style="list-style-type: none"><li>• <b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b></li></ul> <p>You must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit your health or general functioning. In addition, you must have a high risk of hospitalization or other adverse health outcomes, and must require intensive care coordination.</p> <p>OR</p> | <p>To be eligible for these additional benefits, you must meet the following eligibility requirements:</p> <ul style="list-style-type: none"><li>• <b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b></li></ul> <p>You must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit your health or general functioning. In addition, you must have a high risk of hospitalization or other adverse health outcomes, and must require intensive care coordination. Please refer to your Evidence of Coverage or contact the plan for the list of medical</p> |

|                                                                                                                                                 | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                 | <ul style="list-style-type: none"> <li><b>Medicare Advantage Value-Based Insurance Design Model (VBID)</b></li> </ul> <p>You must reside in geographic areas that meet certain criteria.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                           | conditions and plan criteria for eligibility under SSBCI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b><br>Te Paga Card<br>Home Assistance<br>Transportation for Non-Medical Needs | <p>To be eligible for additional benefits, you must meet the previously mentioned eligibility requirements. The list of eligible chronic conditions is the following:</p> <p>Chronic alcohol and other drug dependence;<br/>           Autoimmune disorders;<br/>           Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes;<br/>           End-stage liver disease;<br/>           End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Crohn's disease; Ulcerative colitis;</p> | <p>To be eligible for additional benefits, you must meet the previously mentioned eligibility requirements. The list of eligible chronic conditions is the following:</p> <p>Chronic alcohol use disorder and other substance use disorders (SUDs),<br/>           Autoimmune disorders,<br/>           Cancer, Cardiovascular disorders, Chronic heart failure, Dementia, Diabetes mellitus, Severe hematologic disorders, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurologic disorders, Stroke, Chronic Anemia, Chronic Hypertension,</p> |

|                                     | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                           | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | Chronic anemia; Chronic obstructive pulmonary disease (COPD); Severe mental retardation; Moderate to Severe Autism; Hypertension; Valvular heart disease; Cerebrovascular disease; Chronic viral hepatitis; Chronic liver disease; Neurodegenerative disease; Obesity; Chronic Malnutrition and Cachexia; Chronic kidney disease; Non-pressure chronic ulcer. | Cerebrovascular disease, Chronic malnutrition, Chronic kidney disease (CKD), Non-pressure chronic ulcer, Conditions associated with cognitive impairment, Conditions with functional challenges, Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell, Conditions that require continued therapy services in order for individuals to maintain or retain functioning, Immunodeficiency and Immunosuppressive disorders, Chronic gastrointestinal disease, Post-organ transplantation, Overweight, obesity, and metabolic syndrome. |
| <b>Over-the-Counter (OTC) Items</b> | <p>You are eligible for \$48 every month (\$576 annually) to be used toward the purchase of over-the-counter (OTC) products.</p> <p>Eligible members will be able to use the allowance for both OTC and additional items with the Te Paga Card. All other members must use their allowance only for the</p>                                                   | <p>You are eligible for \$39 every month (\$468 annually) to be used toward the purchase of over-the-counter (OTC) items.</p> <p>Eligible members to Special Supplemental Benefits for the Chronically Ill (SSBCI) will be able to use the allowance for both OTC and additional items with the Te Paga Card. All other members must use</p>                                                                                                                                                                                                                     |

|                        | 2025<br>(this year)                                                                                                                                                                                                                             | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        | purchase of over-the-counter (OTC) items.                                                                                                                                                                                                       | <p>their allowance only for the purchase of over-the-counter (OTC) items.</p> <p>At the end of the policy year, the plan will not provide any remaining balance of your benefit.</p>                                                                                                                                                                                                                                                                                                                             |
| <b>Te Paga Card</b>    | Eligible Members may use their OTC allowance (\$48 monthly, \$576 annually) to purchase both OTC and additional items with your Te Paga card. All other members must use their allowance only for the purchase of over-the-counter (OTC) items. | <p>SSBCI Eligible Members may use their OTC allowance (\$39 monthly, \$468 annually) to purchase both OTC and additional items with your Te Paga card. All other members must use their allowance for the purchase of over-the-counter (OTC) items.</p> <p>At the end of the policy year, the plan will not provide any remaining balance of your benefit.</p> <p>Please review your Evidence of Coverage (EOC) for more information about goods and services available for purchase with your Te Paga Card.</p> |
| <b>Home Assistance</b> | Services are limited to sixteen (16) visits per year. A maximum of four (4) visits                                                                                                                                                              | Services are limited to eight (8) visits per year. A maximum of two (2) visits applies per                                                                                                                                                                                                                                                                                                                                                                                                                       |

|                                                                               | 2025<br>(this year)                                                                                                                                                      | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                               | applies per quarter for<br>VBID/SSBCI eligible members.                                                                                                                  | quarter for SSBCI eligible<br>members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Dental services - Comprehensive<br/>dental services - Implant Services</b> | <p>You pay a \$0 copayment.</p> <p>Implants are covered one (1)<br/>per tooth per life.</p>                                                                              | <p>You pay a \$0 copayment.</p> <p>Implants are covered one (1)<br/>per tooth per life, up to a<br/>maximum of three (3)<br/>implants per member per<br/>policy year. This limitation<br/>applies to the following<br/>services:</p> <ul style="list-style-type: none"> <li>• <b>Crowns:</b> Implant-related<br/>crowns will be covered up<br/>to a maximum of three (3)<br/>implant-supported<br/>crowns per member per<br/>policy year.</li> <li>• <b>Prostheses:</b><br/>Implant-supported<br/>prosthesis restorations<br/>(removable and fixed) are<br/>limited up to a maximum<br/>of three (3) implants per<br/>member per policy year.</li> </ul> <p><b>Refer to your 2026 Evidence<br/>of Coverage for details.</b></p> |
| <b>Medicare Part B prescription<br/>drugs - Insulins</b>                      | You pay 0% of the total cost<br>for Medicare Part B<br>unbranded insulins and 20%<br>of the total cost for Medicare<br>Part B brand insulins,<br>maximum \$35 copayment. | You pay \$35 copay for a<br>one-month supply of insulin<br>drugs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                                                      | 2025<br>(this year)                                                                                                                                   | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medicare Part B prescription drugs - Specialty Drugs | <p>You pay 0% of the total cost for Medicare Part B opioid antagonists.</p> <p>You pay 20% of the total cost for specialty Medicare Part B drugs.</p> | <p>You pay 0% of the total cost for Medicare Part B opioid antagonists. You also pay 0% of the total cost for Part B drugs whose cost paid by the plan is \$950 or less for a monthly supply of the drug.</p> <p>You pay 20% of the total cost for specialty Medicare Part B drugs whose cost paid by the plan is higher than \$950 for a monthly supply of the drug.</p> |

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier.

**Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you’re taking, we’ll send you a notice about the change.

If you’re affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-866-627-8183 (Toll Free) (TTY users call 1-866-627-8182) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you’re in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.**

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

• **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn’t apply to you.

• **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

• **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

|                   | 2025<br>(this year)                                                      | 2026<br>(next year)                                                      |
|-------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Yearly Deductible | Because we have no deductible, this payment stage does not apply to you. | Because we have no deductible, this payment stage does not apply to you. |

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,100 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

|                                                                                                                                                                                            | 2025<br>(this year)                                                   | 2026<br>(next year)                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Tier 1: Preferred Generic Drugs</b><br><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. | You pay \$0.                                                          | You pay \$0.                                                      |
| <b>Tier 2: Generic Drugs</b><br><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.           | You pay \$0.                                                          | You pay \$0.                                                      |
| <b>Tier 3: Preferred Brand Drugs</b><br><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.   | You pay \$0.<br>Insulin products are <u>not</u> covered on this tier. | You pay \$0.<br><b>Insulin products are covered in this tier.</b> |
| <b>Tier 4: Non-Preferred Drug</b>                                                                                                                                                          | You pay \$0.                                                          | You pay \$0.                                                      |

|                                                                                                                                              | 2025<br>(this year)                                   | 2026<br>(next year)                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------|
| We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. | Insulin products are <u>not</u> covered in this tier. | <b>Insulin products are covered in this tier.</b>                |
| <b>Tier 5: Specialty Tier Drugs</b>                                                                                                          | You pay 33% of the total cost.                        | <b>You pay 33% of the total cost.</b>                            |
| We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. | Mail order prescriptions are <u>not</u> covered.      | <b>Your cost for a one-month mail-order prescription is 33%.</b> |
| <b>Tier 6: Select Care Drugs</b>                                                                                                             | You pay \$0.                                          |                                                                  |
| We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. |                                                       |                                                                  |

**Changes to the Catastrophic Coverage Stage**

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2      Administrative Changes

|                                    | 2025<br>(this year)                                                                                                                                                                                                                                                                          | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medicare Prescription Payment Plan | <p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).</p> <p>You may be participating in this payment option.</p> | <p><b>If you’re participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026</b></p> <p><b>To learn more about this payment option, call us at 1-866-627-8183 (TTY users call: 1-866-627-8182) or visit <a href="https://www.medicare.gov">Medicare.gov</a>.</b></p> |
| Service Area                       | <p>Our service area includes these municipalities in Puerto Rico:</p> <p>Coamo, Guayanilla, Juana Díaz, Peñuelas, Ponce, Salinas, Santa Isabel and Villalba.</p>                                                                                                                             | <p><b>Our service area includes these municipalities in Puerto Rico:</b></p> <p><b>Arroyo, Coamo, Guayama, Guayanilla, Juana Díaz, Patillas, Peñuelas, Ponce, Salinas, Santa Isabel and Villalba.</b></p>                                                                                                                                                   |

SECTION 3      How to Change Plans

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

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from MCS Classicare Excede (HMO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from MCS Classicare Excede (HMO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-866-627-8183 (TTY users call 1-866-627-8182) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You* 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, MCS Advantage, Inc. (MCS Classicare) offers other Medicare health plans. These other plans can have different coverage and cost-sharing amounts.

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage **from October 15 until December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or

without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## **SECTION 4      Get Help Paying for Prescription Drugs**

---

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Health Insurance Assistance Program (HIAP) - Ryan White Part B / ADAP Program - Puerto Rico Department of Health. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-787-765-2929, exts. 5103, 5136 or 5137. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-866-627-8183 (TTY users call 1-866-627-8182) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5      Questions?

---

### Get Help from MCS Classicare Excede (HMO)

- **Call Member Services at 1-866-627-8183. (TTY users call 1-866-627-8182.)**

We're available for phone calls Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for MCS Classicare Excede (HMO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [www.mcsclassicare.com](http://www.mcsclassicare.com) or call Member Services at 1-866-627-8183 (TTY users call 1-866-627-8182) to ask us to mail you a copy.

- **Visit [www.mcsclassicare.com](http://www.mcsclassicare.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

### Get Free Counseling about Medicare

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

Call Programa Estatal de Asistencia Sobre Seguros de Salud (SHIP: State Health Insurance Assistance Program) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Programa Estatal de Asistencia Sobre Seguros de Salud (SHIP: State Health Insurance Assistance Program) at 1-877-725-4300

(Metro Area), 1-800-981-0056 (Mayagüez Area) or 1-800-981-7735 (Ponce Area). Learn more about Programa Estatal de Asistencia Sobre Seguros de Salud (SHIP: State Health Insurance Assistance Program) by visiting <https://www.oppea.pr.gov/>.

## Get Help from Medicare

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

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

- **Chat live with [www.Medicare.gov](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](https://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.