

2019 Summary of Benefits

MCS Classicare Essential (HMO-POS)

H5577, Plan 008

This is a summary of drug and health services covered by MCS Classicare Essential (HMO-POS)

January 1, 2019 - December 31, 2019

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.

This information is not a complete description of benefits. Call 787-620-2530 (Metro Area) or 1-866-627-8183 (toll free). TTY users (hearing impaired) may call 1-866-627-8182 for more information.

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 we cover, you may visit our website at www.mcsclassicare.com to view your 2019 Evidence of Coverage.

To join **MCS Classicare Essential (HMO-POS)**, you must be entitled to 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; and you do not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated. Our service area includes the following counties in Puerto Rico: Adjuntas, Aguada, Aguadilla, Aguas Buenas, Aibonito, Añasco, Arecibo, Arroyo, Barceloneta, Barranquitas, Bayamón, Cabo Rojo, Caguas, Camuy, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Ciales, Cidra, Coamo, Comerío, Corozal, Culebra, Dorado, Fajardo, Florida, Guánica, Guayama, Guayanilla, Guaynabo, Gurabo, Hatillo, Hormigueros, Humacao, Isabela, Jayuya, Juana Díaz, Juncos, Lajas, Lares, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Maricao, Maunabo, Mayagüez, Moca, Morovis, Naguabo, Naranjito, Orocovis, Patillas, Peñuelas, Ponce, Quebradillas, Rincón, Río Grande, Sabana Grande, Salinas, San Germán, San Juan, San Lorenzo, San Sebastián, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Utuado, Vega Alta, Vega Baja, Vieques, Villalba, Yabucoa, and Yauco.

MCS Classicare Essential (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. Out-of-network/non-contracted providers are under no obligation to treat MCS Classicare members, except in emergency situations. 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

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 document is available in other formats such as Braille, large print or audio CD.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-627-8183 (TTY: 1-866-627-8182).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-627-8183 (TTY: 1-866-627-8182).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-627-8183 (TTY: 1-866-627-8182)。

Non-discrimination

MCS Advantage, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

MCS Advantage, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

MCS Advantage, Inc. 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Plan Phone Numbers and Website

For more information, please call us at the phone number 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

<https://www.mcsclearcare.com/en/Pages/products-and-services/coverages/evidence-coverage.aspx>.

Plan Directories

You can see our plan's providers directory at our website at

<https://www.mcsclearcare.com/en/Pages/providers-directory.aspx>.

You can see our plan's pharmacies directory at our website at

<https://www.mcsclearcare.com/en/Pages/providers-directory.aspx>.

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 <https://www.mcsclearcare.com/en/Pages/prescription-coverages/prescription-drug-formulary.aspx>.

Monthly Premium, Deductible, and Limits for Covered Services

Premiums and Limits	MCS Classicare Essential (HMO-POS)	What You Should Know
Monthly Plan Premium	You pay \$0	You must continue to pay your Medicare Part B premium.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,400 annually	The most you pay for copays, coinsurance and other costs for in-network medical services for the year.

Medical and Hospital Benefits

Benefits	MCS Classicare Essential (HMO-POS)	What You Should Know
<p>Inpatient Hospital Coverage</p>	<p>Your costs may vary depending on the network:</p> <p>Special Network (SN): You pay nothing per stay</p> <p>General Network (GN): You pay \$50 copay per stay</p> <p>Out-of-Network (Point of Service Option): 35% of the cost per stay</p>	<p>Our plan covers an unlimited number of days for inpatient hospital stays. The charge applies per stay.</p> <p>Some services may require preauthorization. Contact the plan for details.</p>
<p>Outpatient Hospital Coverage</p>	<p>You pay nothing per visit.</p> <p>Out-of-Network (Point of Service Option): 35% of the cost, except for observation services which have 0%.</p>	<p>Some services may require preauthorization. Contact the plan for details.</p>

Benefits	MCS Classicare Essential (HMO-POS)	What You Should Know
<p>Doctor Visits</p> <ul style="list-style-type: none"> ○ Primary Care Providers ○ Specialists 	<ul style="list-style-type: none"> ○ You pay nothing per visit ○ Your costs may vary depending on the network: <ul style="list-style-type: none"> Special Network (SN): You pay \$4 copay per visit General Network (GN): You pay \$8 copay per visit Out-of-Network (Point of Service Option): 35% of the cost 	
<p>Preventive Care (e.g., flu vaccine, diabetic screenings)</p>	<p>You pay nothing per service</p> <p>Out-of-Network (Point of Service Option): 0% of the cost</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>There may be some items that are not covered at \$0 cost.</p>
<p>Emergency Care</p> <ul style="list-style-type: none"> ○ Emergency Room ○ Worldwide Coverage 	<ul style="list-style-type: none"> ○ You pay \$75 copay per visit ○ You pay \$75 copay per visit 	<p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.</p>

Benefits

MCS Classicare Essential (HMO-POS)

What You Should Know

		<p>Worldwide coverage is managed through reimbursement based on different fee schedules allowed by our plan, which are applied according to the service received, less the corresponding cost sharing amount.</p>
<p>Urgently Needed Services</p> <ul style="list-style-type: none">○ Urgent Care○ Worldwide Coverage	<ul style="list-style-type: none">○ You pay \$10 copay per visit○ You pay \$75 copay per visit	<p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.</p> <p>Some plan rules and requirements may apply for post-stabilization care. Contact the plan for details.</p> <p>Worldwide coverage is managed through reimbursement based on different fee schedules allowed by our plan, which are applied according to the service received, less the corresponding cost sharing amount.</p>

Benefits

MCS Classicare Essential (HMO-POS)

What You Should Know

Diagnostic Services/Labs/ Imaging

- **Diagnostic tests and procedures**

- You pay 0-20% of the cost, depending on the service

- **Lab services**

- Your costs may vary depending on the network:

Special Network (SN):

You pay 0% of the cost per service

General Network (GN):

You pay 20% of the cost per service

- **MRI, CT Scan**

- You pay 0-20% of the cost, depending on the service

- **X-Rays**

- You pay nothing per service

**Out-of-Network
(Point of Service Option):**

35% of the cost

Some services may require preauthorization. Contact the plan for details.

Benefits	MCS Classicare Essential (HMO-POS)	What You Should Know
<p>Hearing Services</p> <ul style="list-style-type: none"> ○ Medicare-covered hearing exam ○ Routine hearing exam ○ Hearing aids 	<ul style="list-style-type: none"> ○ You pay nothing per hearing exam ○ You pay \$5 copay per routine hearing exam ○ Hearing aids covered <p>Out-of-Network (Point of Service Option):</p> <p>35% of the cost, except for hearing aids which have 0%.</p>	<p>Up to \$300 every year for hearing aids.</p>
<p>Dental Services</p> <ul style="list-style-type: none"> ○ Medicare-covered services ○ Oral exam & cleaning ○ Fillings ○ Complete and/or partial removable dentures 	<ul style="list-style-type: none"> ○ You pay 20% of the cost for Medicare-covered services ○ You pay \$8 copay per office visit ○ You pay 20% of the cost per service ○ Not covered <p>Out-of-Network (Point of Service Option):</p> <p>35% of the cost (Dentures are not covered)</p>	<p>Up to \$500 every year for dental benefits.</p> <p>Some services may require preauthorization. Contact the plan for details.</p>

Benefits	MCS Classicare Essential (HMO-POS)	What You Should Know
<p>Vision Services</p> <ul style="list-style-type: none"> ○ Medicare-covered eye exam ○ Routine eye exam ○ Non-Medicare-covered eyeglasses (frames and lenses) 	<ul style="list-style-type: none"> ○ You pay nothing per eye exam ○ You pay nothing per routine eye exam ○ Eyewear covered <p>Out-of-Network (Point of Service Option):</p> <p>35% of the cost, except for covered eyewear, which has 0%.</p>	<p>Up to \$150 every year for eyewear.</p> <p>Provider and/or member must verify remaining combined maximum plan benefit coverage amount available.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> ○ Inpatient visit ○ Outpatient individual therapy visit ○ Outpatient group therapy visit 	<ul style="list-style-type: none"> ○ You pay nothing per stay ○ You pay \$10 copay per outpatient individual therapy visit ○ You pay \$10 copay per outpatient group therapy visit <p>Out-of-Network (Point of Service Option):</p> <p>35% of the cost (For inpatient services the charge applies per stay)</p>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to psychiatric inpatient hospital services provided in a general hospital.</p> <p>Some services may require preauthorization. Contact the plan for details.</p>

Benefits

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What You Should Know

Benefits	MCS Classicare Essential (HMO-POS)	What You Should Know
Skilled Nursing Facility	You pay nothing per stay Out-of-Network (Point of Service Option): 35% of the cost per stay	Our plan covers up to 100 days in a SNF. Some services may require preauthorization. Contact the plan for details.
Physical Therapy	You pay \$3 copay per visit Out-of-Network (Point of Service Option): 35% of the cost	We also cover occupational therapy and speech and language therapy. Review the Evidence of Coverage or contact the plan to get information about applicable cost shares. Some services may require preauthorization. Contact the plan for details.
Ambulance	You pay nothing per service Out-of-Network (Point of Service Option): 35% of the cost	Some services may require preauthorization. Contact the plan for details.
Transportation	You pay nothing Out-of-Network (Point of Service Option): Not covered	Four (4) trips (one-way trip or return trip) to plan-approved locations every year. Some plan rules and requirements may apply, contact the plan for details.

Benefits	MCS Classicare Essential (HMO-POS)	What You Should Know
<p>Medicare Part B Drugs</p> <ul style="list-style-type: none"> ○ Chemotherapy drugs ○ Other Part B drugs 	<ul style="list-style-type: none"> ○ You pay 8% of the cost per drug ○ You pay 0-15% of the cost, depending on the drug or service <p>Out-of-Network (Point of Service Option):</p> <p>35% of the cost</p>	<p>Some services or drugs may require preauthorization. Contact the plan for details.</p>
<p>Foot Care (podiatry services)</p> <ul style="list-style-type: none"> ○ Foot exams and treatment 	<ul style="list-style-type: none"> ○ Your costs may vary depending on the network: <p>Special Network (SN): You pay \$4 copay per visit</p> <p>General Network (GN): You pay \$8 copay per visit</p> <p>Out-of-Network (Point of Service Option):</p> <p>35% of the cost</p>	

Benefits	MCS Classicare Essential (HMO-POS)	What You Should Know
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> ○ Durable Medical Equipment (e.g., wheelchairs, oxygen) ○ Prosthetics (e.g., braces, artificial limbs) ○ Diabetes supplies 	<ul style="list-style-type: none"> ○ You pay nothing per equipment ○ You pay 0-20% of the cost, depending on the device ○ You pay nothing per supply <p>Out-of-Network (Point of Service Option):</p> <p>35% of the cost</p>	<p>Some services may require preauthorization. Contact the plan for details.</p>
<p>Wellness Programs (e.g., fitness)</p> <ul style="list-style-type: none"> ○ Health Education (Club Amigos Clásicos, Healthy Welcome Program, MCS En Alerta) ○ Fitness Benefit (MCS Salud Paso a Paso) ○ Nursing Hotline (MCS Medilínea) ○ Alternative therapies/ Acupuncture (MCS Alivia) 	<ul style="list-style-type: none"> ○ You pay nothing per service ○ You pay nothing per service ○ You pay nothing per service ○ You pay \$15 copay per visit <p>Out-of-Network (Point of Service Option):</p> <p>Not covered</p>	<p>Alternative Medicine services are offered only through the MCS Alivia program and must be ordered by an MCS Alivia Physician. Beneficiary may receive up to two (2) treatment modalities per visit, up to a maximum of six (6) visits per year.</p>

Benefits

MCS Classicare Essential (HMO-POS)

What You Should Know

Over-the-Counter (OTC) Items

You pay nothing per item

Out-of-Network (Point of Service Option):

Not covered

You have up to \$25 every 3 months (\$100 yearly) to purchase OTC items.

Over-the-counter items list includes:

- Adult diapers
- Underpads (disposable protectors)
- Blood Pressure Monitor (One monitor per policy year)
- Among others items

See your Evidence of Coverage and the Over-the-Counter Items Guide for information on plan rules and for a complete list of covered items.

You must use up the maximum allotted quarterly amount because these amounts do not roll over/accumulate from one term into the next. Contact the plan for more details.

Benefits

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What You Should Know

Nutritionist Services

- **Personal evaluation and diet plan**
- **Designed by licensed dietitian**
- **Includes exercise suggestions**

You pay nothing for six (6) visits every year

Out-of-Network (Point of Service Option):

Not covered

This benefit is not the same benefit as Medical nutrition therapy which is for people with diabetes, renal disease (but not on dialysis), or after a kidney transplant, when ordered by the enrollees doctor. The new nutritional benefit is available to all our enrollees.

See your Evidence of Coverage for more details. For a list of available dietitians, please see your Providers and Pharmacies Directory.

Outpatient Prescription Drugs

Retail cost-sharing may change for extended-day supplies (60 and 90 days); and for home infusion drugs. Cost-sharing may also change when you enter into another phase of the Part D benefit and at out-of-network pharmacies. For more information about applicable cost sharing amounts and phases of the benefit, please call us or access your Evidence of Coverage online.

Phase I: Initial Coverage	Standard Retail Cost-Sharing (30-day supply)	Standard Mail-Order Cost-Sharing (90-day supply)
Cost-sharing tier:	You pay:	You pay:
Tier 1: Preferred Generic	\$2	\$4
Tier 2: Generic	\$6	\$12
Tier 3: Preferred Brand	\$28	\$56
Tier 4: Non-Preferred Brand	\$55	\$110
Tier 5: Specialty Tier	33%	Not Offered
Tier 6: Select Care Drugs	\$0	\$0