

MCS Classicare Patriot (HMO) *offered by* MCS Advantage, Inc. (MCS Classicare)

Annual Notice of Change for 2027

You're enrolled as a member of MCS Classicare Patriot (HMO).

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in MCS Classicare Patriot (HMO).
- To change to a **different plan**, visit [Medicare.gov](https://www.medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.mcsclassicare.com or call Member Services at 1-866-627-8183 (Toll Free) (TTY users call 1-866-627-8182) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-866-627-8183 (Toll Free) (TTY users call 1-866-627-8182) for additional information. Hours are Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30. This call is free.
- This information is available in different formats including, large print, braille, and audio CD. Please call Member Services at the numbers listed above if you need plan information in another format or language.

About MCS Classicare Patriot (HMO)

- MCS Classicare is an HMO plan with Medicare and Puerto Rico Medicaid program contracts. Enrollment in MCS Classicare depends on contract renewal.
- When this material says "we," "us," or "our," it means MCS ADVANTAGE, INC. (MCS Classicare). When it says "plan" or "our plan," it means MCS Classicare Patriot (HMO).

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in MCS Classicare Patriot (HMO).** Starting January 1, 2027, you'll get your medical coverage through MCS Classicare Patriot (HMO). Go to Section 2 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$3,400	\$3,400
Primary care office visits	Primary care visits: \$0 copayment per visit	Primary care visits: \$0 copayment per visit
Specialist office visits	Specialist visits: \$0 copayment per visit	Specialist visits: \$0 copayment per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	\$0 copayment for each inpatient hospital stay for Special Network (SN) Providers \$50 copayment per each inpatient hospital stay for General Network (GN) Providers	\$0 copayment for each inpatient hospital stay for Special Network (SN) Providers \$50 copayment per each inpatient hospital stay for General Network (GN) Providers

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you’ve paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.	\$3,400	\$3,400 Once you’ve paid \$3,400 out-of-pocket for covered Part A and Part B services, you’ll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Providers Directory* www.mcsclassicare.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here’s how to get an updated *Providers Directory*:

- Visit our website at www.mcsclassicare.com.
- Call Member Services at 1-866-627-8183 (Toll Free) (TTY users call 1-866-627-8182) to get current provider information or to ask us to mail you a *Providers Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-866-627-8183 (Toll Free) (TTY users call 1-866-627-8182) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the Chronically Ill - Alternative Therapies	Under Complementary Therapies category additional acupuncture services could be paid through the debit card benefit (Te Paga Card). Additionally, you can access acupuncture services covered by Medicare and additional supplemental services included as part of your enhanced coverage.	For 2027, acupuncture services will be available only through your Medicare coverage and the additional supplemental services included as part of your enhanced coverage. This way, you will be able to continue receiving acupuncture services covered by your plan. For more information about covered acupuncture services and any applicable limitations, please refer to the benefits chart in Chapter 4 of your Evidence of Coverage, under the Acupuncture for chronic low back pain benefit.

	2026 (this year)	2027 (next year)
Nutritionist Services	Limited to 6 visit(s) for individual sessions every year.	Limited to 10 visit(s) for individual or group sessions every year. Group visits will be organized according to the schedule published by MCS Classicare. Contact us for details.
Outpatient mental health care	The following in-network benefits have a change in prior authorization requirements. - Individual Sessions for Psychiatric Services do <u>not</u> require prior authorization. Individual Sessions for Psychiatric Services may require prior authorization.	

SECTION 2 How to Change Plans

To stay in MCS Classicare Patriot (HMO), you don’t need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you’ll automatically be enrolled in our MCS Classicare Patriot (HMO).

If you want to change plans for 2027, follow these steps:

- To change to a different Medicare health plan,** enroll in the new plan. You’ll be automatically disenrolled from MCS Classicare Patriot (HMO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can’t join a Medicare health plan and simultaneously purchase a prescription drug plan.
- To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You’ll be automatically disenrolled from MCS Classicare Patriot (HMO).
- To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-866-627-8183 (Toll Free) (TTY users call 1-866-627-8182) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and

ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You* 2027 handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, MCS Advantage, Inc. (MCS Classicare) offers other Medicare health plans. These other plans can have different coverage and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage **from October 15 until December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday –Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778 or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Health Insurance Assistance Program (HIAP) - Ryan White Part B / ADAP Program - Puerto Rico Department of Health. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-787-765-2929, exts. 5103, 5136 or 5137. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 4 Questions?

Get Help from MCS Classicare Patriot (HMO)

- **Call Member Services at 1-866-627-8183 (Toll Free). (TTY users call 1-866-627-8182.)**

We're available for phone calls Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *Evidence of Coverage* for MCS Classicare Patriot (HMO). The

Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.mcsclassicare.com or call Member Services at 1-866-627-8183 (Toll Free) (TTY users call 1-866-627-8182) to ask us to mail you a copy.

- **Visit** www.mcsclassicare.com

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Puerto Rico, the SHIP is called Programa Estatal de Asistencia Sobre Seguros de Salud (SHIP: State Health Insurance Assistance Program).

Call Programa Estatal de Asistencia Sobre Seguros de Salud (SHIP: State Health Insurance Assistance Program) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Programa Estatal de Asistencia Sobre Seguros de Salud (SHIP: State Health Insurance Assistance Program) at 1-877-725-4300 (Metro Area), 1-800-981-0056 (Mayagüez Area) or 1-800-981-7735 (Ponce Area). Learn more about Programa Estatal de Asistencia Sobre Seguros de Salud (SHIP: State Health Insurance Assistance Program) by visiting <https://www.oppea.pr.gov>.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with** [Medicare.gov](https://www.medicare.gov)

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit** [Medicare.gov](https://www.medicare.gov)

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.