

MEDICARE PLATINO CONTRACT

APPENDIX C (4) (22)

BID SUMMARY OF
BENEFITS (SB)



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Bid Reports 2022

Benefits Summary Report

MCS ADVANTAGE, INC.
H5577 - 002
VBID: Yes - Part C

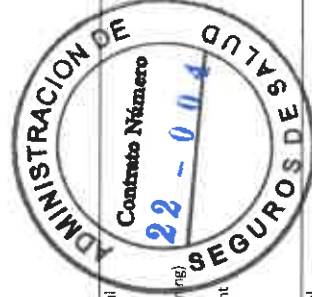
MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically Ill: Yes
Part D Senior Savings Model: No



Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section C (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section D
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				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital - Acute Medicare-covered stay
Outpatient hospital coverage	\$0 copay	Yes	Yes	Additional days
Doctor visits	Primary	N/A	N/A	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Specialist	N/A	N/A	Primary Care Physician Services
Preventive care	\$0 copay	No	Yes	Physician Specialist Services
Emergency care/urgent care	Emergency	N/A	No	Medicare-covered Preventive Services
Emergency care/urgent care	Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services

Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	No	No	Hearing Exams Medicare-covered benefits
Hearing	Fitting/evaluation \$0 copay	No	No	Fitting/Evaluation for Hearing Aid Hearing Exams Medicare-covered benefits
Hearing	Hearing aids \$0 copay	No	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays

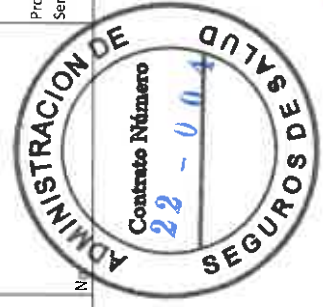


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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services There may be limits on how much the plan will provide.	Yes		Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

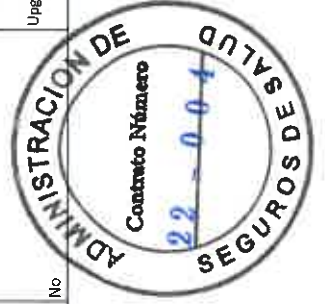


Comprehensive dental	Restorative services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



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Comprehensive dental	Extractions There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide. Routine eye exam \$0 copay There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades



<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	Yes	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Ground Ambulance \$0 copay	N/A	N/A	PT and SP Services Medicare-covered benefits
Transportation	There may be limits on how much the plan will provide.	No	No	Ambulance Services Transportation Services Podiatry Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	Yes	Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care	N/A	N/A	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	Wellness programs (e.g., fitness, nursing hotline)	No	No	Medicare-covered Diabetic therapeutic shoes/inserts Eligible Supplemental Benefits as defined in Chapter 4



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Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$480.00	PBP Section Rx	
Formulary Website	www.msciclassicare.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 \$4,430)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,430, up to the out-of-pocket threshold of \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$3.95 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$9.85 copay or 5% (whichever costs more)	PBP Section Rx	



Appendix C-4

2022 Bid Report – Summary of Benefit Report



Bid Reports 2022

Benefits Summary Report

MCS ADVANTAGE, INC.

H5577 - 017

VBID: Yes - Part C

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	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section C (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section D
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

Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital-Acute Medicare-covered stay
Outpatient hospital coverage	\$0 copay Primary	Yes	Yes	Additional days Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay Emergency	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services

Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Hearing	Hearing aids \$0 copay	No	Yes	Over the ear
	There may be limits on how much the plan will provide.	No	Yes	Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams
Preventive dental	Cleaning Not covered	N/A	N/A	Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



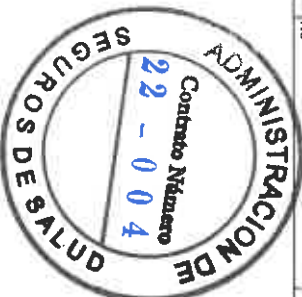
Preventive dental	Fluoride treatment	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s)	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



Comprehensive dental	Restorative services	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



	Extractions				Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
	Prosthodontics, other oral/maxillofacial surgery, other services				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide. Routine eye exam \$0 copay	Yes	No	No	Eye Exams Routine Eye Exams Other
Vision	There may be limits on how much the plan will provide. Other	No	No	No	Eye Exams Routine Eye Exams Other
Vision	Not covered	N/A	N/A	N/A	Eyewear Contact lenses Eyeglasses (lenses and frames)
	Contact lenses \$0 copay				Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	No	No	No	



<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses \$0 copay</p> <p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	Yes	Skilled Nursing Facility Medicare-covered stay Additional days Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	PT and SP Services Medicare-covered benefits
Rehabilitation services	Ground Ambulance \$0 copay	N/A	N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide.	No	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	Yes	Routine foot care Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Routine foot care	N/A	N/A	Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4



Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$480.00	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 \$4,430)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,430, up to the out-of-pocket threshold of \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$3.95 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$9.85 copay or 5% (whichever costs more)	PBP Section Rx	



Bid Reports 2022

Benefits Summary Report

MCS ADVANTAGE, INC.
 H5177 - 029
 VBID: Yes - Part C
 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	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section C (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section D
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	

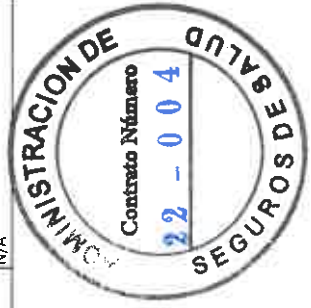
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	Yes	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay Emergency	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes		Outpatient Diagnostic Procedures; Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services



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Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide. Hearing aids \$0 copay	No	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	There may be limits on how much the plan will provide. Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



Comprehensive dental	Restorative services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



Comprehensive dental	Extractions There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	Routine eye exam \$0 copay There may be limits on how much the plan will provide.	No	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades



<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Occupational therapy visit \$0 copay	Yes	Yes	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Ground Ambulance \$0 copay	N/A	Yes	PT and SP Services Medicare-covered benefits
Transportation	There may be limits on how much the plan will provide.	No	No	Ambulance Services Transportation Services Podiatry Services
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	Yes	Medicare-covered benefits Routine foot care
Foot care (podiatry services)	Routine foot care	N/A	N/A	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	Wellness programs (e.g., fitness, nursing hotline)	Yes	No	Medicare-covered Diabetic therapeutic shoes or inserts
	Covered	No	No	Eligible Supplemental Benefits as defined in Chapter 4



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Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$480.00	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 \$4,430)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,430, up to the out-of-pocket threshold of \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$3.85 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$9.85 copay or 5% (whichever costs more)	PBP Section Rx	



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Bid Reports 2022

Benefits Summary Report

MCS ADVANTAGE, INC.

H5577 - 036

VBID: Yes - Part C

MA Uniformity Flexibility: No

Special Supplemental Benefits for the Chronically III: Yes

Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section B (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category level)
Optional supplemental benefits?	No	PBP Section D
Prescription Drugs Covered?	Yes	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	PBP Section Rx

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital-Acute Medicare-covered stay
Outpatient hospital coverage	\$0 copay	Yes	Yes	Additional days Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary	N/A	N/A	Primary Care Physician Services
Specialist	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Emergency care/urgent care	Urgent care	N/A	N/A	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures	Yes	Yes	Medicare-covered Lab Services



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Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Hearing aids \$0 copay	No	No	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	There may be limits on how much the plan will provide.	No	No	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



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Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Ora//Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Ora//Maxillofacial Surgery, Other Services



Comprehensive dental	Restorative services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



Comprehensive dental	Extractions There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	No
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	No
Vision	Routine eye exam \$0 copay There may be limits on how much the plan will provide.	No	Eye Exams Routine Eye Exams Other	No
Vision	Other Not covered	N/A	Eye Exams Routine Eye Exams Other	N/A
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades	No



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<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>No</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



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Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	\$0 copay Occupational therapy visit	Yes	Yes	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	\$0 copay Physical therapy and speech and language therapy visit	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	Yes	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay \$0 copay	N/A	N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide.	No	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	Yes	Routine foot care
Foot care (podiatry services)	Routine foot care	N/A	N/A	Podiatry Services Medicare-covered benefits Routine foot care
Medical equipment/supplies	Not covered Durable medical equipment (e.g., wheelchairs, oxygen)	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs)	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4



Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$480.00	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 \$4,430)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,430, up to the out-of-pocket threshold of \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$3.95 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$9.85 copay or 5% (whichever costs more)	PBP Section Rx	



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Bid Reports 2022

Benefits Summary Report

MCS ADVANTAGE, INC.

H5577 - 037

VBID: Yes - Part C

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	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	No	PBP Section B (category level)
Choice of Doctors?	\$3,400 In-network	PBP Section C (category level)
Optional supplemental benefits?	Plan Doctors for Most Services	PBP Section D
Prescription Drugs Covered?	No	Optional supplemental
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	Yes	PBP Section Rx
	No	

Health and Medical Benefits

Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital-Acute Medicare-covered stay
Outpatient hospital coverage	\$0 copay	Yes	Yes	Additional days
Doctor visits	Primary	N/A	N/A	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay	Specialist	Yes	Primary Care Physician Services
Preventive care	\$0 copay	No	No	Physician Specialist Services
Emergency care/urgent care	Emergency	N/A	N/A	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay	Urgent care	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	Diagnostic tests and procedures	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	\$0 copay	Diagnostic tests and procedures	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services

Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay Fitting/evaluation \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide. Hearing aids \$0 copay There may be limits on how much the plan will provide.	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



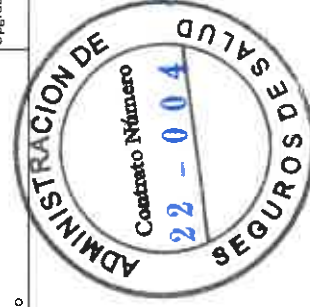
Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



Comprehensive dental	Restorative services	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Endodontics	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Periodontics	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



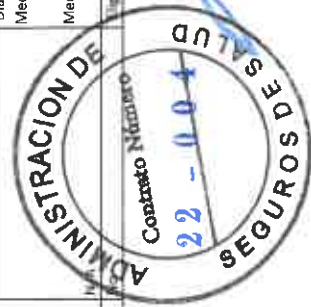
Comprehensive dental	Extractions There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	There may be limits on how much the plan will provide. Routine eye exam \$0 copay There may be limits on how much the plan will provide.	No	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades



<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>Yes</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	\$0 copay	Yes	No	Skilled Nursing Facility Medicare-covered stay
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Additional days Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay \$0 copay	N/A	N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide.	No	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	Yes	Routine foot care Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Routine foot care Not covered	N/A	N/A	Routine foot care
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	Medicare-covered Diabetic therapeutic shoes or inserts Wellness Supplemental Benefits as Defined in Chapter 4



Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$480.00	PBP Section Rx	
Formulary Website	www.msc.classicare.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 \$4,430)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,430, up to the out-of-pocket threshold of \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$3.85 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$9.85 copay or 5% (whichever costs more)	PBP Section Rx	



Bid Reports 2022

Benefits Summary Report

MCS ADVANTAGE, INC.
H5577 - 041
VBID: Yes - Part C

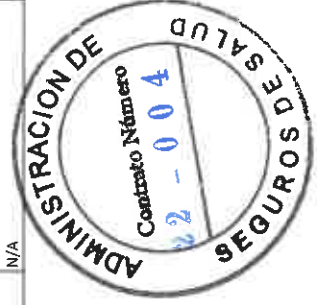
MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically III: Yes
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section C (category level)
Choice of Doctors?	Plan Doctors for Most Services	PBP Section D
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				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital-Acute Medicare-covered stay
Outpatient hospital coverage	\$0 copay	Yes	Yes	Additional days Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency	N/A	N/A	Emergency Care
Emergency care/urgent care	Urgent care	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services



Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation \$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Hearing aids \$0 copay	No	No	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	There may be limits on how much the plan will provide.	No	No	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays



Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Diagnostic services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services



Comprehensive dental	Restorative services There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	No
Comprehensive dental	Endodontics There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	No
Comprehensive dental	Periodontics There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	No



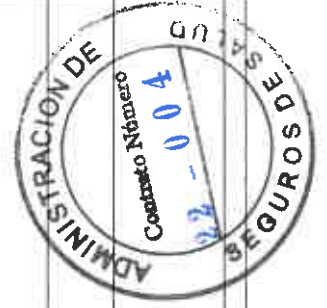
Comprehensive dental	Extractions	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Vision	Routine eye exam \$0 copay	There may be limits on how much the plan will provide.	No	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay	There may be limits on how much the plan will provide.	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames



<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Upgrades Not covered</p>	<p>N/A</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Mental health services</p>	<p>Inpatient hospital - psychiatric \$0 copay</p>	<p>No</p>	<p>Inpatient Hospital Psychiatric Medicare-covered stay Additional days</p>



Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	Yes	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Skilled Nursing Facility	Skilled Nursing Facility Medicare-covered stay Additional days	Yes	Yes	Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	Yes	Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	Physical therapy and speech and language therapy visit \$0 copay	Yes	Yes	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	There may be limits on how much the plan will provide.	No	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Foot exams and treatment \$0 copay	No	Yes	Routine foot care
Foot care (podiatry services)	Routine foot care	N/A	N/A	Podiatry Services Medicare-covered benefits
Medical equipment/supplies	Not covered	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	Diabetes supplies	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	Diabetes supplies \$0 copay	Yes	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4



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Medicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$480.00	PBP Section Rx	
Formulary Website	www.mscsclassicare.com		

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,430)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,430, up to the out-of-pocket threshold of \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,050)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$3.95 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$9.85 copay or 5% (whichever costs more)	PBP Section Rx	

