

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Call Center representative at 787-620-2530 (metro area) or 1-866-627-8183 (toll-free). People with hearing impairments (TTY) users should call 1-866-627-8182. Our office hours are Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31, and 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. from April 1 to September 30.

Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.mcscare.com or call 787-620-2530 (metro area) or 1-866-627-8183 (toll free) to view a copy of the EOC.
- ☐ Review the Providers and Pharmacies Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ **Does not apply to MCS Classicare Patriot (HMO)** - Review the Providers and Pharmacies Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ **Does not apply to MCS Classicare Patriot (HMO)** - Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ **Effect on current coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2028.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).
- ☐ **For MCS Classicare Essential (HMO-POS) and MAPD Group (HMO-POS) plans** - Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ☐ **For MCS Classicare Primero (HMO C-SNP) plan** - This is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- ☐ **For Platino plans** - These plans are dual eligible special needs plans (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

