

SUMMARY OF BENEFITS

- MCS Classicare Efectivo (HMO)
- MCS Classicare Essential (HMO-POS)
- MCS Classicare Patriot (HMO)
- MCS Classicare IntelICare (HMO)
- MCS Classicare Exacto (HMO)
- MCS Classicare En Tu Hogar (HMO)
- MCS Classicare Hero (HMO)



MCS Classicare
(HMO)

2024

SUMMARY OF BENEFITS



BENEFITS
PREMIUM, DEDUCTIBLE AND LIMITS
Monthly Plan Premium You must continue to pay your Medicare Part B premium.
Part B Monthly Premium Reduction
Deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs) The most you pay for copays, coinsurance and other costs for in-network medical services for the year.
HOSPITAL COVERAGE
Inpatient Hospital Coverage ^{1,7}
Outpatient Hospital Services ^{1,7}
Ambulatory Surgical Center Services (ASC) ^{1,7}
DOCTOR VISITS
Primary Care Providers

MCS CLASSICARE EFFECTIVO (HMO)	MCS CLASSICARE ESSENTIAL (HMO-POS)	MCS CLASSICARE PATRIOT (HMO)	MCS CLASSICARE INTELCARE (HMO)
You pay \$0	You pay \$0	You pay \$0	You pay \$0
\$65 monthly	\$0	\$0	\$50 monthly
You pay nothing This plan does not have a deductible	You pay nothing This plan does not have a deductible	You pay nothing This plan does not have a deductible	You pay nothing This plan does not have a deductible
\$3,400 annually	\$3,400 annually	\$3,400 annually	\$3,400 annually
Special Network (SN): \$0 copayment for each Medicare-covered hospital stay General Network (GN): \$50 copayment for each Medicare-covered hospital stay	Special Network (SN): \$0 copayment for each Medicare-covered hospital stay General Network (GN): \$50 copayment for each Medicare-covered hospital stay Out-of-network (POS): 35% of the total cost	Special Network (SN): \$0 copayment for each Medicare-covered hospital stay General Network (GN): \$50 copayment for each Medicare-covered hospital stay	Special Network (SN): \$0 copayment for each Medicare-covered hospital stay General Network (GN): \$50 copayment for each Medicare-covered hospital stay
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing

1. Some services may require pre-authorization. Contact the plan for details.
7. Some services may require referral only for MCS Classicare IntelliCare (HMO).

SUMMARY OF BENEFITS



BENEFITS
Specialists ⁷
Preventive Care (e.g., flu vaccine, diabetic screenings) Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care Copayment is waived if you are admitted to a hospital within 24 hours. Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.
Urgently Needed Services Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.
DIAGNOSTIC SERVICES / LABS / IMAGING
Diagnostic tests and procedures ^{1,7}
Lab services ¹
Diagnostic Radiology services (e.g. MRI, CT Scan) ^{1,7}



MCS CLASSICARE EFECTIVO (HMO)	MCS CLASSICARE ESSENTIAL (HMO-POS)	MCS CLASSICARE PATRIOT (HMO)	MCS CLASSICARE INTELICARE (HMO)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 0% of the total cost	You pay nothing	You pay nothing
\$40 copayment per visit	\$40 copayment per visit	\$40 copayment per visit	\$40 copayment per visit
You pay nothing	You pay nothing	You pay nothing	You pay nothing
0% of the total cost for simple procedures 15% of the total cost for complex procedures	In-Network: 0% of the total cost for simple procedures 20% of the total cost for complex procedures Out-of-network (POS): 35% of the total cost	0% of the total cost for simple procedures 20% of the total cost for complex procedures	0% of the total cost for simple procedures 15% of the total cost for complex procedures
Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost	In-Network: 0% of the total cost for simple procedures 20% of the total cost for complex procedures Out-of-network (POS): 35% of the total cost	Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost	Special Network (SN): 0% of the total cost General Network (GN): 20% of the total cost
0% of the total cost for simple procedures 15% of the total cost for complex procedures	In-Network: 0% of the total cost for simple procedures 20% of the total cost for complex procedures Out-of-network (POS): 35% of the total cost	0% of the total cost for simple procedures 20% of the total cost for complex procedures	0% of the total cost for simple procedures 15% of the total cost for complex procedures

1. Some services may require pre-authorization. Contact the plan for details.
 7. Some services may require referral only for MCS Classicare InteliCare (HMO).

SUMMARY OF BENEFITS



BENEFITS
X Rays ^{1,7}
HEARING SERVICES
Medicare-covered hearing exam
Routine hearing exam - One (1) per year
Fitting-evaluation for hearing aids - One (1) per year
Hearing aids ^{1,7}
DENTAL SERVICES
Medicare-covered services
Preventive dental services - Oral exam - Fluoride treatment - Prophylaxis (cleaning) - X-rays No maximum benefit coverage applies for preventive services.
Comprehensive dental services ¹ - Restorative Services - Prosthodontics - Crowns

1. Some services may require pre-authorization. Contact the plan for details.
 7. Some services may require referral only for MCS Classicare InteliCare (HMO).

MCS CLASSICARE EFFECTIVO (HMO)	MCS CLASSICARE ESSENTIAL (HMO-POS)	MCS CLASSICARE PATRIOT (HMO)	MCS CLASSICARE INTELCARE (HMO)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 0% of the total cost	You pay nothing	You pay nothing
See “Combined Benefit for Eyewear and Hearing Aids”	In-Network: You pay nothing Up to \$750 per ear annually Out-of-network (POS): 0% of the total cost	See “Combined Benefit for Eyewear and Hearing Aids”	See “Combined Benefit for Eyewear and Hearing Aids”
You pay nothing	You pay nothing	You pay nothing	You pay nothing
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
You pay nothing Up to \$2,500 annually	In-Network: You pay nothing Up to \$3,500 annually Out-of-network (POS): 35% of the total cost	You pay nothing Up to \$2,500 annually	You pay nothing Up to \$3,000 annually

SUMMARY OF BENEFITS



BENEFITS

VISION SERVICES

Medicare-covered Eye Exam

Routine Eye Exam - One (1) per year

Eyewear

MENTAL HEALTH SERVICES

Inpatient Visit ²
 Some pre-authorization exceptions may apply.
 Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital.
 The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.

Outpatient Individual Therapy Visit ²
Outpatient Group Therapy Visit

ADDITIONAL BENEFITS

Skilled Nursing Facility ^{1,7}
 Our plan covers up to 100 days. Contact the plan for details.

Physical Therapy ¹
 We also cover occupational therapy and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.



1. Some services may require pre-authorization. Please contact the plan for details. 7. Some services may require a referral for MCS Classicare IntelliCare (HMO) only.

MCS CLASSICARE EFECTIVO (HMO)	MCS CLASSICARE ESSENTIAL (HMO-POS)	MCS CLASSICARE PATRIOT (HMO)	MCS CLASSICARE INTELICARE (HMO)
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VISION SERVICES

You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
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You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
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See “Combined Benefit for Eyewear and Hearing Aids”	In-Network: You pay nothing Up to \$1,100 annually Out-of-network (POS): 35% of the total cost	See “Combined Benefit for Eyewear and Hearing Aids”	See “Combined Benefit for Eyewear and Hearing Aids”
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MENTAL HEALTH SERVICES

You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
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You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
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ADDITIONAL BENEFITS

You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
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You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
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SUMMARY OF BENEFITS



BENEFITS
Ambulance Air ambulance ¹ Ground ambulance ¹
Transportation A trip is considered a one-way transportation to a plan approved health-related location. Some plan rules and requirements may apply, contact the plan for details.



MEDICARE PART B DRUGS
Chemotherapy drugs and radiation ¹
Other Part B drugs ¹
Insulin Drugs



MEDICAL EQUIPMENT /SUPPLIES
Durable medical equipment (DME) ¹
Prosthetic devices ¹
Diabetic Supplies ¹

1. Some services may require pre-authorization. Please contact the plan for details. .7. Some services may require a referral for MCS Classicare InteliCare (HMO) only.

MCS CLASSICARE EFECTIVO (HMO)	MCS CLASSICARE ESSENTIAL (HMO-POS)	MCS CLASSICARE PATRIOT (HMO)	MCS CLASSICARE INTELICARE (HMO)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
You pay nothing For up to 26 one-way trips every year	In-Network: You pay nothing For up to 34 one-way trips every year Out-of-network (POS): Not covered	You pay nothing Up to 68 one-way trips every year (28 one-way trips to a plan-approved location and 40 one-way trips to a plan-approved Veterans Affairs facility)	You pay nothing Up to 50 one-way trips every year
0% - 5% of the total cost	In-Network: 0% - 8% of the total cost Out-of-network (POS): 35% of the total cost	0% - 5% of the total cost	0% - 5% of the total cost
0% - 10% of the total cost	In-Network: 0% - 15% of the total cost Out-of-network (POS): 35% of the total cost	0% - 10% of the total cost	0% - 10% of the total cost
0% - 10% of the total cost, \$35 maximum copay	In-Network: 0% - 20% of the total cost, \$35 maximum copay Out-of-network (POS): 35% of the total cost	0% - 10% of the total cost, \$35 maximum copay	0% - 10% of the total cost, \$35 maximum copay
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
0% - 20% of the total cost	In-Network: 0% - 20% of the total cost Out-of-network (POS): 35% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing

SUMMARY OF BENEFITS



BENEFITS

WELLNESS PROGRAMS

Fitness Benefit (Club Te Paga)

Nursing Hotline (MCS Medilínea)

WELLNESS BENEFITS

Foot exams and treatment (Podiatry Services) ⁷



Foot Reflexology



Remote Access Technologies (Telemedicine)
 Remote Access Technologies (Telemedicine) services allow you to receive medical attention from anywhere within Puerto Rico 365 days a year. You have access to health consultations for a minor illness with a family doctor, general practitioner, internist, or licensed pediatrician. If the doctor determines that your condition cannot be treated through this platform, you will be referred to an emergency room, an urgency center, or your primary doctor. Telemedicine visits can be done by cell phone, computer, or tablet. Does not apply for services outside the contracted platform. See your Evidence of Coverage for more details.

Additional acupuncture services

MCS CLASSICARE EFECTIVO (HMO)	MCS CLASSICARE ESSENTIAL (HMO-POS)	MCS CLASSICARE PATRIOT (HMO)	MCS CLASSICARE INTELICARE (HMO)
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You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing	You pay nothing
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You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing	You pay nothing
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WELLNESS BENEFITS

You pay nothing	In-Network: You pay nothing Out-of-network (POS): 35% of the total cost	You pay nothing	You pay nothing
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You pay nothing Eight (8) annual visits	In-Network: You pay nothing Six (6) annual visits Out-of-network (POS): Not Covered	You pay nothing Six (6) annual visits	You pay nothing Six (6) annual visits
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You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing	You pay nothing
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You pay nothing Eight (8) additional visits annually	In-Network: You pay nothing Six (6) annual visits Out-of-network (POS): Not Covered	You pay nothing Six (6) additional visits annually	You pay nothing Six (6) additional visits annually
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7. Some services may require a referral for MCS Classicare InteliCare (HMO) only.

SUMMARY OF BENEFITS



Te Paga Card ^{3,4}



Home Assistance ^{3,5,6}

Services include hairstyling, yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection.

Only simple repairs and basic services apply according to the evaluation performed by the service supplier.



Transportation for non-medical needs ³

Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.

OTHER SUPPLEMENTAL BENEFITS

Combined Benefits for Vision Care and Hearing Services

Home Bundle Benefit ⁸

Monthly benefit for the purchase of diapers, wipes, nutritional drinks, creams, rash ointments, and pressure sore creams.

In-Home Foot Care Benefit ⁶

One (1) visit per quarter for specialty foot care from a plan-approved provider.

1. Some services may require pre-authorization. Contact the plan for details. 2. Preauthorization through MCS Solutions. 3. The benefits mentioned are a part of special supplemental program for members with chronic diseases. Members must meet all benefit's eligibility criteria. 4. The Te Paga card benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. Unused amounts does not roll over to the next month for the following groups: MCS Classicare Efectivo

MCS CLASSICARE EFECTIVO (HMO)	MCS CLASSICARE ESSENTIAL (HMO-POS)	MCS CLASSICARE PATRIOT (HMO)	MCS CLASSICARE INTELICARE (HMO)
\$240 annually (\$20 monthly)	In-Network: \$420 annually (\$35 monthly) Out-of-network (POS): Not Covered	\$2,760 annually (\$230 monthly)	\$1,080 annually (\$90 monthly)
You pay nothing Twelve (12) visits annually (maximum 3 quarterly)	In-Network: You pay nothing Twelve (12) visits annually (maximum 3 quarterly) Out-of-network (POS): Not Covered	You pay nothing Twelve (12) visits annually (maximum 3 quarterly)	You pay nothing Twelve (12) visits annually (maximum 3 quarterly)
You pay nothing	In-Network: You pay nothing Out-of-network (POS): Not Covered	You pay nothing	You pay nothing
Up to \$800 annually Combined Benefit for eyewear and hearing aids	N/A	Up to \$1,000 annually Combined Benefit for eyewear and hearing aids	Up to \$1,000 annually Combined Benefit for eyewear and hearing aids
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

(HMO), MCS Classicare Intellicare (HMO), MCS Classicare Exacto (HMO) y MCS Classicare En Tu Hogar (HMO). 5. For hairstyling service (wash, cut, dry) you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 6. Services are limited per quarter, and if you do not use the full amount during a quarter, the remaining balance will not accumulate for use during the next quarter. 7. Some services may require a referral for MCS Classicare InteliCare (HMO) only. 8. Unused amounts do not carry over to the next month for the Home Bundle Benefit.

SUMMARY OF BENEFITS



BENEFITS
PREMIUM, DEDUCTIBLE AND LIMITS
Monthly Plan Premium You must continue to pay your Medicare Part B premium.
Part B Monthly Premium Reduction
Deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs) The most you pay for copays, coinsurance and other costs for in-network medical services for the year.
HOSPITAL COVERAGE
Inpatient Hospital Coverage ^{1,7}
Outpatient Hospital Services ^{1,7}
Ambulatory Surgical Center Services ^{1,7}
DOCTOR VISITS
Primary Care Providers
Specialists ⁷
Preventive Care (e.g., flu vaccine, diabetic screenings) Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care Copayment is waived if you are admitted to a hospital within 24 hours. Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.
Urgently Needed Services Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.

MCS CLASSICARE EXACTO (HMO)	MCS CLASSICARE EN TU HOGAR (HMO)	MCS CLASSICARE HERO (HMO)
You pay \$0	You pay \$0	You pay \$0
\$90 monthly	\$20 monthly	\$164.90 monthly
You pay nothing This plan has no deductible	You pay nothing This plan has no deductible	You pay nothing This plan has no deductible
\$3,400 annually	\$3,400 annually	\$3,400 annually
Special Network (SN): \$0 copay for Medicare-covered inpatient stay General Network (GN): \$50 copay for Medicare-covered inpatient stay	Special Network (SN): \$0 copay for Medicare-covered inpatient stay General Network (GN): \$50 copay for Medicare-covered inpatient stay	Special Network (SN): \$100 copay for Medicare-covered inpatient stay General Network (GN): \$200 copay for Medicare-covered inpatient stay
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	\$11 copay per visit
You pay nothing	You pay nothing	\$20 copay per visit
You pay nothing	You pay nothing	You pay nothing
\$40 copay per visit	\$40 copay per visit	\$75 copay per visit
You pay nothing	You pay nothing	You pay nothing

1. Some services may require pre-authorization. Please contact the plan for details. 7. Some services may require a referral for MCS Classicare IntelliCare (HMO) only.

SUMMARY OF BENEFITS



BENEFITS
DIAGNOSTIC SERVICES / LABS / IMAGING
Diagnostic tests and procedures ^{1,2}
Lab services ^{1,2}
Diagnostic Radiology services (e.g. MRI, CT Scan) ^{1,7}
X-rays ^{1,7}
HEARING SERVICES
Medicare-covered hearing exam
Routine hearing exam - One (1) per year
Fitting-evaluation for hearing aids - One (1) per year
Hearing aids ^{1,7}
DENTAL SERVICES
Medicare-covered services
Preventive dental services
- Oral exam - Flouride treatment
- Prophylaxis (cleaning) - X-rays
No maximum benefit coverage applies for preventive services.
Comprehensive dental services ¹
- Restorative Services - Prosthodontics
- Crowns
VISION SERVICES
Medicare-covered Eye Exam
Routine Eye Exam - One (1) per year
Vision items

1. Some services may require pre-authorization. Please contact the plan for details. 7. Some services may require a referral for MCS Classicare IntelliCare (HMO) only.



MCS CLASSICARE EXACTO (HMO)	MCS CLASSICARE EN TU HOGAR (HMO)	MCS CLASSICARE HERO (HMO)
0% of the total cost for simple procedures	0% of the total cost for simple procedures	0% of the total cost for simple procedures
15% of the total cost for complex procedures	20% of the total cost for complex procedures	20% of the total cost for complex procedures
Special Network (SN): 0% of the total cost	Special Network (SN): 0% of the total cost	Special Network (SN): 0% of the total cost
General Network (GN): 20% of the total cost	General Network (GN): 20% of the total cost	General Network (GN): 20% of the total cost
0% of the total cost for simple procedures	0% of the total cost for simple procedures	0% of the total cost for simple procedures
15% of the total cost for complex procedures	20% of the total cost for complex procedures	20% of the total cost for complex procedures
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
See “Combined Benefit for Eyewear and Hearing Aids”	See “Combined Benefit for Eyewear and Hearing Aids”	You pay nothing Up to \$1,000 per ear annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing Up to \$2,500 annually	You pay nothing Up to \$1,800 annually	You pay nothing Up to \$3,400 annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
See “Combined Benefit for Eyewear and Hearing Aids”	See “Combined Benefit for Eyewear and Hearing Aids”	You pay nothing Up to \$725 annually

SUMMARY OF BENEFITS



BENEFITS
MENTAL HEALTH SERVICES
Inpatient Visit ² Some pre-authorization exceptions may apply. Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital. The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.
Outpatient Individual Therapy Visit ² Outpatient Group Therapy Visit
ADDITIONAL BENEFITS
Skilled Nursing Facility ^{1,7} Our plan covers up to 100 days. Contact the plan for details.
Physical Therapy ¹ We also cover occupational therapy and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.
Ambulance
Air ambulance ¹ Ground ambulance ¹
Transportation A trip is considered a one-way transportation to a plan approved health-related location. Some plan rules and requirements may apply, contact the plan for details.
MEDICARE PART B DRUGS
Chemotherapy drugs and radiation ¹
Other Part B drugs ¹
Insulin Drugs

MCS CLASSICARE EXACTO (HMO)	MCS CLASSICARE EN TU HOGAR (HMO)	MCS CLASSICARE HERO (HMO)
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing Up to 36 one-way trips annually	You pay nothing Up to 16 one-way trips annually	You pay nothing Up to 78 one-way trips annually (38 one-way trips to a plan-approved location and 40 one-way trips to a plan-approved Veterans Affairs facility)
0% - 5% of the total cost	0% - 8% of the total cost	0% - 5% of the total cost
0% - 10% of the total cost	0% - 15% of the total cost	0% - 10% of the total cost
0% - 10% of the total cost, maximum \$35 copay	0% - 15% of the total cost, maximum \$35 copay	0% - 10% of the total cost, maximum \$35 copay

1. Some services may require pre-authorization. Please contact the plan for details. 7. Some services may require a referral for MCS Classicare IntelliCare (HMO) only.

SUMMARY OF BENEFITS



BENEFITS
MEDICAL EQUIPMENT /SUPPLIES
Durable medical equipment (DME) ¹
Prosthetic devices ¹
Diabetic Supplies ¹
WELLNESS PROGRAMS
Fitness Benefit (Club Te Paga)
Nursing Hotline (MCS Medilínea)
WELLNESS BENEFITS
Foot exams and treatment (Podiatry Services) ⁷
Foot Reflexology
<p>Remote Access Technologies (Telemedicine)</p> <p>Remote Access Technologies (Telemedicine) services allow you to receive medical attention from anywhere within Puerto Rico 365 days a year. You have access to health consultations for a minor illness with a family doctor, general practitioner, internist, or licensed pediatrician. If the doctor determines that your condition cannot be treated through this platform, you will be referred to an emergency room, an urgency center, or your primary doctor. Telemedicine visits can be done by cell phone, computer, or tablet. Does not apply for services outside the contracted platform. See your Evidence of Coverage for more details.</p>
Additional acupuncture services

MCS CLASSICARE EXACTO (HMO)	MCS CLASSICARE EN TU HOGAR (HMO)	MCS CLASSICARE HERO (HMO)
You pay nothing	You pay nothing	You pay nothing
0% - 20% of the total cost	0% - 20% of the total cost	0% - 20% of the total cost
You pay nothing	You pay nothing	You pay nothing
WELLNESS PROGRAMS	WELLNESS PROGRAMS	WELLNESS PROGRAMS
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
WELLNESS BENEFITS	WELLNESS BENEFITS	WELLNESS BENEFITS
You pay nothing	You pay nothing	\$20 copay per visit
You pay nothing Eight (8) visits annually	You pay nothing Six (6) visits annually	You pay nothing Six (6) visits annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing Eight (8) additional visits annually	You pay nothing Six (6) additional visits annually	You pay nothing Six (6) additional visits annually

1. Some services may require pre-authorization. Please contact the plan for details. 7. Some services may require a referral for MCS Classicare IntelliCare (HMO) only.

SUMMARY OF BENEFITS



Te Paga Card ^{3,4}



Home Assistance ^{3,5,6}

Services include hairstyling, yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection.

Only simple repairs and basic services apply according to the evaluation performed by the service supplier.

Transportation for non-medical needs ³

Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.



OTHER SUPPLEMENTAL BENEFITS

Combined Benefits for Vision Care and Hearing Services ^{1,7}

Home Bundle Benefit ⁸

Monthly benefit for the purchase of diapers, wipes, nutritional drinks, creams, rash ointments, and pressure sore creams.

In-Home Foot Care Benefit ⁶


One (1) visit per quarter for specialty foot care from a plan-approved provider.

MCS CLASSICARE EXACTO (HMO)	MCS CLASSICARE EN TU HOGAR (HMO)	MCS CLASSICARE HERO (HMO)
\$240 annually (\$20 monthly)	\$420 annually (\$35 monthly)	\$240 annually (\$20 monthly)
You pay nothing Twelve (12) visits annually (maximum 3 quarterly)	You pay nothing Twelve (12) visits annually (maximum 3 quarterly)	You pay nothing Twelve (12) visits annually (maximum 3 quarterly)
You pay nothing	You pay nothing	You pay nothing
Up to \$1,100 annually for a Combined Benefit for eyewear and hearing aids	Up to \$700 annually for a Combined Benefit for eyewear and hearing aids	N/A
N/A	\$1,800 annually (\$150 monthly)	N/A
N/A	You pay nothing	N/A

1. Some services may require pre-authorization. Contact the plan for details. 2. Preauthorization through MCS Solutions. 3. The benefits mentioned are a part of special supplemental program for members with chronic diseases. Members must meet all benefit's eligibility criteria. 4. The Te Paga card benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. Unused amounts does not roll over to the next month for the following groups: MCS Classicare Efectivo

(HMO), MCS Classicare Intellicare (HMO), MCS Classicare Exacto (HMO) y MCS Classicare En Tu Hogar (HMO). 5. For hairstyling service (wash, cut, dry) you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 6. Services are limited per quarter, and if you do not use the full amount during a quarter, the remaining balance will not accumulate for use during the next quarter. 7. Some services may require a referral for MCS Classicare InteliCare (HMO) only. 8. Unused amounts do not carry over to the next month for the Home Bundle Benefit.

PRESCRIPTION DRUGS

STAGE	DRUG TIER
ANNUAL DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.
 <p>Initial Coverage During this stage, the plan pays its share of the total cost of your drugs and you pay your share of the total cost. You stay in this stage until your year-to-date total costs (your payments plus any Part D plan's payments) reach a total of \$5,030.</p>	STANDARD RETAIL COST SHARING (30-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	STANDARD RETAIL COST SHARING (90-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
Tier 4 - Non-Preferred Brand	
Tier 5 - Specialty Drugs	
Tier 6 - Select Care Drugs	
COVERAGE GAP STAGE	After your total drug costs (including what our plan has paid and what you have paid) reach \$5,030, you will pay the same copays mentioned above for Tiers 1, 2 and 6 and no more than 25% coinsurance for brand name drugs. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$8,000.
CATASTROPHIC COVERAGE STAGE	<p>You enter the Catastrophic Coverage Stage when your out-of-pocket costs reach the limit of \$8,000 for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p> <ul style="list-style-type: none"> During this payment stage, the plan pays the full cost of your covered drugs. You pay nothing.

Cost-sharing may differ based on point-of-service mail-order, retail, Long Term Care (LTC), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply). Cost-sharing may also change when you enter into another phase of the Part D benefit and at out-of-network pharmacies. Please see your Evidence of Coverage for details.

MCS CLASSICARE EFECTIVO (HMO)	MCS CLASSICARE ESSENTIAL (HMO-POS)	MCS CLASSICARE PATRIOT (HMO)	MCS CLASSICARE INTELICARE (HMO)
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	N/A	\$0 copay
\$0 copay	\$0 copay	N/A	\$0 copay
\$4 copay	\$0 copay	N/A	\$0 copay
\$14 copay	\$0 copay	N/A	\$0 copay
33% of the total cost	33% of the total cost	N/A	33% of the total cost
\$0 copay	\$0 copay	N/A	\$0 copay
\$0 copay	\$0 copay	N/A	\$0 copay
\$0 copay	\$0 copay	N/A	\$0 copay
\$12 copay	\$0 copay	N/A	\$0 copay
\$42 copay	\$0 copay	N/A	\$0 copay
Not Offered	Not Offered	N/A	Not Offered
\$0 copay	\$0 copay	N/A	\$0 copay
\$0 copay	\$0 copay	N/A	\$0 copay
\$0 copay	\$0 copay	N/A	\$0 copay
\$8 copay	\$0 copay	N/A	\$0 copay
\$28 copay	\$0 copay	N/A	\$0 copay
Not Offered	Not Offered	N/A	Not Offered
\$0 copay	\$0 copay	N/A	\$0 copay


Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call our Call center for more information.

Important Message About What You Pay for Insulin: You won't pay more than \$0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Getting Help from Medicare: If you chose this plan because you were looking for insulin coverage at \$35 or less a month, it is important to know that you may have other options available to you for 2024 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486- 2048.

Additional Resources to Help: Please contact our Call Center number at 787-620-2530 (Metro Area) or 1-866-627-8183 (Toll Free) for additional information. (TTY users should call 1-866-627-8182.) Hours are from October 1st through March 31st: Monday through Sunday from 8:00 a.m. to 8:00 p.m., and from April 1st through September 30th: Monday through Friday from 8:00 a.m. to 8:00 p.m.; Saturday from 8:00 a.m. to 4:30 p.m.

PRESCRIPTION DRUGS

STAGE	DRUG TIER
ANNUAL DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.
 <p>Initial Coverage During this stage, the plan pays its share of the total cost of your drugs and you pay your share of the total cost. You stay in this stage until your year-to-date total costs (your payments plus any Part D plan's payments) reach a total of \$5,030.</p>	STANDARD RETAIL COST SHARING (30-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	STANDARD RETAIL COST SHARING (90-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
Tier 5 - Specialty Drugs	
Tier 6 - Select Care Drugs	
COVERAGE GAP STAGE	After your total drug costs (including what our plan has paid and what you have paid) reach \$5,030, you will pay the same copays mentioned above for Tiers 1, 2 and 6 and no more than 25% coinsurance for brand name drugs. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$8,000.
CATASTROPHIC COVERAGE STAGE	<p>You enter the Catastrophic Coverage Stage when your out-of-pocket costs reach the limit of \$8,000 for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost of your covered drugs. You pay nothing.

Cost-sharing may differ based on point-of-service mail-order, retail, Long Term Care (LTC), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply). Cost-sharing may also change when you enter into another phase of the Part D benefit and at out-of-network pharmacies. Please see your Evidence of Coverage for details.

MCS CLASSICARE EXACTO (HMO)	MCS CLASSICARE EN TU HOGAR (HMO)	MCS CLASSICARE HERO (HMO)
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$5 copay
\$0 copay	\$0 copay	\$10 copay
\$0 copay	\$5 copay	\$30 copay
\$0 copay	\$15 copay	25% del costo total
33% of the total cost	33% of the total cost	33% of the total cost
\$0 copay	\$0 copay	\$5 copay
\$0 copay	\$0 copay	\$15 copay
\$0 copay	\$0 copay	\$30 copay
\$0 copay	\$15 copago	\$90 copay
\$0 copay	\$45 copago	25% of the total cost
Not Offered	Not Offered	Not Offered
\$0 copay	\$0 copay	\$15 copay
\$0 copay	\$0 copay	\$10 copay
\$0 copay	\$0 copay	\$20 copay
\$0 copay	\$10 copay	\$60 copay
\$0 copay	\$30 copay	25% of the total cost
Not Offered	Not Offered	Not Offered
\$0 copay	\$0 copay	\$10 copago

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call our Call center for more information.

Important Message About What You Pay for Insulin: You won't pay more than \$0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Getting Help from Medicare: If you chose this plan because you were looking for insulin coverage at \$35 or less a month, it is important to know that you may have other options available to you for 2024 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486- 2048.

Additional Resources to Help: Please contact our Call Center number at 787-620-2530 (Metro Area) or 1-866-627-8183 (Toll Free) for additional information. (TTY users should call 1-866-627-8182.) Hours are from October 1st through March 31st: Monday through Sunday from 8:00 a.m. to 8:00 p.m., and from April 1st through September 30th: Monday through Friday from 8:00 a.m. to 8:00 p.m.; Saturday from 8:00 a.m. to 4:30 p.m.

This is a summary of drug and health services covered by MCS Classicare.

January 1, 2024 - December 31, 2024

MCS Classicare is a product subscribed by MCS Advantage, Inc. MCS Classicare is an HMO plan with a Medicare contract. Enrollment in MCS Classicare depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services that we cover, please visit our website at www.mcsclassicare.com to view your *2024 Evidence of Coverage*.

To join an MCS Classicare plan you must have Medicare Part A, be enrolled in Medicare Part B, and live in our service area. You are also eligible for membership in our plan as long as you are a United States citizen, are lawfully present in the United States, or were a member of a different plan that was terminated.

For MCS Classicare Efectivo (HMO), MCS Classicare Essential (HMO-POS), MCS Classicare Patriot (HMO), MCS Classicare InteliCare (HMO), MCS Classicare Exacto (HMO), MCS Classicare En Tu Hogar (HMO) and MCS Classicare Hero (HMO), our service area includes the following municipalities in Puerto Rico:

Adjuntas, Aguada, Aguadilla, Aguas Buenas, Aibonito, Añasco, Arecibo, Arroyo, Barceloneta, Barranquitas, Bayamón, Cabo Rojo, Caguas, Camuy, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Ciales, Cidra, Coamo, Comerío, Corozal, Culebra, Dorado, Fajardo, Florida, Guánica, Guayama, Guayanilla, Guaynabo, Gurabo, Hatillo, Hormigueros, Humacao, Isabela, Jayuya, Juana Díaz, Juncos, Lajas, Lares, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Maricao, Maunabo, Mayagüez, Moca, Morovis, Naguabo, Naranjito, Orocovi, Patillas, Peñuelas, Ponce, Quebradillas, Rincón, Río Grande, Sabana Grande, Salinas, San Germán, San Juan, San Lorenzo, San Sebastián, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Utuado, Vega Alta, Vega Baja, Vieques, Villalba, Yabucoa and Yauco.

MCS Classicare has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

MCS Classicare Essential (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network (Point of Service, POS). This benefit is covered by reimbursement. Out-of-network/non-contracted providers are under no obligation to treat MCS Classicare members, except in emergency situations. Please call our Call Center number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Coverage for services received out-of-network is administered through reimbursement based on the different rates allowed by our plan, which apply according to the service received, minus the corresponding cost-sharing amount.

Getting Help from Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy 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.

Plan Documents in Other Formats and Languages

This information is available in different formats including large print, braille, and audio CD. This document is also available for free in Spanish. Please call our Call Center if you need plan information in another format or language.

Plan Phone Numbers and Website

For more information, please call us at the phone numbers below or visit us at www.mcsclassicare.com

If you are a member of this plan, call toll free 1-866-627-8183. TTY users should call 1-866-627-8182.

If you are not a member of this plan, call toll free 1-866-627-8181. TTY users should call 1-866-627-8182.

Hours of Operation

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.

Evidence of Coverage

You can see your Evidence of Coverage at our website at www.mcsclassicare.com

Plan Directories

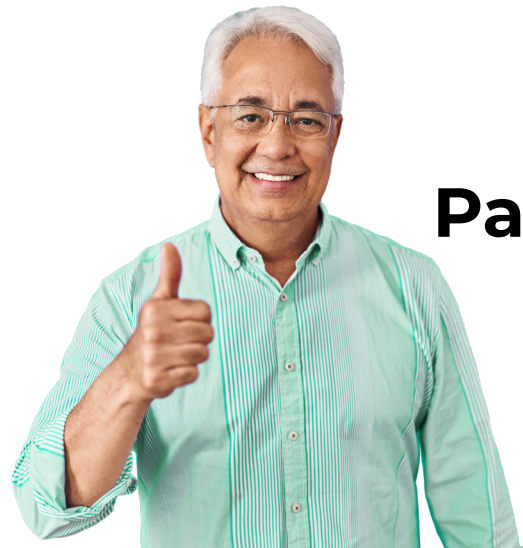
You can see our plan’s providers and pharmacies directory at our website at www.mcsclassicare.com

Drug Coverage

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.mcsclassicare.com

Now you have benefits with all



Part B monthly premium reduction

MCS CLASSICARE HERO (HMO)	MCS CLASSICARE EXACTO (HMO)	MCS CLASSICARE EFECTIVO (HMO)
\$1,978.80 annual (\$164.90 monthly)	\$1,080 annual (\$90 monthly)	\$780 annual (\$65 monthly)

MCS CLASSICARE INTELICARE (HMO)	MCS CLASSICARE EN TU HOGAR (HMO)
\$600 annual (\$50 monthly)	\$240 annual (\$20 monthly)

MCS Classicare Patriot (HMO)

\$2,760 annually^{3,4}
\$230 monthly

- ✓ Monthly Benefit
- ✓ Pay your OTC items with Te Paga
- ✓ What you don't use is transferred to the following month



MCS Classicare Efectivo (HMO) MCS Classicare Exacto (HMO) MCS Classicare Hero (HMO)

\$240 annually
\$20 monthly



MCS Classicare En Tu Hogar (HMO)

\$420 annually
\$35 monthly

MCS Classicare InteliCare (HMO)

\$1,080 annually
\$90 monthly

3. The benefits mentioned are a part of special supplemental program for members with chronic diseases. Members must meet all benefit's eligibility criteria.
4. The Te Paga card benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. Unused amounts does not roll

over to the next month for the following groups: MCS Classicare Efectivo (HMO), MCS Classicare Intellicare (HMO), MCS Classicare Exacto (HMO) y MCS Classicare En Tu Hogar (HMO).

Now you have benefits with all

MCS Classicare Hero (HMO)

Comprehensive Dental¹

\$3,400 annually

- ✓ Restorative Services
- ✓ Crowns
- ✓ Prosthodontics



MCS Classicare Hero (HMO)

Hearing Aids

Up to **\$1,000** per ear per year



MCS Classicare Hero (HMO)

***78** one-way trip per year

*38 one-way trips to plan approved locations, and 40 one-way trips to plan approved veteran affairs facilities.



MEDICARE BENEFICIARY

At **MCS** Classicare (HMO)

we love you
with all



Find here

all your benefits

1. Some services may require pre-authorization. Contact the plan for details.

Paid endorsement.

Complete Health

MCS | Classicare

(HMO)

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