MCS Classicare Platino Máximo (HMO D-SNP) - Region 3 | 2027 Summary of Benefits

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Introduction

This document is a brief summary of the benefits and services covered by MCS Classicare Platino Máximo (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of MCS Classicare Platino Máximo (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage.*

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A. Disclaimers

This is a summary of health services covered by MCS Classicare Platino Máximo (HMO D-SNP) for 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You can go to our website (www.mcsclassicare.com) to download a copy of your *Evidence of Coverage*. You may also call Member Services at 1-866-627-8183 (toll free) (TTY users call 1-866-627-8182) to get a copy by mail. 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.

- 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.

- Language assistance services, appropriate auxiliary aids and oral interpretation services are available free of charge to provide information in accessible formats. Call 1-866-627-8183 (TTY 1-866-627-8182) for more information. To get free counseling about Medicare you can contact the State Health Insurance Assistance Program (SHIP), 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 and Medicaid 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).

- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

- For more information about Medicare Platino, you can check the website www.ases.pr.gov or contact Puerto Rico Health Administration, ASES in Spanish at 1-800-981-2737, TTY 1-787-474-3389; Monday-Friday 8:00 a.m. - 4:30 p.m. You can also call the State Health

Insurance Assistance Program (SHIP) Education and Community Relations Area, Office of the Advocate for Older Adults (OPPEA) for people who have both Medicare and Medicaid at 1-877-725-4300, Monday-Friday 8:00 a.m. - 4:30 p.m.

- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-866-627-8183 (Toll Free); TTY users call 1-866-627-8182. 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. The call is free.
- This document is available for free in Spanish. Refer to Notice of Availability of language assistance services and auxiliary aids and services attached.
- For your convenience, we will send all future mailings and communications to your current contact information on file so you don't need to provide your mailing address/email to us again (unless it has changed). To update your contact information, preferred language, and/or preferred format (such as braille and large print), please contact Member Services at the number on the bottom of this page.
- During the enrollment process, you may indicate your preferred language and any need for alternate formats by selecting the appropriate fields on the Enrollment Application. In addition, you are informed about the availability of materials in other languages and accessible formats, such as large print, Braille, and audio CD. Members may obtain assistance by contacting Member Services. In addition, the plan's regulatory materials include notices of nondiscrimination and information about available language assistance services, in accordance with applicable federal regulations. When you request a preferred language or an alternate format, that preference is recorded in the plan's applicable systems and maintained as a standing request for future communications and mailings. This allows you to continue receiving information in your preferred language or format without having to submit a new request each time a communication is issued. If you are a current member and would like to update or change your preferred language or alternate format preference, you may do so at any time by contacting Member Services or visiting any of our Service Centers. Once the request is received, the information will be updated in the applicable systems and applied to future communications and materials.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medicare Platino Plan?	Medicare Platino is a supplementary coverage to this Medicare Advantage Plan contracted by the Puerto Rico Insurance Administration (ASES in Spanish), which covers benefits and services that Medicare doesn't cover. Beneficiaries who have both Part A and Part B of Medicare and are certified as eligible for Medicaid qualify for the benefits and services of Medicare Platino.
Will I get the same Medicare and Medicaid benefits in MCS Classicare Platino Máximo (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from MCS Classicare Platino Máximo (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and your care management team assessment. When you enroll in MCS Classicare Platino Máximo (HMO D-SNP), you and your care management team will work together to develop Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that MCS Classicare Platino Máximo (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for MCS Classicare Platino Máximo (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued on the next page)	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with MCS Classicare Platino Máximo (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in MCS Classicare Platino Máximo (HMO D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of MCS Classicare Platino Máximo (HMO D-SNP)'s plan. • If you are currently receiving treatment from a provider that is not part of the MCS Classicare Platino Máximo (HMO D-SNP) network or have an established relationship with a provider that's out of MCS Classicare Platino Máximo (HMO D-SNP) network, contact Member Services at the number on the bottom of this page to ask about continuity of care eligibility. Authorization, medical necessity, and plan rules apply. If it is not possible to continue with your current provider, you may choose another provider within MCS Classicare network.

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read MCS Classicare Platino Máximo (HMO D-SNP)'s Providers and Pharmacies Directory on the plan's website at www.mcsclassicare.com. If MCS Classicare Platino Máximo (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.
What's a MCS Classicare Platino Máximo (HMO D-SNP) care coordinator?	A MCS Classicare Platino Máximo (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care management team will work with that agency. Call the Family Orientation and Support Line (LOAF in Spanish) of the Department of Family Affairs at 1-787-977-8022 and 1-888-359-7777 for more information. The availability of these programs will be subject to eligibility criteria and availability of funds.

Frequently Asked Questions	Answers
What happens if I need a service but no one in MCS Classicare Platino Máximo (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, MCS Classicare Platino Máximo (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's MCS Classicare Platino Máximo (HMO D-SNP) available?	The service area for this plan includes: ○ MCS Classicare Platino Máximo (HMO D-SNP) – Region 003: Aguas Buenas, Aibonito, Arroyo, Barranquitas, Bayamón, Caguas, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Cidra, Coamo, Comerío, Culebra, Dorado, Fajardo, Guayama, Guayanilla, Guaynabo, Gurabo, Humacao, Juana Díaz, Juncos, Las Piedras, Loíza, Luquillo, Maunabo, Naguabo, Naranjito, Patillas, Peñuelas, Ponce, Río Grande, Salinas, San Juan, San Lorenzo, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Vieques, Villalba, and Yabucoa. You must live in one of these areas to join the plan. Please note, this plan has access to the provider's network all over Puerto Rico.
What's prior authorization? (continued on the next page)	Prior authorization means you need an approval from MCS Classicare Platino Máximo (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. MCS Classicare Platino Máximo (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.

Frequently Asked Questions	Answers
What's prior authorization? (continued from previous page)	**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. MCS Classicare Platino Máximo (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from MCS Classicare Platino Máximo (HMO D-SNP) before the service is provided. Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, MCS Classicare Platino Máximo (HMO D-SNP) may not cover the services. MCS Classicare Platino Máximo (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. As established in the document, General Rules for Medicare Platino, a referral to visit the Gynecologist/Obstetrics isn't necessary. Refer to the *Evidence of Coverage* (Chapter 3) to learn more about when you'll need to get a referral from your PCP.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under MCS Classicare Platino Máximo (HMO D-SNP)?	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium. Our plan will have a $95 reduction in your Medicare Part B monthly premium for this contract year. A Medicare Part B premium reduction is reflected in your Social Security check, and this amount may vary depending on the plan selected.
Do I pay a deductible as a member of MCS Classicare Platino Máximo (HMO D-SNP)?	No. You don't pay deductibles in MCS Classicare Platino Máximo (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of MCS Classicare Platino Máximo (HMO D-SNP)?	There's no cost sharing for medical services in MCS Classicare Platino Máximo (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	For each inpatient hospital stay, you are covered for unlimited days as long as the hospital stay is covered in accordance with plan rules. Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required. Referral may be required.
	Outpatient hospital services, including observation	$0	Prior authorization may be required for Outpatient hospital. Referral may be required for Outpatient hospital.
	Ambulatory surgical center (ASC) services	$0	Prior authorization may be required. Referral may be required.
	Doctor or surgeon care	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	Referral may be required.
You need emergency care **(continued on the next page)**	Emergency room services	$0	You don't need to get approval or a referral in advance from your PCP to go to an emergency room. You don't need to go to a network emergency room. You may receive covered emergency when you are temporarily outside the United States and its territories through the Worldwide Coverage benefit. For more information about plan rules, please refer to Chapter 4 of the *Evidence of Coverage*.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued from previous page)			Coverage is managed through reimbursement based on different fee schedules allowed by our plan, which are applied according to the service received.
	Urgent care	$0	You don't need to get approval or a referral in advance from your PCP to receive urgent care. You don't need to go to a network urgent center. You may receive covered urgency services when you are temporarily outside the United States and its territories through the Worldwide Coverage benefit. For more information about plan rules, please refer to Chapter 4 of the *Evidence of Coverage*. Coverage is managed through reimbursement based on different fee schedules allowed by our plan, which are applied according to the service received.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required. Referral may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	$0	This plan includes routine hearing exam(s), limited to 1 visit(s) every year.
	Hearing aids	$0	This plan includes fitting-evaluation(s) for hearing aids, limited to 1 visit(s) every year. Please consult "Combined eyewear and hearing aids allowance" benefit on page 23.
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	If you need to find a dentist, visit www.mcsclassicare.com and click "Directories". There, you can view the most recent version of the Providers and Pharmacies Directory, along with a search feature that allows you to easily find your doctors by category, specialty, or municipality, helping you save time and effort. You can also call Member Services at the number on the bottom of this page. For additional information, including exclusions, please refer to the plan's *Evidence of Coverage.*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)			For information about Medicaid dental benefits visit https://www.ases.pr.gov/medicare-platino. Dental services covered under your MCS Classicare plan must be obtained through participating providers in MCS Classicare network. Please refer to the MCS Classicare Providers and Pharmacies Directory.
	Restorative and emergency dental care	$0	If you need to find a dentist, visit www.mcsclassicare.com and click "Directories". There, you can view the most recent version of the Providers and Pharmacies Directory, along with a search feature that allows you to easily find your doctors by category, specialty, or municipality, helping you save time and effort. You can also call Member Services at the number on the bottom of this page. For additional information, including exclusions, please refer to the plan's *Evidence of Coverage.* Prior authorization may be required. Up to $1,200 annually.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	$0	This plan includes routine eye exam(s), limited to 1 visit(s) every year.
	Glasses or contact lenses	$0	Please consult "Combined eyewear and hearing aids allowance" benefit on page 23.
	Other vision care	$0	Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Please refer to Chapter 4 of your *Evidence of Coverage* for more information.
You need mental health services	Mental health services	$0	Prior authorization through MCS Solutions.
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	For each inpatient psychiatric hospital stay, you are covered for unlimited days as long as the hospital stay is covered in accordance with plan rules. Prior authorization through MCS Solutions.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization may be required. Referral may be required.
	Nursing home care	$0	Prior authorization may be required. Referral may be required.
	Adult Foster Care and Group Adult Foster Care	$0	Contact the Family Orientation and Support Line (LOAF in Spanish) of the Department of Family Affairs at 1-787-977-8022 and 1-888-359-7777 for more information. The availability of these programs will be subject to eligibility criteria and availability of funds.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services	$0	Prior authorization may be required for air ambulance.
	Emergency transportation	$0	Prior authorization may be required for air ambulance.
	Transportation to medical appointments	$0	Routine transportation for trips up to 18 every year. A trip is considered one-way transportation to a plan approved health-related location through contracted suppliers.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs. Prior authorization may be required, except for insulin drugs. Our plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. This promotes and

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			facilitates access to cost-effective therapies that treat certain chronic diseases.
	Medicare Part D drugs Covered Drugs	$0 for a 30-day supply	There may be limitations on the types of drugs covered. Please refer to MCS Classicare Platino Máximo (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information. Once you or others on your behalf pay $2,400 you have reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Evidence of Coverage* for more information on this stage. Our plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. For certain drugs, you or your provider needs to get approval from our plan based on specific criteria before we agree to cover the drug for you. This is called prior authorization. For some drugs, you can get an extended supply of up to 90 days, with a $0 co-payment. This

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			applies to retail pharmacies and mail-order prescriptions. Extended supplies are not offered for specialty drugs. Specialty drugs are also not available for extended supplies through mail-order prescription service.
You need drugs to treat your illness or condition	Over-the-counter (OTC) drugs	$0	You are eligible for $1,296 annually ($108 monthly). Unused amounts **roll over** to the next month within the plan year. There may be limitations on the types of drugs covered. Please refer to the MCS Classicare Over-*the-Counter (OTC) Items Guide* for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization may be required.
	Medical equipment for home care	$0	Prior authorization may be required.
	Dialysis services	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	Referral may be required.
	Orthotic services	$0	Prior authorization may be required.
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Evidence of Coverage.*	Wheelchairs, crutches, and walkers	$0	Prior authorization may be required.
	Nebulizers	$0	Prior authorization may be required.
	Oxygen equipment and supplies	$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued on the next page)	Home health services	$0	Prior authorization may be required. Referral may be required.
	Home services, such as cleaning or housekeeping	$0	Contact the Family Orientation and Support Line (LOAF in Spanish) of the Department of Family Affairs at 1-787-977-8022 and 1-888-359-7777 for more information. The availability of these programs will be subject to eligibility criteria and availability of funds.
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	Contact the Adult Services Program of the Department of Family Affairs at 1-787-625-4900 for more information. The availability of these programs will be subject to eligibility criteria and availability of funds. Eligibility for these services, if available, is subject to meeting the criteria established by the state. Generally, participants must be older adults or individuals with a disability, have a medical or functional need that requires assistance with daily activities, and meet the income requirements

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			established by the Puerto Rico Medicaid Program.
	Day habilitation services	$0	
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Contact the Adult Services Program of the Department of Family Affairs at 1-787-625-4900 for more information.
Additional services (continued on the next page)	Chiropractic services	$0	Covered services include manual manipulation of the spine to correct subluxation and routine chiropractic care. Limited to 6 non-Medicare covered routine visit(s) every year. Referral may be required.
	Diabetes supplies and services	$0	Prior authorization may be required.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required.
	Services to help manage your disease	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)	Combined eyewear and hearing aids allowance	$0	Up to $500 annually for a combined eyewear and hearing aids allowance. Benefit and maximum plan coverage amount includes repair of eyewear. The plan covers two (2) hearing aids (all types) every year; both ears combined. For hearing aids, the benefit and maximum plan coverage amount includes repair for hearing aid devices. Provider and/or member must verify remaining combined maximum plan benefit coverage amount available. Eyewear and hearing aids share a combined allowance. Choosing to use one benefit will reduce or eliminate the amount available for the other benefit, including repairs. Prior authorization may be required for hearing aids. Referral may be required for hearing aids.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Wellness benefits	Foot reflexology	$0	6 visits annually. These services must be ordered by a physician or a medical professional; and must be furnished by network providers.
	Supplemental acupuncture	$0	6 visits annually. These services must be ordered by a physician or a medical professional; and must be furnished by network providers.
	Therapeutic massage	$0	6 visits annually. These services must be ordered by a physician or a medical professional; and must be furnished by network providers.
Special Supplemental Benefits for the Chronically Ill (SSBCI) (continued on the next page) Eligible enrollees with chronic conditions, such as Chronic Hypertension, Cardiovascular Disorders, Diabetes Mellitus, Chronic	SSBCI Debit Card (Te Paga Card) Eligible members may use their OTC allowance to purchase both OTC and additional items with the SSBCI Debit Card (Te Paga Card). Eligible members can use the SSBCI Debit Card (Te Paga Card) for any of the following: • OTC Items • Food and produce, and prepared foods • Pest control items (sprays, traps) • Pet food and supplies	$0	Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the Te Paga card to purchase both OTC items and additional eligible items and services. $1,296 annually ($108 monthly) Applies only through contracted suppliers. Refer to your *Evidence of Coverage* for eligibility requirements. Unused amounts **roll over** to the next month within the plan year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Special Supplemental Benefits for the Chronically Ill (SSBCI) (continued from previous page) 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.	• Indoor air quality equipment and services • General supports for living • Social need • Services supporting self-direction • Physical fitness • Memory and cognitive function support • Alternative therapies For specific details regarding the items and services available under each category, refer to the Evidence of Coverage.		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 that are illegal under State or Federal law, broad membership programs inclusive of multiple unrelated services and discounts, and non-healthy food.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Special Supplemental Benefits for the Chronically Ill (SSBCI) (continued from previous page)	Home assistance service	$0	Eligible members can be covered for home assistance services, including hairstyling (barber/salon services), yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection. 12 visits annually (maximum 3 quarterly). If the full number of visits is not used in a quarter, the balance of visits is not carried over to be used in the next quarter. Refer to your *Evidence of Coverage* for eligibility requirements. For hairstyling/barber (wash, cut, and dry) services, you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details.
	Transportation for non-medical needs	$0	For eligible members, the transportation for non-medical needs is combined with the base package transportation for health-related needs. Please refer to your transportation benefit for information on the number of trips that are available for you.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Special Supplemental Benefits for the Chronically Ill (SSBCI) (continued from previous page)			The trips you take for non-health related destinations count against the total trips available under the transportation benefit. Applies only through contracted suppliers. Refer to your *Evidence of Coverage* for eligibility requirements.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the MCS Classicare Platino Máximo (HMO D-SNP) *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call MCS Classicare Platino Máximo (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.mcsclassicare.com.

D. Benefits covered outside of MCS Classicare Platino Máximo (HMO D-SNP)

There are some services that you can get that aren't covered by MCS Classicare Platino Máximo (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Health Certificates	$0 Covered under the GHP (Government Health Plan). Any Certification for GHP enrollees related to eligibility for the Medicaid Program is provided at no charge.
Nursery	$0
Healthy child care	$0
Special coverage	$0 If you are diagnosed with a special or chronic condition, you may access the provider treating and offering related services without your PCP's referral. Please see Chapter 3 of your *Evidence of Coverage* to learn about applicable conditions and for the Special Conditions Registry process. This service is covered by the GHP (Government Health Plan).

E. Services that MCS Classicare Platino Máximo (HMO D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page, or refer to Chapter 4 of the *Evidence of Coverage* to find out about other excluded services.

Services MCS Classicare Platino Máximo (HMO D-SNP), Medicare, and Medicaid don't cover	
Cosmetic surgery if not medically necessary, according to Medicare rules.	Please refer to Chapter 4 of the *Evidence of Coverage* for exceptions and Medicare rules.
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.	
Reversal of sterilization procedures and or non-prescription contraceptive supplies.	
Services of a provider that isn't part of the plan, unless authorized by the plan.	Please refer to exceptions described in Chapter 3 of the *Evidence of Coverage*.

F. Your rights as a member of the plan

As a member of MCS Classicare Platino Máximo (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care management team
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly

- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. MCS Classicare Platino Máximo (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with us by calling Member Services: 1-866-627-8183 (Toll Free); TTY users should call 1-866-627-8182. 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. Visit www.mcsclassicare.com for more information and forms.
  - Appeal certain decisions made by our providers. If we make a coverage decision, whether before or after you get a benefit, and you aren't satisfied, you can appeal the decision. An appeal is a formal way of asking us to review and change the coverage decision we made. Under certain circumstances, you can ask for an expedited or fast appeal of a coverage decision. Your appeal is handled by different reviewers than those who made the original decision. Please refer to Chapter 9 of your *Evidence of Coverage* for a complete list of the resources available for you if you decide to ask for any kind of coverage decision or appeal a decision.
  - Ask for a State Hearing at Puerto Rico Health Insurance Administration, in Spanish ASES, at PROBENE Office PO Box 195661 San Juan PR 00936 or call 1-800-981-2737; TTY 787-474-3389 Monday-Friday 8:00 a.m. - 4:30 p.m.
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call MCS Classicare Platino Máximo (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call State Health Insurance Assistance Program (SHIP) Education and Community Relations Area, Office of the Advocate for Older Adults (OPPEA) at 1-877-725-4300, Monday - Friday 7:30 a.m. - 4:30 p.m., or the Puerto Rico Health Insurance Administration in Spanish ASES at 1-800-981-2737, TTY 787-474-3389, Monday - Friday 8:00 a.m. - 4:30 p.m.

G. How to file a complaint or appeal a denied service

If you have a complaint or think MCS Classicare Platino Máximo (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage.* You can also call MCS Classicare Platino Máximo (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

Plan contact information for complaints, grievances, appeals:

- 1-866-627-8183 (Toll Free); TTY users should call 1-866-627-8182.
- 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.
- Visit www.mcsclassicare.com for more information and forms.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at MCS Classicare Platino Máximo (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call the Puerto Rico Health Insurance Administration at 1-800-981-2737. TTY users may call 1-787-474-3389. Hours of operation are Monday-Friday 8:00 a.m.- 4:30 p.m.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call MCS Classicare Platino Máximo (HMO D-SNP) Member Services:

- Current members: 1-866-627-8183 (Toll Free)
- Non-members: 1-866-627-8181 (Toll Free)
- Calls to this number are free.

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.

Member Services also has free language interpreter services available for non-English speakers.

TTY users: 1-866-627-8182
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free.

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.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
If your PCP's office is closed, you can also call MCS Medilínea. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The number for the MCS Medilínea is 1-866-727-6271.
Calls to this number are free and available 24 hours a day, 7 days a week
MCS Classicare Platino Máximo (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY users call 1-844-777-8837
Calls to this number are free and available 24 hours a day, 7 days a week.

If you need immediate mental health care, please call MCS Solutions:

1-800-760-5691
Calls to this number are free and available 24 hours a day, 7 days a week.
MCS Classicare Platino Máximo (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY users call 1-866-912-2788
Calls to this number are free and available 24 hours a day, 7 days a week.