MEDICARE PLATINO 2021

APPENDIX C (4) (21)

BID SUMMARY OF BENEFITS (SB)

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	

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 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	PBP Section B7a: Primary Care Physician Services PBP Section C
	Specialist $0 copay	No	Yes	PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	$0 copay	No	No	PBP Section B14a: Medicare-covered Preventive ServicesPBP 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

				Medicare-covered X-ray services PBP Section C
Hearing	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 There may be limits on how much the plan will provide.	No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	Hearing aids $0 copay 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 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
Comprehensive dental	Non-routine services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Diagnostic services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Restorative services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Endodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Periodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Extractions $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Prosthodontics, other oral/maxillofacial surgery, other services 0-20% coinsurance There may be limits on how much the plan will provide.	Yes	No	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
Vision	Routine eye exam $0 copay	No	No	PBP Section B17a: Eye Exams

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 There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglasses (frames and lenses) $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass frames $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass lenses $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
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
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	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

Ground Ambulance	$0 copay	N/A	N/A	PBP Section B10a: Ambulance ServicesPBP Section C
Transportation	$0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B10b: Transportation ServicesPBP 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

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

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	3 Month	3 Month	
25%	25%	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	$1
Brand-name drugs	$3	$3

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

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	$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		Authorization	Referral	Data Source
Selected Benefits	Cost Share Information			
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	PBP Section B7a: Primary Care Physician Services PBP Section C
	Specialist $0 copay	No	Yes	PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	$0 copay	No	No	PBP Section B14a: Medicare-covered Preventive ServicesPBP 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

				Medicare-covered X-ray services PBP Section C
Hearing	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 There may be limits on how much the plan will provide.	No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	Hearing aids $0 copay 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 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
Comprehensive dental	Non-routine services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Diagnostic services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Restorative services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Endodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Periodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Extractions $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Prosthodontics, other oral/maxillofacial surgery, other services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
Vision	Routine eye exam $0 copay	No	No	PBP Section B17a: Eye Exams

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 There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglasses (frames and lenses) $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass frames $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass lenses $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
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
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	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

Ground Ambulance	$0 copay	N/A	N/A	PBP Section B10a: Ambulance ServicesPBP Section C
Transportation	$0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B10b: Transportation ServicesPBP 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

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	3 Month	3 Month	
25%	25%	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	$1
Brand-name drugs	$3	$3

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 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	

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 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	PBP Section B7a: Primary Care Physician Services PBP Section C
	Specialist $0 copay	No	Yes	PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	$0 copay	No	No	PBP Section B14a: Medicare-covered Preventive ServicesPBP 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

				Medicare-covered X-ray services PBP Section C
Hearing	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 There may be limits on how much the plan will provide.	No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	Hearing aids $0 copay 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 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
Comprehensive dental	Non-routine services 30% coinsurance There may be limits on how much the plan will provide.	Yes	No	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
	Diagnostic services 30% coinsurance There may be limits on how much the plan will provide.	Yes	No	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
	Restorative services 30% coinsurance There may be limits on how much the plan will provide.	Yes	No	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
	Endodontics 30% coinsurance There may be limits on how much the plan will provide.	Yes	No	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
	Periodontics 30% coinsurance There may be limits on how much the plan will provide.	Yes	No	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
	Extractions 30% coinsurance There may be limits on how much the plan will provide.	Yes	No	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
	Prosthodontics, other oral/maxillofacial surgery, other services 0-30% coinsurance There may be limits on how much the plan will provide.	Yes	No	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
Vision	Routine eye exam $0 copay	No	No	PBP Section B17a: Eye Exams

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 There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglasses (frames and lenses) $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass frames $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass lenses $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
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
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	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

Ground Ambulance	$0 copay	N/A	N/A	PBP Section B10a: Ambulance ServicesPBP Section C
Transportation	$0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B10b: Transportation ServicesPBP 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

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	3 Month	3 Month	
25%	25%	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	$1
Brand-name drugs	$3	$3

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

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	$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	

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

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 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	PBP Section B7a: Primary Care Physician Services PBP Section C
	Specialist $0 copay	No	Yes	PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	$0 copay	No	No	PBP Section B14a: Medicare-covered Preventive ServicesPBP 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

				Medicare-covered X-ray services PBP Section C
Hearing	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 There may be limits on how much the plan will provide.	No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	Hearing aids $0 copay 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 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
Comprehensive dental	Non-routine services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Diagnostic services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Restorative services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Endodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Periodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Extractions $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Prosthodontics, other oral/maxillofacial surgery, other services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
Vision	Routine eye exam $0 copay	No	No	PBP Section B17a: Eye Exams

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 There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglasses (frames and lenses) $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass frames $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass lenses $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
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
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	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

Ground Ambulance	$0 copay	N/A	N/A	PBP Section B10a: Ambulance ServicesPBP Section C
Transportation	$0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B10b: Transportation ServicesPBP 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

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

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	3 Month	3 Month	
25%	25%	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	$1
Brand-name drugs	$3	$3

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

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	$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	

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

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 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	PBP Section B7a: Primary Care Physician Services PBP Section C
	Specialist $0 copay	No	Yes	PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	$0 copay	No	No	PBP Section B14a: Medicare-covered Preventive ServicesPBP 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

				Medicare-covered X-ray services PBP Section C
Hearing	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 There may be limits on how much the plan will provide.	No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	Hearing aids $0 copay 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 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
Comprehensive dental	Non-routine services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Diagnostic services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Restorative services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Endodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Periodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Extractions $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Prosthodontics, other oral/maxillofacial surgery, other services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
Vision	Routine eye exam $0 copay	No	No	PBP Section B17a: Eye Exams

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 There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglasses (frames and lenses) $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass frames $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass lenses $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
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
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	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

Ground Ambulance	$0 copay	N/A	N/A	PBP Section B10a: Ambulance ServicesPBP Section C
Transportation	$0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B10b: Transportation ServicesPBP 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

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	3 Month	3 Month	
25%	25%	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	$1
Brand-name drugs	$3	$3

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

ADMINISTRACIÓN DE SEGUROS DE SALUD

Contrato Número

21 - 003

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	

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 Medicare-covered stay Additional days PBP Section C
Outpatient hospital coverage	$0 copay	Yes	Yes	PBP Section B9a: Outpatient Hospital Services

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
21 - 003

				Medicare-covered Outpatient Hospital Services PBP Section C
Doctor visits	Primary $0 copay	N/A	N/A	PBP Section B7a: Primary Care Physician Services PBP Section C
	Specialist $0 copay	No	Yes	PBP Section B7d: Physician Specialist Services PBP Section C
Preventive care	$0 copay	No	No	PBP Section B14a: Medicare-covered Preventive ServicesPBP 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

				Medicare-covered X-ray services PBP Section C
Hearing	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 There may be limits on how much the plan will provide.	No	No	PBP Section B18a: Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid PBP Section C
	Hearing aids $0 copay 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 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
Comprehensive dental	Non-routine services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Diagnostic services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Restorative services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Endodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Periodontics $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Extractions $0 copay There may be limits on how much the plan will provide.	Yes	No	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
	Prosthodontics, other oral/maxillofacial surgery, other services $0 copay There may be limits on how much the plan will provide.	Yes	No	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
Vision	Routine eye exam $0 copay	No	No	PBP Section B17a: Eye Exams

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 There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglasses (frames and lenses) $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass frames $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
Eyeglass lenses $0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B17b: Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades PBP Section C
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
Mental health services	Inpatient hospital - psychiatric $0 copay	Yes	No	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

Ground Ambulance	$0 copay	N/A	N/A	PBP Section B10a: Ambulance ServicesPBP Section C
Transportation	$0 copay There may be limits on how much the plan will provide.	No	No	PBP Section B10b: Transportation ServicesPBP 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

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	3 Month	3 Month	
25%	25%	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	$1
Brand-name drugs	$3	$3