SUMMARY OF BENEFITS

MCS Classicare Efectivo (HMO)
MCS Classicare Essential (HMO-POS)
MCS Classicare Patriot (HMO)
MCS Classicare En Tu Hogar (HMO)
MCS Classicare InteliCare (HMO)
MCS Classicare RxMax (HMO)
MCS Classicare Firme (HMO)
MCS Classicare Estrella (HMO) NEW!

2026

MCS Classicare
(HMO)

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)	MCS Classicare EN TU HOGAR (HMO)
PREMIUMS AND BENEFITS				
Monthly Plan Premium	You pay $0	You pay $0	You pay $0	You pay $0
Part B monthly premium reduction	$55 Monthly	$0	$0	$21 monthly
Deductible	This plan does not have a deductible	This plan does not have a deductible	This plan does not have a deductible	This plan does not have a deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs) The maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.	$3,400 annually	$3,400 annually	$3,400 annually	$3,400 annually
HOSPITAL COVERAGE [1]				
Inpatient Hospital Coverage	Special Network (SN): $0 copayment for each Medicare-covered hospital stay General Network (GN): $50 copayment for each Medicare-covered hospital stay	Special Network (SN): $0 copayment for each Medicare-covered hospital stay General Network (GN): $50 copayment for each Medicare-covered hospital stay Out-of-network (POS): 35% of the total cost	Special Network (SN): $0 copayment for each Medicare-covered hospital stay General Network (GN): $50 copayment for each Medicare-covered hospital stay	Special Network (SN): $0 copayment for each Medicare-covered hospital stay General Network (GN): $50 copayment for each Medicare-covered hospital stay
Outpatient Hospital Services	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Ambulatory Surgical Center Services (ASC)	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
DOCTOR VISITS				
Primary Care Providers	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)	MCS Classicare EN TU HOGAR (HMO)
Specialists	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Preventive Care (e.g., flu vaccine, diabetic screenings) Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 0% of the total cost	You pay nothing	You pay nothing
Emergency Care If you are admitted to the hospital within 24 hours, you do not have to pay your share of the copayment for emergency care. Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.	$40 copayment per visit	$40 copayment per visit	$40 copayment per visit	$40 copayment per visit
Urgently Needed Services Some plan rules and requirements may apply for post-stabiliza-tion care. Contact the plan for details.	You pay nothing	You pay nothing	You pay nothing	You pay nothing
DIAGNOSTIC SERVICES / LABS / IMAGING [1]				
Diagnostic tests and procedures	Special Network (SN): 0% of the total cost General Network (GN): 15% of the total cost	In-Network: Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost Out-of-network (POS): 35% of the total cost	Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost	0% of the total cost for simple procedures 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	In-Network: Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost Out-of-network (POS): 35% of the total cost	Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost	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 15% of the total cost for complex procedures	In-Network: 0% of the total cost for simple procedures 20% of the total cost for complex procedures Out-of-network (POS): 35% of the total cost	0% of the total cost for simple procedures 20% of the total cost for complex procedures	0% of the total cost for simple procedures 20% of the total cost for complex procedures

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)	MCS Classicare EN TU HOGAR (HMO)
X-rays	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
HEARING SERVICES				
Medicare-covered hearing exam	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Routine hearing exam - one (1) annually	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Fitting-evaluation for hearing aids - one (1) annually	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 0% of the total cost	You pay nothing	You pay nothing
Hearing aids [1,4]	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 14-15	In-Network: You pay nothing Up to $750 per ear annually Out-of-network (POS): 35% of the total cost	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 14-15	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 14-15
DENTAL SERVICES				
Medicare-covered Dental Services	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Diagnostic and preventive dental services - Oral Exam - Dental X-rays - Prophylaxis (Cleaning) - Flouride Treatment No maximum benefit coverage applies for diagnostic and preventive services.	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Comprehensive dental services [1,4] - Restorative Services (including Crowns) - Prosthodontics (Fixed and Removable)	You pay nothing Up to $2,750 annually	In-Network: You pay nothing Up to $3,500 annually Out-of-network (POS): 35% of the total cost	You pay nothing Up to $2,500 annually	You pay nothing Up to $3,000 annually

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)	MCS Classicare EN TU HOGAR (HMO)
VISION SERVICES				
Medicare-covered Eye Exam	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Routine Eye Exam - one (1) annually	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Eyewear [4]	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 14-15	In-Network: You pay nothing Up to $1,100 annually Out-of-network (POS): 35% of the total cost	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 14-15	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 14-15
MENTAL HEALTH SERVICES				
Inpatient Hospital Psychiatric [3] 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	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Outpatient Individual Therapy Visit [3] Outpatient Group Therapy Visit	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
ADDITIONAL BENEFITS				
Skilled Nursing Facility [1] Our plan covers up to 100 days. Contact the plan for details.	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Physical Therapy [1] Occupational therapy, and speech therapy is covered [1]	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Ambulance Air Ambulance [1] Ground ambulance	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)	MCS Classicare EN TU HOGAR (HMO)
Transportation [4] A trip is considered one-way transportation to a plan approved health-related location.	You pay nothing For up to 34 round trips every year	In-Network: You pay nothing For up to 34 round trips every year Out-of-network (POS): Not covered	You pay nothing Up to 68 round trips every year (28 one-way trips to a plan-approved location and 40 round trips to a plan-approved Veterans Affairs facility)	You pay nothing Up to 36 round trips every year
MEDICARE PART B DRUGS				
Chemotherapy drugs and radiation [1]	0% - 20% of the total cost	In-Network: 0% - 20% of the total cost Out-of-network (POS): 35% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
Other Part B drugs [1]	0% - 20% of the total cost	In-Network: 0% - 20% of the total cost Out-of-network (POS):	0% - 20% of the total cost	0% - 20% of the total cost
Insulin drugs	$35 copay	In-Network: 0% unbranded insulins 20% of the total cost for branded insulins maximum $35 Out-of-network (POS): 35% of the total drug cost maximum $35 copay	$35 copay	$35 copay
MEDICAL EQUIPMENT/ SUPPLIES [1]				
Durable medical equipment (DME)	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Prosthetic devices	0% - 20% of the total cost	In-Network: 0% - 20% of the total cost Out-of-network (POS): 35% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
Diabetic supplies	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)	MCS Classicare EN TU HOGAR (HMO)
WELLNESS PROGRAMS				
Fitness Benefit through MCS Wellness Programs	You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing	You pay nothing
Nursing Hotline (MCS *Medilínea*)	You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing	You pay nothing
WELLNESS BENEFITS				
Medicare Covered Podiatry Services	You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
Foot Reflexology Must be ordered by a physician or medical professional	You pay nothing Eight (8) annual visits	In-Network: You pay nothing Six (6) annual visits Out-of-network (POS): Not Covered	You pay nothing Six (6) annual visits	You pay nothing Six (6) annual visits
Remote Access Technologies (Telemedicine) Remote Access Technologies 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	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing	You pay nothing
Additional acupuncture services	You pay nothing Eight (8) visits annually	In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not Covered.	You pay nothing Six (6) visits annually	You pay nothing Six (6) visits annually

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)	MCS Classicare EN TU HOGAR (HMO)
SUPPLEMENTAL BENEFITS [4,6,7]				
 *Te Paga* Card	$120 annually [5] ($10 monthly)	In-Network: $564 annually ($47 monthly) Out-of-network (POS): Not Covered	$2,400 annually ($200 monthly)	$420 annually [5] ($35 monthly)
Home Assistance [5] 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 Sixteen (16) visits annually (maximum 4 quarterly)	In-Network: You pay nothing Twelve (20) visits annually (maximum 5 quarterly) Out-of-network (POS): Not Covered	You pay nothing Twelve (12) visits annually (maximum 3 quarterly)	N/A
Transportation for non-health related needs Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.	You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing	You pay nothing Sixteen (16) visits annually (maximum 4 quarterly)
OTHER SUPPLEMENTAL BENEFITS				
Combined Benefits for Vision Care and Hearing Services [1,4,9]	Up to $500 annually Eyewear and Hearing Aids for both ears combined	N/A	Up to $700 annually Eyewear and Hearing Aids for both ears combined	Up to $500 annually Eyewear and Hearing Aids for both ears combined
Home Bundle Benefit [4,5] Monthly benefit for the purchase of diapers, wipes, nutritional drinks, creams, rash ointments, and pressure sore creams.	N/A	N/A	N/A	$1,980 annually ($165 monthly)
In-Home Foot Care Benefit [4,5] One (1) visit per quarter for specialty foot care from a plan-approved provider.	N/A	N/A	N/A	You pay nothing

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare INTELICARE (HMO)	MCS Classicare RxMax (HMO)	Access to the provider network throughout Puerto Rico [8]	
			MCS Classicare Firme (HMO)	NEW! MCS Classicare Estrella (HMO)
PREMIUMS AND BENEFITS				
Monthly Plan Premium	You pay $0	You pay $0	You pay $0	You pay $0
Part B monthly premium reduction	$40 monthly	$20 monthly	$5 monthly	$70 monthly
Deductible	You pay nothing This plan has no deductible	You pay nothing This plan has no deductible	You pay nothing This plan has no deductible	You pay nothing This plan has no deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs) The maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.	$3,400 annually	$3,400 annually	$3,400 annually	$3,400 annually
HOSPITAL COVERAGE [1]				
Inpatient Hospital Coverage [2]	Special Network (SN): $0 copayment for each Medicare-covered hospital stay General Network (GN): $50 copayment for each Medicare-covered hospital stay	Special Network (SN): $0 copayment for each Medicare-covered hospital stay General Network (GN): $50 copayment for each Medicare-covered hospital stay	Special Network (SN): $0 copayment for each Medicare-covered hospital stay General Network (GN): $50 copayment for each Medicare-covered hospital stay	Special Network (SN): $0 copayment for each Medicare-covered hospital stay General Network (GN): $50 copayment for each Medicare-covered hospital stay
Outpatient Hospital Services [2]	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Ambulatory Surgical Center Services (ASC) [2]	You pay nothing	You pay nothing	You pay nothing	You pay nothing
DOCTOR VISITS				
Primary Care Providers	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Specialists [2]	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Preventive Care (e.g., flu vaccine, diabetic screenings) Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Emergency Care If you are admitted to the hospital within 24 hours, you do not have to pay your share of the copayment for emergency care. Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.	$40 copay per visit	$40 copayment per visit	$40 copay per visit	$40 copay per visit
Urgently Needed Services Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.	You pay nothing	You pay nothing	You pay nothing	You pay nothing

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare INTELICARE (HMO)	MCS Classicare RxMax (HMO)	Access to the provider network throughout Puerto Rico [8]	
			MCS Classicare Firme (HMO)	NEW! MCS Classicare Estrella (HMO)
DIAGNOSTIC SERVICES / LABS / IMAGING [1,2]				
Diagnostic tests and procedures	0% of the total cost for simple procedures 15% of the total cost for complex procedures	0% of the total cost for simple procedures 20% of the total cost for complex procedures	0% of the total cost for simple procedures 15% of the total cost for complex procedures	0% of the total cost for simple procedures 15% 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	Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost	Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost	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 15% of the total cost for complex procedures	0% of the total cost for simple procedures 20% of the total cost for complex procedures	0% of the total cost for simple procedures 15% of the total cost for complex procedures	0% of the total cost for simple procedures 15% of the total cost for complex procedures
X-rays	You pay nothing	You pay nothing	You pay nothing	You pay nothing
HEARING SERVICES				
Medicare-covered hearing exam	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Routine hearing exam - one (1) annually	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Fitting-evaluation for hearing aids - one (1) annually	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Hearing aids [1,2,4]	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 24-25	You pay nothing Up to $1,000 per ear annually	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 24-25	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 24-25
DENTAL SERVICES				
Medicare-covered Dental Services	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Diagnostic and preventive dental services - Oral Exam - Dental X-rays - Prophylaxis (Cleaning) - Flouride Treatment No maximum benefit coverage applies for diagnostic and preventive services.	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Comprehensive dental services [1,2,4] - Restorative Services (including Crowns) - Prosthodontics (Fixed and Removable)	You pay nothing Up to $2,500 annually	You pay nothing Up to $2,500 annually	You pay nothing Up to $3,000 annually	You pay nothing Up to $2,700 annually

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare INTELICARE (HMO)	MCS Classicare RxMax (HMO)	Access to the provider network throughout Puerto Rico [8]	
			MCS Classicare Firme (HMO)	NEW! MCS Classicare Estrella (HMO)
VISION SERVICES				
Medicare-covered Eye Exam	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Routine Eye Exam - one (1) annually	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Eyewear [4]	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 24-25	You pay nothing Up to $500 annually	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 24-25	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 24-25
MENTAL HEALTH SERVICES				
Inpatient Hospital Psychiatric [3] 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	You pay nothing	You pay nothing	You pay nothing
Outpatient Individual Therapy Visit [3] Outpatient Group Therapy Visit	You pay nothing	You pay nothing	You pay nothing	You pay nothing
ADDITIONAL BENEFITS				
Skilled Nursing Facility [1,2] Our plan covers up to 100 days. Contact the plan for details.	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Physical Therapy [1] Occupational therapy, and speech therapy is covered [1,2]	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Ambulance Air Ambulance [1] Ground ambulance	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Transportation [4] A trip is considered one-way transportation to a plan approved health-related location.	You pay nothing Up to 50 round trips every year	You pay nothing Up to 22 round trips every year	You pay nothing Up to 42 round trips every year	You pay nothing Up to 26 round trips every year
MEDICARE PART B DRUGS				
Chemotherapy drugs and radiation [1]	0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
Other Part B drugs [1]	0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
Insulin drugs	$35 copay	$35 copay	$35 copay	$35 copay

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare INTELICARE (HMO)	MCS Classicare RxMax (HMO)	Access to the provider network throughout Puerto Rico [8]	
			MCS Classicare Firme (HMO)	NEW! MCS Classicare Estrella (HMO)
MEDICAL EQUIPMENT/ SUPPLIES [1]				
Durable medical equipment (DME)	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Prosthetic devices	0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
Diabetic supplies	You pay nothing	You pay nothing	You pay nothing	You pay nothing
WELLNESS PROGRAMS				
Fitness Benefit through MCS Wellness Programs	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Nursing Hotline (MCS *Medilínea*)	You pay nothing	You pay nothing	You pay nothing	You pay nothing
WELLNESS BENEFITS				
Medicare Covered Podiatry Services [2]	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Foot Reflexology Must be ordered by a physician or medical professional	You pay nothing Six (6) visits annually	You pay nothing Six (6) annual visits	You pay nothing Six (6) visits annually	You pay nothing Eight (8) visits annually
Remote Access Technologies (Telemedicine) Remote Access Technologies 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	You pay nothing	You pay nothing	You pay nothing
Additional acupuncture services	You pay nothing Six (6) visits annually	You pay nothing Six (6) visits annually	You pay nothing Six (6) visits annually	You pay nothing Eight (8) visits annually

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare INTELICARE (HMO)	MCS Classicare RxMax (HMO)	Access to the provider network throughout Puerto Rico [8]	
			MCS Classicare Firme (HMO)	NEW! MCS Classicare Estrella (HMO)
SUPPLEMENTAL BENEFITS [4,6,7]				
 *Te Paga* Card	$900 annually [5] ($75 monthly)	$768 annually ($64 monthly)	$1,440 annually ($120 monthly)	$300 annually [5] ($25 monthly)
NEW! Healthy Food Box [5]	N/A	N/A	N/A	Covered
Home Assistance [5] 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.	You pay nothing Sixteen (16) visits annually (maximum 4 quarterly)	You pay nothing Sixteen (16) visits annually (maximum 4 quarterly)	You pay nothing Sixteen (16) visits annually (maximum 4 quarterly)	You pay nothing Sixteen (16) visits annually (maximum 4 quarterly)
Transportation for non-medical needs Trips used for non-medical needs count against the maximum limit of your health-related transportation benefit.	You pay nothing	You pay nothing	You pay nothing	You pay nothing
OTHER SUPPLEMENTAL BENEFITS				
Combined Benefits for Vision Care and Hearing Services [1,4]	Up to $500 annually for Eyewear and Hearing Aids for both ears combined	N/A	Up to $950 annually for Eyewear and Hearing Aids for both ears combined	Up to $600 annually for a Eyewear and Hearing Aids for both ears combined

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 EFECTIVO (HMO)	MCS Classicare ESSENTIAL (HMO-POS)	MCS Classicare PATRIOT (HMO)	MCS Classicare EN TU HOGAR (HMO)
STANDARD RETAIL COST SHARING (30-DAY SUPPLY)				
Tier 1 - Preferred Generic	$0 copay	$0 copay	N/A	$0 copay
Tier 2 - Generic	$0 copay	$0 copay	N/A	$0 copay
Tier 3 - Preferred Brand	$5 copay	$0 copay	N/A	$5 copay
Tier 4 - Non-Preferred Brand	$15 copay	$0 copay	N/A	$15 copay
Tier 5 - Specialty Drugs	33% of total cost	33% of total cost	N/A	33% of total cost
STANDARD RETAIL COST SHARING (90-DAY SUPPLY)				
Tier 1 - Preferred Generic	$0 copay	$0 copay	N/A	$0 copay
Tier 2 - Generic	$0 copay	$0 copay	N/A	$0 copay
Tier 3 - Preferred Brand	$15 copay	$0 copay	N/A	$15 copay
Tier 4 - Non-Preferred Brand	$45 copay	$0 copay	N/A	$45 copay
Tier 5 - Specialty Drugs	Not Offered	Not Offered	N/A	Not Offered
MAIL-ORDER COST SHARING (90-DAY SUPPLY)				
Tier 1 - Preferred Generic	$0 copay	$0 copay	N/A	$0 copay
Tier 2 - Generic	$0 copay	$0 copay	N/A	$0 copay
Tier 3 - Preferred Brand	$10 copay	$0 copay	N/A	$10 copay
Tier 4 - Non-Preferred Brand	$30 copay	$0 copay	N/A	$30 copay
Tier 5 - Specialty Drugs	Not Offered	Not Offered	N/A	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.

Cost-sharing may differ for Long Term Care (LTC) pharmacies, home infusion pharmacies, and out-of-network pharmacies. Cost-sharing may also change when you enter into another phase of the Part D benefit. Please see your Evidence of Coverage for details.

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 INTELICARE (HMO-POS)	MCS Classicare RXMAX (HMO)	MCS Classicare FIRME (HMO)	NEW! MCS Classicare ESTRELLA (HMO)
STANDARD RETAIL COST SHARING (30-DAY SUPPLY)				
Tier 1 - Preferred Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2 - Generic	$0 copay	$5 copay	$0 copay	$0 copay
Tier 3 - Preferred Brand	$0 copay	$15 copay	$0 copay	$4 copay
Tier 4 - Non-Preferred Brand	$0 copay	$30 copay	$0 copay	$14 copay
Tier 5 - Specialty Drugs	25% of total cost	33% of total cost	33% of total cost	33% of total cost
STANDARD RETAIL COST SHARING (90-DAY SUPPLY)				
Tier 1 - Preferred Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2 - Generic	$0 copay	$15 copay	$0 copay	$0 copay
Tier 3 - Preferred Brand	$0 copay	$45 copay	$0 copay	$12 copay
Tier 4 - Non-Preferred Brand	$0 copay	$90 copay	$0 copay	$42 copay
Tier 5 - Specialty Drugs	Not Offered	Not offered	Not offered	Not offered
MAIL-ORDER COST SHARING (90-DAY SUPPLY)				
Tier 1 - Preferred Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2 - Generic	$0 copay	$10 copay	$0 copay	$0 copay
Tier 3 - Preferred Brand	$0 copay	$30 copay	$0 copay	$8 copay
Tier 4 - Non-Preferred Brand	$0 copay	$60 copay	$0 copay	$28 copay
Tier 5 - Specialty Drugs	Not Offered	Not offered	Not offered	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.

Cost-sharing may differ for Long Term Care (LTC) pharmacies, home infusion pharmacies, and out-of-network pharmacies. Cost-sharing may also change when you enter into another phase of the Part D benefit. Please see your Evidence of Coverage for details.

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 Medicare and Puerto Rico Medicaid program contracts. 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 Efectivo (HMO), MCS Classicare Essential (HMO-POS), MCS Classicare Patriot (HMO), MCS Classicare En Tu Hogar (HMO), MCS Classicare InteliCare (HMO)**, and **MCS Classicare RxMax (HMO),** our service area includes the 78 municipalities in Puerto Rico.

MCS Classicare Firme (HMO) the service area is available to beneficiaries residing in any of the following 39 eligible municipalities:

Adjuntas, Aguada, Aguadilla, Añasco, Arecibo, Barceloneta, Cabo Rojo, Camuy, Ciales, Corozal, Florida, Guánica, Guayanilla, Hatillo, Hormigueros, Isabela, Jayuya, Juana Díaz, Lajas, Lares, Las Marías, Manatí, Maricao, Mayagüez, Moca, Morovis, Orocovis, Peñuelas, Ponce, Quebradillas, Rincón, Sabana Grande, San Germán, San Sebastián, Utuado, Vega Alta, Vega Baja, Villalba and Yauco.

MCS Classicare Estrella (HMO) the service area is available to beneficiaries residing in any of the following 37 eligible municipalities:

Aguada, Aguadilla, Añasco, Arroyo, Camuy, Canóvanas, Carolina, Cataño, Corozal, Dorado, Fajardo, Florida, Guayama, Guaynabo, Gurabo, Humacao, Isabela, Juncos, Lajas, Las Piedras, Manatí, Moca, Patillas, Peñuelas, Ponce, Rincón, Río Grande, San Juan, San Lorenzo, Toa Alta, Toa Baja, Trujillo Alto, Vega Alta, Vega Baja, Vieques, Villalba and Yauco.

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

MCS Classicare Essential (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network (Point of Service, POS). This benefit is covered by reimbursement. Out-of-network/non-contracted providers are under no obligation to treat MCS Classicare members, except in emergency situations. Please call our Call Center number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of network services. Coverage for services received out-of-network is administered through reimbursement based on the different rates allowed by our plan, which apply according to the service received, minus the corresponding cost-sharing amount.

Getting Help from Medicare

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

Plan Documents in Other Formats and Languages

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

Plan Phone Numbers and Website

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

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

If you are not a member of this plan, you will be able to communicate with an Authorized Sales Representative to this number. (Metro Area) 787-296-9003 and (Toll Free) 1-866-591-4002. TTY users should call 1-866-627-8182.

Hours of Operation

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

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

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

Evidence of Coverage

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

Plan Directories

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

Drug Coverage

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

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

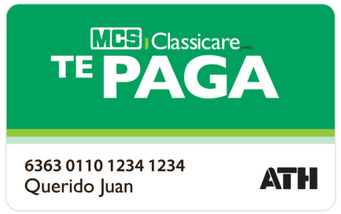
MEDICARE BENEFICIARY

Let's keep going with MCS Classicare (HMO)

MCS Classicare Te Paga card [4,6,7]

Used for it:

- OTC
- Utilities
- Gas
- Cable and internet
- Groceries
- Cleanning products
- Pet food
- Phone
- Drugstores
- Many more



MCS Classicare Patriot (HMO)	MCS Classicare Intelicare [5] (HMO)
$2,400 annual ($200 monthly)	$900 annual ($75 monthly)

MCS Classicare RxMax (HMO)	MCS Classicare Essential (HMO-POS)
$768 annual ($64 monthly)	$564 annual ($47 monthly)

MCS Classicare En Tu Hogar (HMO)	MCS Classicare Efectivo (HMO)
$420 [5] annual ($35 monthly)	$120 [5] annual ($10 monthly)

REGIONAL [8]

NEW

MCS Classicare Firme (HMO)	MCS Classicare Estrella (HMO)
$1,440 annual ($120 monthly)	$300 annual ($25 monthly)

Part B monthly premium reduction

MCS Classicare Efectivo (HMO)	MCS Classicare Intelicare (HMO)	MCS Classicare En Tu Hogar (HMO)	MCS Classicare RxMax (HMO)
$660 annual ($55 monthly)	$480 annual ($40 monthly)	$252 annual ($21 monthly)	$240 annual ($20 monthly)

REGIONAL [8]

NEW

MCS Classicare Estrella (HMO)	MCS Classicare Firme (HMO)
$840 annual ($70 monthly)	$60 annual ($5 monthly)

The plan that brings you complete health with benefits like:

Comprehensive dental[4]

$3,500 annual

MCS Classicare Essential (HMO-POS)

Eyewear[4]

$1,100 annual

MCS Classicare Essential (HMO-POS)

Transportation[4,10]

50 one-way trips

MCS Classicare Intelicare (HMO)

Home Bundle[4,5]

$1,980 annual
($165 monthly)

MCS Classicare En Tu Hogar (HMO)

In-Home Foot Care Benefit[4,5]

One (1) visit per quarter

MCS Classicare En Tu Hogar (HMO)

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).

NOTES

NOTES

MCS Classicare (HMO)

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 Sprachassistenzdienste 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.

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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: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. تتوفر المساعدات والخدمات المساعدات المناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل بالرقم 1-866-627-8183 (TTY 1-866-627-8182).

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 fòma aksesib 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 हिंदी 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 निःशुल्क 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。

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Complete Health

MCS Classicare

(HMO)

Paid Endorsement. MCS Classicare is a product offered by MCS Advantage, Inc. MCS Classicare is an HMO plan with Medicare and Puerto Rico Medicaid program contracts. Enrollment in MCS Classicare depends on contract renewal. 1. Some services may require pre-authorization. Contact the plan for details. 2. Some services may require referral. 3. Pre-authorization through MCS Solutions. 4. 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. 5. Unused amounts do not rollover to the next month or quarter as applicable. 6. The Te Paga card allowance includes your monthly OTC allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the card to purchase both OTC items and additional eligible items and services. Te Paga Card, Healthy Food Box, Transportation for non-medical needs, 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. 7. Te Paga Card: The benefit cannot be used for cash withdrawal nor purchase the following services or products: cosmetic procedures, hospital indemnity insurance, funeral planning and expenses, life insurance, alcohol, tobacco, cannabis products, broad membership programs inclusive of multiple unrelated services and discounts, and non-healthy food. 8. Regional product are available to beneficiaries residing in the applicable eligible municipalities. Refer to Page 30 for more details. 9. The maximum benefit amount for eyewear and hearing aids is combined and includes coverage for repairs. 10. Transportation to plan-approved locations through contracted suppliers.

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