

MEDICARE ORIENTATION GUIDE



MCS | **Classicare** (HMO)

YOUR MEDICARE ORIENTATION GUIDE



At MCS Classicare (HMO), we take care of you so you feel better every day. That's why we want to get you familiar and provide you with the tools you need to stay informed on matters related to your health and wellness.

Introducing your Medicare Orientation Guide – a publication especially designed by MCS Classicare for current and future Medicare beneficiaries. Whether you are nearing age 65 or already receiving benefits under the Medicare program, it's important to keep yourself informed when you make important decisions.

This practical guide is easy to read, and contains essential information to guide you through the Medicare enrollment process, provides important dates to consider, and features other topics of interest that contribute to improving your quality of life.

Enjoy your new guide and make it part of your plan for a healthy life.



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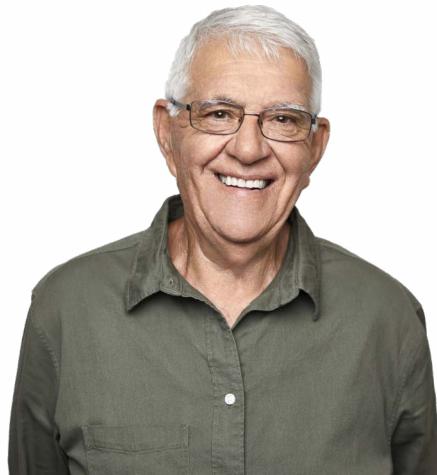
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MEDICARE INFORMATION

WHAT IS MEDICARE?

Medicare is medical insurance for:

- People age 65 and over
- People under 65 with certain disabilities
- People of all ages who suffer from end-stage renal disease (permanent kidney failure that requires dialysis or a kidney transplant)



Medicare Parts



PART A

(Hospital Services)

Helps pay for hospitalization services and those provided by specialized care centers, hospices and home health care providers.

Most people get Medicare Part A automatically since they or their spouses paid Medicare taxes.



PART B

(Medical Services)

Helps pay for medical services and other outpatient care, such as medical supplies and others.

Most people pay an established standard monthly premium.

OPTIONS FOR OBTAINING YOUR MEDICARE COVERAGE

Original Medicare: Administered by the federal government and provides for Medicare Part A and Part B (you can choose one or both parts). You must pay a deductible and, usually, co-insurance each time you receive services.

Original Medicare with Prescription Drugs: You can have Medicare Part A and/or B and also subscribe to a Medicare Prescription Drug plan. The costs and benefits vary by plan.

Medigap Policy: Supplementary Medicare insurance to help pay some of the healthcare costs not covered by Original Medicare.

Medicare Advantage: Medicare Advantage plans provide all Medicare Parts A and B service coverage, with most offering prescription drug coverage as well. They may also include additional benefits.



PART C

(Medicare Advantage)

Those who have Medicare Parts A and B can choose to receive all their healthcare services through a private organization approved by Medicare.

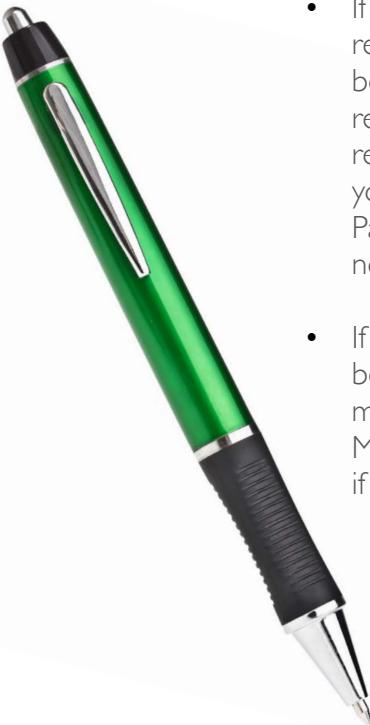


PART D

(Prescription Drugs)

Helps pay for medications doctors prescribe as part of your treatment.

WHAT IS THE MEDICARE ENROLLMENT PROCESS?



- If you are already receiving Social Security retirement or disability benefits, you will be notified in a few months in advance regarding your Medicare eligibility, and receive the information you need. Since you must pay a premium for Medicare Part B, it's your option to choose it or not.
- If you are not yet receiving retirement benefits, contact Social Security three months before you turn 65 to register for Medicare. You can enroll in Medicare even if you don't plan to retire at age 65.

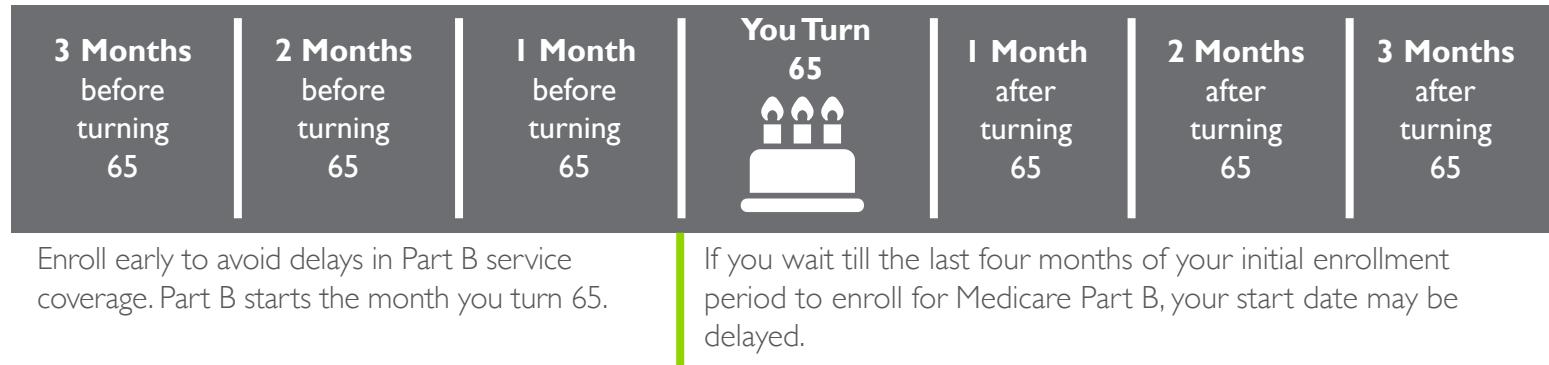
Initial Enrollment Period for Medicare Part A

- If you are not receiving Social Security benefits and will not receive them at age 65, contact Social Security to apply for Medicare benefits. If you are already receiving Social Security benefits, you don't have to do anything – you will be enrolled automatically in Medicare Part A.

Initial Enrollment Period for Medicare Part B

- Once you have Medicare Part A for the first time, you have a 7-month period to enroll in Part B. A delay on your part could result in higher premiums.
- This initial enrollment period begins three months before you turn 65, including your birthday month, and ends three months after your birthday (see the following example).

MEDICARE PART B INITIAL ENROLLMENT PERIOD



If you are entitled to Medicare as the result of a disability or permanent renal failure

- Your initial enrollment period is based on the beginning date of your disability or treatment.

If you do not enroll in Part B during the initial enrollment period

- You will have the opportunity to enroll between January 1 and March 31 of each year, with coverage starting on July 1.

- Your Part B monthly premium could increase up to 10% for each 12-month period in which you were entitled to enroll, but did not.

Your Original Medicare Card

- Once you enroll in Medicare, you will receive a red, white and blue card that indicates whether you have Part A, Part B or both. Keep your card in a safe place so you have it available when you need it.

MEDICARE ADVANTAGE PLANS

What is a Medicare Advantage Plan (Medicare Part C)?

Medicare Advantage plans provide all services covered under Medicare Parts A and B. Therefore, you must have Parts A and B to enroll in one of these plans. Usually, they offer additional benefits and many include the Part D option (prescription drug coverage). Generally, you pay a monthly premium and co-payments that will most likely be less than the co-insurance and deductibles you would pay under Original Medicare. Medicare Advantage plans are offered by private companies approved by Medicare. Costs and benefits vary by plan.

Benefits of Joining a Medicare Advantage Plan

We have provided a comparative chart for some of the services covered by Original Medicare and those not covered, but which may be covered by a Medicare Advantage Plan. Remember that Medicare Advantage plans provide all the services covered by Medicare Part A and Part B.



SERVICES	ORIGINAL MEDICARE (PARTS A & B)	MEDICARE ADVANTAGE PLAN (MEDICARE PART C)
Hospitalization	●	●
Home Healthcare	●	●
Ambulance Service	●	●
Outpatient Surgery	●	●
Laboratory Services	●	●
Mammograms	●	●
Prostate Cancer Detection Exams	●	●
Eyewear		●
Hearing Aids		●
Dental		●

WHAT SHOULD YOU CONSIDER BEFORE CHOOSING A MEDICARE ADVANTAGE PLAN?

- **Coverage:** Make sure the services you need are covered.
- **Doctors & Hospitals:** Check to see if the hospital you go to and their doctors are in the plan's network. Also, verify the size of the network and the need for referrals.
- **Prescription Drugs:** Check to see if the prescription drugs you are taking are covered. Become familiar with the coverage and services, such as the convenience of receiving your medications by mail.
- **Health & Wellness Services:** Ask if the plan includes additional services free of charge, such as talks, health clinics, and entertainment initiatives.
- **Quality:** Become familiar with the quality of the services provided (customer care, service offices, etc.).
- **Cost:** It is important to understand the monthly payments (premiums), co-payments and others.



IMPORTANT DATES FOR JOINING A MEDICARE ADVANTAGE PLAN

(For Beneficiaries with Medicare Parts A & B)

QUICK QUESTION GUIDE

Do you have Medicare Part A?

YES

NO

Do you have Medicare Part B?

1

1

Do you currently reside in Puerto Rico?

1

1

If you answered YES to these questions
You are already eligible to enroll in
a Medicare Advantage Plan!

You can enroll in a Medicare Advantage Plan three months before or three months after you meet these requirements. You can also enroll during your birthday month.

If you do not choose a Medicare Advantage plan when you are eligible

- You have between October 15 and December 7 to join a Medicare Advantage plan. Coverage begins on January 1 of the following year, provided your plan receives your enrollment application by December 7. These dates may change from year to year.

If you already have a Medicare Advantage plan, you should be aware that

- **From January 1 until March 31 you will have only one chance for one of the following:**

- ✓ Switch from a Medicare Advantage sponsor to another Medicare Advantage sponsor.
- ✓ Make a coverage change within the same sponsor.
- ✓ Drop a Medicare Advantage plan and return to Original Medicare.
- ✓ Add or drop a prescription drugs coverage from your Medicare Advantage plan.

- During this period you may not:

- ✓ Join a Medicare Advantage plan if you have Original Medicare.
- ✓ Join a Medicare Advantage plan if you have a Medicare prescription drugs plan and Original Medicare.

Exceptions

You can enroll in, change or cancel your Medicare Advantage plan at other times and under certain circumstances, such as:

- If you move outside the plan's service area (e.g.: Puerto Rico's 78 municipalities)
- If you have Medicare and Medicaid

MCS Classicare (HMO), offers a special needs plan for people with chronic conditions.

You can join this plan if you have:

- Diabetes Mellitus
- Chronic Heart Failure
- Cardiovascular Disorders

Starting December 8 to November 30, you can switch to a 5-Star Medicare Advantage plan.

- The general rating for each plan is available at www.medicare.gov/find-a-plan.
- You can only enroll in a 5-Star Medicare Advantage plan if one is available in your zone.
- You can only use this special enrollment period to switch to a 5-Star plan once a year.

For more information on the plan ratings, visit www.medicare.gov/publications and review the informative sheet titled "Using Medicare Quality Information to Compare Plans." You can also call **1.800.633.4227**. TTY users can call **1.877.486.2048**.

Your Medicare Advantage Plan Card

- Usually when you join a Medicare Advantage plan, you must use the membership card provided by the plan for visits to your doctor and to get your medications, if your plan also includes a prescription drugs coverage.
- If you sign up for a Medicare stand-alone prescription drug plan you must present your plan ID card in order to get your medications. To receive doctor-hospital services, present your Original Medicare card.
- If you obtain a Medigap policy, you must present the Plan card and the Original Medicare card during your medical visits.

WE RECOMMEND THAT YOU ALWAYS KEEP YOUR ORIGINAL MEDICARE CARD IN A SAFE LOCATION.

PREVENTIVE RECOMMENDATIONS

Periodic assessments and screenings are an important part of staying healthy. They allow for the detection of certain conditions, so that decisions can be made regarding the management and treatment of chronic diseases.

The following table lists tests that should be performed according to your age and gender. For those with a family history of certain health conditions or at higher risk, your doctor might recommend these screenings before the appointed time.

TEST	IMPORTANCE	RECOMMENDATIONS
Breast Cancer Screening	A mammogram is the best way to detect breast cancer at its earliest stages. Early detection and the proper treatment can prevent complications.	Annually starting at age 40, or as indicated by your doctor, depending on your risk factors.
Colorectal Cancer Screening	<p>The risk of developing colorectal cancer increases with age. Early detection and treatment during the initial stages can prevent its development.</p> <p>There are various screening tests for this type of cancer. (E.g.: fecal occult blood test, sigmoidoscopy and colonoscopy).</p> <p>Talk to your doctor about which one is right for you.</p>	<p>Initial screening at age 50, or earlier if you have risk factors. Consult your doctor.</p> <p>NOTE: The frequency of repeating the test depends on which one is recommended by your doctor.</p>

Glaucoma Screening	Glaucoma is a condition caused by increased eye fluid pressure, which causes damage to the optic nerve and causes vision loss or total blindness.	Beginning at age 65, every 1-2 years. Can be more frequent, depending on pre-existing health conditions and risk factors for glaucoma. Consult your doctor.
Bone Density Exam	Osteoporosis is a disease that weakens the bones and makes them brittle, and increases the risk of fractures. This test allows your doctor to determine whether you suffer from osteoporosis.	Women age 65 or older, and men age 70 or older, or before if risk factors exist. You should have this test performed every two years, or as deemed necessary by your doctor.
Flu Vaccine	Reduces the risk of catching the virus that causes influenza and avoids complications.	Annually
SPECIFIC DIAGNOSES		
TEST	IMPORTANCE	RECOMMENDATIONS
Diabetes or Cardiovascular Condition: Have a laboratory LDL (low density, or bad cholesterol) test performed.	A high concentration of bad (LDL) cholesterol in the blood increases the risk of cardiovascular complications.	Annually. The optimum level should be less than 100mg/dl.

DIABETIC PATIENTS

TEST	IMPORTANCE	RECOMMENDATIONS
Glycosylated Hemoglobin Test (A1C)	When diabetes is uncontrolled, it can affect vision and the kidneys, as well as the nervous and cardiovascular systems. This test is used to check glucose control.	Should be done every six months or as recommended by your doctor.
Eye Retina Examination	Retinopathy (retina damage) is another complication from diabetes causing a loss of vision. A timely retina exam will help detect any changes, in order to prevent complications.	Annual retina examination by an ophthalmologist.
Nephropathy Screening	Nephropathy (kidney damage) is another complication from diabetes. This damage initially manifests itself with the appearance of protein in the urine. This test checks urine protein levels to help with an early diagnosis and prevent complications.	Annually, or as recommended by your doctor.

This is a general preventive recommendations guide. To see all preventive services covered by Medicare, refer to the Medicare & You manual at: <https://es.medicare.gov/publications/10050-s-medicare-and-you.pdf>

10 THINGS TO DO THAT WILL HELP YOU FEEL BETTER EVERY DAY



- 1** Talk with your primary physician about getting an annual comprehensive health evaluation.
- 2** Make sure your doctor is informed about each medication you are taking, including both prescription and non-prescription drugs.
- 3** Take your medications as indicated by your doctor.
- 4** Ask your doctor which preventive tests to take according to your age, gender and health conditions.
- 5** Stay physically active. Talk to your doctor about the right physical activity and healthy eating for you.
- 6** Avoid alcoholic beverages and smoking.
- 7** If you have diabetes, examine your feet and call your doctor if you have had uncontrolled sugar levels.
- 8** Get a flu vaccine every season.
- 9** Notify your doctor if you have had urinary incontinence, recent falls or difficulties with your vision.
- 10** Seek help and talk to your doctor if you have felt overly sad or depressed.

QUICK DIRECTORY

www.mcsclassicare.com

Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday 8:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 4:30 p.m.

787.620.2528

(Metro Area)

1.866.627.8181

(Toll Free)

1.866.627.8182

TTY (Hearing Impaired)

MCS Classicare, PO Box 191720, San Juan, PR 00919-1720

CENTERS FOR MEDICARE SERVICES

1.800.633.4227

(Toll Free)

1.877.486.2048

TTY/TDD (Hearing Impaired)

Available 24 Hours a day, seven days a week.

www.medicare.gov

REFERENCES

1. Medicare Basics. Start with the basics of Medicare before you dive into decision-making:

<https://www.medicaremadeclear.com/basics>

2. Medicare & You 2024 - The official U.S. government Medicare handbook.

<https://www.medicare.gov/publications/10050-Medicare-and-You.pdf>

3. What Can I Ask? Getting Information.
National Institute Of Aging:

<https://www.nia.nih.gov/health/doctor-patient-communication/talking-with-your-doctor>

NOTES

Complete Health

MCS | Classicare

(HMO)

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MCS Classicare is an HMO plan offered by MCS Advantage, Inc. H5577_13311225_C