

MEDICARE PLATINO  
2021

APPENDIX C (4) (21)  
BID SUMMARY OF BENEFITS  
(SB)

the 1990s, the number of people with a mental health problem has increased in the UK (Mental Health Act 1983).

There is a growing awareness of the need to improve the lives of people with mental health problems. The Department of Health (1999) has set out a vision of a new mental health system, which will be based on the following principles:

- People with mental health problems should be treated as individuals, with their own needs and wishes.
- People with mental health problems should be given the opportunity to participate in decisions about their care and treatment.
- People with mental health problems should be given the opportunity to live in their own homes and communities.

These principles are reflected in the following objectives of the new mental health system:

- To reduce the number of people with mental health problems who are admitted to hospital.
- To improve the quality of care and treatment for people with mental health problems.
- To improve the support and services available to people with mental health problems.

The new mental health system will be based on the following principles:

- People with mental health problems should be treated as individuals, with their own needs and wishes.
- People with mental health problems should be given the opportunity to participate in decisions about their care and treatment.
- People with mental health problems should be given the opportunity to live in their own homes and communities.

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The new mental health system will be based on the following principles:

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- People with mental health problems should be given the opportunity to participate in decisions about their care and treatment.
- People with mental health problems should be given the opportunity to live in their own homes and communities.

These principles are reflected in the following objectives of the new mental health system:

- To reduce the number of people with mental health problems who are admitted to hospital.
- To improve the quality of care and treatment for people with mental health problems.
- To improve the support and services available to people with mental health problems.

# Bid Reports 2021

## Benefits Summary Report

MCS ADVANTAGE, INC.  
 H5577 - 002  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: Yes  
 Part D Senior Savings Model: No



Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report PBP Section D (plan level)
Health plan deductible		\$0 PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level) PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional Supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

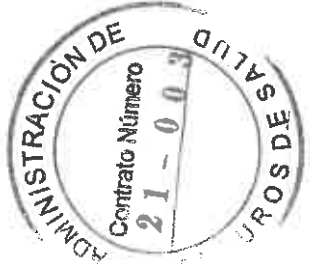
Selected Benefits	Health and Medical Benefits		Referral	Data Source
	Cost Share Information	Authorization		
Inpatient hospital coverage	\$0 copay	Yes	Yes	PBP Section B1a: Inpatient Hospital-Acute Medicare-covered stay Additional days PBP Section C
Outpatient hospital coverage	\$0 copay	Yes	Yes	PBP Section B9a: Outpatient Hospital Services

					Medicare-covered Outpatient Hospital Services PBP Section C
Doctor visits	Primary \$0 copay	N/A	N/A	N/A	PBP Section B7a: Primary Care Physician Services PBP Section C
	Specialist \$0 copay	No	Yes	Yes	PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	\$0 copay	No	No	No	PBP Section B14a: Medicare-covered Preventive Services PBP Section C
Emergency care/urgent care	Emergency \$0 copay Urgent care \$0 copay	N/A	N/A	N/A	PBP Section B4a: Emergency Care PBP Section C PBP Section B4b: Urgently Needed Services PBP Section C
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Lab services \$0 copay	Yes	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	Yes	PBP Section B8b: Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services PBP Section C
	Outpatient x-rays \$0 copay	Yes	Yes	Yes	PBP Section B8b: Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services



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Hearing	<p>Hearing exam \$0 copay</p> <p>Fitting/evaluation \$0 copay</p> <p>There may be limits on how much the plan will provide.</p> <p>Hearing aids \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	No	No	<p>Medicare-covered X-ray services PBP Section C</p> <p>PBP Section B18a: Hearing Exams</p> <p>Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C</p> <p>PBP Section B18a: Hearing Exams</p> <p>Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C</p> <p>PBP Section B18b: Hearing Aids</p> <p>All Types Inner ear Outer ear Over the ear PBP Section C</p>
Preventive dental	<p>Oral exam Not covered</p> <p>Cleaning Not covered</p> <p>Fluoride treatment Not covered</p> <p>Dental x-ray(s) Not covered</p>	N/A	N/A	<p>PBP Section B16a: Preventive Dental</p> <p>Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C</p> <p>PBP Section B16a: Preventive Dental</p> <p>Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C</p> <p>PBP Section B16a: Preventive Dental</p> <p>Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C</p> <p>PBP Section B16a: Preventive Dental</p> <p>Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C</p>



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<p>Comprehensive dental</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section C PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Non-routine services \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Diagnostic services \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Restorative services \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics</p>
<p>Endodontics \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics</p>



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<p>Periodontics Extractions Prostodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>Yes</p>	<p>Periodontics \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>Periodontics Extractions Prostodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prostodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>Yes</p>	<p>Extractions \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>PBP Section B16b: Comprehensive Dental</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prostodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>Yes</p>	<p>Prostodontics, other oral/maxillofacial surgery, other services 0-20% coinsurance</p> <p>There may be limits on how much the plan will provide.</p>	<p>PBP Section B16b: Comprehensive Dental</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prostodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>No</p>	<p>Routine eye exam \$0 copay</p>	<p>PBP Section B17a: Eye Exams</p>



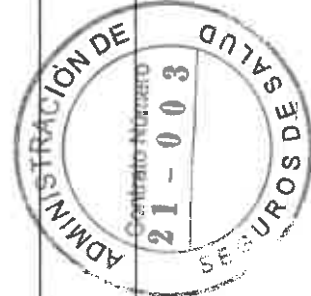
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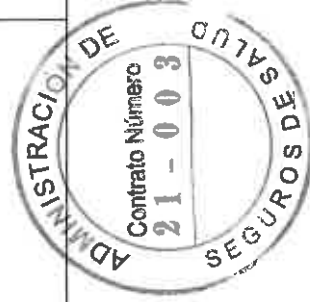
Mental health services	Inpatient hospital - psychiatric \$0 copay  Outpatient group therapy visit with a psychiatrist \$0 copay  Outpatient individual therapy visit with a psychiatrist \$0 copay  Outpatient group therapy visit \$0 copay  Outpatient individual therapy visit \$0 copay	Yes  Yes  Yes  Yes  Yes	No  No  No  No  No	Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C  PBP Section B1b: Inpatient Hospital Psychiatric Medicare-covered stay Additional days PBP Section C  PBP Section B7h: Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C  PBP Section B7h: Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C  PBP Section B7e: Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C  PBP Section B7e: Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C  PBP Section B2: Skilled Nursing Facility Medicare-covered stay Additional days PBP Section C  PBP Section B7c: Occupational Therapy Services Medicare-covered benefits PBP Section C  PBP Section B7i: PT and SP Services Medicare-covered benefits PBP Section C
Skilled Nursing Facility	\$0 copay	Yes	Yes	PBP Section B2: Skilled Nursing Facility Medicare-covered stay Additional days PBP Section C
Rehabilitation services	Occupational therapy visit \$0 copay  Physical therapy and speech and language therapy visit \$0 copay	Yes  Yes	Yes  Yes	PBP Section B7c: Occupational Therapy Services Medicare-covered benefits PBP Section C  PBP Section B7i: PT and SP Services Medicare-covered benefits PBP Section C



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Ground Ambulance	\$0 copay	N/A	N/A	PBP Section B10a: Ambulance ServicesPBP Section C
Transportation	\$0 copay	No	No	PBP Section B10b: Transportation ServicesPBP Section C
Foot care (podiatry services)	There may be limits on how much the plan will provide. Foot exams and treatment \$0 copay	No	Yes	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
	Routine foot care Not covered	N/A	N/A	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	PBP Section B11a: Durable Medical Equipment (DME) Medicare-covered benefits PBP Section C
	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	PBP Section B11b: Prosthetics/Medical Supplies Medicare-covered prosthetic devices PBP Section C
	Diabetes supplies \$0 copay	Yes	N/A	PBP Section B11c: Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts PBP Section C
Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	PBP Section B14c: Eligible Supplemental Benefits as Defined in Chapter 4PBP Section C
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C
	Other Part B drugs \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C



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Outpatient Prescription Drugs Drug Coverage Information		Data Source
Monthly Premium	\$0.00 BPT Worksheet Report	
Deductible	\$445.00 PBP Section Rx	
Formulary Website	www.mcsclassicare.com HPMS Plan Marketing Data - Go to the Home page and select the "Plan Bids" link. Navigate to the Bid Submission Start Page and select the "Manage Plans" link.	

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,130)		Data Source
Standard Retail		Standard Mail Order
1 Month	25%	3 Month
		25% PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,130, up to the out-of-pocket threshold of \$6,550)		Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$6,550)		Data Source
Generic drugs	\$3.70 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$9.20 copay or 5% (whichever costs more)	

Platino Cost Sharing		Data Source
Deductible Level 0 (Low Income Threshold 0 - 50%)		Deductible Level 1 (Low Income Threshold 51 - 100%)
Generic drugs	\$1	\$1
Brand-name drugs	\$3	\$3



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# Bid Reports 2021

## Benefits Summary Report

MCS ADVANTAGE, INC.  
 H5577 - 017  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: Yes  
 Part D Senior Savings Model: No



Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report PBP Section D (plan level)
Health plan deductible	No	\$0 PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level) PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional Supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

Health and Medical Benefits		Referral	Data Source
Selected Benefits	Cost Share Information		
Inpatient hospital coverage	\$0 copay	Yes	PBP Section B1a: Inpatient Hospital-Acute Medicare-covered stay Additional days PBP Section C
Outpatient hospital coverage	\$0 copay	Yes	PBP Section B9a: Outpatient Hospital Services

Doctor visits	Primary \$0 copay	N/A	N/A	Medicare-covered Outpatient Hospital Services PBP Section C
	Specialist \$0 copay	No	Yes	PBP Section B7a: Primary Care Physician Services PBP Section C PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	\$0 copay	No	No	PBP Section B14a: Medicare-covered Preventive Services PBP Section C
Emergency care/urgent care	Emergency \$0 copay	N/A	N/A	PBP Section B4a: Emergency Care PBP Section C
	Urgent care \$0 copay	N/A	N/A	PBP Section B4b: Urgently Needed Services PBP Section C
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Lab services \$0 copay	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	PBP Section B8b: Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services PBP Section C
	Outpatient x-rays \$0 copay	Yes	Yes	PBP Section B8b: Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services



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Hearing	Hearing exam \$0 copay	No	No	Medicare-covered X-ray services PBP Section C
	Fitting/evaluation \$0 copay	No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	There may be limits on how much the plan will provide. Hearing aids \$0 copay	No	Yes	Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	There may be limits on how much the plan will provide.	No	N/A	PBP Section B18b: Hearing Aids All Types Inner ear Outer ear Over the ear PBP Section C
Preventive dental	Oral exam Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Cleaning Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Fluoride treatment Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Dental x-ray(s) Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C



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<p>Comprehensive dental</p>	<p>Yes</p>	<p>Non-routine services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>PBP Section C</p> <p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Diagnostic services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Restorative services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Endodontics \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics</p>



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<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>		<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section B16b: Comprehensive Dental</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>		<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section B16b: Comprehensive Dental</p>
<p>Periodontics \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>		<p>Periodontics Extractions Prosthodontics, other oral/maxillofacial surgery, other services \$0 copay There may be limits on how much the plan will provide.</p>
<p>Extractions \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>		<p>Extractions \$0 copay There may be limits on how much the plan will provide.</p>
<p>Prosthodontics, other oral/maxillofacial surgery, other services \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>		<p>Prosthodontics, other oral/maxillofacial surgery, other services \$0 copay There may be limits on how much the plan will provide.</p>
<p>Routine eye exam \$0 copay</p>	<p>No</p>		<p>Routine eye exam \$0 copay</p>

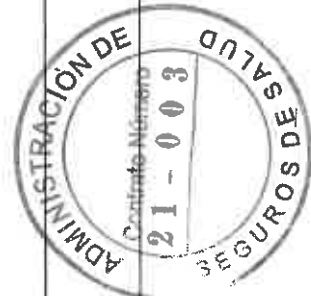


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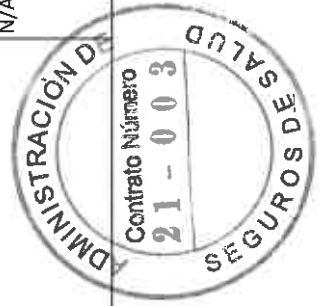
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C PBP Section B1b: Inpatient Hospital Psychiatric Medicare-covered stay Additional days PBP Section C
	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	No	PBP Section B7h: Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C
	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	No	PBP Section B7h: Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C
	Outpatient group therapy visit \$0 copay	Yes	No	PBP Section B7e: Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C
	Outpatient individual therapy visit \$0 copay	Yes	No	PBP Section B7e: Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C
Skilled Nursing Facility	\$0 copay	Yes	Yes	PBP Section B2: Skilled Nursing Facility Medicare-covered stay Additional days PBP Section C
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	PBP Section B7c: Occupational Therapy Services Medicare-covered benefits PBP Section C
	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	PBP Section B7i: PT and SP Services Medicare-covered benefits PBP Section C



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Ground Ambulance	\$0 copay	N/A	N/A	PBP Section B10a: Ambulance Services/PBP Section C
Transportation	\$0 copay	No	No	PBP Section B10b: Transportation Services/PBP Section C
Foot care (podiatry services)	There may be limits on how much the plan will provide. Foot exams and treatment \$0 copay	No	Yes	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
Medical equipment/supplies	Routine foot care Not covered	N/A	N/A	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	PBP Section B11a: Durable Medical Equipment (DME) Medicare-covered benefits PBP Section C
	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	PBP Section B11b: Prosthetics/Medical Supplies Medicare-covered prosthetic devices PBP Section C
	Diabetes supplies \$0 copay	Yes	N/A	PBP Section B11c: Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts PBP Section C
Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	PBP Section B14c: Eligible Supplemental Benefits as Defined in Chapter 4/PBP Section C
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C
	Other Part B drugs \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C



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Outpatient Prescription Drugs Drug Coverage Information		Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$445.00	PBP Section Rx
Formulary Website	www.mcscare.com	HPMS Plan Marketing Data - Go to the Home page and select the "Plan Bids" link. Navigate to the Bid Submission Start Page and select the "Manage Plans" link.

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,130)		Data Source
Standard Retail		Standard Mail Order
1 Month	25%	3 Month
		25% PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,130, up to the out-of-pocket threshold of \$6,550)		Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$6,550)		Data Source
Generic drugs	\$3.70 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$9.20 copay or 5% (whichever costs more)	

Platino Cost Sharing		Deductible Level 1 (Low Income Threshold 51 - 100%)
Generic drugs	Deductible Level 0 (Low Income Threshold 0 - 50%)	\$1
Brand-name drugs		\$3



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# Bid Reports 2021

## Benefits Summary Report

MCS ADVANTAGE, INC.  
 H5577 - 028  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: Yes  
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible		PBP Section D (plan level)
Other health plan deductibles?	No	\$0 PBP Section D (plan level) PBP Section B (category level) PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional Supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

Health and Medical Benefits		Authorization	Referral	Data Source
Selected Benefits	Cost Share Information			
Inpatient hospital coverage	\$0 copay	Yes	Yes	PBP Section B1a: Inpatient Hospital -Acute
Outpatient hospital coverage	\$0 copay	Yes	Yes	Medicare-covered stay Additional days PBP Section C PBP Section B9a: Outpatient Hospital Services



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Doctor visits	Primary \$0 copay	N/A	N/A	Medicare-covered Outpatient Hospital Services PBP Section C PBP Section B7a: Primary Care Physician Services PBP Section C PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	Specialist \$0 copay	No	Yes	PBP Section B14a: Medicare-covered Preventive Services PBP Section C PBP Section B4a: Emergency Care PBP Section C PBP Section B4b: Urgently Needed Services PBP Section C
Emergency care/urgent care	\$0 copay	No	No	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
Diagnostic procedures/lab services/imaging	Emergency \$0 copay Urgent care \$0 copay	N/A	N/A	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Diagnostic tests and procedures \$0 copay	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Lab services \$0 copay	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	PBP Section B8b: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services PBP Section C
	Outpatient x-rays \$0 copay	Yes	Yes	PBP Section B8b: Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services PBP Section C



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Hearing		No	No	Medicare-covered X-ray services PBP Section C
Hearing exam \$0 copay		No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
Fitting/evaluation \$0 copay		No	No	PBP Section B18a: Hearing Exams
There may be limits on how much the plan will provide.				Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
Hearing aids \$0 copay		No	Yes	PBP Section B18b: Hearing Aids
There may be limits on how much the plan will provide.				All Types Inner ear Outer ear Over the ear PBP Section C
Oral exam Not covered		N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams
Cleaning Not covered		N/A	N/A	Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
Fluoride treatment Not covered		N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
Dental x-ray(s) Not covered		N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C



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Comprehensive dental	<p>Non-routine services 30% coinsurance</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section C</p> <p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
Comprehensive dental	<p>Diagnostic services 30% coinsurance</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
Comprehensive dental	<p>Restorative services 30% coinsurance</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
Comprehensive dental	<p>Endodontics 30% coinsurance</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics</p>



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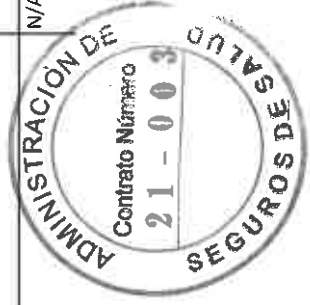
<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>Yes</p>	<p>No</p>	<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C  Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Extractions 30% coinsurance  There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p>
<p>Prosthodontics, other oral/maxillofacial surgery, other services 0-30% coinsurance  There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p>
<p>Routine eye exam \$0 copay</p>	<p>No</p>	<p>No</p>	<p>PBP Section B17a: Eye Exams PBP Section C</p>

Vision



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There may be limits on how much the plan will provide.				Routine Eye Exams Other PBP Section C
Other Not covered	N/A		N/A	PBP Section B17a: Eye Exams Routine Eye Exams Other PBP Section C
Contact lenses \$0 copay	No		No	PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Eyeglasses (frames and lenses) \$0 copay	No		No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Eyeglass frames \$0 copay	No		No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Eyeglass lenses \$0 copay	No		No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Upgrades Not covered	N/A		N/A	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C



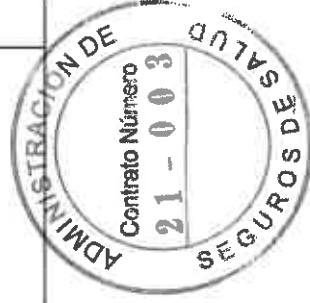
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Mental health services	<p>Inpatient hospital - psychiatric \$0 copay</p> <p>Outpatient group therapy visit with a psychiatrist \$0 copay</p> <p>Outpatient individual therapy visit with a psychiatrist \$0 copay</p> <p>Outpatient group therapy visit \$0 copay</p> <p>Outpatient individual therapy visit \$0 copay</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>		<p>Contact lenses</p> <p>Eyeglasses (lenses and frames)</p> <p>Eyeglass lenses</p> <p>Eyeglass frames</p> <p>Upgrades</p> <p>PBP Section C</p> <p>PBP Section B1b: Inpatient Hospital</p> <p>Psychiatric</p> <p>Medicare-covered stay</p> <p>Additional days</p> <p>PBP Section C</p> <p>PBP Section B7h: Psychiatric Services</p> <p>Medicare-covered Individual Sessions</p> <p>Medicare-covered Group Sessions</p> <p>PBP Section C</p> <p>PBP Section B7h: Psychiatric Services</p> <p>Medicare-covered Individual Sessions</p> <p>Medicare-covered Group Sessions</p> <p>PBP Section C</p> <p>PBP Section B7e: Mental Health Specialty Services</p> <p>Medicare-covered Individual Sessions</p> <p>Medicare-covered Group Sessions</p> <p>PBP Section C</p> <p>PBP Section B7e: Mental Health Specialty Services</p> <p>Medicare-covered Individual Sessions</p> <p>Medicare-covered Group Sessions</p> <p>PBP Section C</p> <p>PBP Section B2: Skilled Nursing Facility</p> <p>Medicare-covered stay</p> <p>Additional days</p> <p>PBP Section C</p> <p>PBP Section B7c: Occupational Therapy Services</p> <p>Medicare-covered benefits</p> <p>PBP Section C</p> <p>PBP Section B7i: PT and SP Services</p> <p>Medicare-covered benefits</p> <p>PBP Section C</p>
Skilled Nursing Facility	<p>\$0 copay</p>	<p>Yes</p>		<p>Yes</p>
Rehabilitation services	<p>Occupational therapy visit \$0 copay</p> <p>Physical therapy and speech and language therapy visit \$0 copay</p>	<p>Yes</p> <p>Yes</p>		<p>Yes</p> <p>Yes</p>



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Ground Ambulance	\$0 copay	N/A	N/A	PBP Section B10a: Ambulance Services PBP Section B10b: Transportation Services PBP Section C
Transportation	\$0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	Yes	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
	Routine foot care Not covered	N/A	N/A	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	PBP Section B11a: Durable Medical Equipment (DME) Medicare-covered benefits PBP Section C
	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	PBP Section B11b: Prosthetics/Medical Supplies Medicare-covered prosthetic devices PBP Section C
	Diabetes supplies \$0 copay	Yes	N/A	PBP Section B11c: Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts PBP Section C
Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	PBP Section B14c: Eligible Supplemental Benefits as Defined in Chapter 4 PBP Section C
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C
	Other Part B drugs \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C



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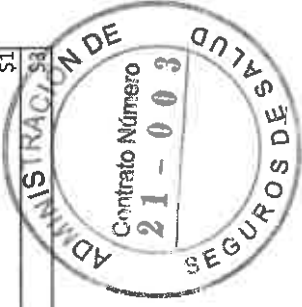
Outpatient Prescription Drugs		Data Source
Drug Coverage Information		
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$445.00	PBP Section Rx
Formulary Website	www.mcsclassicare.com	HPMS Plan Marketing Data - Go to the Home page and select the "Plan Bids" link. Navigate to the Bid Submission Start Page and select the "Manage Plans" link.

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,130)			Data Source
Standard Retail			
1 Month	25%	3 Month	25% PBP Section Rx
			Standard Mail Order
		3 Month	

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,130, up to the out-of-pocket threshold of \$6,550)		Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$6,550)		Data Source
Generic drugs	\$3.70 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$9.20 copay or 5% (whichever costs more)	

Platino Cost Sharing		
Deductible Level 1 (Low Income Threshold 0 - 50%)		
Generic drugs	\$1	Deductible Level 1 (Low Income Threshold 51 - 100%)
Brand-name drugs	\$3	



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# Bid Reports 2021

## Benefits Summary Report

MCS ADVANTAGE, INC.  
 H5577 - 029  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: Yes  
 Part D Senior Savings Model: No



Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report PBP Section D (plan level)
Health plan deductible	No	\$0 PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level) PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional Supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

Selected Benefits	Health and Medical Benefits		Referral	Data Source
	Cost Share Information	Authorization		
Inpatient hospital coverage	\$0 copay	Yes	Yes	PBP Section B1a: Inpatient Hospital-Acute Medicare-covered stay Additional days PBP Section C
Outpatient hospital coverage	\$0 copay	Yes	Yes	PBP Section B9a: Outpatient Hospital Services

					Medicare-covered Outpatient Hospital Services PBP Section C
Doctor visits	Primary \$0 copay	N/A	N/A	N/A	PBP Section B7a: Primary Care Physician Services PBP Section C
	Specialist \$0 copay	No	Yes	Yes	PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	\$0 copay	No	No	No	PBP Section B14a: Medicare-covered Preventive Services PBP Section C
Emergency care/urgent care	Emergency \$0 copay Urgent care \$0 copay	N/A	N/A	N/A	PBP Section B4a: Emergency Care PBP Section C PBP Section B4b: Urgently Needed Services PBP Section C
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Lab services \$0 copay	Yes	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	Yes	PBP Section B8b: Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services PBP Section C
	Outpatient x-rays \$0 copay	Yes	Yes	Yes	PBP Section B8b: Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services



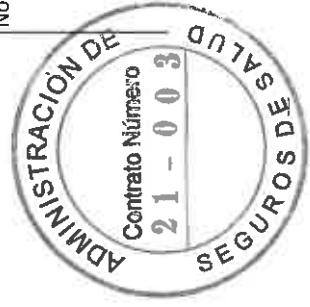
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Hearing	Hearing exam \$0 copay	No	No	Medicare-covered X-ray services PBP Section C
	Fitting/evaluation \$0 copay	No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	There may be limits on how much the plan will provide. Hearing aids \$0 copay	No	Yes	Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	There may be limits on how much the plan will provide.	No	N/A	PBP Section B18b: Hearing Aids All Types Inner ear Outer ear Over the ear PBP Section C
Preventive dental	Oral exam Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Cleaning Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Fluoride treatment Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Dental x-ray(s) Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Comprehensive dental	<p>Non-routine services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	Yes	No	<p>PBP Section C</p> <p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p> <p>PBP Section C</p> <p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p> <p>PBP Section C</p> <p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p> <p>PBP Section C</p> <p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p>
	<p>Diagnostic services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	Yes	No	<p>Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p> <p>PBP Section C</p> <p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p>
	<p>Restorative services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	Yes	No	<p>Endodontics</p> <p>\$0 copay</p> <p>There may be limits on how much the plan will provide.</p>



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<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>Yes</p>	<p>Periodontics \$0 copay There may be limits on how much the plan will provide.</p>	<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>PBP Section B16b: Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>Yes</p>	<p>Extractions \$0 copay There may be limits on how much the plan will provide.</p>	<p>PBP Section B16b: Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>PBP Section B16b: Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>Yes</p>	<p>Prosthodontics, other oral/maxillofacial surgery, other services \$0 copay There may be limits on how much the plan will provide.</p>	<p>PBP Section B16b: Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>PBP Section B17a: Eye Exams</p>	<p>No</p>	<p>No</p>	<p>Routine eye exam \$0 copay</p>	<p>PBP Section B17a: Eye Exams</p>



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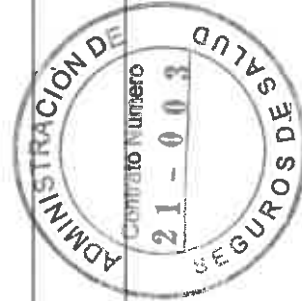
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There may be limits on how much the plan will provide.	N/A			Routine Eye Exams Other PBP Section C PBP Section B17a: Eye Exams Routine Eye Exams Other PBP Section C
Other Not covered	N/A		N/A	
Contact lenses \$0 copay	No		No	PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Eyeglasses (frames and lenses) \$0 copay	No		No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Eyeglass frames \$0 copay	No		No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Eyeglass lenses \$0 copay	No		No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Upgrades Not covered	N/A		N/A	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C



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				Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C PBP Section B1b: Inpatient Hospital Psychiatric Medicare-covered stay Additional days PBP Section C PBP Section B7h: Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C PBP Section B7h: Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C PBP Section B7e: Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C PBP Section B7e: Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C PBP Section B2: Skilled Nursing Facility Medicare-covered stay Additional days PBP Section C PBP Section B7c: Occupational Therapy Services Medicare-covered benefits PBP Section C PBP Section B7i: PT and SP Services Medicare-covered benefits PBP Section C
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	
	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	No	
	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	No	
	Outpatient group therapy visit \$0 copay	Yes	No	
	Outpatient individual therapy visit \$0 copay	Yes	No	
Skilled Nursing Facility	\$0 copay	Yes	Yes	
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	
	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	



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Ground Ambulance	\$0 copay	N/A	N/A	PBP Section B10a: Ambulance Services PBP Section B10b: Transportation Services PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
Transportation	\$0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B10a: Ambulance Services PBP Section B10b: Transportation Services PBP Section C
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	Yes	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
	Routine foot care Not covered	N/A	N/A	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	PBP Section B11a: Durable Medical Equipment (DME) Medicare-covered benefits PBP Section C
	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	PBP Section B11b: Prosthetics/Medical Supplies Medicare-covered prosthetic devices PBP Section C
	Diabetes supplies \$0 copay	Yes	N/A	PBP Section B11c: Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts PBP Section C
Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	PBP Section B14c: Eligible Supplemental Benefits as Defined in Chapter 4 PBP Section C
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C
	Other Part B drugs \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C



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Outpatient Prescription Drugs		Data Source
Drug Coverage Information		
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$445.00	PBP Section Rx
Formulary Website	www.mcscare.com	HPMS Plan Marketing Data - Go to the Home page and select the "Plan Bids" link. Navigate to the Bid Submission Start Page and select the "Manage Plans" link.

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,130)			Data Source
Standard Retail			
1 Month	25%	3 Month	25% PBP Section Rx
		3 Month	25% PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,130, up to the out-of-pocket threshold of \$6,550)		Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$6,550)		Data Source
Generic drugs	\$3.70 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$9.20 copay or 5% (whichever costs more)	

Platinum Cost Sharing		
Deductible Level 0 (Low Income Threshold 0 - 50%)		
Generic drugs	\$1	Deductible Level 1 (Low Income Threshold 51 - 100%)
Brand-name drugs	\$3	\$1
		\$3



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# Bid Reports 2021

## Benefits Summary Report

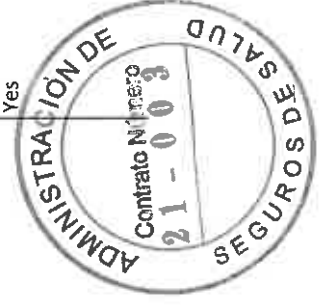
MCS ADVANTAGE, INC.  
 H5577 - 036  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: Yes  
 Part D Senior Savings Model: No



Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report PBP Section D (plan level)
Health plan deductible		
Other health plan deductibles?	No	\$0 PBP Section D (plan level) PBP Section B (category level) PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional Supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

Selected Benefits	Health and Medical Benefits		Referral	Data Source
	Cost Share Information	Authorization		
Inpatient hospital coverage	\$0 copay	Yes	Yes	PBP Section B1a: Inpatient Hospital-Acute
				Medicare-covered stay Additional days PBP Section C
Outpatient hospital coverage	\$0 copay	Yes	Yes	PBP Section B9a: Outpatient Hospital Services

Doctor visits	Primary \$0 copay	N/A	N/A	Medicare-covered Outpatient Hospital Services PBP Section C PBP Section B7a: Primary Care Physician Services PBP Section C PBP Section B7d: Physician Specialist Services PBP Section C PBP Section B14a: Medicare-covered Preventive Services PBP Section C PBP Section B4a: Emergency Care PBP Section C PBP Section B4b: Urgently Needed Services PBP Section C
Preventive care	Specialist \$0 copay	No	Yes	
	\$0 copay	No	No	
Emergency care/urgent care	Emergency \$0 copay	N/A	N/A	
	Urgent care \$0 copay	N/A	N/A	
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Lab services \$0 copay	Yes	Yes	PBP Section B8a: Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services PBP Section C
	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	PBP Section B8b: Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services PBP Section C
	Outpatient x-rays \$0 copay	Yes	Yes	PBP Section B8b: Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services



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Hearing	Hearing exam \$0 copay	No	No	Medicare-covered X-ray services PBP Section C PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C PBP Section B18a: Hearing Exams
	Fitting/evaluation \$0 copay	No	No	Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	There may be limits on how much the plan will provide.			
	Hearing aids \$0 copay	No	Yes	PBP Section B18b: Hearing Aids All Types Inner ear Outer ear Over the ear PBP Section C
	There may be limits on how much the plan will provide.			
Preventive dental	Oral exam Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Cleaning Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Fluoride treatment Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Dental x-ray(s) Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C



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Comprehensive dental	<p>Non-routine services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	Yes	No	<p>PBP Section C</p> <p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
	<p>Diagnostic services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	Yes	No	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
	<p>Restorative services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	Yes	No	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
	<p>Endodontics \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	Yes	No	<p>PBP Section B16b: Comprehensive Dental</p> <p>Non-routine Services Diagnostic Services Restorative Services Endodontics</p>



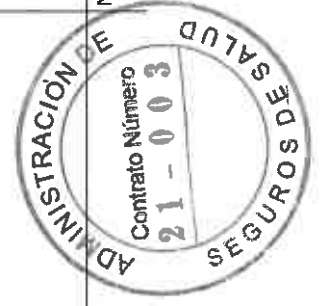
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<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>Yes</p>	<p>Periodontics \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>Yes</p>	<p>Extractions \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>PBP Section B16b: Comprehensive Dental</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>Yes</p>	<p>Prosthodontics, other oral/maxillofacial surgery, other services \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>PBP Section B16b: Comprehensive Dental</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>	<p>No</p>	<p>No</p>	<p>Routine eye exam \$0 copay</p>	<p>PBP Section B17a: Eye Exams</p>



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There may be limits on how much the plan will provide.	N/A			Routine Eye Exams Other PBP Section C
Other Not covered	N/A		N/A	PBP Section B17a: Eye Exams Routine Eye Exams Other PBP Section C
Contact lenses \$0 copay	No		No	PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Eyeglasses (frames and lenses) \$0 copay	No		No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Eyeglass frames \$0 copay	No		No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Eyeglass lenses \$0 copay	No		No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
There may be limits on how much the plan will provide.				
Upgrades Not covered	N/A		N/A	PBP Section B17b: Eyewear Medicare-covered benefits



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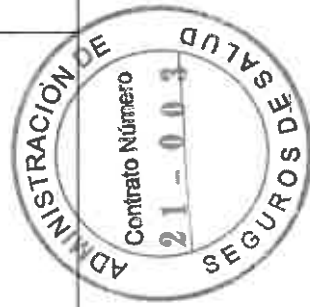


	Mental health services	<p>Inpatient hospital - psychiatric \$0 copay</p> <p>Outpatient group therapy visit with a psychiatrist \$0 copay</p> <p>Outpatient individual therapy visit with a psychiatrist \$0 copay</p> <p>Outpatient group therapy visit \$0 copay</p> <p>Outpatient individual therapy visit \$0 copay</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>		<p>Contact lenses</p> <p>Eyeglasses (lenses and frames)</p> <p>Eyeglass lenses</p> <p>Eyeglass frames</p> <p>Upgrades</p> <p>PBP Section C</p> <p>PBP Section B1b: Inpatient Hospital</p> <p>Psychiatric</p> <p>Medicare-covered stay</p> <p>Additional days</p> <p>PBP Section C</p> <p>PBP Section B7h: Psychiatric Services</p> <p>Medicare-covered Individual Sessions</p> <p>Medicare-covered Group Sessions</p> <p>PBP Section C</p> <p>PBP Section B7h: Psychiatric Services</p> <p>Medicare-covered Individual Sessions</p> <p>Medicare-covered Group Sessions</p> <p>PBP Section C</p> <p>PBP Section B7e: Mental Health Specialty Services</p> <p>Medicare-covered Individual Sessions</p> <p>Medicare-covered Group Sessions</p> <p>PBP Section C</p> <p>PBP Section B7e: Mental Health Specialty Services</p> <p>Medicare-covered Individual Sessions</p> <p>Medicare-covered Group Sessions</p> <p>PBP Section C</p> <p>PBP Section B2: Skilled Nursing Facility</p> <p>Medicare-covered stay</p> <p>Additional days</p> <p>PBP Section C</p> <p>PBP Section B7c: Occupational Therapy Services</p> <p>Medicare-covered benefits</p> <p>PBP Section C</p> <p>PBP Section B7i: PT and SP Services</p> <p>Medicare-covered benefits</p> <p>PBP Section C</p>
	Skilled Nursing Facility	<p>\$0 copay</p>	<p>Yes</p>		
	Rehabilitation services	<p>Occupational therapy visit \$0 copay</p> <p>Physical therapy and speech and language therapy visit \$0 copay</p>	<p>Yes</p> <p>Yes</p>		



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Ground Ambulance	\$0 copay	N/A	N/A	PBP Section B10a: Ambulance Services PBP Section B10b: Transportation Services PBP Section C
Transportation	\$0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B10b: Transportation Services PBP Section C
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	Yes	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
	Routine foot care Not covered	N/A	N/A	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	PBP Section B11a: Durable Medical Equipment (DME) Medicare-covered benefits PBP Section C
	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	PBP Section B11b: Prosthetics/Medical Supplies Medicare-covered prosthetic devices PBP Section C
	Diabetes supplies \$0 copay	Yes	N/A	PBP Section B11c: Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts PBP Section C
Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	PBP Section B14c: Eligible Supplemental Benefits as Defined in Chapter 4PBP Section C
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C
	Other Part B drugs \$0 copay	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C



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Outpatient Prescription Drugs		Data Source
Drug Coverage Information		
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$445.00	PBP Section Rx
Formulary Website	www.mcsclassicare.com	HPMS Plan Marketing Data - Go to the Home page and select the "Plan Bids" link. Navigate to the Bid Submission Start Page and select the "Manage Plans" link.

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,130)			Data Source
Standard Retail			Standard Mail Order
1 Month	25%	3 Month	3 Month
			25% PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,130, up to the out-of-pocket threshold of \$6,550)		Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$6,550)		Data Source
Generic drugs	\$3.70 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$9.20 copay or 5% (whichever costs more)	

Platinum Cost Sharing		
Deductible Level 0 (Low Income Threshold 0 - 50%)		
Deductible Level 1 (Low Income Threshold 51 - 100%)		
Generic drugs	\$1	\$1
Brand-name drugs	\$3	\$3



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# Bid Reports 2021

## Benefits Summary Report

MCS ADVANTAGE, INC.  
 H5577 - 037  
 MA Uniformity Flexibility: No  
 Special Supplemental Benefits for the Chronically Ill: Yes  
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report PBP Section D (plan level)
Health plan deductible		\$0 PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level) PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional Supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

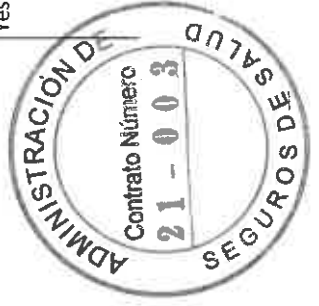
Selected Benefits	Health and Medical Benefits		Referral	Data Source
	Cost Share Information	Authorization		
Inpatient hospital coverage	\$0 copay	Yes	Yes	PBP Section B1a: Inpatient Hospital-Acute
				Medicare-covered stay Additional days PBP Section C
Outpatient hospital coverage	\$0 copay	Yes	Yes	PBP Section B9a: Outpatient Hospital Services



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Doctor visits	Primary \$0 copay	N/A	N/A	Medicare-covered Outpatient Hospital Services PBP Section C PBP Section B7a: Primary Care Physician Services PBP Section C PBP Section B7d: Physician Specialist Services PBP Section C PBP Section B14a: Medicare-covered Preventive Services PBP Section C PBP Section B4a: Emergency Care PBP Section C PBP Section B4b: Urgently Needed Services PBP Section C
<u>Preventive care</u>	Specialist \$0 copay	No	Yes	
	\$0 copay	No	No	
Emergency care/urgent care	Emergency \$0 copay	N/A	N/A	
	Urgent care \$0 copay	N/A	N/A	
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	
	Lab services \$0 copay	Yes	Yes	
	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	
	Outpatient x-rays \$0 copay	Yes	Yes	



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Hearing	Hearing exam \$0 copay	No	No	Medicare-covered X-ray services PBP Section C
	Fitting/evaluation \$0 copay	No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	There may be limits on how much the plan will provide.	No	No	PBP Section B18a: Hearing Exams
	Hearing aids \$0 copay	No	Yes	Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	There may be limits on how much the plan will provide.	No	Yes	PBP Section B18b: Hearing Aids All Types Inner ear Outer ear Over the ear PBP Section C
Preventive dental	Oral exam Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams
	Cleaning Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Fluoride treatment Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C
	Dental x-ray(s) Not covered	N/A	N/A	PBP Section B16a: Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays PBP Section C



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<p>Comprehensive dental</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section C PBP Section B16b: Comprehensive Dental</p>
<p>Non-routine services \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>
<p>Diagnostic services \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p>
<p>Restorative services \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p>
<p>Endodontics \$0 copay There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>PBP Section B16b: Comprehensive Dental</p>



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<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>			<p>Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section B16b: Comprehensive Dental</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>			<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section B16b: Comprehensive Dental</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>			<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section B16b: Comprehensive Dental</p>
<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section C</p>			<p>Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services PBP Section B17a: Eye Exams</p>



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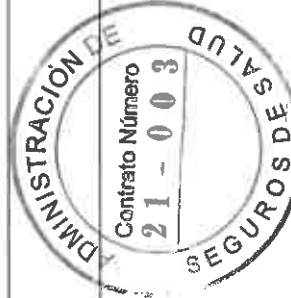
There may be limits on how much the plan will provide.	N/A			Routine Eye Exams Other PBP Section C PBP Section B17a: Eye Exams Routine Eye Exams Other PBP Section C PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Other Not covered	N/A		N/A	
Contact lenses \$0 copay	No		No	
There may be limits on how much the plan will provide.				
Eyeglasses (frames and lenses) \$0 copay	No		No	
There may be limits on how much the plan will provide.				
Eyeglass frames \$0 copay	No		No	
There may be limits on how much the plan will provide.				
Eyeglass lenses \$0 copay	No		No	
There may be limits on how much the plan will provide.				
Upgrades Not covered	N/A		N/A	



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Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C PBP Section B1b: Inpatient Hospital Psychiatric Medicare-covered stay Additional days PBP Section C
	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	No	PBP Section B7h: Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C
	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	No	PBP Section B7h: Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C
	Outpatient group therapy visit \$0 copay	Yes	No	PBP Section B7e: Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C
	Outpatient individual therapy visit \$0 copay	Yes	No	PBP Section B7e: Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions PBP Section C
Skilled Nursing Facility	\$0 copay	Yes	Yes	PBP Section B2: Skilled Nursing Facility Medicare-covered stay Additional days PBP Section C
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	PBP Section B7c: Occupational Therapy Services Medicare-covered benefits PBP Section C
	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	PBP Section B7i: PT and SP Services Medicare-covered benefits PBP Section C



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Ground Ambulance	\$0 copay	N/A	N/A	N/A	PBP Section B10a: Ambulance Services PBP Section C
Transportation	\$0 copay There may be limits on how much the plan will provide.	No	No	No	PBP Section B10b: Transportation Services PBP Section C
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	No	Yes	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
	Routine foot care Not covered	N/A	N/A	N/A	PBP Section B7f: Podiatry Services Medicare-covered benefits Routine foot care PBP Section C
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	Yes	N/A	PBP Section B11a: Durable Medical Equipment (DME) Medicare-covered benefits PBP Section C
	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	Yes	N/A	PBP Section B11b: Prosthetics/Medical Supplies Medicare-covered prosthetic devices PBP Section C
	Diabetes supplies \$0 copay	Yes	Yes	N/A	PBP Section B11c: Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts PBP Section C
Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	No	PBP Section B14c: Eligible Supplemental Benefits as Defined in Chapter 4PBP Section C
Medicare Part B drugs	Chemotherapy \$0 copay	Yes	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C
	Other Part B drugs \$0 copay	Yes	Yes	N/A	PBP Section B15: Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs PBP Section C



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Outpatient Prescription Drugs Drug Coverage Information		Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$445.00	PBP Section Rx
Formulary Website	www.mcscare.com	HPMS Plan Marketing Data - Go to the Home page and select the "Plan Bids" link. Navigate to the Bid Submission Start Page and select the "Manage Plans" link.

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,130)		Data Source
Standard Retail	3 Month	Standard Mail Order
1 Month	25%	3 Month
		25% PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,130, up to the out-of-pocket threshold of \$6,550)		Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$6,550)		Data Source
Generic drugs	\$3.70 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$9.20 copay or 5% (whichever costs more)	

Platino Cost Sharing	
Deductible Level 0 (Low Income Threshold 0 - 50%)	Deductible Level 1 (Low Income Threshold 51 - 100%)
Generic drugs	\$1
Brand-name drugs	\$3



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