MCS Classicare Platino Máximo (HMO D-SNP) offered by MCS Advantage, Inc. (MCS Classicare)

Annual Notice of Change for 2026

You're enrolled as a member of MCS Classicare Platino Máximo (HMO D-SNP).

MCS Classicare Platino Máximo (HMO D-SNP) – Region 2 - is available only to members who live in this plan's service area, which includes these municipalities: Adjuntas, Barceloneta, Cabo Rojo, Ciales, Corozal, Florida, Guánica, Hormigueros, Jayuya, Lajas, Lares, Las Marías, Manatí, Maricao, Morovis, Orocovis, Sabana Grande, San Germán, Vega Alta, Vega Baja, and Yauco.

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 Platino Máximo (HMO D-SNP).
- 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 Platino Máximo (HMO D-SNP)

- MCS Classicare is an HMO plan with Medicare and Puerto Rico Medicaid program contracts. Enrollment in MCS Classicare depends on contract renewal. Our plan also has a written agreement with the Puerto Rico Medicaid program to coordinate your Medicaid benefits.

- 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 Platino Máximo (HMO D-SNP).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in MCS Classicare Platino Máximo (HMO D-SNP)**. Starting January 1, 2026, you’ll get your medical and drug coverage through MCS Classicare Platino Máximo (HMO D-SNP). Go to Section 2 for more information about how to change plans and deadlines for making a change.

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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 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$3,400 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
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	$0 copayment for each inpatient hospital stay

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.6 for details.)	Deductible: $0	Deductible: $0
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage: Covered Drugs: $0 Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs.	Copayment during the Initial Coverage Stage: Covered Drugs: $0 Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs.

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 unless it's paid for you by Medicaid.)	$0	$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$100	$80

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 Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$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.

	2025 (this year)	2026 (next year)
Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		

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. 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 to see which pharmacies are in our network. Here's how to get an updated *Pharmacy 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 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 call1-866-627-8182) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare and Medicaid benefits and costs.

	2025 (this year)	**2026 (next year)**
Special Supplemental Benefits for the Chronically Ill (SSBCI) (Former "Value-Based Insurance Design (VBID) Model" in your Evidence of Coverage) Te Paga Card Home Assistance Transportation for Non-Medical Needs	You have the Te Paga card, home assistance services and transportation for non-medical needs benefits under the Medicare Advantage Value-Based Insurance Design Model (VBID).	To be eligible for the Te Paga card, home assistance services and transportation for non-medical needs, you must meet the eligibility requirements established under the Special Supplemental Benefits for the Chronically Ill (SSBCI). The requirements are: 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

	2025 (this year)	2026 (next year)
		addition, you must have a high risk of hospitalization or other adverse health outcomes; and must require intensive care coordination. Refer to your Evidence of Coverage or contact us for the list of medical conditions and eligibility criteria. For the Te Paga card, members who meet SSBCI requirements can use their OTC allowance to purchase both OTC and additional items with their Te Paga card. Refer to your Evidence of Coverage for information on what you can purchase with your Te Paga card. All other members must use their allowance only for OTC purchases.
Over-the-Counter (OTC) Items	You are eligible for $160 every month ($1,920 annually) to be used toward the purchase of over-the-counter (OTC) products.	You are eligible for $145 every month ($1,740 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)
		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	Members may use their OTC allowance ($160 monthly, $1,920 annually) to purchase both OTC and additional items with your Te Paga card.	SSBCI Eligible Members may use their OTC allowance ($145 monthly, $1,740 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 $750 every year.	Hearing aids are covered under the Eyewear-Hearing Aid Bundle. Up to $500 every year.
Vision Care **Additional routine eyewear**	Additional routine eyewear is covered under the Eyewear-Hearing Aid Bundle. Up to $750 every year.	Additional routine eyewear is covered under the Eyewear-Hearing Aid Bundle. Up to $500 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.
Benefits Covered by the Health Department's Medicaid Program Laboratory and High-Tech Laboratories	Not included for 2025.	The following services have been included in the Health Department's Medicaid Program coverage for 2026 and included under your MCS Classicare coverage: Laboratory testing and necessary procedures related to generating a Health Certificate non-covered by Medicare or the MAO supplementary benefits but included in the State Plan: • Hepatitis A virus: HAVIgM; HAV RNA, as required. • Hepatitis Bvirus: HBsAg; HBcAb IgM and or IbG If needed. • Hepatitis C virus: Anti HCV and or HCV- RNA as required.

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.

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

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 (this year)	2026 (next year)
Covered Drugs:	You pay $0 Mail order prescriptions are not covered for specialty drugs.	**You pay $0** **Mail-order prescriptions are covered for specialty drugs for a one-month supply.**

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

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

SECTION 2 How to Change Plans

To stay in MCS Classicare Platino Máximo (HMO D-SNP), 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 Platino Máximo (HMO D-SNP).

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 Platino Máximo (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from MCS Classicare Platino Máximo (HMO D-SNP).
- **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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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.
- 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.

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, regardless of income level. To learn more about this payment option, please call us at 1-866-627-8183. (TTY users call 1-866-627-8182) or visit www.Medicare.gov.

SECTION 4 Questions?

Get Help from MCS Classicare Platino Máximo (HMO D-SNP)

- **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 Platino Máximo (HMO D-SNP). 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 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/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 and Medicaid 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.

Get Help from Medicaid

Call the Puerto Rico Department of Health - Medicaid Program at 1-787-641-4224. TTY/TDD users should call 1-787-625-6955 for help with Medicaid enrollment or benefit questions.