

# SUMMARY OF BENEFITS

■ MCS Classicare Primero (HMO C-SNP)



**MCS** Classicare  
(HMO)

**2024**

# SUMMARY OF BENEFITS



BENEFITS	
<b>PREMIUM, DEDUCTIBLE, AND LIMITS</b>	
<b>Monthly Plan Premium</b>	You must continue to pay your Medicare Part B premium.
Part B Premium Buydown	
Deductible	
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	The maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.
<b>HOSPITAL COVERAGE</b>	
Inpatient Hospital coverage <sup>1</sup>	
Outpatient hospital services <sup>1</sup>	
Ambulatory Surgical Center Services <sup>1</sup>	
<b>DOCTOR VISITS</b>	
Primary Care Providers	
Specialists	
<b>Preventive Care (e.g., flu vaccine, diabetic screenings)</b>	Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency Care</b>	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.
<b>Urgently Needed Services</b>	Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.

MCS CLASSICARE PRIMERO (HMO C-SNP)	
	You pay \$0
	\$40 monthly
	You pay nothing
	This plan does not have a deductible
	\$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
	You pay nothing
	You pay nothing
	You pay nothing
	You pay nothing
	\$40 copayment per visit
	You pay nothing

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

# SUMMARY OF BENEFITS



BENEFITS	
<b>DIAGNOSTIC SERVICES / LABS / IMAGING</b>	
Diagnostic tests and procedures <sup>1</sup>	
Lab services <sup>1</sup>	
Diagnostic Radiology services (e.g. MRI, CT Scan) <sup>1</sup>	
X-rays <sup>1</sup>	
<b>HEARING SERVICES</b>	
Medicare-covered Hearing Exam	
Routine hearing exam - One (1) per year	
Fitting-evaluation for hearing aids - One (1) per year	
Hearing aids	
<b>DENTAL SERVICES</b>	
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 <sup>1</sup> - Crowns      - Prosthodontics      - Restorative Services	
<b>VISION SERVICES</b>	
Medicare-covered Eye Exam	
Routine Eye Exam - One (1) per year	
Eyewear	

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

MCS CLASSICARE PRIMERO (HMO C-SNP)	
	0% - 15% 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
	You pay nothing
	You pay nothing
	You pay nothing
	You pay nothing
	See "Combined benefit for vision and hearing aids".
	You pay nothing
	You pay nothing
	You pay nothing Up to \$3,000 every year
	You pay nothing
	You pay nothing
	See "Combined benefit for vision and hearing aids".

# SUMMARY OF BENEFITS



BENEFITS	
<b>MENTAL HEALTH SERVICES</b>	
<b>Hospitalization <sup>2</sup></b>	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.
<b>Outpatient Individual Therapy Visit <sup>2</sup></b>	
<b>Outpatient Group Therapy Visit</b>	
<b>ADDITIONAL BENEFITS</b>	
<b>Skilled Nursing Facility <sup>1</sup></b>	Our plan covers up to 100 days. Contact the plan for details.
<b>Physical Therapy <sup>1</sup></b>	We also cover occupational therapy and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.
<b>Ambulance</b>	
<b>Air ambulance <sup>1</sup></b>	
<b>Ground ambulance <sup>1</sup></b>	
<b>Transportation</b>	A trip is considered one-way transportation medical transport to a plan approved health-related location.
<b>MEDICARE PART B DRUGS <sup>1</sup></b>	
<b>Chemotherapy and Radiation Drugs</b>	
<b>Other Part B drugs</b>	
<b>Insulin Drugs</b>	
<b>MEDICAL EQUIPMENT /SUPPLIES</b>	
<b>Durable medical equipment (DME) <sup>1</sup></b>	
<b>Prosthetic devices <sup>1</sup></b>	
<b>Diabetic Supplies <sup>1</sup></b>	
<b>WELLNESS PROGRAMS</b>	
<b>Fitness Benefit (Club Te Paga)</b>	
<b>Nursing Hotline (MCS Medilínea)</b>	

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

MCS CLASSICARE PRIMERO (HMO C-SNP)	
	You pay nothing
	You pay nothing
	You pay nothing
	You pay nothing
	You pay nothing
	You pay nothing For up to 32 one-way trips every year
	0% - 5% of the total cost
	0% - 10% of the total cost
	0% - 10% of the total cost, \$35 max copay
	You pay nothing
	0% - 20% of the total cost
	You pay nothing
	You pay nothing
	You pay nothing

# SUMMARY OF BENEFITS



## BENEFITS

### WELLNESS BENEFITS

**Foot exams and treatment (Podiatry Services)**

**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**

### SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL



Te Paga Card <sup>3,4</sup>

### Home Assistance <sup>3, 5, 6</sup>

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 <sup>3</sup>

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

### OTHER SUPPLEMENTAL BENEFITS

**Combined benefit for vision and hearing aids**

**Home Foot Care Benefit <sup>6</sup>**

One (1) visit per quarter for specialized foot care, provided by a plan-approved provider



Based on a Model of Care review, MCS Classicare has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2024. 1. Some services may require preauthorization. Contact the plan for details. 2. Pre-authorization 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

## MCS CLASSICARE PRIMERO

(HMO C-SNP)

You pay nothing

You pay nothing  
Six (6) visits per year

You pay nothing

You pay nothing  
Six (6) additional visits per year

\$1,080 annually  
(\$90 monthly)

You pay nothing  
Twelve (12) visits per year  
(maximum 3 per quarter)


You pay nothing

Up to \$900 annually for a combined benefit for eyewear and hearing aids

You pay nothing

criteria. 4. The Te Paga Card cannot be used for the withdrawal of cash nor for the purchase of alcoholic beverages, nor tobacco or any of its derivatives. 5. For hairstyling services (wash, cut, and blow dry), you must visit participating establishments to receive these services. Contact the Home Assistance provider for 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.

# PRESCRIPTION DRUGS

STAGE	DRUG TIER
YEARLY DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.
 <p><b>INITIAL COVERAGE</b> 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) total \$5,030.</p>	<b>STANDARD RETAIL COST SHARING (30-DAY SUPPLY)</b>
	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
	<b>STANDARD RETAIL COST SHARING (90-DAY SUPPLY)</b>
	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
	<b>MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)</b>
	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	
<b>COVERAGE GAP</b>	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
<b>CATASTROPHIC COVERAGE</b>	<p>You enter the Catastrophic Coverage Stage when your out-of-pocket costs reach the \$8,000 limit 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"> <li>During this payment stage, the plan pays the full cost of your covered drugs. You pay nothing.</li> </ul>

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 PRIMERO (HMO-C-SNP)
\$0 copay
\$0 copay
\$0 copay
\$0 copay
\$0 copay
33% coinsurance
\$0 copay
\$0 copay
\$0 copay
\$0 copay
Not Offered
\$0 copay
\$0 copay
\$0 copay
\$0 copay
Not Offered
\$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.

# This is a summary of drug and health services covered by MCS Classicare (HMO C-SNP)

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, you may visit our website at [www.mcsclassicare.com](http://www.mcsclassicare.com) to view your 2024 Evidence of Coverage.

To join MCS Classicare 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 or are lawfully present in the United States, or you were a member of a different plan that was terminated. Our plan is designed to meet the specialized needs of people who have certain medical conditions. To be eligible for our plan, you must have Diabetes Mellitus, Chronic Heart Failure, and/or Cardiovascular Disorders (Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, and/or Chronic Venous Thromboembolic Disorder).

For MCS Classicare Primero (HMO C-SNP) 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 the providers that are not in our network, the plan may not pay for these services.

## 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 [www.medicare.gov](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](http://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](http://www.mcsclassicare.com)

## Plan Directories

You can see our plan's providers and pharmacies directory at our website at [www.mcsclassicare.com](http://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](http://www.mcsclassicare.com)

Now you have  
**benefits with all**

## Comprehensive Dental<sup>1</sup>

**\$3,000** every year

- ✓ Restorative services
- ✓ Crowns
- ✓ Prosthodontics



## Eyewear and Hearing Aids

Combined benefit

Up to **\$900** every year

## In-Home Foot Care

One (1) quarterly visit<sup>6</sup>



**\$1,080** every year<sup>3,4</sup>  
\$90 monthly

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



## Part B monthly premium reduction

**\$480** every year  
(\$40 monthly)

Over **13,000** providers

Including primary care physicians, specialists, hospitals and laboratories...

**ALL AROUND THE ISLAND**



Paid endorsement. Based on a Model of Care review, MCS Classicare has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2024. 1. Some services may require preauthorization. Contact the plan for details. 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 cannot be used for the withdrawal of cash nor for the purchase of alcoholic beverages,

nor tobacco or any of its derivatives. 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. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.





# Complete Health

# **MCS** Classicare

(HMO)

Based on a Model of Care review, MCS Classicare has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2024. H5577\_4500823\_M

[www.mcsclassicare.com](http://www.mcsclassicare.com)

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