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

Annual Notice of Change for 2026

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

This material describes changes to your 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 Patriot (HMO).
- To change to a **different plan**, visit 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 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 Patriot (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 Patriot (HMO).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in MCS Classicare Patriot (HMO)**. Starting January 1, 2026, you’ll get your medical coverage through MCS Classicare Patriot (HMO). Go to Section 2 for more information about how to change plans and deadlines for making a change.
- This plan doesn’t include Medicare Part D drug coverage, and you can’t be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don’t have Medicare drug coverage, or creditable drug coverage (as good as Medicare’s) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

H5577_0280625_M

Table of Contents

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$3,400	$3,400
Primary care office visits	Primary care visits: $0 copayment per visit	Primary care visits: $0 copayment per visit
Specialist office visits	Specialist visits: $0 copayment per visit	Specialist visits: $0 copayment per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. 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 $50 copayment per each inpatient hospital stay for General Network (GN) Providers	$0 copayment for each inpatient hospital stay for Special Network (SN) Providers $50 copayment per each inpatient hospital stay for General Network (GN) Providers

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

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

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

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount.	$3,400	$3,400 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 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.
- 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 call1-866-627-8182) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Te Paga Card **Home Assistance** **Transportation for Non-Medical Needs**	To be eligible for these additional benefits, you must meet the following eligibility requirements: • **Special Supplemental Benefits for the Chronically Ill (SSBCI)** 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. OR	To be eligible for these additional benefits, you must meet the following eligibility requirements: • **Special Supplemental Benefits for the Chronically Ill (SSBCI)** 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

	2025 (this year)	2026 (next year)
	• **Medicare Advantage Value-Based Insurance Design Model (VBID)** You must reside in geographic areas that meet certain criteria.	plan for the list of medical conditions and plan criteria for eligibility under SSBCI.
Special Supplemental Benefits for the Chronically Ill (SSBCI) Te Paga Card Home Assistance Transportation for Non-Medical Needs	To be eligible for additional benefits, you must meet the previously mentioned eligibility requirements. The list of eligible chronic conditions is the following: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Crohn's	To be eligible for additional benefits, you must meet the previously mentioned eligibility requirements. The list of eligible chronic conditions is the following: Chronic alcohol use disorder and other substance use disorders (SUDs), Autoimmune disorders, 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

	2025 (this year)	2026 (next year)
	disease; Ulcerative colitis; 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.	Anemia, Chronic Hypertension, 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.
Over-the-Counter (OTC) Items	You are eligible for $230 every month ($2,760 annually) to be used toward the purchase of over-the-counter (OTC) products. 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	You are eligible for $200 every month ($2,400 annually) to be used toward the purchase of over-the-counter (OTC) items. Eligible members to Special Supplemental Benefits for the Chronically Ill (SSBCI) will be able to use the allowance for both OTC and additional

	2025 (this year)	2026 (next year)
	their allowance only for the purchase of over-the-counter (OTC) items.	items with the Te Paga Card. All other members must use their allowance only for the purchase of over-the-counter (OTC) items. At the end of the policy year, the plan will not provide any remaining balance of your benefit.
Te Paga Card	Eligible Members may use their OTC allowance ($230 monthly, $2,760 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.	SSBCI Eligible Members may use their OTC allowance ($200 monthly, $2,400 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. At the end of the policy year, the plan will not provide any remaining balance of your benefit. Please review your Evidence of Coverage (EOC) for more information about goods and services available for purchase with your Te Paga Card.
Hearing Services		

	2025 (this year)	2026 (next year)
Hearing aids	Hearing aids are covered under the Eyewear-Hearing Aid Bundle. Up to $1,000 every year.	Hearing aids are covered under the Eyewear-Hearing Aid Bundle. Up to $700 every year.
Vision Care **Additional routine eyewear**	Additional routine eyewear is covered under the Eyewear-Hearing Aid Bundle. Up to $1,000 every year.	Additional routine eyewear is covered under the Eyewear-Hearing Aid Bundle. Up to $700 every year.
Dental services - Comprehensive dental services - Implant Services	You pay a $0 copayment. Implants are covered one (1) per tooth per life.	You pay a $0 copayment. Implants are covered one (1) per tooth per life, up to a maximum of three (3) implants per member per policy year. This limitation applies to the following services: • **Crowns:** Implant-related crowns will be covered up to a maximum of three (3) implant-supported crowns per member per policy year. • **Prostheses:** Implant-supported prosthesis restorations (removable and fixed) are limited up to a maximum of three (3) implants per member per policy year.

	2025 (this year)	2026 (next year)
		Refer to your 2026 Evidence of Coverage for details.
Medicare Part B prescription drugs - Insulins	You pay 0% of the total cost for Medicare Part B unbranded insulins and 20% of the total cost for Medicare Part B brand insulins, maximum $35 copayment.	You pay $35 copay for a one-month supply of insulin drugs.
Medicare Part B prescription drugs - Specialty Drugs	You pay 0% of the total cost for Medicare Part B opioid antagonists. You pay 20% of the total cost for specialty Medicare Part B drugs.	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. 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.

SECTION 2 How to Change Plans

To stay in MCS Classicare Patriot (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 Patriot (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 Patriot (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 Patriot (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, check the *Medicare & You* 2026 handbook, call your State Health Insurance Assistance Program (go to Section 4), 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 2.1 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 2.2 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 3 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 or
  - Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible 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.

SECTION 4 Questions?

Get Help from MCS Classicare Patriot (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, look in the 2026 *Evidence of Coverage* for MCS Classicare Patriot (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at 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

  Our website has the most up-to-date information about our provider network (*Provider Directory*).

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**

  You can chat live at 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**

  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 or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.