

SUMMARY OF BENEFITS

- MCS Classicare Platino Ideal (HMO-D-SNP)
- MCS Classicare Platino Progreso (HMO-D-SNP)
- MCS Classicare Platino MásCa\$h (HMO-D-SNP)
- MCS Classicare Platino del Sur (HMO-D-SNP)
- MCS Classicare Platino Total (HMO-D-SNP)
- MCS Classicare Platino Máximo (HMO-D-SNP)

Region 1

Region 2

Region 3



MCS Classicare
(HMO)

Plan de Salud
medicare
PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

2024

SUMMARY OF BENEFITS



BENEFITS	MCS Classicare PLATINO IDEAL (HMO D-SNP)
PREMIUMS AND BENEFITS	
Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay \$0
Part B monthly premium reduction	\$120 monthly
Deductible	You pay nothing This plan does not have a 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.	\$3,400 annually
HOSPITAL COVERAGE	
Inpatient Hospital coverage ^{1,2}	You pay nothing
Outpatient hospital services ^{1,2}	You pay nothing
Ambulatory Surgical Center Services (ASC) ^{1,2}	You pay nothing
DOCTOR VISITS	
Primary Care Providers	You pay nothing
Specialists ²	You pay nothing
Preventive Care (e.g., flu vaccine, diabetic screenings) Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing
Emergency Care Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.	You pay nothing
Urgently Needed Services Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.	You pay nothing
DIAGNOSTIC SERVICES/LABS/IMAGING	
Diagnostic tests and procedures ^{1,2}	You pay nothing
Lab services ¹	You pay nothing
Diagnostic Radiology services (e.g. MRI, CT Scan) ^{1,2}	You pay nothing
X-rays ^{1,2}	You pay nothing
HEARING SERVICES	
Medicare-covered hearing exam	You pay nothing
Routine hearing exam - one (1) annually	You pay nothing
Fitting-evaluation for hearing aids - one (1) annually	You pay nothing
Hearing aids ^{1,2}	See "Combined benefit for Eyewear and hearing aids"

MCS Classicare PLATINO PROGRESO (HMO D-SNP)	MCS Classicare PLATINO MÁSCA\$H (HMO D-SNP)	MCS Classicare PLATINO TOTAL (HMO D-SNP)
You pay \$0	You pay \$0	You pay \$0
\$45 monthly	\$164.90 monthly	\$0 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
\$3,400 annually	\$3,400 annually	\$3,400 annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
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You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing Up to \$1,500 per ear annually	See "Combined benefit for Eyewear and hearing aids"	See "Combined benefit for Eyewear and hearing aids"

1. Some services may require pre-authorization. Contact the plan for details. 2. Some services may require referral.



SUMMARY OF BENEFITS

BENEFITS	MCS Classicare PLATINO IDEAL (HMO D-SNP)	MCS Classicare PLATINO PROGRESO (HMO D-SNP)	MCS Classicare PLATINO MÁSCA\$H (HMO D-SNP)	MCS Classicare PLATINO TOTAL (HMO D-SNP)
DENTAL SERVICES				
Medicare-covered services	You pay nothing	You pay nothing	You pay nothing	You pay nothing
 Preventive dental services covered by Medicaid - Oral exam - Prophylaxis (cleaning) - Flouride treatment - X-rays No maximum benefit coverage applies for preventive services.	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Comprehensive dental services ¹ - Crowns - Prosthodontics - Restorative services	You pay nothing Up to \$3,500 annually	You pay nothing Up to \$4,500 annually	You pay nothing Up to \$2,500 annually	You pay nothing Up to \$1,200 annually
VISION SERVICES				
Medicare-covered Eye Exam	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Routine Eye Exam - one (1) annually	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Eyewear	See “Combined benefit for Eyewear and hearing aids”	You pay nothing Up to \$1,000 annually	See “Combined benefit for Eyewear and hearing aids”	See “Combined benefit for Eyewear and hearing aids”
MENTAL HEALTH SERVICES				
 Inpatient Hospital ³ Refer to the section Summary of Benefits Covered by the Puerto Rico Department of Health’s Medicaid Program for information regarding unlimited days under our Platino plan. 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.	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Outpatient Individual Therapy Visit ³ Outpatient Group Therapy Visit	You pay nothing	You pay nothing	You pay nothing	You pay nothing

1. Some services may require pre-authorization. Contact the plan for details. 3. Pre-authorization through MCS Solutions.

SUMMARY OF BENEFITS

BENEFITS	MCS Classicare PLATINO IDEAL (HMO D-SNP)
ADDITIONAL BENEFITS	
Skilled Nursing Facility ^{1,2} Our plan covers up to 100 days. Contact the plan for details.	You pay nothing
Physical Therapy ¹ We also cover occupational therapy, and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.	You pay nothing
Ambulance Air ambulance ¹ Ground ambulance ¹	You pay nothing
Transportation A trip is considered one-way transportation to a plan approved health-related location.	You pay nothing For up to 38 one-way trips annually
MEDICARE PART B DRUGS ¹	
Chemotherapy drugs and radiation	You pay nothing
Other Part B drugs	You pay nothing
Insulin drugs	You pay nothing
MEDICAL EQUIPMENT/ SUPPLIES	
Durable medical equipment (DME) ¹	You pay nothing
Prosthetic devices ¹	You pay nothing
Diabetic supplies ¹	You pay nothing
WELLNESS PROGRAMS	
Fitness Benefit (<i>Club Te Paga</i>)	You pay nothing
Nursing Hotline (<i>MCS Medilínea</i>)	You pay nothing
WELLNESS BENEFITS	
Foot exams and treatment (<i>Podiatry Services</i>) ²	You pay nothing
Foot Reflexology	You pay nothing Six (6) visits annually
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.	You pay nothing
Additional acupuncture services	You pay nothing Six (6) additional visits annually


MCS Classicare PLATINO PROGRESO (HMO D-SNP)	MCS Classicare PLATINO MÁSCA\$H (HMO D-SNP)	MCS Classicare PLATINO TOTAL (HMO D-SNP)
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing For up to 44 one-way trips annually	You pay nothing For up to 34 one-way trips annually	You pay nothing For up to 30 one-way trips annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing	You pay nothing	You pay nothing
You pay nothing Six (6) visits annually	You pay nothing Six (6) visits annually	You pay nothing Six (6) visits annually
You pay nothing	You pay nothing	You pay nothing
You pay nothing Six (6) additional visits annually	You pay nothing Six (6) additional visits annually	You pay nothing Six (6) additional visits annually

1. Some services may require pre-authorization. Contact the plan for details. 2. Some services may require referral.



SUMMARY OF BENEFITS



BENEFITS	MCS Classicare PLATINO IDEAL (HMO D-SNP)
SUPPLEMENTAL BENEFITS	
 <p>Te Paga Card ^{4,5}</p>	\$1,116 annually (\$93 monthly)
<p>Home Assistance ^{5,6,7}</p> <p>Services include hairstyling, yard clean-up, plumbing, locksmith, electricity, pest control, technology assistance, and preventive home cleaning/disinfection. (Only simple repairs and basic services apply, according to the evaluation performed by the service supplier.)</p>	<p>You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p>
<p>Transportation for non-medical needs ⁵</p> <p>Trips used for non-medical purposes count against the maximum limit of your regular transportation benefit.</p>	<p>You pay nothing</p>
<p>Cell Phone Benefit</p> <p>One (1) cell phone (equipment) at no cost, pre-selected by the plan; Unlimited voice, text and internet data plan in Puerto Rico and United States; From plan-approved supplier.</p>	<p>N/A</p>
OTHER SUPPLEMENTAL BENEFITS	
<p>Combined Benefits for Vision Care and Hearing Services ^{1,2}</p>	<p>Up to \$700 annually Combined Benefit for eyewear and hearing aids</p>
<p>In-Home Foot Care Benefit ⁷</p> <p>One (1) visit per quarter for specialized foot care provided by plan-approved supplier.</p>	<p>You pay nothing</p>

MCS Classicare PLATINO PROGRESO (HMO D-SNP)	MCS Classicare PLATINO MÁSCA\$H (HMO D-SNP)	MCS Classicare PLATINO TOTAL (HMO D-SNP)
\$972 annually (\$81 monthly)	\$744 annually (\$62 monthly)	\$3,000 annually (\$250 monthly)
<p>You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p>	<p>You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p>	<p>You pay nothing</p> <p>Twelve (12) visits annually (maximum 3 quarterly)</p>
<p>You pay nothing</p>	<p>You pay nothing</p>	<p>You pay nothing</p>
<p>N/A</p>	<p>You pay nothing</p>	<p>N/A</p>
OTHER SUPPLEMENTAL BENEFITS		
<p>N/A</p>	<p>Up to \$650 annually Combined Benefit for eyewear and hearing aids</p>	<p>Up to \$800 annually Combined Benefit for eyewear and hearing aids</p>
<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

1. Some services may require pre-authorization. Contact the plan for details. 2. Some services may require referral. 3. Pre-authorization through MCS Solutions. 4. The Te Paga card benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. Unused amounts does not roll over to the next month for the following groups: MCS Classicare Platino Ideal (HMO D-SNP) and MCS Classicare Platino MásCa\$h (HMO D-SNP). 5. If you have questions, need materials on a standing basis in alternate formats and/or languages or need oral interpretation services, you can call us at 1.866.627.8183 (toll free) or 1.866.627.8182 (TTY, for the hearing impaired). 6. For hairstyling (wash, cut, and dry) services, you

must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 7. Services are limited by quarter, and if you do not use the entire amount during a quarter, the remaining balance will not accumulate for use during the next quarter.

SUMMARY OF BENEFITS

BENEFITS

PREMIUMS AND BENEFITS

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 ^{1,2}

Outpatient hospital services ^{1,2}

Ambulatory Surgical Center Services (ASC) ^{1,2}

DOCTOR VISITS

Primary Care Providers

Specialists²

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

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

Emergency Care

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 ^{1,2}

Lab services¹

Diagnostic Radiology services (e.g. MRI, CT Scan) ^{1,2}

X-rays^{1,2}

HEARING SERVICES

Medicare-covered hearing exam

Routine hearing exam - one (1) annually

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

Hearing aids ^{1,2}

Access to island-wide provider network

NEW!

MCS Classicare PLATINO MÁXIMO (HMO D-SNP)

NEW!

MCS Classicare PLATINO DEL SUR (HMO D-SNP)

Region 1

Region 2

Region 3

You pay \$0

You pay \$0

\$100 monthly

\$150 monthly

You pay nothing

You pay nothing

This plan does not have a deductible

This plan does not have a deductible

\$3,400 annually

\$3,400 annually

You pay nothing

You pay nothing

You pay nothing

You pay nothing

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You pay nothing

You pay nothing

See "Combined benefit for Eyewear and hearing aids."

See "Combined benefit for Eyewear and hearing aids."

1. Some services may require pre-authorization. Contact the plan for details. 2. Some services may require referral.

SUMMARY OF BENEFITS

BENEFITS

DENTAL SERVICES

Medicare-covered services

Preventive dental services covered by Medicaid

- Oral exam
- Prophylaxis (cleaning)
- Flouride treatment
- X-rays

No maximum benefit coverage applies for preventive services.

Comprehensive dental services ¹

- Crowns
- Prosthodontics
- Restorative services

VISION SERVICES

Medicare-covered Eye Exam

Routine Eye Exam - one (1) annually

Eyewear

MENTAL HEALTH SERVICES

Inpatient Hospital ³

Refer to the section Summary of Benefits Covered by the Puerto Rico Department of Health's Medicaid Program for information regarding unlimited days under our Platino plan.

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 ³

Outpatient Group Therapy Visit

Access to island-wide provider network				
NEW!	MCS Classicare PLATINO MÁXIMO (HMO D-SNP)			NEW!
	Region 1	Region 2	Region 3	MCS Classicare PLATINO DEL SUR (HMO D-SNP)
	You pay nothing			You pay nothing
	You pay nothing			You pay nothing
	You pay nothing Up to \$1,200 annually			You pay nothing Up to \$1,000 annually
	You pay nothing			You pay nothing
	You pay nothing			You pay nothing
	See "Combined benefit for Eyewear and hearing aids."			See "Combined benefit for Eyewear and hearing aids."
	You pay nothing			You pay nothing
	You pay nothing			You pay nothing

1. Some services may require pre-authorization. Contact the plan for details. 3. Pre-authorization through MCS Solutions.

SUMMARY OF BENEFITS

BENEFITS

ADDITIONAL BENEFITS

Skilled Nursing Facility ^{1,2}
Our plan covers up to 100 days. Contact the plan for details.

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

Ambulance
Air ambulance ¹
Ground ambulance ¹

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

MEDICARE PART B DRUGS ¹

Chemotherapy drugs
Other Part B drugs
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*)

WELLNESS BENEFITS

Foot exams and treatment (Podiatry Services) ²

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

Access to island-wide provider network				
NEW!	MCS Classicare PLATINO MÁXIMO (HMO D-SNP)			NEW!
	Region 1	Region 2	Region 3	MCS Classicare PLATINO DEL SUR (HMO D-SNP)
		You pay nothing		You pay nothing
		You pay nothing		You pay nothing
		You pay nothing		You pay nothing
		You pay nothing For up to 18 one-way trips annually		You pay nothing For up to 18 one-way trips annually
		You pay nothing		You pay nothing
		You pay nothing		You pay nothing
		You pay nothing		You pay nothing
		You pay nothing		You pay nothing
		You pay nothing		You pay nothing
		You pay nothing		You pay nothing
		You pay nothing		You pay nothing
		You pay nothing		You pay nothing
		You pay nothing Six (6) visits annually		You pay nothing Six (6) visits annually
		You pay nothing		You pay nothing
		You pay nothing Six (6) additional visits annually		You pay nothing Six (6) additional visits annually

1. Some services may require pre-authorization. Contact the plan for details. 2. Some services may require referral.

SUMMARY OF BENEFITS

BENEFITS

SUPPLEMENTAL BENEFITS



Te Paga Card ^{4,5}

Home Assistance ^{5,6,7}

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

Transportation for non-medical needs ⁵

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

Cell Phone Benefit

One (1) cell phone (equipment) at no cost, pre-selected by the plan; Unlimited voice, text and internet data plan in Puerto Rico and United States; From plan-approved supplier.

OTHER SUPPLEMENTAL BENEFITS

Combined Benefits for Vision Care and Hearing Services ^{1,2}

In-Home Foot Care Benefit ⁷

One (1) visit per quarter for specialized foot care provided by plan-approved supplier.

Access to island-wide provider network				
NEW!	MCS Classicare PLATINO MÁXIMO (HMO D-SNP)			NEW!
	Region 1	Region 2	Region 3	MCS Classicare PLATINO DEL SUR (HMO D-SNP)
	\$2,520 annually (\$210 monthly)	\$2,160 annually (\$180 monthly)	\$1,920 annually (\$160 monthly)	\$1,800 annually (\$150 monthly)
	You pay nothing Eight (8) visits annually (maximum 2 quarterly)			You pay nothing Eight (8) visits annually (maximum 2 quarterly)
	You pay nothing			You pay nothing
	N/A			N/A
	Up to \$750 annually Combined Benefit for eyewear and hearing aids			Up to \$700 annually Combined Benefit for eyewear and hearing aids
	N/A			You pay nothing

1. Some services may require pre-authorization. Contact the plan for details. 2. Some services may require referral. 3. Pre-authorization through MCS Solutions. 4. The Te Paga card benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. Unused amounts does not roll over to the next month for the following groups: MCS Classicare Platino Ideal (HMO D-SNP) and MCS Classicare Platino MásCa\$h (HMO D-SNP). 5. If you have questions, need materials on a standing basis in alternate formats and/or languages or need oral interpretation services, you can call us at 1.866.627.8183 (toll free) or 1.866.627.8182 (TTY, for the hearing impaired). 6. For hairstyling (wash, cut, and dry) services, you

must visit participating establishments to receive these services. Contact the Home Assistance supplier for more details. 7. Services are limited by quarter, and if you do not use the entire amount during a quarter, the remaining balance will not accumulate for use during the next quarter.

SUMMARY OF BENEFITS

PRESCRIPTION DRUGS

For more information about the phases of the benefit, please call us or access your Evidence of Coverage online.

STAGE 1: YEARLY DEDUCTIBLE STAGE

Because there is no deductible for the plan, this payment stage does not apply to you.

STAGE 2: INITIAL COVERAGE STAGE

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date total drug costs (your payments plus any Part D plan's payments) total \$5,030.

STANDARD RETAIL COST SHARING (30-DAY SUPPLY)



Covered drugs

\$0 copay

STANDARD RETAIL COST SHARING (90-DAY SUPPLY)



Covered drugs

\$0 copay

MAIL-ORDER COST SHARING (UP TO A 90-DAY SUPPLY)



Covered drugs

\$0 copay

STAGE 3: COVERAGE GAP STAGE

You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$8,000. Covered drugs: You pay \$0 copayment for covered drugs.

STAGE 4: CATASTROPHIC COVERAGE STAGE

Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this stage the plan will pay all of the cost for your drugs.

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.

Summary of Benefits Covered by the Puerto Rico Department of Health's Medicaid Program

The following services are available only to Special Needs Plans beneficiaries who are eligible for the Puerto Rico Department of Health's Medicaid Program health services. The benefits described below are covered by the Puerto Rico Department of Health's Medicaid Program. The benefits described in the Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what the Government Health Plan (GHP) covers and what our plan covers.

PRODUCTS

MCS Classicare Platino Ideal (HMO D-SNP) MCS Classicare Platino Progreso (HMO D-SNP)

MCS Classicare Platino MásCa\$h (HMO D-SNP) MCS Classicare Platino Total (HMO D-SNP)

MCS Classicare Platino Máximo (HMO D-SNP) Region 1 Region 2 Region 3

MCS Classicare Platino Del Sur (HMO D-SNP)

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
Monthly Premium	Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0	\$0 per month
Inpatient Hospital Services	Admissions Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0	Admissions \$0 copay
	Nursery Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0	Nursery \$0 copay
	Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid state plan. Access to a semiprivate room (bed available twenty-four (24) hours a day, every Calendar Day of the year. Coverage includes: •Isolation room for medical reasons. •Specialized diagnostic/treatment such as electrocardiograms, electroencephalograms, arterial gases, and other specialized diagnostic and/or treatment testing that are available in the hospital facilities and which are required to be performed while the patient is hospitalized. •Short Term Rehabilitation Services: To hospitalize patients, including physical, occupational, and speech therapy.	

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
Inpatient Hospital Services (continued)	Blood: Blood, plasma and their derivatives without limitations, to include irradiated and antilogous blood; Monoclonal Factor IX per authorization of a certified hematologist; Antihemophilic Factor with intermediate purity concentration (Factor VIII) A; Antihemophilic Monoclonal Type Factor per authorization of a certified hematologist and Prothrombin Activated Complex (Autoflex and Feiba) per authorization of a certified hematologist.	
Inpatient Hospital for Mental Health Diseases	Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid state plan. Access to a semiprivate room (bed available twenty-four (24) hours a day, every Calendar Day of the year.	\$0 copay
Inpatient Substance Use Disorder	Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid state plan. Access to a semiprivate room (bed available twenty-four (24) hours a day, every Calendar Day of the year.	\$0 copay
Outpatient Substance Use Disorder	Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 Coverage begins on the first day of Medicare, and Platino Wrap Around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid state plan. Access to a semiprivate room (bed available twenty-four (24) hours a day, every Calendar Day of the year.	\$0 copay
Outpatient Mental Healthcare and Professional Services	Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 All mental health related OPD services and twenty-four (24) hours a day, seven (7) days a week emergency and crisis intervention non-covered by Medicare or the MAO supplementary benefits but included in the State Plan.	\$0 copay

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
Laboratory and High-Tech Laboratories	Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 Laboratory testing and necessary procedures related to generating a Health Certificate non-covered by Medicare or the Medicare Advantage Organization (MAO) supplementary benefits but included in the State Plan.	\$0 copay
Family Planning	Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 Family planning services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Puerto Rico Medicaid benefits provide reproductive health and family planning counseling. Such services shall be provided voluntarily and confidentially, including circumstances where the beneficiary is under age eighteen (18). Family planning services will include, at a minimum, the following: <ul style="list-style-type: none"> • Education and counseling • Pregnancy testing • Infertility assessment • Sterilization services in accordance with 42 CFR 441.200 subpart F; • Laboratory services • Cost and insertion/removal of non-oral products, such as long acting reversible contraceptives (LARC) • At least one of every class and category of FDA- approved contraceptive • At least one of every class and category of FDA- approved contraceptive method • And other FDA approved contraceptive medications or methods when it is medically necessary and approved through a prior authorization or through an exception process and the prescribing provider can demonstrate at least one of the following situations: <ul style="list-style-type: none"> o Contra-indication with drugs that the enrollee is already taking, and no other methods covered/available that can be used by the enrollee. o History of adverse reaction by the enrollee to the contraceptive methods covered. o History of adverse reaction by the enrollee to the contraceptive medications that are covered. 	\$0 copay

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
Tobacco Cessation	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Tobacco cessation services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Smoking cessation drugs are covered for individuals under age 21 and for pregnant women when medically necessary and prescribed by a physician. In these cases, the plan covers prescription and non-prescription aids as indicated by a physician.</p>	\$0 copay
Maternity Services	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Maternity services non-covered by Medicare and/or the Medicare Advantage Organization (MAO) supplementary benefits but included in the State Plan. Abortions when the pregnancy is a result of rape or incest, as certified by a physician. Severe and long-lasting damage would be caused to the mother if the pregnancy is carried to term, as certified by a physician.</p>	\$0 copay
Medical and Surgical	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Medical and surgical services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Voluntary sterilization of men and women of legal age and sound mind, provided that they have been previously informed about the medical procedure's implications, and that there is evidence of enrollee's written consent by completing the Sterilization Consent Form.</p>	\$0 copay
Vision Services	<p>Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2</p> <p>Vision services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Eyeglasses or lenses for beneficiaries between the ages of 0-20 years when medically necessary will be covered, the benefit of eyeglasses and lens consist of a single or multifocal lens and a standard frame eyeglass every 24 months.</p>	<p>\$0 copay</p> <p>This benefit is covered every year with MCS Classicare Platino coverage.</p> <p>Provider and/or member must verify remaining combined maximum plan benefit coverage amount available.</p>

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
Vision Services (continued)	All types of lenses have to be preauthorized except intraocular lenses. Repair or replacement of eyeglasses within 24 months when this is medically necessary and approved by the pre- authorization will be covered.	
Dental Services, Preventive and Restorative	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Dental services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. The following are the benefits included in the GHP:</p> <ul style="list-style-type: none"> • All preventative and corrective services for children under age twenty- one (21) • Pediatric pulp therapy (pulpotomy) for children under age twenty-one (21); • Stainless steel crowns for use in primary teeth following a pediatric pulpotomy; • Preventive dental services for adults; • Restorative dental services for adults; • One (1) comprehensive oral exam per year; • One (1) periodical exam every six months; • One (1) defined problem- limited oral exam • One (1) full series of intra oral radiographies, including bite, every three (3) years; • One (1) initial periapical intraoral radiography; • Up to five (5) additional periapical/intraoral radiographies per year; • One (1) single-film bite radiography per year; • One (1) two-film bite radiography per year; • One (1) panoramic radiography every three (3) years; • One (1) adult cleanse every six (6) months; • One (1) child cleanse every six (6) months; • One (1) topical fluoride application every six (6) months for enrollees under nineteen (19) years old; • Fissure sealants for life for enrollees up to fourteen (14) years old, including deciduous molars up to eight (8) years old when medically necessary because of cavity tendencies; • Amalgam restoration; • Resin restorations; • Root canal; • Palliative treatment, and • Oral surgery • Sedation and anesthesia services for beneficiaries with physical or mental handicaps in compliance with local laws. 	<p>\$0 copay \$0 copay \$0 copay</p>

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
Dental Services, Preventive and Restorative (continued)	<ul style="list-style-type: none"> • Periodontal Scaling and root planing up to 4 quadrants per beneficiary. • Interim removable partial dentures (upper and lower). • Hospital visits. • All limitations may be exceeded based on medical necessity and approved thorough prior preauthorization or exemption process. 	
Hearing Exams	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Hearing related services non- covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Hearing aids for beneficiaries over 20 years old are excluded from coverage.</p>	\$0 copay
Preventive Services	<p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Immunization services non- covered by:</p> <ol style="list-style-type: none"> 1. Medicare Part B 2. MAO Part D drug formulary 3. MAO supplementary plan benefits 4. Not covered by the Puerto Rico Department of Health Immunization Program but included in the Puerto Rico Medicaid State Plan. 	\$0 copay

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
Preventive Services (continued)	<p>Vaccines for children from 0-20 years of age (inclusive)</p> <p>Hepatitis A Hepatitis B Rotavirus (RV) DTaP (Diphtheria toxoids and acellular pertussis vaccine) Hib (Hib conjugate vaccine) PCV 15, PCV13, and PPSV23 (Anti-Pneumococcal vaccines): Child and Adolescent Immunization Schedule Changes for 2023. CDC. Polio (IPV)</p> <ul style="list-style-type: none"> • ²Vaccines against influenza (attenuated virus LAIV or IIV) <p>MMR Varicella (VAR)</p> <p>Anti-Meningococcal vaccines - MenACWY-D [Menactra], MenACWY-CRM (Menveo). The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. MenB (meningococcal serogroup B MenB-4C [Bexserol] and MenB-FHbp [Trumenba])</p> <p>Tdap Human Papillomavirus (HPV)</p> <p>Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4 is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas. The Dengue note was revised to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, not for children traveling to or visiting endemic dengue areas.</p> <p>COVID 19: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (mRNA versus acellular protein subunit, or "aPS")</p>	\$0 copay

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
Preventive Services (continued)	<p>Vaccines for adults from 21 years of age Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) Tetanus-Diphtheria Toxoids (Td) Meningococcal conjugate A, C,W,Y or MenACWY vaccines (MenACWY-D, MenACWY-CRM, MenACWY-TT) Meningococcal Group B Vaccine (MenB-4C, MenB-FHbp) Measles, Mumps, and Rubella Virus Vaccine Live (MMR) Varicella Virus Vaccine Live (VAR) Zoster Vaccine Recombinant, Adjuvanted (RZV) Human Papillomavirus 9-valent Vaccine, Recombinant (HPV) Pneumococcal 15-valent Conjugate Vaccine (PCV15) Pneumococcal 20-valent Conjugate Vaccine (PCV20) Pneumococcal vaccine polyvalent (PCV23) Hepatitis A vaccine, inactivated (HepA) Hepatitis B vaccine (Recombinant) (HepB) Hepatitis A inactivated & hepatitis B (recombinant) vaccine (HepA-HepB) Haemophilus influenzae type b vaccine (Hib) Influenza Vaccine: Influenza vaccine (inactivated) IIV4 or Quadrivalent Influenza vaccine(recombinant) RIV4 (Influenza vaccine (live, attenuated) LAIV4 COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.</p>	
Physical, Respiratory, Occupational and Speech Therapy	<ul style="list-style-type: none"> Physical Therapy <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>	\$0 copay
	<ul style="list-style-type: none"> Occupational Therapy <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>	\$0 copay
	<ul style="list-style-type: none"> Respiratory Therapy <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>	\$0 copay
	<ul style="list-style-type: none"> Speech Therapy <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>Covered without limits under Medicare Part B (Medical Insurance). Do not apply within Wrap-Around.</p>	\$0 copay

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
Emergency Room (ER) Services	<ul style="list-style-type: none"> Emergency Room (ER) Visit <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>	\$0 copay
	<ul style="list-style-type: none"> Non-Emergency Services Provided in a Hospital Emergency Room, (per visit) <p>Coverage Code 100: \$0 Coverage Code 110: \$4 Coverage Code 120: \$5 Coverage Code 130: \$8</p>	\$0 copay
	<ul style="list-style-type: none"> Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit) <p>Coverage Code 100: \$0 Coverage Code 110: \$2 Coverage Code 120: \$3 Coverage Code 130: \$4</p>	\$0 copay
	<ul style="list-style-type: none"> Trauma <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>	\$0 copay
Ambulatory Visits	<ul style="list-style-type: none"> Primary Care Physician (PCP) <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>	\$0 copay
	<ul style="list-style-type: none"> Specialist <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>	\$0 copay
	<ul style="list-style-type: none"> Subspecialist <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>	\$0 copay
	<ul style="list-style-type: none"> Pre-natal Services <p>Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p>	\$0 copay

Benefit Category	Department of Health’s Medicaid Program Government Health Plan (GHP)	Coverage
Special Coverage	Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2 Special Coverage includes services related to: <ul style="list-style-type: none"> HIV/AIDS Tuberculosis Leprosy Systemic Lupus Erythematosus (SLE) Cystic Fibrosis Cancer Hemophilia ESRD - Levels 3, 4 and 5 Multiple Sclerosis Scleroderma Pulmonary Hypertension Aplastic Anemia Rheumatoid Arthritis Autism Skin cancer Skin cancer: carcinoma IN SITU Skin cancer: Invasive Melanoma or squamous cells with evidence of metastasis Adults with Phenylketonuria Chronic Hepatitis C Congestive Heart Failure (CHF), Class III and IV, New York Heart Association (NYHA) in a potential candidate for heart transplant Primary Ciliary Diskinecia (PCD) Inflammatory Bowel Disease (IBD): Crohn’s disease; Ulcerative Colitis and Microscopic Colitis 	\$0 copay The homebound is also established under the MCS Classicare Special Conditions Registry. Contact the plan for details.
Other Services	<ul style="list-style-type: none"> High-Tech Laboratories** Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0	\$0 copay
	<ul style="list-style-type: none"> Clinical Laboratories** Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0	\$0 copay
	<ul style="list-style-type: none"> X-Rays** Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0	\$0 copay

Benefit Category	Department of Health’s Medicaid Program Government Health Plan (GHP)	Coverage
Other Services (continued)	<ul style="list-style-type: none"> Special Diagnostic Tests** Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 **Applies only to diagnostic tests. Copays do not apply to the test required as part of a preventive service.	\$0 copay
	<ul style="list-style-type: none"> Healthy Child Care Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0	\$0 copay
	<ul style="list-style-type: none"> Physical Exam Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2	\$0 copay
	<ul style="list-style-type: none"> Ambulatory Surgery Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$1.50 Coverage Code 130: \$2	\$0 copay
Prescription Drugs	Prescription Drugs Preferred (Children 0-20 years of age) Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0 Preferred (Adult) **** Coverage Code 100: \$0 Coverage Code 110: \$1 Coverage Code 120: \$2 Coverage Code 130: \$3 Non-Preferred (Children 0-20 years of age) Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0	Prescription Drugs \$0 for all covered drugs. \$0 for outpatient substance abuse drugs

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
<p>Prescription Drugs (continued)</p>	<p>Prescription Drugs</p> <p>Non-Preferred (Adult) **** Coverage Code 100: \$0 Coverage Code 110: \$3 Coverage Code 120: \$4 Coverage Code 130: \$6</p> <p>Outpatient Substance Abuse Coverage Code 100: \$0 Coverage Code 110: \$0 Coverage Code 120: \$0 Coverage Code 130: \$0</p> <p>*** Copays apply to each drug included in the same prescription pad. **** Copays for children 0-20 years of age are not applicable for Medicaid, Commonwealth medically indigent eligible, and for children 0-20 enrolled in the CHIP Program in group ages 0-20.</p> <p>Prescription drugs non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.</p> <p>Any cost sharing not included on the MAO benefit design as approved by CMS, including deductible, co insurances or coverage gaps exceeding the State plan.</p> <p>The drug needs to be in the GHP formulary and needs to be subject to the applicable edits as established in the GHP Formulary of Medications in Coverage (FMC). It also needs to comply with the followings:</p> <ul style="list-style-type: none"> • All MAOs pharmacy benefit will provide full year drug coverage with their CMS approved Part D Drugs Formulary, and subject to established Platino copayments as the only out of pocket contribution. • Drugs not included in the MAOs Part D Drugs Formulary should undergo CMS required exception process for possible approval of non- covered drugs. If exception process denial is sustained by the MAOs, including the appeal process, but if the drug is covered by the GHP Formulary, the drug will be covered under Wrap Around. The prescriber physician needs to exhaust available MAO Formulary on the needed drug category. • Wrap Around drugs to be considered, need to be part of the GHP Formulary. All MAO's Part D Drugs Formularies should have the same therapeutic classes as GHP Formulary. 	<p>Prescription Drugs</p> <p>\$0 for all covered drugs.</p> <p>\$0 for outpatient substance abuse drugs</p> <p>Outpatient Prescription Drugs</p> <p>Cost-sharing may change at out-of-network pharmacies. For more information please call us or see Chapter 6, Section 5.2 of the Evidence of Coverage.</p>

Benefit Category	Department of Health's Medicaid Program Government Health Plan (GHP)	Coverage
	<p>1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code: Children from 0 to less than 21 years of age (0-20 years, inclusive) Pregnant women (during pregnancy and the 60-day post-partum period); American Indians and Alaskan Natives (AI/AN) Institutionalized Individuals; and Individuals receiving hospice care.</p> <p>2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services: Emergency services, including ambulatory, hospital, and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a); Family planning services and supplies; Preventative services provided to children less than 18 years of age (0- 17 years, inclusive) Pregnancy-related services and counseling, and drugs for cessation of tobacco use; Provider-preventable services as defined in 42 CFR 447.26(b);</p> <p>3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.</p> <p>4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.</p>	

NOTE: Authorization and referrals requirements mentioned in previous sections are also applicable for the Benefits Covered by the Puerto Rico Department of Health's Medicaid Program section. Referrals do not apply to conditions under Special Coverage once you are registered.

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 and a contract with the Puerto Rico Medicaid Program. 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 (HMO D-SNP)** plan you must have Medicare Part A, be enrolled in Medicare Part B and the Government Health Plan (GHP) and live in our service area. You are also eligible for membership in our plan as long as you are a United States citizen, are lawfully present in the United States or were a member of a different plan that was terminated.

For **MCS Classicare Platino Ideal (HMO D-SNP)**, **MCS Classicare Platino Progreso (HMO D-SNP)**, **MCS Classicare Platino MásCa\$h (HMO D-SNP)** and **MCS Classicare Platino Total (HMO D-SNP)**, our service area includes the 78 municipalities in Puerto Rico.

For **MCS Classicare Platino Máximo (HMO D-SNP) Region 1**, our service area includes the following municipalities in Puerto Rico:

Aguada, Aguadilla, Añasco, Arecibo, Camuy, Hatillo, Isabela, Mayagüez, Moca, Quebradillas, Rincón, San Sebastián and Utuado.

For **MCS Classicare Platino Máximo (HMO D-SNP) Region 2**, our service area includes the following municipalities in Puerto Rico:

Adjuntas, Barceloneta, Cabo Rojo, Ciales, Corozal, Florida, Guánica, Hormigueros, Jayuya, Lajas, Lares, Las Marías, Manatí, Maricao, Morovis, Orocovis, Sabana Grande, San Germán, Vega Alta, Vega Baja and Yauco.

For **MCS Classicare Platino Máximo (HMO D-SNP) Region 3**, our service area includes the following municipalities in Puerto Rico:

Aguas Buenas, Aibonito, Arroyo, Barranquitas, Bayamón, Caguas, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Cidra, Coamo, Comerío, Culebra, Dorado, Fajardo, Guayama, Guayanilla, Guaynabo, Gurabo, Humacao, Juana Díaz, Juncos, Las Piedras, Loiza, Luquillo, Maunabo, Naguabo, Naranjito, Patillas, Peñuelas, Ponce, Río Grande, Salinas, San Juan, San Lorenzo, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Vieques, Villalba and Yabucoa.

For **MCS Classicare Platino Del Sur (HMO D-SNP)**, our service area includes the following municipalities in Puerto Rico:

Coamo, Guayanilla, Juana Díaz, Peñuelas, Ponce, Salinas, Santa Isabel and Villalba.

MCS Classicare (HMO D-SNP) 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.

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

REGIONAL MAP

At **MCS Classicare** (HMO)
we love you
with all



Region 1 Region 2 Region 3



MCS Classicare Platino Del Sur (HMO)



Find here
all your benefits

Paid endorsement.

Enjoy the MCS CLASSICARE TE PAGA^{4,5} card

- ✓ All members qualify
- ✓ Pay your **OTC items** with Te Paga
- ✓ What you don't use is **transferred** to the following month
(MCS Classicare: Platino Total, Platino Progreso, Platino Máximo (Regions 1, 2 and 3) and Platino del Sur)



MCS CLASSICARE PLATINO TOTAL (HMO D-SNP)	MCS Classicare PLATINO IDEAL (HMO D-SNP)	MCS Classicare PLATINO PROGRESO (HMO D-SNP)	MCS Classicare PLATINO MÁSCA\$H (HMO D-SNP)
\$3,000 annual (\$250 monthly)	\$1,116 annual (\$93 monthly)	\$972 annual (\$81 monthly)	\$744 annual (\$62 monthly)
REGIONAL PRODUCTS ⁹			
NEW! MCS Classicare PLATINO MÁXIMO (HMO D-SNP)			NEW! MCS Classicare PLATINO DEL SUR (HMO D-SNP)
Region 1	Region 2	Region 3	
\$2,520 annual (\$210 monthly)	\$2,160 annual (\$180 monthly)	\$1,920 annual (\$160 monthly)	\$1,800 annual (\$150 monthly)

Part B monthly premium reduction

MCS Classicare PLATINO MÁSCA\$H (HMO D-SNP)	MCS Classicare PLATINO IDEAL (HMO D-SNP)	MCS Classicare PLATINO PROGRESO (HMO D-SNP)
\$1,978.80 annual (\$164.90 monthly)	\$1,440 annual (\$120 monthly)	\$540 annual (\$45 monthly)
REGIONAL PRODUCTS ⁹		
NEW! MCS Classicare PLATINO DEL SUR (HMO D-SNP)	NEW! MCS Classicare PLATINO MÁXIMO (HMO D-SNP)	
	Region 1	Region 2 Region 3
\$1,800 anual (\$150 monthly)	\$1,200 anual (\$100 monthly)	



MCS Classicare Platino Ideal (HMO D-SNP)

In-Home Foot Care⁷

1 quarterly visit

MCS Classicare Platino Progreso (HMO D-SNP)

Comprehensive dental¹

\$4,500 every year

Restorative Services • Crowns • Prosthodontics



MCS Classicare Platino MásCa\$h (HMO D-SNP)

Cellular at no cost⁸

- Unlimited voice, text and Internet plan
- In Puerto Rico and United States



MCS Classicare Platino Progreso (HMO D-SNP)

Eyewear

\$1,000 annual



Based on a Model of Care review, MCS Classicare has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2026. 1. Some services may require pre-authorization. Contact the plan for details. 4. The Te Paga card benefit cannot be used for cash withdrawal and to buy alcohol beverages nor tobacco, or its derivatives. Unused amounts does not roll over to the next month for the following groups: MCS Classicare Platino Ideal (HMO D-SNP) and MCS Classicare Platino MásCa\$h (HMO D-SNP). 6. If you have questions, need materials on a standing basis in alternate formats and/or languages or need oral interpretation services, you can call us at 1.866.627.8183 (toll free) or 1.866.627.8182 (TTY, for the hearing impaired). This will not affect your eligibility to the plan or any other benefits. 7. Services are limited by quarter, and if you do not use the entire amount during a quarter, the remaining balance will not accumulate for use during

the next quarter. 8. Preselected equipment with a data plan from a supplier approved by the plan. 9. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare, Platino Del Sur (HMO D-SNP) includes 8 municipalities. MCS Classicare Platino Máximo (HMO D-SNP) Region 1 includes 13 municipalities, Platino Máximo (HMO D-SNP) Region 2 includes 21 municipalities, Platino Máximo (HMO D-SNP) Region 3 includes 44 municipalities. For details see the Evidence of Coverage or contact the plan.

Complete Health

MCS | Classicare

(HMO)

Based on a Model of Care review, MCS Classicare has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2026. H5577_4330823_M