

SUMMARY OF BENEFITS

MCS Classicare Primero (HMO C-SNP)



2026

MCS Classicare
(HMO)

SUMMARY OF BENEFITS



BENEFITS		MCS Classicare PRIMERO (HMO C-SNP)
PREMIUMS AND BENEFITS		
Monthly Plan Premium	You pay \$0	
Part B monthly premium reduction	\$31 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): \$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	
Ambulatory Surgical Center Services (ASC)	You pay nothing	
DOCTOR VISITS		
Primary Care Providers	You pay nothing	
Specialists	You pay nothing	
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	\$40 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.		
Urgently Needed Services	You pay nothing	
Some plan rules and requirements may apply for post-stabiliza-tion care. Contact the plan for details.		

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DIAGNOSTIC SERVICES / LABS / IMAGING ¹		
Diagnostic tests and 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"
Diagnostic Radiology services (e.g. MRI, CT Scan)		0% of the total cost for simple procedures 15% 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 ^{1,4}		See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 10-11
DENTAL SERVICES		
Medicare-covered Dental Services		You pay nothing
Diagnostic and preventive dental services - Oral Exam - Dental X-rays ¹ - Prophylaxis (Cleaning) - Flouride Treatment		You pay nothing
No maximum benefit coverage applies for diagnostic and preventive services.		
Comprehensive dental services ^{1,4} - Restorative Services (including Crowns) - Prosthodontics (Fixed and Removable)		Up to \$3,000 annually

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VISION SERVICES		
Medicare-covered Eye Exam		You pay nothing
Routine Eye Exam - one (1) annually		You pay nothing
Eyewear ^{4,8}		See “Combined benefit for Eyewear and Hearing Aids for both ears combined.” on page 10-11
MENTAL HEALTH SERVICES		
Inpatient Hospital ³		
Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital.		You pay nothing
The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.		
Outpatient Individual Therapy Visit ³ 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
Ambulance Air Ambulance ¹ Ground ambulance		You pay nothing
Transportation ^{4,6,9} A trip is considered one-way transportation to a plan approved health-related location.		For up to 32 one -way trips annually



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MEDICARE PART B DRUGS ^{1,2}		
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% prosthetic implants / 20% prosthetic devices
Diabetic supplies		You pay nothing
WELLNESS PROGRAMS		
Fitness Benefit through MCS Wellness Programs		You pay nothing
Nursing Hotline (MCS <i>Medilínea</i>)		You pay nothing
WELLNESS BENEFITS		
Medicare Covered Podiatry Services		You pay nothing
Foot Reflexology		You pay nothing
Must be ordered by a physician or medical professional		Six (6) visits annually
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



SUMMARY OF BENEFITS



BENEFITS		MCS Classicare PRIMERO (HMO C-SNP)
SUPPLEMENTAL BENEFITS ^{4, 6, 7}		
 Te Paga Card		\$624 annually (\$52 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)
Transportation for non-medical needs Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.		You pay nothing
OTHER SUPPLEMENTAL BENEFITS		
Combined Eyewear and Hearing Aids Benefit ^{1,4,8}		Up to \$500 annually for a combined Eyewear and Hearing Aids Allowance
In-Home Foot Care Benefit ^{4,5} One (1) visit per quarter for specialized foot care will be provided in the home by trained foot professional approved by the plan.		You pay nothing

SUMMARY OF BENEFITS

PRESCRIPTION DRUGS



STAGE 1	YEARLY DEDUCTIBLE STAGE	Because there is no deductible for the plan, this payment stage does not apply to you.
STAGE 2	INITIAL COVERAGE STAGE	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 PRIMERO (HMO C-SNP)
STANDARD RETAIL COST SHARING (30-DAY SUPPLY)		
Tier 1 - Preferred Generic		\$0 copay
Tier 2 - Generic		\$0 copay
Tier 3 - Preferred Brand		\$0 copay \$0 copay on insulin
Tier 4 - Non-Preferred Brand		\$10 copay \$5 copay on insulin
Tier 5 - Specialty Drugs		33% of the total cost \$35 copay on insulin
STANDARD RETAIL COST SHARING (90-DAY SUPPLY)		
Tier 1 - Preferred Generic		\$0 copay
Tier 2 - Generic		\$0 copay
Tier 3 - Preferred Brand		\$0 copay \$0 copay on insulin
Tier 4 - Non-Preferred Brand		\$30 copay \$15 copay on 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		\$0 copay \$0 copay on insulin
Tier 4 - Non-Preferred Brand		\$20 copay \$10 copay on 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.

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. Based on a Model of Care review, MCS Classicare has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2026.

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.

Para **MCS Classicare Primero (HMO C-SNP)** 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, Orocovi, 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 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.

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

MEDICARE BENEFICIARY

Let's keep going
with **MCS Classicare** (HMO)

MCS Classicare Primero (HMO C-SNP)



**MCS Classicare
Te Paga Card** ^{4,6,7}

\$624 annual
(\$52 monthly)

**Part B Monthly Premium
Reduction**

\$372 annual
(\$31 monthly)



**The plan that gives you complete
health with benefits such as:**

MCS Classicare Primero (HMO C-SNP)



Comprehensive dental ^{1,4}
\$3,000 annual



Eyewear and Hearing Aids ^{1,8}
Up to **\$500** annual

Combined benefit



Transportation ^{4,6,9}
Up to **32** annual
one-way trips

More benefits

MCS Classicare Primero (HMO C-SNP)



In-Home Foot Care Benefit^{4,5}

One visit per quarter



Over **13,000**
providers

Including primary care
physicians, specialists,
hospitals and laboratories...

**ALL AROUND
THE ISLAND**

10. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



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



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. لكل ةحاتم ةيئناجلل ةيوجلل ةدعاسملل تامدخ نإف ، ةيبرعلل ثدحتت تنك اذا. أناجم اهيلل لوصولل نكمي تاقيسيئتب تامولعمل ريئوتل ةبسانملل تادعاسملل تامدخل او تادعاسملل. أناجم اهيلل لوصولل نكمي تاقيسيئتب تامولعمل ريئوتل ةبسانملل تادعاسملل تامدخل او تادعاسملل. 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 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 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。

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. Based on a Model of Care review, MCS Classicare has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2026. 1. Some services may require pre-authorization. Contact the plan for details. 2. May be subject to Part B Step Therapy. 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. The maximum benefit amount for eyewear and hearing aids is combined and includes coverage for repairs. 9. Transportation to plan-approved locations through contracted suppliers. 10. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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