SUMMARY OF BENEFITS

Regionals

MCS Classicare Excede (HMO)

NEW!

Region 1 | Region 2 | Region 3

2026

MCS Classicare (HMO)

SUMMARY OF BENEFITS

Access to island-wide provider network [8]

BENEFITS	MCS Classicare EXCEDE (HMO) Region 1	MCS Classicare EXCEDE (HMO) Region 2	NEW! MCS Classicare EXCEDE (HMO) Region 3
PREMIUMS AND BENEFITS			
Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay $0	You pay $0	You pay $0
Part B monthly premium reduction	$60 monthly	$60 monthly	$60 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
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
HOSPITAL COVERAGE			
Inpatient Hospital Coverage [1]	Special Network (SN): $0 copay for Medicare-covered inpatient stay General Network (GN): $50 copay for Medicare-covered inpatient stay	Special Network (SN): $0 copay for Medicare-covered inpatient stay General Network (GN): $50 copay for Medicare-covered inpatient stay	Special Network (SN): $0 copay for Medicare-covered inpatient stay General Network (GN): $50 copay for Medicare-covered inpatient stay
Outpatient Hospital Services [1]	You pay nothing	You pay nothing	You pay nothing
Ambulatory Surgical Center Services (ASC) [1]	You pay nothing	You pay nothing	You pay nothing
DOCTOR VISITS			
Primary Care Providers	You pay nothing	You pay nothing	You pay nothing
Specialists	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
Emergency Care If you are hospitalized 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-stabiliza-tion care. Contact the plan for details.	$40 copay per visit	$40 copay per visit	$40 copay 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

SUMMARY OF BENEFITS

Access to island-wide provider network

BENEFITS	MCS Classicare EXCEDE (HMO) Region 1	MCS Classicare EXCEDE (HMO) Region 2	NEW! MCS Classicare EXCEDE (HMO) Region 3
DIAGNOSTIC SERVICES / LABS / IMAGING			
Diagnostic tests and procedures [1]	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	0% of the total cost for simple procedures 15% of the total cost for complex procedures
Lab services [1]	Special Network (RE): 0% of total cost General Network (RG): 20% of total cost	Special Network (RE): 0% of total cost General Network (RG): 20% of total cost	Special Network (RE): 0% of total cost General Network (RG): 20% of total cost
Diagnostic Radiology services (e.g. MRI, CT Scan) [1]	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	0% of the total cost for simple procedures 15% of the total cost for complex procedures
X-rays [1]	You pay nothing	You pay nothing	You pay nothing
HEARING SERVICES			
Medicare-covered hearing exam	You pay nothing	You pay nothing	You pay nothing
Routine hearing exam - one (1) annually	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
Hearing aids [1,4,9]	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 10-11	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 10-11	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	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
Comprehensive dental services [1,4] - Restorative Services (including Crowns) - Prosthodontics (Fixed and Removable)	You pay nothing Up to $1,500 annually	You pay nothing Up to $1,500 annually	You pay nothing Up to $1,500 annually

SUMMARY OF BENEFITS

Access to island-wide provider network

BENEFITS	MCS Classicare EXCEDE (HMO) Region 1	MCS Classicare EXCEDE (HMO) Region 2	NEW! MCS Classicare EXCEDE (HMO) Region 3
VISION SERVICES			
Medicare-covered Eye Exam	You pay nothing	You pay nothing	You pay nothing
Routine Eye Exam - one (1) annually	You pay nothing	You pay nothing	You pay nothing
Eyewear [4,9]	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 10	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 10	See "Combined benefit for Eyewear and Hearing Aids for both ears combined." on page 10
SERVICIOS DE SALUD MENTAL			
Inpatient Hospital [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
Outpatient Individual Therapy Visit [3] Outpatient Group Therapy Visit [3]	You pay nothing	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	You pay nothing	You pay nothing
Physical Therapy [1] We also cover occupational therapy, and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.	You pay nothing	You pay nothing	You pay nothing
Ambulance Air Ambulance [1] Ground ambulance [1]	You pay nothing	You pay nothing	You pay nothing
Transportation [4,10] A trip is considered one-way transportation to a plan approved health-related location.	You pay nothing Up to 12 one-way trips annually	You pay nothing Up to 12 one-way trips annually	You pay nothing Up to 12 one-way trips annually

SUMMARY OF BENEFITS

Access to island-wide provider network

BENEFITS	MCS Classicare EXCEDE (HMO) Region 1	MCS Classicare EXCEDE (HMO) Region 2	NEW! MCS Classicare EXCEDE (HMO) Region 3
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
Other Part B drugs [1]	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
MEDICAL EQUIPMENT/ SUPPLIES			
Durable medical equipment (DME) [1]	You pay nothing	You pay nothing	You pay nothing
Prosthetic devices [1]	0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
Diabetic supplies [1]	You pay nothing	You pay nothing	You pay nothing
WELLNESS PROGRAMS			
Fitness Benefit	You pay nothing	You pay nothing	You pay nothing
Nursing Hotline (MCS *Medilínea*)	You pay nothing	You pay nothing	You pay nothing
WELLNESS BENEFITS			
Foot exams and treatment (Podiatry Services)	You pay nothing	You pay nothing	You pay nothing
Foot Reflexology	You pay nothing Six (6) visits annually	You pay nothing Six (6) visits annually	You pay nothing 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 a family doctor, general practitioner, internist, or licensed pediatrician. 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
Additional acupuncture services	You pay nothing Six (6) additional visits annually	You pay nothing Six (6) additional visits annually	You pay nothing Six (6) additional visits annually

SUMMARY OF BENEFITS

Access to island-wide provider network

BENEFITS	MCS Classicare EXCEDE (HMO) Region 1	MCS Classicare EXCEDE (HMO) Region 2	NEW! MCS Classicare EXCEDE (HMO) Region 3
SUPPLEMENTAL BENEFITS [5]			
 *Te Paga* Card [4,5,6,7]	$1,308 annually ($109 monthly)	$768 annually ($64 monthly)	$468 annually ($39 monthly)
Home Assistance [4,5,6] Services include hairstyling, yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection. For hairstyling services (wash, cut and dry) you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. Only simple repairs and basic services apply, according to the evaluation performed by the service supplier.	You pay nothing Eight (8) visits annually (maximum 2 quarterly)	You pay nothing Eight (8) visits annually (maximum 2 quarterly)	You pay nothing Eight (8) visits annually (maximum 2 quarterly)
Transportation for non-medical needs [4,10] Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.	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 a Combined Benefit for eyewear and hearing aids	Up to $500 annually for a Combined Benefit for eyewear and hearing aids	Up to $500 annually for a Combined Benefit for eyewear and hearing aids

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 EXCEDE (HMO) Region 1	MCS Classicare EXCEDE (HMO) Region 2	NEW! MCS Classicare EXCEDE (HMO) Region 3
STANDARD RETAIL COST SHARING (30-DAY SUPPLY)			
Tier 1 - Preferred Generic	$0 copay per supply	$0 copay per supply	$0 copay per supply
Tier 2 - Generic	$0 copay per supply	$0 copay per supply	$0 copay per supply
Tier 3 - Preferred Brand	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply
Tier 4 - Non-Preferred Brand	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply
Tier 5 - Specialty Drugs	33% of the total cost per supply $35 copay per insulin supply	33% of the total cost per supply $35 copay per insulin supply	33% of the total cost per supply $35 copay per insulin supply
STANDARD RETAIL COST SHARING (90-DAY SUPPLY)			
Tier 1 - Preferred Generic	$0 copay per supply	$0 copay per supply	$0 copay per supply
Tier 2 - Generic	$0 copay per supply	$0 copay per supply	$0 copay per supply
Tier 3 - Preferred Brand	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply
Tier 4 - Non-Preferred Brand	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply
Tier 5 - Specialty Drugs	Not Offered	Not Offered	Not Offered
MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)			
Tier 1 - Preferred Generic	$0 copay per supply	$0 copay per supply	$0 copay per supply
Tier 2 - Generic	$0 copay per supply	$0 copay per supply	$0 copay per supply
Tier 3 - Preferred Brand	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply
Tier 4 - Non-Preferred Brand	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply	$0 copay per supply $0 copay per insulin supply
Tier 5 - Specialty Drugs	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 (HMO) 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.

Access to the network of providers throughout Puerto Rico. The service area for **MCS Classicare Excede (HMO) Region 1** is available to beneficiaries residing in any of the following 13 eligible municipalities:

Aguada, Aguadilla, Añasco, Arecibo, Camuy, Hatillo, Isabela, Mayagüez, Moca, Quebradillas, Rincón, San Sebastián and Utuado.

Access to the network of providers throughout Puerto Rico. The service area for **MCS Classicare Excede (HMO) Region 2**, **Region 2** is available to beneficiaries residing in any of the following 21 eligible 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

Access to the network of providers throughout Puerto Rico. The service area for **MCS Classicare Excede (HMO) Region 3**, is available to beneficiaries residing in any of the following 11 eligible municipalities:

Arroyo, Coamo, Guayama, Guayanilla, Juana Díaz, Patillas, Peñuelas, Ponce, Salinas, Santa Isabel and Villalba.

MCS Classicare (HMO D-SNP) 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 **https://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. By calling this number, you will be speaking with an Authorized Sales Representative.

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

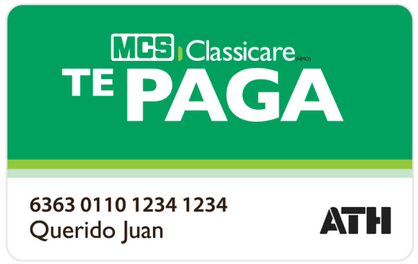
We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

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 [4,5,6,7]



Use it for:

- OTC Items
- Water and Electricity Bills
- Gasoline
- Cable and Internet
- Supermarkets
- Cleaning Products
- Pet Food
- Telephone
- Pharmacies
- Other

MCS Classicare Excede Region 1 (HMO)	MCS Classicare Excede Region 2 (HMO)
$1,308 annual ($109 monthly)	$768 annual ($64 monthly)

MCS Classicare Excede Region 3 (HMO)
$468 annual ($39 monthly)

Part B monthly premium reduction

MCS Classicare Excede (HMO) Region 1, Region 2 and Region 3
$720 annual ($60 monthly)

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

Comprehensive Dental[1,4]

$1,500 annual

Eyewear and hearing aids[1,4,9]

Up to **$500** annual

Combined benefit

Transportation[4,10]

Up to **12** one-way trips per year

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).

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.

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。

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. 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 14 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.