MCS Classicare Platino Progreso (HMO D-SNP) *offered by* MCS Advantage, Inc. (MCS Classicare)

Annual Notice of Changes for 2024

You are currently enrolled as a member of MCS Classicare Platino Progreso (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.mcsclassicare.com. You may also call our Call Center to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in MCS Classicare Platino Progreso (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with MCS Classicare Platino Progreso (HMO D-SNP).
- Look in Section 2.2, page 15 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Call Center number at 787-620-2530 (Metro Area), 1-866-627-8183 (Toll Free) for additional information. (TTY users should call 1-866-627-8182). 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 our Call Center at the numbers listed above if you need plan information in another format or language.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About MCS Classicare Platino Progreso (HMO D-SNP)

- MCS Classicare is a product subscribed by MCS Advantage, Inc. (MCS Classicare). MCS Classicare is an HMO plan with a Medicare contract and a contract with the Puerto Rico Department of Health - Medicaid Program. Enrollment in MCS Classicare depends on contract renewal. The plan also has a written agreement with the Puerto Rico Department of Health - Medicaid Program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means MCS Advantage, Inc. (MCS Classicare). When it says "plan" or "our plan," it means MCS Classicare Platino Progreso (HMO D-SNP).

Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024 4

SECTION 1 Changes to Benefits and Costs for Next Year 5

Section 1.1 – Changes to the Monthly Premium 5
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount 5
Section 1.3 – Changes to the Provider and Pharmacy Networks 6
Section 1.4 – Changes to Benefits and Costs for Medical Services 6
Section 1.5 – Changes to Part D Prescription Drug Coverage 13

SECTION 2 Deciding Which Plan to Choose 15

Section 2.1 – If you want to stay in MCS Classicare Platino Progreso (HMO D-SNP) 15
Section 2.2 – If you want to change plans 15

SECTION 3 Changing Plans 16

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid 17

SECTION 5 Programs That Help Pay for Prescription Drugs 17

SECTION 6 Questions? 18

Section 6.1 – Getting Help from MCS Classicare Platino Progreso (HMO D-SNP) 18
Section 6.2 – Getting Help from Medicare 18
Section 6.3 – Getting Help from Medicaid 19

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for MCS Classicare Platino Progreso (HMO D-SNP) in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Doctor office visits	Primary care visits: $0 copayment per visit Specialist visits: $0 copayment per visit	Primary care visits: $0 copayment per visit Specialist visits: $0 copayment per visit
Inpatient hospital stays	$0 copayment for each inpatient hospital stay	$0 copayment for each inpatient hospital stay
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copayment during the Initial Coverage Stage: Covered Drugs: $0 Catastrophic Coverage: During this payment stage, the plan pays most of the cost for your covered drugs.	Deductible: $0 Copayment during the Initial Coverage Stage: Covered Drugs: $0 Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,400 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$3,400 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0	$0
Part B Premium Reduction (Your Part B monthly premium is reduced by the amounts shown.)	$40	$45

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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,400	$3,400 Once you have paid $3,400 out-of-pocket for covered Part A and Part B services, you will 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 and Pharmacy Networks

Updated directories are located on our website at www.mcsclassicare.com. You may also call our Call Center for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Providers and Pharmacies Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Providers and Pharmacies Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact our Call Center so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Over-the-Counter (OTC) Items		
	You are eligible for $80 every month ($960 annually) to be used toward the purchase of over-the-counter (OTC) products.	OTC Items are not covered.
	If you are eligible to "Special Supplemental Benefits for the Chronically Ill" you are able to use the allowance for both OTC and additional items with your Te Paga Card.	You will be able to use your Te Paga Card for both OTC and additional items. Please refer to your Evidence of Coverage to know your monthly allowance under Your Te Paga card.
Special Supplemental Benefits for the Chronically Ill (SSBCI)		

Cost	2023 (this year)	2024 (next year)
	To be eligible for additional benefits you must have been diagnosed with one or more of the chronic conditions identified by the health plan and meet certain eligibility criteria: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Crohn's disease; Ulcerative colitis; Anemia; Chronic obstructive pulmonary disease (COPD); Severe mental retardation; Moderate to Severe Autism; Rheumatologic disease; Hx of cancer (Personal history of cancer); Hypertension; Valvular heart disease; Cerebrovascular disease; Chronic viral hepatitis C; Chronic liver disease; Neurodegenerative disease; Obesity; Malnutrition and Cachexia; Chronic kidney disease; Colostomy status; Non-pressure chronic ulcer.	All members are eligible for these benefits.

Cost	2023 (this year)	2024 (next year)
Te Paga Card	Members with one or more of the chronic conditions previously mentioned may use their OTC allowance ($80 monthly, $960 annually) to purchase both OTC and additional items with your Te Paga Card. All other members must use their allowance only for the purchase of over-the-counter (OTC) items.	All plan members are eligible for a $81 monthly allowance ($972 annually) to purchase both OTC and additional items with your Te Paga Card. **At the end of the policy year, the plan will not provide any remaining balance of your benefit.** Please review your Evidence of Coverage (EOC) for more information about goods and services available for purchase with your Te Paga Card.
Home Assistance	Only members with one or more of the chronic conditions mentioned above are eligible for this benefit.	All members are eligible for this benefit.
	You pay a $0 copay for Home Assistance services, which include: yard clean-up, hairstyling (wash, cut, and dry), basic plumbing, locksmith services, electrical repairs, pest control, preventive home cleaning/ disinfection, pet grooming, and technology assistance.	You pay a $0 copay for Home Assistance services, which include: yard clean-up, hairstyling (wash, cut, and dry), basic plumbing, locksmith services, electrical repairs, pest control, preventive home cleaning/ disinfection, and technology assistance.

Cost	2023 (this year)	2024 (next year)
Transportation for Non-Medical Needs	Only members with one or more of the chronic conditions mentioned above are eligible for this benefit.	All members are eligible for this benefit. Remember, the trips you take to non-health related destinations count against the total trips available under the transportation benefit.
Hearing Services **Hearing aids**	Up to $3,000 for both ears combined every year for hearing aids.	Up to $1,500 per ear every year for hearing aids.
Transportation	Routine transportation for up to 34 trips every year.	Routine transportation for up to 44 trips every year.
Wellness and Healthcare Planning (WHP) with Advance Care Planning (ACP)	WHP with ACP is <u>not</u> covered.	This Model Benefit is offered as part of a Medicare initiative to increase the quality and decrease the cost of care for beneficiaries in the MA program.
Benefits Covered by the Health Department's Medicaid Program **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for members under 21 years of age**	EPSDT requirements non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. EPSDT Checkups must include all the following: • A comprehensive health and developmental history. • Developmental assessment, including mental, emotional, and Behavioral Health development. • Measurements (including	<u>Not</u> applicable for 2024.

Cost	2023 (this year)	2024 (next year)
	head circumference for infants). • An assessment of nutritional status. • A comprehensive unclothed physical exam. • Immunizations according to the guidance issued by the Advisory Committee on Immunization Practices (ACIP) (the vaccines themselves are provided and paid for by the Health Department for the Medicaid and CHIP-Eligible). • Certain laboratory tests. • Anticipatory guidance and health education. • Vision screening. • Tuberculosis screening. • Hearing screening. • Dental and oral health assessment. (Reference must be made to the corresponding CMS EPSDT guidelines and ASES policy).	
Benefits Covered by the Health Department's Medicaid Program **Dental Services: Preventive & Restorative**	All preventive and corrective services for children under 21 years of age are covered under the EPSDT requirement. <u>Not</u> included in 2023.	All preventive and corrective services for children under 21 years of age are covered under the Platino Program requirement. The following services are included in 2024: • Sedation and anesthesia services for beneficiaries with physical or mental

Cost	2023 (this year)	2024 (next year)
		handicaps in compliance with local laws. • Periodontal Scaling and root planning up to 4 quadrants per beneficiary. • Interim removable partial dentures (upper and lower). • Hospital visits. All limitations may be exceeded based on medical necessity and approved through prior preauthorization or exemption process.
Benefits Covered by the Health Department's Medicaid Program **Vaccines for children from 0-20 years of age (inclusive)**	Not included in 2023.	There are changes of the Centers for Disease Control for Child and Adolescent Immunization Schedule: • PCV 15 (Pneumococcal vaccine). • MenACWY-D [Menactra] (Meningococcal vaccine) - The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. • Dengvaxia (Dengue virus vaccine) - Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with

Cost	2023 (this year)	2024 (next year)
		laboratory-confirmed previous dengue infection and living in endemic areas. The Dengue note was revised to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, not for children traveling to or visiting endemic dengue areas.
	COVID 19: Information on the vaccine's valency (i.e., monovalent versus bivalent) not specified in 2023.	• COVID 19: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (mRNA versus acellular protein subunit, or "aPS").
Benefits Covered by the Health Department's Medicaid Program **Hearing Aids**	Hearing aids for beneficiaries under 21 years of age are covered according to EPSDT requirements.	Hearing aids for beneficiaries under 21 years of age are covered according to our Medicare Advantage Platino benefit, not under EPSDT requirements.
Prior Authorizations		
Partial Hospitalization Services	Preauthorization required through MCS Solutions.	Prior Authorization is not required.
Outpatient mental health care	Preauthorization required	Prior Authorization is not

Cost	2023 (this year)	2024 (next year)
• Services provided by a psychiatrist (Medicare-covered Individual and Group sessions) • Services provided by other mental health care providers (Only for Medicare-covered group session)	through MCS Solutions.	required.
Outpatient diagnostic tests and therapeutic services and supplies • Radiation (radium and isotope) therapy including technician materials and supplies	Prior Authorization is required.	Prior Authorization is not required.
Home infusion therapy	Prior Authorization is not required.	Prior Authorization is required.
Hearing Services • Hearing Aids	Prior Authorization is not required.	Prior Authorization is required.
Referrals		
Outpatient diagnostic tests and therapeutic services and supplies • Laboratory Test	Referral is required.	Referral is not required.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our "Drug List" is provided electronically.

We made changes to our "Drug List," which could include removing or adding drugs, changing the

restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact our Call Center for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.**

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay $0 copayment per prescription. _____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay $0 copayment per prescription. _____ Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in MCS Classicare Platino Progreso (HMO D-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our MCS Classicare Platino Progreso (HMO D-SNP).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,

- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, MCS Advantage, Inc. (MCS Classicare) offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MCS Classicare Platino Progreso (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from MCS Classicare Platino Progreso (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact our Call Center if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Puerto Rico Department of Health - Medicaid Program, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods:**

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of 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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

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.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Programa Estatal de Asistencia Sobre Seguros de Salud counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Programa Estatal de Asistencia sobre Seguros de Salud at 1-877-725-4300 (Metro Area), 1-800-981-0056 (Mayagüez Area) or 1-800-981-7735 (Ponce Area). You can learn more about Programa Estatal de Asistencia sobre Seguros de Salud by visiting their website (https://agencias.pr.gov/agencias/oppea/educacion/Pages/ship.aspx).

For questions about your Puerto Rico Department of Health - Medicaid Program benefits, contact the Puerto Rico Department of Health - Medicaid Program at 1-787-641-4224, 1-787-625-6955 (TTY/TDD), 8 a.m. through 6 p.m., Monday through Friday. Ask how joining another plan or returning to Original Medicare affects how you get your Puerto Rico Department of Health - Medicaid Program coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low-Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help", call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or

- Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance 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, or how to enroll in the program, please call the Health Insurance Assistance Program (HIAP) - Ryan White Part B / ADAP Program - Puerto Rico Department of Health at 787-765-2929, exts. 5106, 5136, 5137, or 5149.

SECTION 6 Questions?

Section 6.1 – Getting Help from MCS Classicare Platino Progreso (HMO D-SNP)

Questions? We're here to help. Please call our Call Center at 787-620-2530 (Metro Area), 1-866-627-8183 (Toll Free). (TTY only, call 1-866-627-8182). We are 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 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for MCS Classicare Platino Progreso (HMO D-SNP). 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. A copy of the *Evidence of Coverage* is located on our website at www.mcsclassicare.com. You may also call our Call Center to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.mcsclassicare.com. As a reminder, our website has the most up-to-date information about our provider network (Providers and Pharmacies Directory) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 6.2 – Getting Help from Medicare

To get information directly 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 should call

1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or 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.

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid you can call the Puerto Rico Department of Health - Medicaid Program at 1-787-641-4224. TTY/TDD users should call 1-787-625-6955.