MCS Classicare GOBIERNO AHORRO (нмо-роз) МСS Classicare ELA CRÉDITO RUBÍ (нмо-роз)

- MCS Classicare ELA ENLACE ACERO (HMO-POS)
 - MCS Classicare ELA MÁXIMO (HMO-POS)
- MCS Classicare ELA TE AYUDA (HMO-POS)

2024

MCS Classicare ELA SÓLIDO (HMO-POS)



	BENEFITS	MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS ELA CF
	PREMIUM, DEDUCTIBLE, AND LIMITS		
	Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay \$0	Yo
	Part B monthly premium reduction	\$0 monthly	\$5
	Deductible	You pay nothing This plan does not have a deductible	You This plan does
	Maximum Out-of-Pocket Responsibility (does not include prescription drugs)		
	The maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.	\$6,700 anually	\$6
	HOSPITAL COVERAGE		
	Inpatient Hospital coverage ¹	In-Network: \$0 copayment for each Medicare-covered hospital stay Out-of-network (POS):	In \$0 cop Medicare-c Out-of-
		20% of the total cost	20% o
		In-Network: You pay nothing	In You
	Outpatient hospital services ¹	Out-of-Network (POS): 20% of the total cost	Out-of-l 20% o
	Angle Jacon Country Country (ACC) 1	In-Network: You pay nothing	In You
	Ambulatory Surgical Center Services (ASC) ¹	Out-of-Network (POS): 20% of the total cost	Out-of-l 20% o
$\mathbf{\mathbf{\nabla}}$	DOCTOR VISITS		
	Primary Caro Providera	In-Network: You pay nothing	In You
	Primary Care Providers	Out-of-Network (POS): 20% of the total cost	Out-of-l 20% o
		In-Network: You pay nothing	In You
	Specialists	Out-of-Network (POS): 20% of the total cost	Out-of-l 20% o
	Preventive Care (e.g., flu vaccine, diabetic screenings)	In-Network: You pay nothing	In You
	Any additional preventive services approved by Medicare during the contract year will be covered.	Out-of-Network (POS): 0% of the total cost	Out-of-l 0% of
		U% of the total cost	0% (

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

Classicare RÉDITO RUBÍ (HMO-POS)



ou pay \$100

50 monthly u pay nothing es not have a deductible

,700 anually

-**Network:** ayment for each covered hospital stay

-network (POS): of the total cost

-Network: I pay nothing

Network (POS): of the total cost -Network:

ı pay nothing

Network (POS): of the total cost

-Network: I pay nothing

Network (POS): of the total cost -Network: a pay nothing Network (POS): of the total cost -Network: a pay nothing Network (POS): f the total cost You pay \$100

\$0 monthly You pay nothing This plan does not have a deductible

\$6,700 anually

In-Network: \$0 copayment for each Medicare-covered hospital stay

Out-of-network (POS): 20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost In-Network: You pay nothing Out-of-Network (POS):

20% of the total cost In-Network: You pay nothing

Out-of-Network (POS): 0% of the total cost

	BENEFITS	MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS C ELA CRÉ
	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.	\$25 copayment per visit	\$25 copay
	Urgently Needed Services Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.	You pay nothing	You p
	DIAGNOSTIC SERVICES/LABS/IMAGING		
H	Diagnostic tests and procedures ¹	In-Network: 0% of the total cost Out-of-Network (POS):	In-N 0% of th Out-of-Ne
	Lab services ¹	20% of the total cost In-Network: 0% of the total cost	20% of t In-N 0% of tl
		Out-of-Network (POS): 20% of the total cost	Out-of-Ne 20% of t
	Diagnostic Radiology services (e.g. MRI, CT Scan) ¹	In-Network: 0% of the total cost	In-N 0% of th
		Out-of-Network (POS): 20% of the total cost	Out-of-Ne 20% of t
	N 1	In-Network: 0% of the total cost	In-N 0% of th
	X-rays ¹	Out-of-Network (POS): 20% of the total cost	Out-of-Ne 20% of t
	HEARING SERVICES		
	Medicara covered bearing ever	In-Network: You pay nothing	In-N You p
	Medicare-covered hearing exam	Out-of-Network (POS): 20% of the total cost	Out-of-Ne 20% of t
		In-Network: You pay nothing	In-N You p
	Routine hearing exam - one (I) annually	Out-of-Network (POS): 20% of the total cost	Out-of-Ne 20% of t
	Fitting evaluation for bearing aids one (1) annually	In-Network: You pay nothing	In-N You p
	Fitting-evaluation for hearing aids - one (1) annually	Out-of-Network (POS): 20% of the total cost	Out-of-Ne 20% of t

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

Classicare RÉDITO RUBÍ HMO-POS)

MCS Classicare ELA ENLACE ACERO (HMO-POS)

payment per visit

\$25 copayment per visit

pay nothing

You pay nothing

-Network: f the total cost

Network (POS): of the total cost -Network: of the total cost

Network (POS): of the total cost -Network: f the total cost

Network (POS): of the total cost -Network: f the total cost

Network (POS): f the total cost

-Network: a pay nothing Network (POS): of the total cost -Network: a pay nothing Network (POS):

of the total cost -Network:

pay nothing

Network (POS): of the total cost In-Network: 0% of the total cost

Out-of-Network (POS): 20% of the total cost In-Network: 0% of the total cost

Out-of-Network (POS): 20% of the total cost

In-Network: 0% of the total cost

Out-of-Network (POS): 20% of the total cost In-Network: 0% of the total cost

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost In-Network: You pay nothing Out-of-Network (POS): You pay nothing Out-of-Network (POS):

20% of the total cost

	BENEFITS	MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS C ELA CRÉ
	Hearing aids ¹	See "Combined Eyewear and Hearing Aids Allowance"	In-N You p Up to \$1,250 Out-of-Ne 0% of th
()	DENTAL SERVICES		
	Medicare-covered services	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-N You p Out-of-Ne 20% of t
	Preventive dental services covered by Medicaid - Oral exam - Prophylaxis (cleaning) - Flouride treatment - X-rays No maximum benefit coverage applies for preventive services.	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-N You p Out-of-Ne 20% of t
	Comprehensive dental services ¹ - Crowns - Prosthodontics	In-Network: You pay nothing Up to \$2,500 annually Out-of-Network (POS): 20% of the total cost	In-N You p Up to \$3 Out-of-Ne 20% of t
(\mathbf{n})	VISION SERVICES		20/8 01 0
	Medicare-covered Eye Exam	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-N You p Out-of-Ne 20% of t
	Routine Eye Exam - one (1) annually	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-N You pa Out-of-Ne 20% of t
	Eyewear	See "Combined Eyewear and Hearing Aids Allowance"	In-N You p Up to \$8 Out-of-Ne 0% of th
	1. Some services may require pre-authorization. Contact the plan for details.		

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

Classicare RÉDITO RUBÍ HMO-POS)

нмо-роs) -Network: pay nothing

50 per ear annually

Network (POS): the total cost

ELA ENLACE ACERO (HMO-POS)

MCS Classicare

See "Combined Eyewear and Hearing Aids Allowance"

-Network: 1 pay nothing Network (POS): of the total cost

You pay nothing Out-of-Network (POS): 20% of the total cost

In-Network:

-Network: pay nothing

Network (POS): f the total cost

-Network: pay nothing \$3,500 annually

Network (POS): If the total cost

-Network: pay nothing

Network (POS): f the total cost -Network: pay nothing Network (POS): f the total cost -Network:

pay nothing

\$800 annually

Network (POS):

the total cost

In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing Up to \$4,500 annually Out-of-Network (POS): 20% of the total cost

> **In-Network:** You pay nothing

Out-of-Network (POS): 20% of the total cost In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

See "Combined Eyewear and Hearing Aids Allowance"

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	1		

MENTAL HEALTH SERVICES

Inpatient Visit²

Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital.

BENEFITS

The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.

Outpatient Individual Therapy Visit² Outpatient Group Therapy Visit

ADDITIONAL BENEFITS

Skilled Nursing Facility¹

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

Transportation

A trip is considered one-way transportation medical transport to a plan approved health-related location.

In-Network: You pay nothing

MCS Classicare

GOBIERNO AHORRO

(HMO-POS)

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):**

20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):**

20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):**

20% of the total cost

In-Network: You pay nothing

In-Network: You pay nothing

For up to 18 one-way trips annually For up to 18 one-way trips annually For up to 32 one-way trips annually **Out-of-Network (POS):**

Not covered

Out-of-Network (POS): Not covered

1. Some services may require pre-authorization. Contact the plan for details. 2. Pre-authorization through MCS Solutions.

7. Transportation to plan-approved locations through contracted suppliers.

MCS Classicare **ELA CRÉDITO RUBÍ** (HMO-POS)



In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

> In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

> In-Network: You pay nothing

Out-of-Network (POS): Not covered

	BENEFITS	MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS CI ELA CRÉ (HM
A State of the second s	MEDICARE PART B DRUGS		
	Chemotherapy drugs ¹	In-Network: 5% of the total cost	In-Ne 0% of the
		Out-of-Network (POS): 20% of the total cost	Out-of-Net 20% of th
		In-Network: 0% - 10% of the total cost	In-Ne 0% - 5% of
	Other Part B drugs ¹	Out-of-Network (POS): 20% of the total cost	Out-of-Net 20% of th
	Insulin drugs	In-Network: 10% of the total cost maximum \$35 copayment	In-Ne 5% of the maximum \$
		Out-of-Network (POS): 20% of the total cost	Out-of-Net 20% of th
	MEDICAL EQUIPMENT / SUPPLIES		
	Durable medical equipment (DME) ¹	In-Network: You pay nothing	In-Ne You pa
		Out-of-Network (POS): 20% of the total cost	Out-of-Net 20% of th
		In-Network: 0% - 5% of the total cost	In-Ne 0% - 5% of
	Prosthetic devices ¹	Out-of-Network (POS): 20% of the total cost	Out-of-Net 20% of th
		In-Network: You pay nothing	In-Ne You pa
	Diabetic supplies ¹	Out-of-Network (POS): 20% of the total cost	Out-of-Net 20% of th
	WELLNESS PROGRAMS		
	Fitness Benefit (Club Te Paga)	In-Network: You pay nothing	In-Ne You pa
	Fichess Benefic (Club le Faga)	Out-of-Network (POS): Not covered	Out-of-Net Not o
	Nursing Hotlino (MCS Modilínos)	In-Network: You pay nothing	In-Ne You pa
	Nursing Hotline (MCS Medilínea)	Out-of-Network (POS): Not covered	Out-of-Net Not o
	1. Some services may require pre-authorization. Contact the plan for details.		

Classicare ÉDITO RUBÍ

Network: the total cost

Network (POS): the total cost

Network: of the total cost

Network (POS): the total cost

Network: the total cost 1 \$35 copayment

letwork (POS): the total cost

Network: pay nothing

Network (POS): the total cost

Network: of the total cost

letwork (POS): the total cost

Network: pay nothing

letwork (POS): the total cost

Network: pay nothing

Network (POS): ot covered Network: pay nothing

Network (POS): ot covered

MCS Classicare ELA ENLACE ACERO (HMO-POS)

In-Network: 0% of the total cost

Out-of-Network (POS): 20% of the total cost

In-Network: 0% of the total cost

Out-of-Network (POS): 20% of the total cost

In-Network: 0% of the total cost maximum \$35 copayment

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

In-Network: 0% of the total cost

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing Out-of-Network (POS): Not covered In-Network: You pay nothing Out-of-Network (POS):

Not covered

	BENEFITS	MCS Classicare GOBIERNO AHORRO (HMO-POS)	
	WELLNESS BENEFITS		
H	Foot Exams and Treatment (Podiatry Services)	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	
	Foot Reflexology	In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered	
	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.	In-Network: You pay nothing Out-of-Network (POS): Not covered	
	Additional Acupuncture Services	In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered	

MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)



In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS):

Not covered

In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered

In-Network: You pay nothing Out-of-Network (POS): Not covered In-Network: You pay nothing Out-of-Network (POS): Not covered

In-Network: You pay nothing Six (6) visits annually

Out-of-Network (POS): Not covered In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered

BENEFITS	MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS C ELA CRÉ
SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL		
6363 01 10 1234 1234 Juan del pueblo Image: Classicare pueblo	In-Network: \$600 annually (\$50 monthly) Out-of-Network (POS): Not covered	In-N \$1,20 (\$100 Out-of-Ne Not
Home Assistance ^{3,5,6} Services include hairstyling, yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection.	In-Network: You pay nothing Twelve (12) visits annually (maximum 3 quarterly) Out-of-Network (POS): Not covered	In-N You p Twelve (12 (maximur Out-of-Ne Not
Transportation for non-medical needs ³ Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.	In-Network: You pay nothing Out-of-Network (POS): Not covered	In-N You p Out-of-Ne Not
OTHER SUPPLEMENTAL BENEFITS		
Combined Eyewear and Hearing Aids Allowance ¹	Up to \$800 annually for a combined Eyewear and Hearing Aids Allowance	

3. The benefits mentioned are part of a special supplemental program for members with chronic diseases. Members must meet all benefit's eligibility criteria. 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. 5. For hairstyling (wash, cut, and dry) services, you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 6. Only simple

repairs and basic services apply, according to the evaluation performed by the service supplier. Services are limited to 12 visits per year, 3 quarterly. 7. Transportation to plan-approved locations through contracted suppliers.





-Network: 200 annually 00 monthly)

Network (POS): ot covered In-Network: \$1,920 annually (\$160 monthly)

Out-of-Network (POS): Not covered

-Network: pay nothing 12) visits annually

um 3 quarterly) Network (POS): ot covered

-Network: 1 pay nothing Network (POS): ot covered

N/A

In-Network: You pay nothing Twelve (12) visits annually

(maximum 3 quarterly)

Out-of-Network (POS): Not covered

In-Network: You pay nothing Out-of-Network (POS): Not covered

Up to **\$900** annually for a combined Eyewear and Hearing Aids Allowance

	ITS

	(HMO-POS)
REMIUM, DEDUCTIBLE, AND LIMITS	
Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay \$100
Part B monthly premium reduction Deductible	\$101 monthly You pay nothing
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	This plan does not have a deductible
The maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.	\$6,700 anually
HOSPITAL COVERAGE	
npatient Hospital coverage ¹	In-Network: \$0 copayment for each Medicare-covered hospital stay
	Out-of-network (POS): 20% of the total cost
	In-Network: You pay nothing
Outpatient hospital services ¹	Out-of-Network (POS): 20% of the total cost
	In-Network: You pay nothing
Ambulatory Surgical Center Services (ASC) ¹	Out-of-Network (POS): 20% of the total cost
DOCTOR VISITS	
Primary Care Providers	In-Network: You pay nothing
Timary Care Froviders	Out-of-Network (POS): 20% of the total cost
	In-Network: You pay nothing
Specialists	Out-of-Network (POS): 20% of the total cost
Preventive Care (e.g., flu vaccine, diabetic screenings)	In-Network: You pay nothing
Any additional preventive services approved by Medicare during the contract year will be covered.	Out-of-Network (POS): 0% of the total cost

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

MCS Classicare ELA MÁXIMO (HMO-POS)

MCS Classicare

ELA TE AYUDA



íou pay \$100

64.90 monthly u pay nothing es not have a deductible

6,700 anually

n-Network: payment for each covered hospital stay

f-network (POS): of the total cost

n-Network: u pay nothing -Network (POS): of the total cost n-Network: 60 copayment -Network (POS):

of the total cost

n-Network:

u pay nothing -Network (POS): of the total cost n-Network: 0 copayment

-Network (POS): of the total cost n-Network: u pay nothing

-Network (POS): of the total cost

You pay \$100

\$101 monthly You pay nothing This plan does not have a deductible

\$6,700 anually

In-Network: \$50 copayment for each Medicare-covered hospital stay

Out-of-network (POS): 20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost In-Network: \$50 copayment

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost In-Network: \$10 copayment

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 0% of the total cost

SU

UN	IMARY OF BENEFITS			Access to island-wide provider network
	BENEFITS	MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	NEW! MCS Classicare ELA SÓLIDO (HMO-POS)
	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.	\$25 copayment per visit	\$75 copayment per visit	\$75 copayment per visit
	Urgently Needed Services Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.	You pay nothing	\$10 copayment per visit	\$10 copayment per visit
$\left(1 \right)$	DIAGNOSTIC SERVICES/LABS/IMAGING			
E /		In-Network: 0% of the total cost	In-Network: 20% of the total cost	In-Network: 20% of the total cost
	Diagnostic tests and procedures ¹	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost
		In-Network: 0% of the total cost	In-Network: 20% of the total cost	In-Network: 20% of the total cost
	Lab services ¹	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost
		In-Network: 0% of the total cost	In-Network: 20% of the total cost	In-Network: 20% of the total cost
	Diagnostic Radiology services (e.g. MRI, CT Scan) ¹	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost
	× 1	In-Network: 0% of the total cost	In-Network: 20% of the total cost	In-Network: 20% of the total cost
	X-rays ¹	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost
	HEARING SERVICES			
		In-Network: You pay nothing	In-Network: You pay nothing	In-Network: You pay nothing
	Medicare-covered hearing exam	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost
		In-Network: You pay nothing	In-Network: You pay nothing	In-Network: You pay nothing
	Routine hearing exam - one (I) annually	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost
		In-Network: You pay nothing	In-Network: You pay nothing	In-Network: You pay nothing
	Fitting-evaluation for hearing aids - one (1) annually	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost	Out-of-Network (POS): 20% of the total cost

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

	BENEFITS	MCS Classicare ELA TE AYUDA (HMO-POS)	MCS C ELA N (HM
\frown	Hearing aids ¹	See "Combined Eyewear and Hearing Aids Allowance"	See "Combined I Aids A
(\mathbf{m})	DENTAL SERVICES		
	Medicare-covered services	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-N You pa Out-of-Ne 20% of t
	Preventive dental services covered by Medicaid - Oral exam - Prophylaxis (cleaning) - Flouride treatment - X-rays	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-N You pa Out-of-Ne 20% of t
	No maximum benefit coverage applies for preventive services.		
	Comprehensive dental services ¹	In-Network: You pay nothing	In-N You pa
\frown	- Crowns - Prosthodontics	Up to \$3,000 annually Out-of-Network (POS): 20% of the total cost	Up to \$2 Out-of-Ne 20% of t
(\mathbf{OO})	VISION SERVICES		
	Medicare-covered Eye Exam	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-N You pa Out-of-Ne 20% of t
	Routine Eye Exam - one (1) annually	In-Network: You pay nothing	In-N You pa
		Out-of-Network (POS): 20% of the total cost	Out-of-Ne 20% of t
	Eyewear	See "Combined Eyewear and Hearing Aids Allowance"	See "Combined I Aids A
	1. Some services may require pre-authorization. Contact the plan for details.	8. Access to the provider's network all over Puerto F Evidence of Coverage or contact the plan.	Rico. The service area for

Classicare MÁXIMO IMO-POS)



Allowance"

d Eyewear and Hearing See "Combined Eyewear and Hearing Aids Allowance"

Network: pay nothing Network (POS): the total cost

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

-Network: pay nothing Network (POS): the total cost

Network: pay nothing \$2,000 annually Network (POS): the total cost

-Network: pay nothing Network (POS): the total cost -Network: pay nothing Network (POS): the total cost

Allowance"

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

> In-Network: You pay nothing

Up to \$2,000 annually

Out-of-Network (POS): 20% of the total cost

> In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

d Eyewear and Hearing See "Combined Eyewear and Hearing" Aids Allowance"

for MCS Classicare ELA Sólido includes 39 municipalities. For details see the



BENEFITS

		((
)))))	MENTAL HEALTH SERVICES		
	Inpatient Visit ² 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.	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Ne \$50 copaym Out-of-Net 20% of the
	Outpatient Individual Therapy Visit ² Outpatient Group Therapy Visit	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Ne You pay Out-of-Net 20% of the
	ADDITIONAL BENEFITS		
	Skilled Nursing Facility ¹ Our plan covers up to 100 days. Contact the plan for details.	In-Network: You pay nothing Out-of-Network (POS):	In-Ne You pay Out-of-Net
		20% of the total cost	20% of the
	Physical Therapy ¹ We also cover occupational therapy, and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Ne You pay Out-of-Net 20% of the
	Ambulance Air ambulance ¹ Ground ambulance	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Ne You pay Out-of-Net 20% of the
	Transportation A trip is considered one-way transportation medical transport to a plan approved health-related location.	In-Network: You pay nothing For up to 16 one-way trips annually Out-of-Network (POS): Not covered	In-Ne You pay For up to 12 one Out-of-Net Not c
	1 Some services may require pre-authorization. Contact the plan for details 2 Pre-authorization through MCS Solutions	8 Access to the provider's natwork all over Puerto	Pica. The convice area for M

1. Some services may require pre-authorization. Contact the plan for details. 2. Pre-authorization through MCS Solutions. 7. Transportation to plan-approved locations through contracted suppliers.

8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare ELA Sólido includes 39 municipalities. For details see the Evidence of Coverage or contact the plan.



MCS Classicare

ELA TE AYUDA (HMO-POS)

Access to island-wide provider network NEW! **MCS Classicare ELA SÓLIDO** (HMO-POS)

etwork: ment per visit etwork (POS): the total cost

In-Network: \$50 copayment per visit **Out-of-Network (POS):** 20% of the total cost

etwork: bay nothing etwork (POS): the total cost

letwork: ay nothing etwork (POS): the total cost

letwork: ay nothing

etwork (POS): the total cost

letwork: bay nothing

etwork (POS): the total cost

letwork: ay nothing etwork (POS): covered

In-Network: You pay nothing **Out-of-Network (POS):** 20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):**

20% of the total cost

In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

> In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing e-way trips annually For up to 12 one-way trips annually **Out-of-Network (POS):** Not covered

A contraction	

BENEFITS

	BENEFITS	ELA TE AYUDA (HMO-POS)	
	MEDICARE PART B DRUGS		
	Chemotherapy drugs ¹	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-I 5% of t Out-of-N 20% of
	Other Part B drugs ¹	In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-N 0% - 10% Out-of-N 20% of
	Insulin drugs	Dentro de la red: 0% del costo total, máximo \$35 copago Fuera de la red (POS):	In-I 10% of maximum Out-of-N
\overline{z}		20% del costo total	20% of
ர	MEDICARE PART B DRUGS Chemotherapy drugs 1 Other Part B drugs 1	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-۱ ۲ou ۲ Out-of-N 20% of
	Prosthetic devices ¹	In-Network: 0% of the total cost Out-of-Network (POS):	in-۱ 0% of t Out-of-N
	Diabetic supplies ¹	20% of the total cost In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	20% of اn-۱ You ہ Out-of-N 20% of
	WELLNESS PROGRAMS		20/0 01
Ц	Fitness Benefit (Club Te Paga)	In-Network: You pay nothing	In-Ի You բ
		Out-of-Network (POS): Not covered	Out-of-N No
	Nursing Hotline (MCS Medilínea)	In-Network: You pay nothing Out-of-Network (POS): Not covered	in-۱ ۲ou ۲ Out-of-N
	1. Some services may require pre-authorization. Contact the plan for details.	8. Access to the provider's network all over Puerto R	No lico. The service area fo

MCS Classicare ELA MÁXIMO (HMO-POS)

MCS Classicare

Evidence of Coverage or contact the plan.

-Network: of the total cost

Network (POS): of the total cost

-Network: % of the total cost

Network (POS): of the total cost

n-Network: of the total cost m \$35 copayment

Network (POS): of the total cost

n-Network: u pay nothing

Network (POS): of the total cost

-Network: f the total cost

Network (POS): of the total cost

n-Network: u pay nothing

Network (POS): of the total cost

n-Network: u pay nothing

Network (POS): lot covered -Network: u pay nothing

Network (POS): lot covered

Access to island-wide provider network NEW! MCS Classicare **ELA SÓLIDO** (HMO-POS)

> In-Network: 5% of the total cost

Out-of-Network (POS): 20% of the total cost

In-Network: 0% - 10% of the total cost

Out-of-Network (POS): 20% of the total cost

In-Network: 10% of the total cost maximum \$35 copayment

Out-of-Network (POS): 20% of the total cost

> In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

> In-Network: 0% of the total cost

Out-of-Network (POS): 20% of the total cost

> In-Network: You pay nothing

Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing **Out-of-Network (POS):** Not covered In-Network: You pay nothing **Out-of-Network (POS):** Not covered 8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare ELA Sólido includes 39 municipalities. For details see the

2	BENEFITS	MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Cla ELA M (HMO
	WELLNESS BENEFITS		
	Foot Exams and Treatment (Podiatry Services)	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Net \$10 copaym Out-of-Net 20% of the
	Foot Reflexology	In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered	In-Ne t You pay Six (6) visi Out-of-Net Not co
	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.	In-Network: You pay nothing Out-of-Network (POS): Not covered	In-Net You pay Out-of-Net Not co
	Additional Acupuncture Services	In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered	In-Ne r You pay Six (6) visi Out-of-Net Not co
		8. Access to the provider's network all over Puerto R	ico. The service area for M

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Access to island-wide provider network NEW! MCS Classicare ELA SÓLIDO (HMO-POS)

Network: syment per visit Network (POS): the total cost

Network: pay nothing visits annually Network (POS): ot covered In-Network: \$10 copayment per visit Out-of-Network (POS): 20% of the total cost

In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered

Network: pay nothing Network (POS): pt covered In-Network: You pay nothing Out-of-Network (POS): Not covered

Network: pay nothing visits annually

Network (POS): ot covered

Evidence of Coverage or contact the plan.

In-Network: You pay nothing Six (6) visits annually Out-of-Network (POS): Not covered

or MCS Classicare ELA Sólido includes 39 municipalities. For details see the

BENEFITS	MCS Classicare ELA TE AYUDA (HMO-POS)	MCS C ELA N (HM
SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL		
Gassicare Te Paga Card 3,4 Man del pueblo State	In-Network: \$780 annually (\$65 monthly) Out-of-Network (POS): Not covered	In-N \$360 (\$30 Out-of-Ne Not
Home Assistance ^{3,6} Services include hairstyling ⁵ , yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection.	In-Network: You pay nothing Doce (12) visitas anualmente (máximo 3 trimestrales) Out-of-Network (POS): Not covered	In-N You pa Doce (12) vis (máximo 3 Out-of-Ne Not
Transportation for non-medical needs ^{3,7} Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.	In-Network: You pay nothing Out-of-Network (POS): Not covered	In-N You pa Out-of-Ne Not
OTHER SUPPLEMENTAL BENEFITS		
Combined Eyewear and Hearing Aids Allowance ¹	Up to \$700 annually for a combined Eyewear and Hearing Aids Allowance	Up to \$800 annu Eyewear and Hea

3. The benefits mentioned are part of a special supplemental program for members with chronic diseases. Members must meet all benefit's eligibility criteria. 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. 5. For hairstyling (wash, cut, and dry) services, you must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 6. Only simple repairs and basic services apply, according to the evaluation performed by the service supplier. Services are limited to 12 visits per year, 3 quarterly.

7. Transportation to plan-approved locations through contracted suppliers. 8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare ELA Sólido includes 39 municipalities. For details see the Evidence of Coverage or contact the plan. 9. Unused amounts do not rollover to the next month or quarter.



Access to island-wide provider network NEW! MCS Classicare ELA SÓLIDO (HMO-POS)

-Network: 60 annually 30 monthly)

Network (POS): ot covered

In-Network: \$1,200 annually (\$100 monthly)

Out-of-Network (POS): Not covered

Network: pay nothing visitas anualmente o 3 trimestrales) Network (POS):

ot covered

-Network: pay nothing Network (POS): ot covered In-Network: You pay nothing Doce (12) visitas anualmente (máximo 3 trimestrales)

Out-of-Network (POS): Not covered

In-Network: You pay nothing Out-of-Network (POS): Not covered

nually for a combined learing Aids Allowance Up to **\$600** annually for a combined Eyewear and Hearing Aids Allowance

PRESCRIPTION DRUGS

STAGE	DRUG TIER	MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
DEDUCIBLE ANUAL	Because there is no deductible for the plan, this payment stage does not apply to you.	\$0 сорау	\$0 сорау	\$0 сорау
	STANDARD RETAIL (IN-NETWORK) (30-DAY SUPPLY)			
	Tier I - Preferred Generic	\$0 сорау	\$0 copay	\$0 сорау
	Tier 2 - Generic	\$0 copay	\$0 copay	\$0 сорау
	Tier 3 - Preferred Brand	\$0 сорау	\$4 copay	\$0 copay
	Tier 4 - Non-Preferred Brand	\$5 copay	\$8 copay	\$0 сорау
	Tier 5 - Specialty Drugs	25% of the total cost	25% of the total cost	25% of the total cost
	Tier 6 - Select Care Drugs	\$0 сорау	\$0 copay	\$0 сорау
INITIAL COVERAGE	STANDARD RETAIL (IN-NETWORK) (90-DAY SUPPLY)			
	Tier I - Preferred Generic	\$0 сорау	\$0 copay	\$0 сорау
During this stage, the	Tier 2 - Generic	\$0 сорау	\$0 copay	\$0 сорау
plan pays its share of the	Tier 3 - Preferred Brand	\$0 сорау	\$12 copay	\$0 сорау
total cost of your drugs	Tier 4 - Non-Preferred Brand	\$15 copay	\$24 copay	\$0 сорау
the total cost. You stay in	Tier 5 - Specialty Drugs	Not offered	Not offered	Not offered
this stage until your year-	Tier 6 - Select Care Drugs	\$0 сорау	\$0 copay	\$0 copay
to-date total costs (your	MAIL-ORDER (UP TO A 90-DAY SUPPLY)			
payments plus any Part D plan's payments) total		\$0 сорау	\$0 copay	\$0 сорау
\$5,030.	Tier 2 - Generic	\$0 сорау	\$0 copay	\$0 сорау
	Tier 3 - Preferred Brand	\$0 сорау	\$8 copay	\$0 сорау
	Tier 4 - Non-Preferred Brand	\$10 copay	\$16 copay	\$0 copay
	Tier 5 - Specialty Drugs	Not offered	Not offered	Not offered
	Tier 6 - Select Care Drugs	\$0 copay	\$0 сорау	\$0 copay
COVERAGE GAP	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.	 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 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 n it is important to know that you may have other options available to you for 2023 at even lower costs because of change the Medicare Part D program. Contact Medicare, at I-800-MEDICARE (I-800-633-4227), 24 hours a day, 7 days a weight the Medicare Part D program. 		
CATASTROPHIC COVERAGE	You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached 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. • During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.			

Cost-sharing may differ for LongTerm Care (LTC) pharmacies, home infusion pharmacies, and out-of-network pharmacies. Cost-sharing may also change when you enter into another phase of the Part D benefit. Please see your Evidence of Coverage for details.

Additional Resources to Help - Please contact our Call Center number at 787-620-2530 (Metro Area) or 1-866627-8183 (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.

YKESCK	IPTION DRUGS			Access to island-wide provider network
STAGE	DRUG TIER	MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	NEW! MCS Classicare ELA SÓLIDO (HMO-POS)
YEARLY DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.	\$0 copay	\$0 copay	\$0 copay
	STANDARD RETAIL (IN-NETWORK) (30-DAY SUPPLY)			
興	Tier I - Preferred Generic	\$0 copay	\$0 copay	\$0 copay
	Tier 2 - Generic	\$0 copay	\$0 copay	\$0 copay
	Tier 3 - Preferred Brand	\$2 copay	\$5 copay	\$0 copay
\Box	Tier 4 - Non-Preferred Brand	\$4 copay	\$10 copay	\$0 copay
	Tier 5 - Specialty Drugs	25% of the total cost	33% of the total cost	33% of the total cost
	Tier 6 - Select Care Drugs	\$0 copay	\$0 copay	\$0 сорау
NITIAL COVERAGE	STANDARD RETAIL (IN-NETWORK) (90-DAY SUPPLY)			
	Tier I - Preferred Generic	\$0 copay	\$0 copay	\$0 copay
uring this stage, the	Tier 2 - Generic	\$0 copay	\$0 copay	\$0 copay
an pays its share of the	Tier 3 - Preferred Brand	\$6 copay	\$15 copay	\$0 copay
nd you pay your share of	Tier 4 - Non-Preferred Brand	\$12 copay	\$30 copay	\$0 copay
	Tier 5 - Specialty Drugs	Not offered	Not offered	Not offered
is stage until your year-	Tier 6 - Select Care Drugs	\$0 copay	\$0 copay	\$0 сорау
-date total costs (your				
yments plus any Part	Tier I - Preferred Generic	\$0 copay	\$0 copay	\$0 copay
5,030.	Tier 2 - Generic	\$0 copay	\$0 copay	\$0 copay
	Tier 3 - Preferred Brand	\$4 copay	\$10 copay	\$0 copay
	Tier 4 - Non-Preferred Brand	\$8 copay	\$20 copay	\$0 copay
	Tier 5 - Specialty Drugs	Not offered	Not offered	Not offered
	Tier 6 - Select Care Drugs	\$0 copay	\$0 copay	\$0 сорау
COVERAGE GAP	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-	Important Message About What You Pay for Vaccines - Our plan covers most our Call center for more information.		,
	to-date out-of-pocket costs (your payments) reach a total of \$8,000.	Important Message About What You Pay for Insulin - You won't pay more than \$0 for a one-month supply of insulin product covered by our plan, no matter what cost-sharing tier it's on.		
 CATASTROPHIC COVERAGE You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached 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. During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing. 			at even lower costs because of changes t	

Cost-sharing may differ for LongTerm Care (LTC) pharmacies, home infusion pharmacies, and out-of-network pharmacies. Cost-sharing may also change when you enter into another phase of the Part D benefit. Please see your Evidence of Coverage for details.

Additional Resources to Help - Please contact our Call Center number at 787-620-2530 (Metro Area) or 1-866627-8183 (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.

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 <u>www.mcsclassicare.com</u> 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 membeTrship 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.

For MCS Classicare Gobierno Ahorro (HMO-POS), MCS Classicare ELA Crédito Rubí (HMO-POS), MCS Classicare ELA Enlace Acero (HMO-POS), MCS Classicare ELA Te Ayuda (HMO-POS) and MCS Classicare ELA Máximo (HMO-POS) 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, Orocovis, 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.

For MCS Classicare ELA Sólido (HMO-POS), our service area includes the following municipalities in Puerto Rico:

Adjuntas, Aguada, Aguadilla, Añasco, Arecibo, Barceloneta, Cabo Rojo, Camuy, Ciales, Corozal, Florida, Guánica, Guayanilla, Hatillo, Hormigueros, Isabela, Jayuya, Juana Díaz, Lajas, Lares, Las Marías, Manatí, Maricao, Mayagüez, Moca, Morovis, Orocovis, Peñuelas, Ponce, Quebradillas, Rincón, Sabana Grande, San Germán, San Sebastián, Utuado, Vega Alta, Vega Baja, Villalba 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 (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. Coverage for services received out-of-network is managed through reimbursement based on the different fee shedules allowed by our plan, which are applied according to the service received, less the corresponding cost-sharing amount. 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.

Approved by the Puerto Rico Health Insurance Administration.

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 <u>http://www.medicare.gov</u> or get a copy by calling I-800-MEDICARE (I-800-633-4227), 24 hours a day, 7 days a week.TTY users should call I-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 I 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**

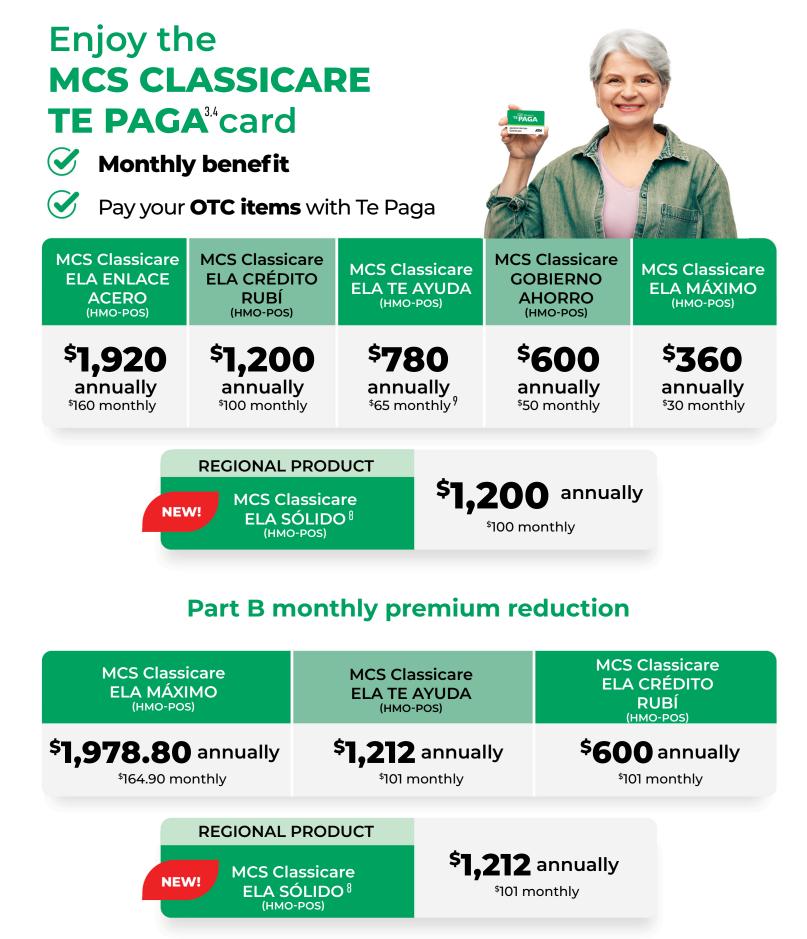
Plan Directories

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

You can see the complete plan formulary (list of Part at **www.mcsclassicare.com**



With MCS Classicare **ELA Enlace Acero (HMO-POS) you have:**



Comprehensive dental

\$4.500 every year **Restorative Services • Crowns • Prosthodontics**

per year

Eyewear and hearing aids

Combined benefit

over Puerto Rico. The service area for MCS Classicare ELA Sólido includes 39 municipalities. For details see the Evidence of Coverage or contact the plan. 9. Unused amounts do not rollover to the next month or quarter.

1. Some services may require pre-authorization. Contact the plan for details. 3. The benefits mentioned are part of a special supplemental program for members with chronic diseases. Members must meet all benefit's eligibility criteria. 4. The benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. 7. Transportation to plan-approved locations through contracted suppliers. 8. Access to the provider's network all

Generic and brand-name drugs ^{\$}0 copay



Transportation 32 one way trips

annual



Salud Completa MED Classicare PENSIONADO DE GOBIERNO (HMO)

By calling this number you will be able to communicate with an Authorized Sales Representative.





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

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1.866.627.8182

TTY (Hearing Impaired)