

SUMMARY OF BENEFITS

MCS Classicare Hero (HMO)



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BENEFITS		MCS Classicare HERO (HMO)
PREMIUMS AND BENEFITS		
Monthly Plan Premium	You pay \$0	
Part B monthly premium reduction	\$148 monthly	
Deductible	This plan does not have a deductible	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,400 annually	
The maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.		
HOSPITAL COVERAGE ¹		
Inpatient Hospital Coverage	Special Network (SN): \$100 copayment for each Medicare-covered hospital stay	
	General Network (GN): \$200 copayment for each Medicare-covered hospital stay	
Outpatient Hospital Services	You pay nothing	
Ambulatory Surgical Center Services (ASC)	You pay nothing	
DOCTOR VISITS		
Primary Care Providers	\$11 copayment per visit	
Specialists	\$20 copayment per visit	
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing	
Any additional preventive services approved by Medicare during the contract year will be covered.		
Emergency Care	\$75 copayment per visit	
If you are admitted to the hospital within 24 hours, you do not have to pay your share of the copayment for emergency care.		
Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.		

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Urgently Needed Services	You pay nothing	
Some plan rules and requirements may apply for post-stabiliza-tion care. Contact the plan for details.		
DIAGNOSTIC SERVICES / LABS / IMAGING ¹		
Diagnostic tests and procedures	0% of the total cost for simple procedures	
	20% of the total cost for complex procedures	
Lab services	Special Network (SN): 0% of the total cost	
	General Network (GN): 20% of the total cost	
Diagnostic Radiology services (e.g. MRI, CT Scan)	0% of the total cost for simple procedures	
	20% of the total cost for complex procedures	
X-rays	You pay nothing	
HEARING SERVICES		
Medicare-covered hearing exam	You pay nothing	
Routine hearing exam - one (1) annually	You pay nothing	
Fitting-evaluation for hearing aids - one (1) annually	You pay nothing	
Hearing aids ^{1,3}	You pay nothing Up to \$1,000 per ear annually	
DENTAL SERVICES		
Medicare-covered Dental Services	You pay nothing	
Diagnostic and preventive dental services	You pay nothing	
- Oral Exam		
- Dental X-rays ¹		
- Prophylaxis (Cleaning)		
- Flouride Treatment		
No maximum benefit coverage applies for diagnostic and preventive services.		



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	Comprehensive dental services ^{1,3} - Restorative Services (including Crowns) - Prosthodontics (Fixed and Removable)	You pay nothing Up to \$3,400 annually
	VISION SERVICES	
	Medicare-covered Eye Exam	You pay nothing
	Routine Eye Exam - one (1) annually	You pay nothing
	Eyewear ³	You pay nothing Up to \$500 annually
	MENTAL HEALTH SERVICES ²	
	Inpatient Hospital Psychiatric Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital. The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.	You pay nothing
	Outpatient Individual Therapy Visit Outpatient Group Therapy Visit	You pay nothing
	ADDITIONAL BENEFITS	
	Skilled Nursing Facility ¹ Our plan covers up to 100 days. Contact the plan for details.	You pay nothing
	Physical Therapy ¹ Occupational therapy, and speech therapy is covered. ¹	You pay nothing

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Ambulance Air Ambulance ¹ Ground ambulance		You pay nothing
		You pay nothing
Transportation ³ A trip is considered one-way transportation to a plan approved health-related location.		Up to 78 one-way trips annually distributed:
		• 38 one-way trips to a plan-approved location. • 40 one-way trips to a plan-approved Veterans Affairs (VA) facility.
MEDICARE PART B DRUGS ¹		
Chemotherapy drugs and radiation		0% - 20% of the total cost
Other Part B drugs		0% - 20% of the total cost
Insulin drugs		\$35 copayment
MEDICAL EQUIPMENT/ SUPPLIES ¹		
Durable medical equipment (DME)		You pay nothing
Prosthetic devices		0% - 20% of the total cost
Diabetic supplies		You pay nothing
WELLNESS PROGRAMS		
Fitness Benefit through MCS Wellness Programs		You pay nothing
Nursing Hotline (MCS Medilinea)		You pay nothing
WELLNESS BENEFITS		
Medicare Covered Podiatry Services		\$20 copayment per visit
Foot Reflexology Must be ordered by a physician or medical professional.		You pay nothing
		Six (6) annual visits



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Remote Access Technologies (Telemedicine) Remote Access Technologies (Telemedicine) services allow you to receive medical attention from anywhere within Puerto Rico 365 days a year. You have access to health consultations for a minor illness with general practitioner or licensed emergency physician. If the doctor determines that your condition cannot be treated through this platform, you will be referred to an emergency room, an urgency center, or your primary doctor. Telemedicine visits can be done by cell phone, computer, or tablet. Does not apply for services outside the contracted platform. See your Evidence of Coverage for more details.		You pay nothing
Additional acupuncture services		You pay nothing Six (6) additional visits annually
SUPPLEMENTAL BENEFITS ^{3,4,5}		
Home assistance Services include hairstyling, yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection. Only simple repairs and basic services apply, according to the evaluation performed by the service supplier. For hairstyling (wash, cut, dry) you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details.		You pay nothing Twelve (12) visits annually (maximum 3 quarterly)
Transportation for non-medical needs Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.		You pay nothing

PRESCRIPTION DRUGS



STAGE 1	ANNUAL DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.
STAGE 2	INITIAL COVERAGE	You stay in the Initial Coverage Stage until your out-of-pocket costs for the year reach \$2,100. You then move on to the Catastrophic Coverage Stage.

DRUG TIER	MCS Classicare HERO (HMO)
STANDARD RETAIL COST SHARING (30-DAY SUPPLY)	
Tier 1 - Preferred Generic	\$0 copay
Tier 2 - Generic	\$0 copay
Tier 3 - Preferred Brand	\$20 copay \$10 copay for insulin
Tier 4 - Non-Preferred Brand	\$40 copay \$20 copay for insulin
Tier 5 - Specialty Drugs	33% of the total cost \$35 copay for insulin
STANDARD RETAIL COST SHARING (90-DAY SUPPLY)	
Tier 1 - Preferred Generic	\$0 copay
Tier 2 - Generic	\$0 copay
Tier 3 - Preferred Brand	\$60 copay \$30 copay for insulin
Tier 4 - Non-Preferred Brand	\$120 copay \$60 copay for insulin
Tier 5 - Specialty Drugs	Not offered
MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)	
Tier 1 - Preferred Generic	\$0 copay
Tier 2 - Generic	\$0 copay
Tier 3 - Preferred Brand	\$40 copay \$20 copay for insulin
Tier 4 - Non-Preferred Brand	\$80 copay \$40 copay for insulin
Tier 5 - Specialty Drugs	Not offered

STAGE 3	CATASTROPHIC COVERAGE	You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,100 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this payment stage, you pay nothing for your covered drugs.
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Cost-sharing may differ for Long Term Care (LTC) pharmacies, home infusion pharmacies, and out-of-network pharmacies. Cost-sharing may also change for 60-day supplies or for mail-order supplies when applicable. Cost-

sharing may also vary when you enter into another phase of the Part D benefit. Please see your Evidence of Coverage for details.

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



January 1, 2026 – December 31, 2026

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

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services that we cover, please visit our website at www.mcsclassicare.com to view your *2026 Evidence of Coverage*.

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

For **MCS Classicare Hero (HMO)** our service area includes the following 78 municipalities in Puerto Rico:

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

MCS Classicare has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

Getting Help from Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Plan Documents in Other Formats and Languages

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

Plan Phone Numbers and Website

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

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

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

Hours of Operation

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

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

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

Evidence of Coverage

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

Plan Directories

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

Drug Coverage

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

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



DID YOU KNOW...

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

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



**Notice of availability of language assistance services
and auxiliary aids and services**

English: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-627-8183 (TTY 1-866-627-8182).

Español: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-627-8183 (TTY 1-866-627-8182).

Chinese: 如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-866-627-8183 (TTY 1-866-627-8182)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-627-8183 (TTY 1-866-627-8182).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-627-8183 (TTY 1-866-627-8182).

Vietnamese: Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-866-627-8183 (TTY 1-866-627-8182).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos zur Verfügung. Rufen Sie 1-866-627-8183 (TTY 1-866-627-8182) an.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-866-627-8183 (TTY 1-866-627-8182) 로 전화하세요.

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-866-627-8183 (TTY 1-866-627-8182).

Arabic: رفوتت. اكل ةحاتم ةي ن اجملا ةي وغللا ةدعاسملا تامدخ نإف ، ةي برعلا ثدحتت تنك اذا
اهيل! لوصولا نكمي تاقيسي سن تب تامول عملا ريفوتل ةبسانملا تادعاسملا تامدخل او تادعاسملا
(TTY 1-866-627-8182) 1-866-627-8183 مقر لاب لصتا. أن اجم

Italian: Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-866-627-8183 (TTY 1-866-627-8182).

Portuguese: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-866-627-8183 (TTY 1-866-627-8182).

French Creole: Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib tou gratis. Rele 1-866-627-8183 (TTY 1-866-627-8182).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-627-8183 (TTY 1-866-627-8182).

Hindi: यदि आप हर्दी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं आपके लिए उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक एड्स और सेवाएं भी नःशुल्क उपलब्ध हैं। कॉल 1-866-627-8183 (TTY 1-866-627-8182).

Japanese: 日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。1-866-627-8183 (TTY 1-866-627-8182) に電話します。

Complete Health

MCS Classicare

(HMO)

Paid Endorsement. 1. Some services may require pre-authorization. Contact the plan for details. 2. Pre-authorization through MCS Solutions. 3. Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.mcsclassicare.com for benefit information, periodicity, limitations, and exclusions. 4. Unused amounts do not rollover to the next month or quarter as applicable. 5. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may be eligible to additional items and services. Transportation for non-medical needs and Home Assistance: Eligible enrollees with chronic conditions, such as Chronic Hypertension, Cardiovascular Disorders, Diabetes Mellitus, Chronic Kidney Disease, Chronic and Disabling Mental Health Conditions, and other conditions not listed are eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

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