

SUMMARY OF BENEFITS

- 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)
- MCS Classicare ELA MÁXIMO (HMO-POS)
- MCS Classicare ELA SÓLIDO (HMO-POS)



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 maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.

HOSPITAL COVERAGE

Inpatient Hospital coverage ¹

Outpatient hospital services ¹

Ambulatory Surgical Center Services (ASC) ¹

DOCTOR VISITS

Primary Care Providers

Specialists

Preventive Care (e.g., flu vaccine, diabetic screenings)

Any additional preventive services approved by Medicare during the contract year will be covered.

**MCS Classicare
GOBIERNO AHORRO
(HMO-POS)**

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

**MCS Classicare
ELA ENLACE ACERO
(HMO-POS)**

You pay \$0

\$0 monthly

You pay nothing
This plan does not have a deductible

\$6,700 annually

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

You pay \$100

\$50 monthly

You pay nothing
This plan does not have a deductible

\$6,700 annually

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

You pay \$100

\$0 monthly

You pay nothing
This plan does not have a deductible

\$6,700 annually

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

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

SUMMARY OF BENEFITS

BENEFITS

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

Lab services¹

Diagnostic Radiology services (e.g. MRI, CT Scan) ¹

X-rays¹

HEARING SERVICES

Medicare-covered hearing exam

Routine hearing exam - one (1) annually

Fitting-evaluation for hearing aids - one (1) annually

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
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\$25 copayment per visit	\$25 copayment per visit	\$25 copayment per visit
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You pay nothing	You pay nothing	You pay nothing
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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
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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
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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
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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
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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
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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
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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
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1. Some services may require pre-authorization. Contact the plan for details.

SUMMARY OF BENEFITS

BENEFITS
Hearing aids ¹
DENTAL SERVICES
Medicare-covered services
Preventive dental services covered by Medicaid <ul style="list-style-type: none"> - Oral exam - Prophylaxis (cleaning) - Flouride treatment - X-rays <p>No maximum benefit coverage applies for preventive services.</p>
Comprehensive dental services ¹ <ul style="list-style-type: none"> - Crowns - Prosthodontics
VISION SERVICES
Medicare-covered Eye Exam
Routine Eye Exam - one (1) annually
Eyewear

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
See “Combined Eyewear and Hearing Aids Allowance”	In-Network: You pay nothing Up to \$1,250 per ear annually Out-of-Network (POS): 0% of the total cost	See “Combined Eyewear and Hearing Aids Allowance”
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 Up to \$2,500 annually Out-of-Network (POS): 20% of the total cost	In-Network: You pay nothing Up to \$3,500 annually 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	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
See “Combined Eyewear and Hearing Aids Allowance”	In-Network: You pay nothing Up to \$800 annually Out-of-Network (POS): 0% of the total cost	See “Combined Eyewear and Hearing Aids Allowance”

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



SUMMARY OF BENEFITS



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.

Outpatient Individual Therapy Visit ²
Outpatient Group Therapy Visit

ADDITIONAL BENEFITS

Skilled Nursing Facility ¹
 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.

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
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<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p> <p>For up to 18 one-way trips annually</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p> <p>For up to 18 one-way trips annually</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p> <p>For up to 32 one-way trips annually</p>

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.

SUMMARY OF BENEFITS



BENEFITS

MEDICARE PART B DRUGS

Chemotherapy drugs ¹

Other Part B drugs ¹

Insulin drugs



MEDICAL EQUIPMENT / SUPPLIES

Durable medical equipment (DME) ¹

Prosthetic devices¹

Diabetic supplies¹



WELLNESS PROGRAMS

Fitness Benefit (Club Te Paga)

Nursing Hotline (MCS Medilínea)

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
In-Network: 5% 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% - 10% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% - 5% 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: 10% of the total cost maximum \$35 copayment Out-of-Network (POS): 20% of the total cost	In-Network: 5% of the total cost maximum \$35 copayment 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: 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: 0% - 5% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 0% - 5% 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): 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	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 Out-of-Network (POS): Not covered	In-Network: You pay nothing Out-of-Network (POS): Not covered

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

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

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>
<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>

SUMMARY OF BENEFITS

BENEFITS

SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL



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.

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 Eyewear and Hearing Aids Allowance ¹

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
<p>In-Network: \$600 annually (\$50 monthly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: \$1,200 annually (\$100 monthly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: \$1,920 annually (\$160 monthly)</p> <p>Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p> <p>Out-of-Network (POS): Not covered</p>
<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>
Up to \$800 annually for a combined Eyewear and Hearing Aids Allowance	N/A	Up to \$900 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.

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 maximum amount you pay for copays, coinsurance and other costs for in-network medical services for the year.

HOSPITAL COVERAGE

Inpatient Hospital coverage ¹
Outpatient hospital services ¹
Ambulatory Surgical Center Services (ASC) ¹

DOCTOR VISITS

Primary Care Providers
Specialists
Preventive Care (e.g., flu vaccine, diabetic screenings) Any additional preventive services approved by Medicare during the contract year will be covered.

Access to island-wide provider network

NEW!

MCS Classicare ELA SÓLIDO
(HMO-POS)

MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	MCS Classicare ELA SÓLIDO (HMO-POS)
You pay \$100	You pay \$100	You pay \$100
\$101 monthly	\$164.90 monthly	\$101 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
\$6,700 annually	\$6,700 annually	\$6,700 annually
In-Network: \$0 copayment for each Medicare-covered hospital stay	In-Network: \$50 copayment for each Medicare-covered hospital stay	In-Network: \$50 copayment for each Medicare-covered hospital stay
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
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: \$50 copayment	In-Network: \$50 copayment
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
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: \$10 copayment	In-Network: \$10 copayment
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
Out-of-Network (POS): 0% of the total cost	Out-of-Network (POS): 0% of the total cost	Out-of-Network (POS): 0% of the total cost

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



SUMMARY OF BENEFITS

BENEFITS

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

Lab services¹

Diagnostic Radiology services (e.g. MRI, CT Scan) ¹

X-rays¹

HEARING SERVICES

Medicare-covered hearing exam

Routine hearing exam - one (1) annually

Fitting-evaluation for hearing aids - one (1) annually



Access to island-wide provider network

NEW!

MCS Classicare ELA SÓLIDO
(HMO-POS)

MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	MCS Classicare ELA SÓLIDO (HMO-POS)
\$25 copayment per visit	\$75 copayment per visit	\$75 copayment per visit
You pay nothing	\$10 copayment per visit	\$10 copayment per visit
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% 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: 20% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost
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In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 20% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 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 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

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

SUMMARY OF BENEFITS



BENEFITS	
Hearing aids ¹	
DENTAL SERVICES	
Medicare-covered services	
Preventive dental services covered by Medicaid <ul style="list-style-type: none"> - Oral exam - Prophylaxis (cleaning) - Flouride treatment - X-rays No maximum benefit coverage applies for preventive services.	
Comprehensive dental services ¹ <ul style="list-style-type: none"> - Crowns - Prosthodontics 	
VISION SERVICES	
Medicare-covered Eye Exam	
Routine Eye Exam - one (1) annually	
Eyewear	

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

	MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network NEW! MCS Classicare ELA SÓLIDO (HMO-POS)
Hearing aids ¹	See “Combined Eyewear and Hearing Aids Allowance”	See “Combined Eyewear and Hearing Aids Allowance”	See “Combined Eyewear and Hearing Aids Allowance”
DENTAL SERVICES			
Medicare-covered services	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
Preventive dental services covered by Medicaid <ul style="list-style-type: none"> - 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-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
Comprehensive dental services ¹ <ul style="list-style-type: none"> - Crowns - Prosthodontics 	In-Network: You pay nothing Up to \$3,000 annually 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 Up to \$2,000 annually Out-of-Network (POS): 20% of the total cost
VISION SERVICES			
Medicare-covered Eye Exam	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
Routine Eye Exam - one (1) annually	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
Eyewear	See “Combined Eyewear and Hearing Aids Allowance”	See “Combined Eyewear and Hearing Aids Allowance”	See “Combined Eyewear and Hearing Aids Allowance”

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.

SUMMARY OF BENEFITS



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.

Outpatient Individual Therapy Visit ² Outpatient Group Therapy Visit



ADDITIONAL BENEFITS

Skilled Nursing Facility ¹

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.

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 TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network NEW! MCS Classicare ELA SÓLIDO (HMO-POS)
Inpatient Visit ²	In-Network: You pay nothing Out-of-Network (POS): 20% of the total cost	In-Network: \$50 copayment per visit Out-of-Network (POS): 20% of the total cost	In-Network: \$50 copayment per visit Out-of-Network (POS): 20% of the total cost
Outpatient Individual Therapy Visit ² Outpatient Group Therapy Visit	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
Skilled Nursing Facility ¹	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
Physical Therapy ¹	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
Ambulance Air ambulance ¹ Ground ambulance	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
Transportation	In-Network: You pay nothing For up to 16 one-way trips annually Out-of-Network (POS): Not covered	In-Network: You pay nothing For up to 12 one-way trips annually Out-of-Network (POS): Not covered	In-Network: You pay nothing For up to 12 one-way trips annually 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 Evidence of Coverage or contact the plan.

SUMMARY OF BENEFITS



BENEFITS	
MEDICARE PART B DRUGS	
Chemotherapy drugs ¹	
Other Part B drugs ¹	
Insulin drugs	
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)	

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

MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network NEW! MCS Classicare ELA SÓLIDO (HMO-POS)
In-Network: 0% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 5% of the total cost Out-of-Network (POS): 20% of the total cost	In-Network: 5% 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% - 10% 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
Dentro de la red: 0% del costo total, máximo \$35 copago Fuera de la red (POS): 20% del costo total	In-Network: 10% of the total cost maximum \$35 copayment 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: 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: 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): 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	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 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 Evidence of Coverage or contact the plan.

SUMMARY OF BENEFITS



BENEFITS	
WELLNESS BENEFITS	
Foot Exams and Treatment (Podiatry Services)	
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.</p> <p>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.</p> <p>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 ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network NEW! MCS Classicare ELA SÓLIDO (HMO-POS)
	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: \$10 copayment per visit</p> <p>Out-of-Network (POS): 20% of the total cost</p>	<p>In-Network: \$10 copayment per visit</p> <p>Out-of-Network (POS): 20% of the total cost</p>
	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>
	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Out-of-Network (POS): Not covered</p>
	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>	<p>In-Network: You pay nothing</p> <p>Six (6) visits annually</p> <p>Out-of-Network (POS): Not covered</p>

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.

SUMMARY OF BENEFITS

BENEFITS

SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL



Te Paga Card ^{3,4}

Home Assistance ^{3,6}

Services include hairstyling⁵, yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection.

Transportation for non-medical needs ^{3,7}

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

OTHER SUPPLEMENTAL BENEFITS

Combined Eyewear and Hearing Aids Allowance ¹

MCS Classicare ELA TE AYUDA (HMO-POS)

MCS Classicare ELA MÁXIMO (HMO-POS)

Access to island-wide provider network

NEW!

MCS Classicare ELA SÓLIDO (HMO-POS)

In-Network:
\$780 annually
(\$65 monthly)

Out-of-Network (POS):
Not 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

Up to **\$700** annually for a combined Eyewear and Hearing Aids Allowance

In-Network:
\$360 annually
(\$30 monthly)

Out-of-Network (POS):
Not 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

Up to **\$800** annually for a combined Eyewear and Hearing Aids Allowance

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

Out-of-Network (POS):
Not 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

Up to **\$600** 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. 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.

PRESCRIPTION DRUGS

STAGE	DRUG TIER
DEDUCIBLE ANUAL	Because there is no deductible for the plan, this payment stage does not apply to you.
 <p>INITIAL COVERAGE</p> <p>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>	STANDARD RETAIL (IN-NETWORK) (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 (IN-NETWORK) (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 (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	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	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. <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.

Cost-sharing may differ for Long Term 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.

MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA ENLACE ACERO (HMO-POS)
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$4 copay	\$0 copay
\$5 copay	\$8 copay	\$0 copay
25% of the total cost	25% of the total cost	25% of the total cost
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$12 copay	\$0 copay
\$15 copay	\$24 copay	\$0 copay
Not offered	Not offered	Not offered
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$8 copay	\$0 copay
\$10 copay	\$16 copay	\$0 copay
Not offered	Not offered	Not offered
\$0 copay	\$0 copay	\$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 2023 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 1-866627-8183 (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.

PRESCRIPTION DRUGS

STAGE	DRUG TIER
YEARLY DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.
 <p>INITIAL COVERAGE</p> <p>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>	STANDARD RETAIL (IN-NETWORK) (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 (IN-NETWORK) (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 (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	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	<p>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.</p> <ul style="list-style-type: none"> During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.

Cost-sharing may differ for Long Term 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.

	MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)	Access to island-wide provider network NEW! MCS Classicare ELA SÓLIDO (HMO-POS)
	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay
	\$2 copay	\$5 copay	\$0 copay
	\$4 copay	\$10 copay	\$0 copay
	25% of the total cost	33% of the total cost	33% of the total cost
	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay
	\$6 copay	\$15 copay	\$0 copay
	\$12 copay	\$30 copay	\$0 copay
	Not offered	Not offered	Not offered
	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay
	\$4 copay	\$10 copay	\$0 copay
	\$8 copay	\$20 copay	\$0 copay
	Not offered	Not offered	Not offered
	\$0 copay	\$0 copay	\$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 2023 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 1-866627-8183 (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.

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 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, 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.

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, Orocovi, 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 schedules 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 <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

Enjoy the MCS CLASSICARE TE PAGA^{3,4} card

- ✓ Monthly benefit
- ✓ Pay your OTC items with Te Paga



MCS Classicare ELA ENLACE ACERO (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)	MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare GOBIERNO AHORRO (HMO-POS)	MCS Classicare ELA MÁXIMO (HMO-POS)
\$1,920 annually \$160 monthly	\$1,200 annually \$100 monthly	\$780 annually \$65 monthly ⁹	\$600 annually \$50 monthly	\$360 annually \$30 monthly

REGIONAL PRODUCT

NEW! MCS Classicare ELA SÓLIDO⁸ (HMO-POS)

\$1,200 annually
\$100 monthly

Part B monthly premium reduction

MCS Classicare ELA MÁXIMO (HMO-POS)	MCS Classicare ELA TE AYUDA (HMO-POS)	MCS Classicare ELA CRÉDITO RUBÍ (HMO-POS)
\$1,978.80 annually \$164.90 monthly	\$1,212 annually \$101 monthly	\$600 annually \$101 monthly

REGIONAL PRODUCT

NEW! MCS Classicare ELA SÓLIDO⁸ (HMO-POS)

\$1,212 annually
\$101 monthly

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



Generic and brand-name drugs
\$0 copay

Comprehensive dental¹
\$4,500 every year
Restorative Services • Crowns • Prosthodontics



Transportation⁷
32 one way **trips**
per year

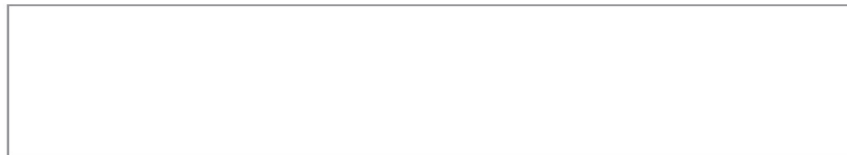
Eyewear and hearing aids
Combined benefit
\$900 annual



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

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.

Salud Completa



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



1.866.627.8183

(Toll Free)



1.866.627.8182

TTY (Hearing Impaired)



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

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