

# SUMMARY OF BENEFITS

- MCS Classicare Metro (HMO)
- MCS Classicare Excede (HMO)
- MCS Classicare Firme (HMO)
- MCS Classicare Del Caribe (HMO)

Region 1

Region 2



# 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 <sup>1</sup>**

**Outpatient hospital services <sup>1</sup>**

**Ambulatory Surgical Center Services <sup>1</sup>**

### 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.

**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.



### Access to island-wide provider network

MCS Classicare FIRME (HMO)	MCS Classicare METRO (HMO)
You pay \$0	You pay \$0
\$0 monthly	\$50 monthly
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
Special Network (SN): \$0 copayment for each Medicare-covered hospital stay	Special Network (SN): \$0 copayment for each Medicare-covered hospital stay
General Network (GN): \$50 copayment for each Medicare-covered hospital stay	General Network (GN): \$50 copayment for each Medicare-covered hospital stay
You pay nothing	You pay nothing
You pay nothing	You pay nothing
You pay nothing	\$5 copayment
You pay nothing	\$10 copayment
You pay nothing	You pay nothing
\$40 copayment per visit	\$40 copayment per visit
You pay nothing	You pay nothing

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

# SUMMARY OF BENEFITS

## BENEFITS

### DIAGNOSTIC SERVICES/LABS/IMAGING

Diagnostic tests and procedures <sup>1</sup>

Lab services<sup>1</sup>

Diagnostic Radiology services (e.g. MRI, CT Scan) <sup>1</sup>

X-rays<sup>1</sup>

### HEARING SERVICES

Medicare-covered hearing exam

Routine hearing exam - one (1) per year

Fitting-evaluation for hearing aids - one (1) per year

Hearing aids <sup>1</sup>

### DENTAL SERVICES

Medicare-covered services

Preventive dental services

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

No maximum benefit coverage applies for preventive services.

Comprehensive dental services <sup>1</sup>

- Crowns
- Prosthodontics
- Restorative Services

### Access to island-wide provider network

#### MCS Classicare FIRME (HMO)

#### MCS Classicare METRO (HMO)

0% of the total cost for simple procedures

0% of the total cost for simple procedures

15% of the total cost for complex procedures

15% of the total cost for complex procedures

Special Network (SN):  
0% of the total cost

Special Network (SN):  
0% of the total cost

General Network (GN):  
20% of the total cost

General Network (GN):  
20% of the total cost

0% of the total cost for simple procedures

0% of the total cost for simple procedures

15% of the total cost for complex procedures

15% of the total cost for complex procedures

You pay nothing

You pay nothing

You pay nothing

You pay nothing

You pay nothing

You pay nothing

You pay nothing

You pay nothing

See "Combined Eyewear and Hearing Aids Benefit"

See "Combined Eyewear and Hearing Aids Benefit"

You pay nothing

You pay nothing

You pay nothing

You pay nothing

You pay nothing  
Up to \$2,900 annually

You pay nothing  
Up to \$1,600 annually

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

# SUMMARY OF BENEFITS

## BENEFITS

### VISION SERVICES

Medicare-covered Eye Exam
Routine Eye Exam - one (1) per year
Eyewear

### MENTAL HEALTH SERVICES

<b>Inpatient Visit <sup>2</sup></b>  Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital.  The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.
<b>Outpatient Individual Therapy Visit <sup>2</sup></b> <b>Outpatient Group Therapy Visit</b>

### ADDITIONAL BENEFITS

<b>Skilled Nursing Facility <sup>1</sup></b>  Our plan covers up to 100 days. Contact the plan for details.
<b>Physical Therapy <sup>1</sup></b>  We also cover occupational therapy, and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.
<b>Ambulance</b> <b>Air ambulance <sup>1</sup></b> <b>Ground ambulance <sup>1</sup></b>
<b>Transportation</b>  A trip is considered one-way transportation medical transport to a plan approved health-related location.

### MEDICARE PART B DRUGS

Chemotherapy drugs <sup>1</sup>
Other Part B drugs <sup>1</sup>
Insulin drugs

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

Access to island-wide provider network	
MCS Classicare FIRME (HMO)	MCS Classicare METRO (HMO)
You pay nothing	You pay nothing
You pay nothing	You pay nothing
See "Combined Eyewear and Hearing Aids Benefit"	See "Combined Eyewear and Hearing Aids Benefit"
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 For up to 40 one-way trips annually	\$600 annually for transportation to plan-approved locations provided by contracted rideshare transportation provider
0% - 5% of the total cost	0% - 5% of the total cost
0% - 10% of the total cost	0% - 10% of the total cost
0% - 10% of the total cost, maximum \$35 copayment	0% - 10% of the total cost, maximum \$35 copayment

# SUMMARY OF BENEFITS

## BENEFITS

### MEDICAL EQUIPMENT / SUPPLIES

- Durable medical equipment (DME) <sup>1</sup>
- Prosthetic devices<sup>1</sup>
- Diabetic supplies<sup>1</sup>

### WELLNESS PROGRAMS

- Fitness Benefit (Club Te Paga)
- Nursing Hotline (MCS Medilínea)

### 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



## Access to island-wide provider network

MCS Classicare FIRME (HMO)	MCS Classicare METRO (HMO)
You pay nothing	You pay nothing
0% - 20% of the total cost	0% - 20% of the total cost
You pay nothing	You pay nothing
You pay nothing	You pay nothing
You pay nothing	You pay nothing
You pay nothing	\$10 copayment
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.

# SUMMARY OF BENEFITS



## BENEFITS

### SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL



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



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

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



#### Transportation for non-medical needs <sup>3</sup>

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

#### Cell Phone Benefit <sup>3</sup>

One (1) cell phone with data plan from a supplier approved by the plan.



### OTHER SUPPLEMENTAL BENEFITS

#### Combined Eyewear and Hearing Aids Benefit <sup>1</sup>

#### Home Care Support

## Access to island-wide provider network

MCS Classicare FIRME (HMO)	MCS Classicare METRO (HMO)
\$1,440 annually (\$120 monthly)	\$900 annually (\$75 monthly)
You pay nothing	You pay nothing
Twelve (12) visits annually (maximum 3 quarterly)	Twelve (12) visits annually (maximum 3 quarterly)
You pay nothing	You pay nothing
You pay nothing	You pay nothing
Up to \$950 annually for a combined Eyewear and Hearing Aids Benefit	Up to \$1,250 annually for a combined Eyewear and Hearing Aids Benefit
N/A	You pay nothing Five (5) hours monthly (60 hours annually)

1. Some services may require pre-authorization. Contact the plan for details. 2. Pre-authorization through MCS Solutions. 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. The MCS Classicare Metro (HMO) maximum plan benefit coverage amount does not roll over to the next period if it is unused within the contract year. 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. 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

### 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 <sup>1</sup>**

**Outpatient hospital services <sup>1</sup>**

**Ambulatory Surgical Center Services <sup>1</sup>**

### 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.

**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.

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

## Access to island-wide provider network

NEW!	MCS Classicare EXCEDE (HMO)		NEW!
	Region 1	Region 2	MCS Classicare DEL CARIBE (HMO)
	You pay \$0		You pay \$0
	\$50 monthly		\$80 monthly
	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
	Special Network (SN): \$0 copayment for each Medicare-covered hospital stay		Special Network (SN): \$0 copayment for each Medicare-covered hospital stay
	General Network (GN): \$50 copayment for each Medicare-covered hospital stay		General Network (GN): \$50 copayment for each Medicare-covered hospital stay
	You pay nothing		You pay nothing
	You pay nothing		You pay nothing
	You pay nothing		You pay nothing
	\$40 copayment per visit		\$40 copayment per visit
	You pay nothing		You pay nothing



# SUMMARY OF BENEFITS

## BENEFITS

### DIAGNOSTIC SERVICES/LABS/IMAGING

Diagnostic tests and procedures <sup>1</sup>
Lab services <sup>1</sup>
Diagnostic Radiology services (e.g. MRI, CT Scan) <sup>1</sup>
X-rays <sup>1</sup>

### HEARING SERVICES

Medicare-covered hearing exam
Routine hearing exam - one (1) per year
Fitting-evaluation for hearing aids - one (1) per year
Hearing aids <sup>1</sup>

### DENTAL SERVICES

Medicare-covered services
Preventive dental services - Oral exam - Prophylaxis (cleaning) - Flouride treatment - X-rays
No maximum benefit coverage applies for preventive services.
Comprehensive dental services <sup>1</sup> - Crowns - Prosthodontics - Restorative Services

Access to island-wide provider network			
NEW!	MCS Classicare EXCEDE (HMO)		NEW!
	Region 1	Region 2	MCS Classicare DEL CARIBE (HMO)
	0% of the total cost for simple procedures		0% of the total cost for simple procedures
	15% of the total cost for complex procedures		15% of the total cost for complex procedures
	"Special Network (SN): 0% of the total cost		Special Network (SN): 0% of the total cost
	General Network (GN): 20% of the total cost"		General Network (GN): 20% of the total cost
	0% of the total cost for simple procedures		0% of the total cost for simple procedures
	15% of the total cost for complex procedures		15% of the total cost for complex procedures
	You pay nothing		You pay nothing
	You pay nothing		You pay nothing
	You pay nothing		You pay nothing
	You pay nothing		You pay nothing
	See "Combined Eyewear and Hearing Aids Benefit"		See "Combined Eyewear and Hearing Aids Benefit"
	You pay nothing		You pay nothing
	You pay nothing		You pay nothing
	You pay nothing Up to \$1,500 annually		You pay nothing Up to \$1,500 annually

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



# SUMMARY OF BENEFITS



## BENEFITS

### VISION SERVICES

Medicare-covered Eye Exam
Routine Eye Exam - one (1) per year
Eyewear

### MENTAL HEALTH SERVICES

<b>Inpatient Visit <sup>2</sup></b>  Our plan covers up to 190 days in a lifetime for inpatient mental therapy visit health care in a psychiatric hospital.  The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.
<b>Outpatient Individual Therapy Visit <sup>2</sup></b> <b>Outpatient Group Therapy Visit</b>

### ADDITIONAL BENEFITS

<b>Skilled Nursing Facility <sup>1</sup></b>  Our plan covers up to 100 days. Contact the plan for details.
<b>Physical Therapy <sup>1</sup></b>  We also cover occupational therapy, and speech and language therapy. Review the Evidence of Coverage or contact the plan for details.
<b>Ambulance</b> <b>Air ambulance <sup>1</sup></b> <b>Ground ambulance <sup>1</sup></b>
<b>Transportation</b>  A trip is considered one-way transportation medical transport to a plan approved health-related location.




### MEDICARE PART B DRUGS <sup>1</sup>

Chemotherapy drugs
Other Part B drugs
Insulin drugs

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

Access to island-wide provider network			
NEW!	MCS Classicare EXCEDE (HMO)		NEW!
	Region 1	Region 2	MCS Classicare DEL CARIBE (HMO)
	You pay nothing		You pay nothing
	You pay nothing		You pay nothing
	See "Combined Eyewear and Hearing Aids Benefit"		See "Combined Eyewear and Hearing Aids Benefit"
	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 12 one-way trips annually		You pay nothing For up to 12 one-way trips annually
	0% - 5% of the total cost		0% - 5% of the total cost
	0% - 10% of the total cost		0% - 10% of the total cost
	0% - 10% of the total cost, maximum \$35 copayment		0% - 10% of the total cost, maximum \$35 copayment

# SUMMARY OF BENEFITS

BENEFITS	
<b>MEDICAL EQUIPMENT / SUPPLIES</b>	
	Durable medical equipment (DME) <sup>1</sup>
	Prosthetic devices <sup>1</sup>
	Diabetic supplies <sup>1</sup>
<b>WELLNESS PROGRAMS</b>	
	Fitness Benefit (Club Te Paga)
	Nursing Hotline (MCS Medilínea)
<b>WELLNESS BENEFITS</b>	
	Foot Exams and Treatment (Podiatry Services)
	Foot Reflexology
	<b>Remote Access Technologies (Telemedicine)</b>
	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 EXCEDE (HMO)		NEW!
	Region 1	Region 2	MCS Classicare DEL CARIBE (HMO)
	You pay nothing		You pay nothing
	0% - 20% of the total cost		0% - 20% of the total cost
	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		Six (6) visits annually
	You pay nothing		You pay nothing
	Six (6) additional visits annually		Six (6) additional visits annually

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

# SUMMARY OF BENEFITS



## BENEFITS

### SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL



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



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

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



#### Transportation for non-medical needs <sup>3</sup>

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



#### Cell Phone Benefit <sup>3</sup>

One (1) cell phone with data plan from a supplier approved by the plan.

### OTHER SUPPLEMENTAL BENEFITS

#### Combined Eyewear and Hearing Aids Benefit <sup>1</sup>


#### Home Care Support

Access to island-wide provider network		
NEW!	MCS Classicare EXCEDE (HMO)	NEW! MCS Classicare DEL CARIBE (HMO)
	Region 1	Region 2
	\$1,584 annually (\$132 monthly)	\$984 annually (\$82 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 \$700 annually for a combined Eyewear and Hearing Aids Benefit	Up to \$700 annually for a combined Eyewear and Hearing Aids Benefit
	N/A	N/A

1. Some services may require pre-authorization. Contact the plan for details. 2. Pre-authorization through MCS Solutions. 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. The MCS Classicare Metro (HMO) maximum plan benefit coverage amount does not roll over to the next period if it is unused within the contract year. 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. 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.

# OUTPATIENT PRESCRIPTION DRUGS

STAGE	DRUG TIER
YEARLY DEDUCTIBLE	Because there is no deductible for the plan, this payment stage does not apply to you.
 <p><b>INITIAL COVERAGE</b></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>	<b>STANDARD RETAIL (IN-NETWORK) (30-DAY SUPPLY)</b>
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	<b>STANDARD RETAIL (IN-NETWORK) (90-DAY SUPPLY)</b>
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
	Tier 4 - Non-Preferred Brand
	Tier 5 - Specialty Drugs
	Tier 6 - Select Care Drugs
	<b>MAIL-ORDER (UP TO A 90-DAY SUPPLY)</b>
	Tier 1 - Preferred Generic
	Tier 2 - Generic
	Tier 3 - Preferred Brand
Tier 4 - Non-Preferred Brand	
Tier 5 - Specialty Drugs	
Tier 6 - Select Care Drugs	
<b>COVERAGE GAP</b>	After your total drug costs (including what our plan has paid and what you have paid) reach \$5,030, you will pay the same copays mentioned above for Tiers 1, 2 and 6 and no more than 25% coinsurance for brand name drugs. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$8,000.
<b>CATASTROPHIC COVERAGE</b>	<p>You enter the Catastrophic Coverage Stage when your out-of-pocket costs 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"> <li>During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.</li> </ul>

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.

Access to island-wide provider network				
MCS Classicare FIRME (HMO)	MCS Classicare METRO (HMO)	NEW! MCS Classicare EXCEDE (HMO)		NEW! MCS Classicare DEL CARIBE (HMO)
		Region 1	Region 2	
\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$5 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$15 copay	\$0 copay	\$0 copay	\$0 copay
33% of the total cost	33% of the total cost	33% 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	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$15 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$45 copay	\$0 copay	\$0 copay	\$0 copay
Not Offered	Not Offered	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
\$0 copay	\$10 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$30 copay	\$0 copay	\$0 copay	\$0 copay
Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
\$0 copay	\$0 copay	\$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 2024 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486- 2048.

**Additional Resources to Help** - Please contact our Call Center number at 787-620-2530 (Metro Area) or 1-866627-8183 (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](http://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 Firme (HMO)**, our service area includes the following municipalities in Puerto Rico:

Adjuntas, Aguada, Aguadilla, Añasco, Arecibo, Barceloneta, Cabo Rojo, Camuy, Ciales, Corozal, Florida, Guánica, Guayanilla, Hatillo, Hormigueros, Isabela, Jayuya, Juana Díaz, Lajas, Lares, Las Marías, Manatí, Maricao, Mayagüez, Moca, Morovis, Orocovis, Peñuelas, Ponce, Quebradillas, Rincón, Sabana Grande, San Germán, San Sebastián, Utuado, Vega Alta, Vega Baja, Villalba and Yauco.

For **MCS Classicare Metro (HMO)**, our service area includes the following municipalities in Puerto Rico:

Bayamón, Caguas, Canóvanas, Carolina, Cataño, Guaynabo, San Juan and Trujillo Alto.

For **MCS Classicare Excede (HMO) 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.

Para **MCS Classicare Excede (HMO) 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 Del Caribe (HMO)**, our service area includes the following municipalities in Puerto Rico:

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

**MCS Classicare (HMO)** 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](http://www.mcsclassicare.com)

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

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

## Hours of Operation

From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m.

From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m., and Saturday from 8:00 a.m. to 4:30 p.m.

After these business hours, for general information on your benefits you may leave us a voice message. We will return your call on our next business day.

## Evidence of Coverage

You can see your Evidence of Coverage at our website at [www.mcsclassicare.com](http://www.mcsclassicare.com)

## Plan Directories

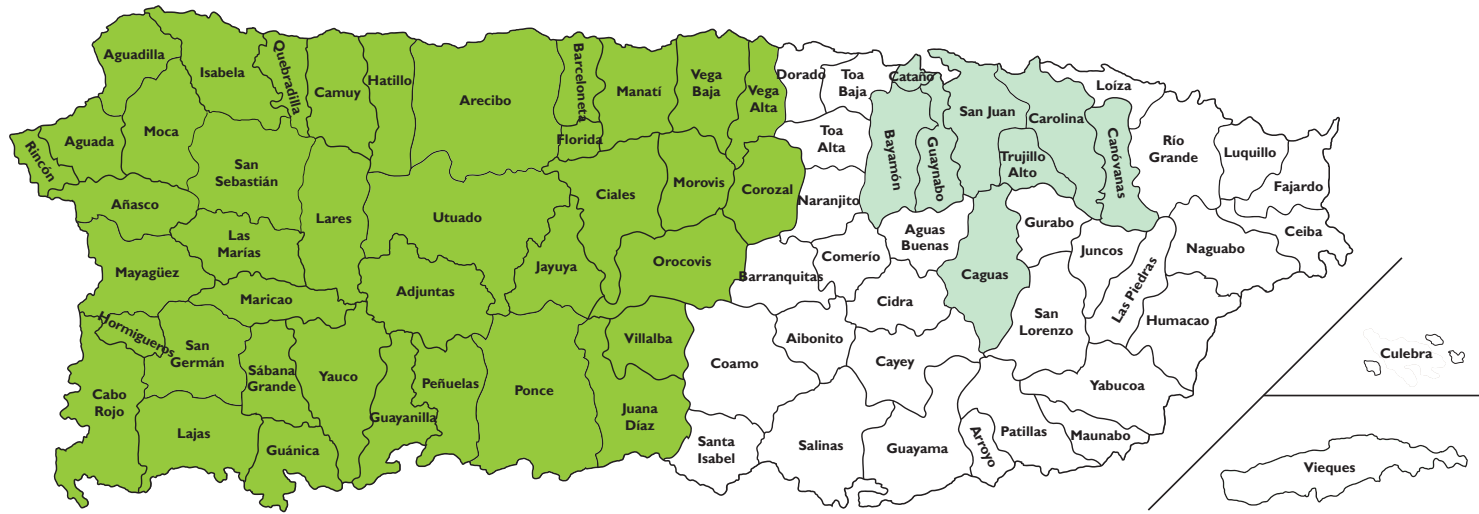
You can see our plan’s **providers and pharmacies directory** at our website at [www.mcsclassicare.com](http://www.mcsclassicare.com)

## Drug Coverage\*

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

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

# REGIONAL MAP



**MCS Classicare Firme (HMO)** **MCS Classicare Metro (HMO)**



**MCS Classicare Excede (HMO)** **MCS Classicare Excede (HMO)**

Region 1

Region 2

**MCS Classicare Del Caribe (HMO)**

# Enjoy the MCS CLASSICARE TE PAGA card<sup>3,4</sup>



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

REGIONALS PRODUCTS <sup>8</sup>				
<b>NEW!</b> MCS Classicare EXCEDE (HMO)		MCS Classicare FIRME (HMO)	<b>NEW!</b> MCS Classicare DEL CARIBE (HMO)	MCS Classicare METRO (HMO)
Region 1	Region 2			
<b>\$1,584</b> annually (\$132 monthly)	<b>\$1,104</b> annually (\$92 monthly)	<b>\$1,440</b> annually (\$120 monthly)	<b>\$984</b> annually (\$82 monthly)	<b>\$900</b> annually (\$75 monthly)

## Part B monthly premium reduction

REGIONALS PRODUCTS <sup>8</sup>		
<b>NEW!</b> MCS Classicare DEL CARIBE (HMO)	<b>NEW!</b> MCS Classicare EXCEDE (HMO)	MCS Classicare METRO (HMO)
	Region 1	Region 2
<b>\$960</b> annually (\$80 monthly)	<b>\$600</b> annually (\$50 monthly)	<b>\$600</b> annually (\$50 monthly)

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. The MCS Classicare Metro (HMO) maximum plan benefit coverage amount does not roll over to the next period if it is unused within the contract year. 8. Access to the provider's network all over Puerto Rico. The service area for MCS Classicare Firme (HMO) includes 39 municipalities. MCS Classicare Metro (HMO) includes 8 municipalities. MCS Classicare Excede (HMO) Region 1 includes 13 municipalities, Excede (HMO) Region 2 includes 21 municipalities. MCS Classicare Del Caribe (HMO) includes 8 municipalities. For details see the Evidence of Coverage or contact the plan.



MCS Classicare Metro (HMO)

# Home Care Support

(60 hours per year/ 5 hours per month)

MCS Classicare Firme (HMO)

# Comprehensive dental<sup>1</sup>

## \$2,900

 every year

Restorative Services • Crowns • Prosthodontics



MCS Classicare Firme (HMO)  
MCS Classicare Metro (HMO)

# Cellphone at no cost<sup>\*3.7</sup>

- Unlimited voice, text and internet (data) plan
- In Puerto Rico and United States

\*Equipment pre-selected by the plan.

MCS Classicare Metro (HMO)

# Eyewear and hearing aids

Combined benefit

## \$1,250

 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. 7. One (1) cell phone with data plan from a supplier approved by the plan.

# Complete Health

# **MCS** | Classicare

(HMO)

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