# MEDICARE PLATINO CONTRACT

APPENDIX C (7) (22)

BENEFITS NOT-COVERED BY WRAP AROUND SUPPLEMNTARY BENEFITS PART C





#### **Part C Supplementary Benefits Certification**

I, <u>James P. O'Drobinak</u> as <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</u>.

<u>Inc.</u>, will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: <u>H5577-002 MCS Classicare Platino Ideal (HMO D-SNP)</u>

		Co	pay	
Description Benefits	100	110	120	130
1) Acupuncture	\$0	\$0	\$0	\$0
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.				
<ul> <li>Additional visits are the enrollee's responsibility, and payable according to regular health care fees.</li> </ul>				
2) Therapeutic Massage	\$0	\$0	\$0	\$0
<ul> <li>Limited to six (6) visits per year and must be ordered by a physician or a medical professional.</li> </ul>				
<ul> <li>Additional visits are the enrollee's responsibility, and payable according to regular health care fees.</li> </ul>				
3) Foot Reflexology	\$0	\$0	\$0	\$0
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.	40M	STRAC/O	Ori	
Additional visits are the enrollee's responsibility, and payable	(A)	ontrato Núm		

	Сорау				
Description Benefits	100	110	120	130	
according to regular health care fees.					
4) Wellness Education	\$0	\$0	\$0	\$0	
We offer activities that promote social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:					
Health lectures: Includes topics for Care Management such as chronic health conditions including diabetes, cardiovascular health, chronic kidney disease, respiratory conditions, bone health among others; preventive health which include mental health, health monitoring, nutrition and physical activity.					
Preventive reminders: To promote healthy actions that leads to early detection and management of certain health conditions.					
Support interventions: Provide interventions to improve quality of life in a holistic approach. The topics include financial education, social services, hygiene, gardening, arts among others.					
Exercise Program: This benefit allows members to participate in exercise sessions offered by certified fitness instructors, and other health professionals through which they will learn about concepts and techniques aimed at helping them maintain an active life. They will be able to participate in exercise sessions held at various places in the Island.					
5) Healthy Welcome Program	\$0	\$0	\$0	\$0	
<ul> <li>After enrollment, members will receive a call to help them coordinate their first complete health evaluation appointment with their physician.</li> <li>This service allows us to offer members the continuous and</li> </ul>	404 AD4	ontrato Númer 22 - 0 0	10 m	1	

		Co	pay	
Description Benefits	100	110	120	130
preventive care they need, according to their medical history.  MCS Classicare will help members establish an effective relationship with their physicians and become more involved in the decisions about their healthcare.				
6) MCS En Alerta	\$0	\$0	\$0	\$0
Offers educational campaigns about safety measures regarding hurricanes, earthquakes, and other natural disasters, among other events. We provide health seminars, educational materials, media tours among others.				
7) Nutritional Benefit	\$0	\$0	\$0	\$0
<ul> <li>Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions.</li> </ul>				
<ul> <li>Up to six (6) individual visits per year.</li> </ul>				
8) MCS Medilínea	\$0	\$0	\$0	\$0
This is a free health consultation phone service staffed by registered nurses 24 hours a day, seven (7) days a week. This nursing staff, supported by physicians and specialized clinical personnel, offers practical help and guidance about common conditions, drugs and their possible side effects, and lab results, among others.				
Whenever members feel ill and don't know what they should do, have any doubts about the use of a drug, or have an emergency situation, they contact MCS Medilínea, available 24 hours a day, seven (7) days a week.	28 AD	22 - 0 0	4	4

Description Bonesite	Copay				
Description Benefits	100	110	120	130	
9) Non-Emergency Transportation	\$0	\$0	\$0	\$0	
Twenty four (24) one-way trips every year					
If the member has been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria, the member may use this benefit for medical and non-medical needs. Transportation benefit cannot exceed the maximum number of twenty four (24) one-way trips every year combined. See below the eligibility requirements.					
People who do not meet the eligibility requirements must use this benefit for medical needs purposes only.					
Benefit must be used for pre- approved locations and acquired through a plan-contracted supplier.					
10) Worldwide Emergency/ Urgent Coverage	\$0	\$0	\$0	\$0	
Coverage is managed through reimbursement based on different fee schedules allowed by our plan, less applicable member cost share.					
11) Chiropractic Services	\$0	\$0	\$0	\$0	
Routine care, six (6) visits every year					
12) Outpatient Blood Services	\$0	\$0	\$0	\$0	
Three (3) pint deductible waived					
13) Dental Services	\$0	\$0	\$0	\$0	
MCS will cover the following services under the comprehensive dental benefit: non-routine, diagnostic, restorative, endodontics, periodontics, extractions, prosthodontics and	(v	Contrato Note  22 - 0 0	4 Q	1	

		Cop	ay	
Description Benefits	100	110	120	130
oral surgery, \$2,500 plan maximum every year.				
Dental implants and prostheses related to mplants (including crowns) are covered.				
Maxillofacial surgery is not covered under lental benefit. Maxillofacial surgery is covered through medical surgery benefit.				
14) Vision Care	\$0	\$0	\$0	\$0
One (1) routine eye exam				
<ul> <li>Supplemental eyewear (Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames); \$700 every year for supplemental eyewear</li> </ul>				
<ul> <li>Eyewear benefit maximum amount includes repair of eyewear.</li> <li>Provider and/or member must verify remaining combined maximum plan benefit coverage amount available.</li> </ul>				
15) Hearing Services	\$0	\$0	\$0	\$0
One (1) routine hearing exam				
One (1) fitting/evaluation for hearing aid(s)				
<ul> <li>Two (2) hearing aids every year; maximum plan coverage amount of \$2,500 every year for both ears combined.</li> </ul>				
<ul> <li>Benefit and maximum plan coverage amount includes benefit for repair for devices.</li> </ul>				
16) General Supports for Living	\$0	\$0	\$0	\$0
Home assistance services:     plumbing, electricity, locksmith, pet     grooming, technology assistance,     pest control and preventive home     cleaning/disinfection for people that     have been diagnosed by a	/ T/c	STRAC/O	OFF 4	1

	Сорау				
Description Benefits	100	110	120	130	
qualified provider with certain chronic conditions and meet certain criteria. See below the eligibility requirements.					
Services are limited to twelve (12) visits per year (three per quarter).					
<ul> <li>If the full number of visits is not used in a trimester, the balance of visits is not carried over to be used in the next trimester.</li> </ul>					
17)Te Paga Card	\$0	\$0	\$0	\$0	
This is a monthly allowance of \$70, for an annual maximum amount of \$840. Members will receive allowance through a debit card. Members will be able to use this debit card for any of the following services: food and produce purchases; payment of electricity, water, phone and internet bills; gasoline and Over-the-Counter (OTC) items purchases.					
18)Virtual medical visits	\$0	\$0	\$0	\$0	
Virtual medical consultation services to receive medical attention from anywhere within Puerto Rico 365 days a year. The member has access to health consultations, for a minor illness, with a family doctor, general practitioner, internist or licensed pediatrician. Virtual visits can be done by smartphone, computer or tablet.					
Additional telehealth services to receive medical attention for primary care physician services, physician specialist services, individual sessions for mental health specialty services and psychiatric services, and diabetes self-management training.	(4	Contrato Nan 22 - 0	ON OR OF 4	,	

These benefits are subject to change, according to final CMS approval and following the

Medicare annual calendar.

James P. O'Drobinak **Chief Executive Officer**  6-9-2021

Date

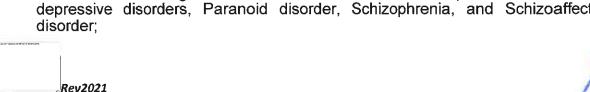
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#### Eligibility requirements:

To be eligible for these additional benefits, the member must meet the following requirements: The member must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit her/his health or general functioning - see the list of applicable conditions below. In addition, the member must have a high risk of hospitalization or other adverse health outcomes; and must require intensive care coordination.

Eligible chronic conditions according to Chapter 16b of the Medicare Managed Care Manual:

- 1. Chronic alcohol and other drug dependence;
- 2. Autoimmune disorders limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus;
- 3. Cancer, excluding pre-cancer conditions or in-situ status;
- 4. Cardiovascular disorders limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolic disorder;
  Chronic heart failure;
- 5. Chronic heart failure;
- 6. Dementia;
- 7. Diabetes mellitus;
- 8. End-stage liver disease;
- 9. End-stage renal disease (ESRD) requiring dialysis;
- CROSDE 10. Severe hematologic disorders limited to: Aplastic anemia, Hemophilia, Immune thrombocytopenic purpura, Myelodysplatic syndrome, Sickle-cell (excluding sickle-cell trait), and Chronic venous thromboembolic disorder;
- 11. HIV/AIDS:
- 12. Chronic lung disorders limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension;
- 13. Chronic and disabling mental health conditions limited to: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder;



14. Neurologic disorders limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and

15. Stroke.

This list is not exhaustive. As explained in 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1): "Further, an MA plan may consider ANY chronic condition not identified on this list if that condition is life-threatening or significantly limits the overall health or function of the enrollee." CMS recognizes "that there may be some conditions or a subset of conditions in a plan population that may meet the statutory definition of a chronic condition (for purposes of the statutory definition of a chronically-ill enrollee), but may not be present on the list."





#### **Part C Supplementary Benefits Certification**

I, <u>James P. O'Drobinak</u> as <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</u>. <u>Inc.</u>, will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: <u>H5577 - 017 MCS Classicare Platino Progreso (HMO D-SNP)</u>

Description Benefits		Co	pay	
Description benefits	100	110	120	130
Acupuncture	\$0	\$0	\$0	\$0
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.				
Additional visits are the enrollee's responsibility, and payable according to regular health care fees.				
Therapeutic Massage	\$0	\$0	\$0	\$0
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.				
Additional visits are the enrollee's responsibility, and payable according to regular health care fees.				
Foot Reflexology	\$0	\$0	\$0	\$0
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.			STRACION	
Additional visits are the enrollee's responsibility, and payable according to regular health care fees.		A SH	STRACION O trato Número	

		Co	орау		
Description Benefits	100	110	120	130	
4) Wellness education	\$0	\$0	\$0	\$0	
We offer activities that promote social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:					
Health lectures: Includes topics for Care Management such as chronic health conditions including diabetes, cardiovascular health, chronic kidney disease, respiratory conditions, bone health among others; preventive health which include mental health, health monitoring, nutrition and physical activity.					
Preventive reminders: To promote healthy actions that leads to early detection and management of certain health conditions.					
Support interventions:     Provide interventions to     improve quality of life in a     holistic approach. The topics     include financial education,     social services, hygiene,     gardening, arts among     others.					
Exercise Program: This benefit allows members to participate in exercise sessions offered by certified fitness instructors, and other health professionals through which they will learn about concepts and techniques aimed at helping them maintain an active life. They will be able to participate in exercise sessions held at various places in the Island.			Contrato No. 22 - 0	95	
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<u>M</u> 5				8	
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District District		Cop	o <mark>ay</mark>	
Description Benefits	100	110	120	130
<ul> <li>After enrollment, members will receive a call to help them coordinate their first complete health evaluation appointment with their physician.</li> <li>This service allows us to offer members the continuous and preventive care they need, according to their medical history.</li> <li>MCS Classicare will help members establish an effective relationship with their physicians and become more involved in the decisions about their healthcare.</li> </ul>	\$0	\$0	\$0	\$0
Offers educational campaigns about safety measures regarding hurricanes, earthquakes, and other natural disasters, among other events. We provide health seminars, educational materials, media tours among others.	<b>\$0</b>	\$0	\$0	\$0
<ul> <li>7) Nutritional Benefit</li> <li>Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions.</li> <li>Up to six (6) individual visits per year.</li> </ul>	\$0	\$0	\$0 STRACION	\$0
8) MCS Medilínea  • This is a free health consultation phone service staffed by registered nurses 24 hours a day, seven (7)	\$0	67	STRACIO \$0 Número 0 0 4 UPOS DES	\$0



Description Benefits		Col	pay	
Description benefits	100	110	120	130
days a week. This nursing staff, supported by physicians and specialized clinical personnel, offers practical help and guidance about common conditions, drugs and their possible side effects, and lab results, among others.				
Whenever members feel ill and don't know what they should do, have any doubts about the use of a drug, or have an emergency situation, they contact MCS Medilínea, available 24 hours a day, seven (7) days a week.				
Non-Emergency Transportation	\$0	\$0	\$0	\$0
Thirty two (32) one-way trips every year  If the member has been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria, the member may use this benefit for medical and non-medical needs.  Transportation benefit cannot exceed the maximum number of thirty two (32) one-way trips every year combined. See below the eligibility requirements.  People who do not meet the eligibility requirements must use this benefit for medical needs purposes only.  Benefit must be used for pre-approved locations and acquired through a plan-		AD.	Contrato Número 22 - 0 0	100 W

Description Bouefite		Cop	оау	
Description Benefits	100	110	120	130
10) Worldwide Emergency/ Urgent Coverage	\$0	\$0	\$0	\$0
Coverage is managed through reimbursement based on different fee schedules allowed by our plan, less applicable member cost share.	\$0			
11) Chiropractic Services	\$0	\$0	\$0	\$0
Routine care, six (6) visits every year				
12) Outpatient Blood Services	\$0	\$0	\$0	\$0
Three (3) pint deductible waived				
13) Dental Services	\$0	\$0	\$0	\$0
MCS will cover the following services under the comprehensive dental benefit: non-routine, diagnostic, restorative, endodontics, periodontics, extractions, prosthodontics and oral surgery, \$3,000 plan maximum every year.				
Dental implants and prostheses related to implants (including crowns) are covered.				
Maxillofacial surgery is not covered under dental benefit. Maxillofacial surgery is covered through medical surgery benefit.				
14) Vision Care	\$0	\$0	RACIO	\$0
One (1) routine eye exam		INIS	DA	
<ul> <li>Supplemental eyewear (Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames); \$1,000</li> </ul>		O Coat	RACION DE CONTRACTO Número	



Description Bourfite		Co	pay	
Description Benefits	100	110	120	130
every year for supplemental eyewear				
Eyewear benefit maximum amount includes repair of eyewear. Provider and/or member must verify remaining combined maximum plan benefit coverage amount available.				
15) Hearing Services	\$0	\$0	\$0	\$0
One (1) routine hearing exam				
<ul> <li>One (1) fitting/evaluation for hearing aid(s)</li> </ul>				
Two (2) hearing aids every year; maximum plan coverage amount of \$3,000 every year for both ears combined.				
<ul> <li>Benefit and maximum plan coverage amount includes benefit for repair for devices.</li> </ul>				
16) General Supports for Living	\$0	\$0	\$0	\$0
Home assistance services: plumbing, electricity, locksmith, pet grooming, technology assistance, pest control and preventive home cleaning/disinfection for people that have been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria. See below the eligibility requirements.			INISTRACIO	0.
<ul> <li>Services are limited to twelve (12) visits per year (three per quarter).</li> </ul>		(5)	Contrato Núme	4 0
If the full number of visits is not used in a trimester, the balance of visits is not carried over to be used		/	ROUROSD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



Description Bonefite		Cop	рау	
Description Benefits	100	110	120	130
in the next trimester.				
This is a monthly allowance of \$70, for an annual maximum amount of \$840. Members will receive allowance through a debit card. Members will be able to use this debit card for any of the following services: food and produce purchases; payment of electricity, water, phone and internet bills; gasoline and Over-the-Counter (OTC)	<b>\$0</b>	\$0	<b>\$0</b>	\$0
<ul> <li>items purchases.</li> <li>Virtual medical visits</li> <li>Virtual medical consultation services to receive medical attention from anywhere within Puerto Rico 365 days a year. The member has access to health consultations, for a minor illness, with a family doctor, general practitioner, internist or licensed pediatrician. Virtual visits can be done by smartphone, computer or tablet.</li> <li>Additional telehealth services to receive medical attention for primary care physician services, physician specialist services, individual sessions for mental health specialty services and psychiatric services, and diabetes selfmanagement training.</li> </ul>	\$0	\$0	\$0	\$0







These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

James P. O'Drobinak Chief Executive Officer



Date

6-9-2021

#### Eligibility requirements:

To be eligible for these additional benefits, the member must meet the following requirements: The member must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit her/his health or general functioning - see the list of applicable conditions below. In addition, the member must have a high risk of hospitalization or other adverse health outcomes; and must require intensive care coordination.

Eligible chronic conditions according to Chapter 16b of the Medicare Managed Care Manual:

- 1. Chronic alcohol and other drug dependence;
- 2. Autoimmune disorders limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus;
- 3. Cancer, excluding pre-cancer conditions or in-situ status;
- 4. Cardiovascular disorders limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolic disorder;
- 5. Chronic heart failure;
- 6. Dementia;
- 7. Diabetes mellitus;
- 8. End-stage liver disease;
- 9. End-stage renal disease (ESRD) requiring dialysis;
- 10. Severe hematologic disorders limited to: Aplastic anemia, Hemophilia, Immune thrombocytopenic purpura, Myelodysplatic syndrome, Sickle-cell disease (excluding sickle-cell trait), and Chronic venous thromboembolic disorder;
- 11. HIV/AIDS;
- 12. Chronic lung disorders limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension;
- 13. Chronic and disabling mental health conditions limited to: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder:
- 14. Neurologic disorders limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and
- 15. Stroke.



This list is not exhaustive. As explained in 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1): "Further, an MA plan may consider ANY chronic condition not identified on this list if that condition is life-threatening or significantly limits the overall health or function of the enrollee." CMS recognizes "that there may be some conditions or a subset of conditions in a plan population that may meet the statutory definition of a chronic condition (for purposes of the statutory definition of a chronically-ill enrollee), but may not be present on the list."









## **Part C Supplementary Benefits Certification**

I, <u>James P. O'Drobinak</u>, as <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</u>, <u>Inc.</u>, will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: H5577 - 029 MCS Classicare Platino MásCa\$h (HMO D-SNP)

Description Benefits	Сорау				
Description benefits	100	110	120	130	
Acupuncture	\$0	\$0	\$0	\$0	
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.					
Additional visits are the enrollee's responsibility, and bayable according to regular nealth care fees.					
Therapeutic Massage	\$0	\$0	\$0	\$0	
Limited to six (6) visits per vear and must be ordered by a physician or a medical professional.					
Additional visits are the enrollee's responsibility, and bayable according to regular nealth care fees.					
Foot Reflexology	\$0	\$0	\$0	\$0	
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.					
Additional visits are the enrollee's responsibility, and bayable according to regular nealth care fees.		Control 22	TRACION OM to Número - 0 0 4	//	



Deparintion Panelita	Сорау				
Description Benefits	100	110	120	130	
4) Wellness Education	\$0	\$0	\$0	\$0	
Ve offer activities that promote ocial, emotional, intellectual, and hysical health to achieve a ealthy balance quality of life. These include:					
Health lectures: Includes topics for Care Management such as chronic health conditions including diabetes, cardiovascular health, chronic kidney disease, respiratory conditions, bone health among others; preventive health which include mental health, health monitoring, nutrition and physical activity.					
Preventive reminders: To promote healthy actions that leads to early detection and management of certain health conditions.					
Support interventions:     Provide interventions to improve quality of life in a holistic approach. The topics include financial education, social services, hygiene, gardening, arts among others.					
Exercise Program: This benefit allows members to participate in exercise sessions offered by certified fitness instructors, and other health professionals through which they will learn about concepts and techniques aimed at helping them maintain an active life. They will be able to participate in exercise sessions held at various places in the Island.			2	ontrato Número 2 - 0 0 4	
5) Healthy Welcome Program	\$0	\$0	\$0	\$0	
After enrollment, members					

Description Benefits	Сорау				
Description Bellents	100	110	120	130	
will receive a call to help them coordinate their first complete health evaluation appointment with their physician.  This service allows us to offer members the continuous and preventive care they need, according to their medical history.  MCS Classicare will help members establish an effective relationship with their physicians and become more involved in the decisions about their healthcare.					
6) MCS En Alerta Differs educational campaigns about safety measures regarding aurricanes, earthquakes, and other atural disasters, among other events. We provide health seminars, educational materials, media tours among others.	<b>\$0</b>	\$0	\$0	\$0	
<ul> <li>7) Nutritional Benefit</li> <li>Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions.</li> <li>Up to six (6) individual visits per year.</li> </ul>	<b>\$0</b>	\$0	\$0	\$0	
MCS Medilínea     This is a free health consultation phone service staffed by registered nurses 24 hours a day, seven (7) days a week. This nursing staff, supported by physicians and specialized clinical	<b>\$0</b>	0	\$0 STRACIONO ontrato Número 2 - 0 0 4	\$0	



Decembles Descrite	Сорау					
Description Benefits	100	110	120	130		
personnel, offers practical help and guidance about common conditions, drugs and their possible side effects, and lab results, among others.						
Whenever members feel ill and don't know what they should do, have any doubts about the use of a drug, or have an emergency situation, they contact MCS Medilínea, available 24 hours a day, seven (7) days a week.						
9) Non-Emergency Transportation	\$0	\$0	\$0	\$0		
Ten (10) one-way trips every year						
If the member has been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria, the member may use this benefit for medical and non-medical needs. Transportation benefit cannot exceed the maximum number of ten (10) one-way trips every year combined. See below the eligibility requirements.						
People who do not meet the eligibility requirements must use this benefit for medical needs purposes only.				TRACION OF Número		
Benefit must be used for pre-approved locations and acquired through a plancontracted supplier.			22 on	POS DESP		
10) Worldwide Emergency/ Urgent Coverage	\$0	\$0	\$0	\$0		
Coverage is managed through reimbursement based on different						



Description Benefits	Сорау					
Description benefits	100	110	120	130		
fee schedules allowed by our plan, less applicable member cost share.						
11) Chiropractic Services	\$0	\$0	\$0	\$0		
Routine care, six (6) visits every year						
12) Outpatient Blood Services	\$0	\$0	\$0	\$0		
Three (3) pint deductible waived						
13) Dental Services	\$0	\$0	\$0	\$0		
MCS will cover the following services under the comprehensive dental benefit: non-routine, diagnostic, restorative, endodontics, periodontics, extractions, and oral surgery, \$2,000 plan maximum every year.						
Implants and prostheses related to implants are not covered.						
Maxillofacial surgery is not covered under dental benefit. Maxillofacial surgery is covered through medical surgery benefit.						
14) Vision Care	\$0	\$0	\$0	\$0		
One (1) routine eye exam						
Supplemental eyewear     (Contact lenses;     Eyeglasses (lenses and frames); Eyeglass lenses;     Eyeglass frames); \$400 every year for supplemental eyewear			40	Contrato Nigo		
Eyewear benefit maximum amount includes repair of eyewear. Provider and/or member must verify remaining combined maximum plan benefit			(o	OUROS DE		



Description Benefits	Сорау				
Describaon Denents	100	110	120	130	
coverage amount available.					
15) Hearing Services	\$0	\$0	\$0	\$0	
One (1) routine hearing exam					
One (1) fitting/evaluation for hearing aid(s)					
Two (2) hearing aids every year; maximum plan coverage amount of \$1,000 every year for both ears combined.					
Benefit and maximum plan coverage amount includes benefit for repair for devices.					
l6) General Supports for Living	\$0	\$0	\$0	\$0	
Home assistance services: plumbing, electricity, locksmith, pet grooming, technology assistance, pest control and preventive home cleaning/disinfection for people that have been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria. See below the eligibility requirements.				ONINISTR Contracto	
Services are limited to twelve (12) visits per year (three per quarter).				Contract	
If the full number of visits is not used in a trimester, the balance of visits is not carried over to be used in the next trimester.				SKOUR O	
7)Te Paga Card	\$0	\$0	\$0	\$0	
This is a monthly allowance of \$41.50, for an annual maximum amount of \$498.  Members will receive				11	

Description Benefits		Со	pay	
Description Denents	100	110	120	130
allowance through a debit card. Members will be able to use this debit card for any of the following services: food and produce purchases; payment of electricity, water, phone and internet bills; gasoline and Over-the-Counter (OTC) items purchases.				
18)Virtual medical visits	\$0	\$0	\$0	\$0
Virtual medical consultation services to receive medical attention from anywhere within Puerto Rico 365 days a year. The member has access to health consultations, for a minor illness, with a family doctor, general practitioner, internist or licensed pediatrician. Virtual visits can be done by smartphone, computer or tablet.				
Additional telehealth     services to receive medical     attention for primary care     physician services,     physician specialist     services, individual sessions     for mental health specialty     services and psychiatric     services, and diabetes selfmanagement training.				

These benefits are	subject to	change,	according to	final CMS	approval and	d following	the
Medicare appoabce	lendar a	1					

√ames P. O'Drobinak **Chief Executive Officer**  6-9-2021

Date

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PUROSDE



#### **Eligibility requirements:**

To be eligible for these additional benefits, the member must meet the following requirements: The member must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit her/his health or general functioning - see the list of applicable conditions below. In addition, the member must have a high risk of hospitalization or other adverse health outcomes; and must require intensive care coordination.

Eligible chronic conditions according to Chapter 16b of the Medicare Managed Care Manual:

- 1. Chronic alcohol and other drug dependence:
- 2. Autoimmune disorders limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus;
- 3. Cancer, excluding pre-cancer conditions or in-situ status:
- 4. Cardiovascular disorders limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolic disorder;
- 5. Chronic heart failure:
- 6. Dementia:
- 7. Diabetes mellitus;
- End-stage liver disease;
- 9. End-stage renal disease (ESRD) requiring dialysis;
- 10. Severe hematologic disorders limited to: Aplastic anemia, Hemophilia, Immune 05 Myelodysplatic syndrome, Sickle-cell disease thrombocytopenic purpura, (excluding sickle-cell trait), and Chronic venous thromboembolic disorder;
- 11. HIV/AIDS:
- 12. Chronic lung disorders limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension;
- 13. Chronic and disabling mental health conditions limited to: Bipolar disorders. Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder:
- 14. Neurologic disorders limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy. Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and
- 15. Stroke.

This list is not exhaustive. As explained in 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1): "Further, an MA plan may consider ANY chronic condition not identified on this list if that condition is life-threatening or significantly limits the overall health or function of the enrollee." CMS recognizes "that there may be some conditions or a subset of conditions in a plan population that may meet the statutory definition of a chronic condition (for purposes of the statutory definition of a chronically-ill enrollee), but may not be present on the list."



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Rev2021



# **Part C Supplementary Benefits Certification**

I, <u>James P. O'Drobinak</u>, as <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</u>, <u>Inc.</u>, will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: <u>H5577 – 036 MCS Classicare Platino Recarga (HMO D-SNP)</u>

Description Benefits		Со	ppay		
Description Denents	100	110	120	130	
1) Acupuncture	\$0	\$0	\$0	\$0	
<ul> <li>Limited to six (6) visits per year and must be ordered by a physician or a medical professional.</li> </ul>					
<ul> <li>Additional visits are the enrollee's responsibility, and payable according to regular health care fees.</li> </ul>					
2) Therapeutic Massage	\$0	\$0	\$0	\$0	
<ul> <li>Limited to six (6) visits per year and must be ordered by a physician or a medical professional.</li> </ul>			(-	MINISTRAC	
<ul> <li>Additional visits are the enrollee's responsibility, and payable according to regular health care fees.</li> </ul>			(	22 - 0	
3) Foot Reflexology	\$0	\$0	\$0	\$0	
<ul> <li>Limited to six (6) visits per year and must be ordered by a physician or a medical professional.</li> </ul>					
<ul> <li>Additional visits are the enrollee's responsibility, and payable according to regular health care fees.</li> </ul>					
4) Wellness education	\$0	\$0	\$0	\$0	

Description Populity	Copay					
Description Benefits	100	110	120	130		
social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:	100	,,,,		100		
Health lectures: Includes topics for Care Management such as chronic health conditions including diabetes, cardiovascular health, chronic kidney disease, respiratory conditions, bone health among others; preventive health which include mental health, health monitoring, nutrition and physical activity.						
Preventive reminders: To promote healthy actions that leads to early detection and management of certain health conditions.						
Support interventions:     Provide interventions to     improve quality of life in a     holistic approach. The topics     include financial education,     social services, hygiene,     gardening, arts among     others.						
Exercise Program: This benefit allows members to participate in exercise sessions offered by certified fitness instructors, and other health professionals through which they will learn about concepts and techniques aimed at helping them maintain an active life. They will be able to participate in exercise sessions held at various places in the Island.			0	STRACION O  contrato Número  2 - 0 0 4  UROSDESE		
Healthy Welcome Program     After enrollment, members will receive a call to help them coordinate their first complete health evaluation appointment with their	\$0	\$0	\$0	\$0		

Description Possits	Copay				
Description Benefits	100	110	120	130	
<ul> <li>physician.</li> <li>This service allows us to offers members the continuous and preventive care they need, according to their medical history.</li> <li>MCS Classicare will help members establish an effective relationship with their physicians and become more involved in the decisions about their healthcare.</li> </ul>					
6) MCS En Alerta	\$0	\$0	\$0	\$0	
ffers educational campaigns cout safety measures regarding urricanes, earthquakes, and other atural disasters, among other vents. We provide health eminars, educational materials, edia tours among others.					
7) Nutritional Benefit	\$0	\$0	\$0	\$0	
<ul> <li>Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions.</li> <li>Up to six (6) individual visits per year.</li> </ul>					
8) MCS Medilínea	\$0	\$0	\$0	\$0	
This is a free health consultation phone service staffed by registered nurses 24 hours a day, seven (7) days a week. This nursing staff, supported by physicians and specialized clinical personnel, offers practical help and guidance about common conditions, drugs and their possible			Contrato Núm 22 - 0 0	4 00	

Description Benefits	Сорау				
	100	110	120	130	
11) Chiropractic Services	\$0	\$0	\$0	\$0	
Routine care, six (6) visits every year					
12) Outpatient Blood Services	\$0	\$0	\$0	\$0	
Three (3) pint deductible waived					
13) Dental Services	\$0	\$0	\$0	\$0	
MCS will cover the following services under the comprehensive dental benefit: non-routine, diagnostic, restorative, endodontics, periodontics, extractions, prosthodontics and oral surgery, \$2,000 plan maximum every year.					
Dental implants and prostheses or crowns related to implants including crowns) are covered.					
Maxillofacial surgery is not covered inder dental benefit. Maxillofacial surgery is covered through medical surgery benefit.					
14) Vision Care	\$0	\$0	\$0	\$0	
One (1) routine eye exam					
Supplemental eyewear     (Contact lenses;     Eyeglasses (lenses and frames); Eyeglass lenses;     Eyeglass frames; \$600 every year for supplemental eyewear			ShiriSTRAC	ION OR	
Eyewear benefit maximum amount includes repair of eyewear. Provider and/or member must verify remaining combined maximum plan benefit coverage amount available.			OF OUR OS	75/	

Description Benefits	Сорау				
Description benefits	100	110	120	130	
15) Hearing Services	\$0	\$0	\$0	\$0	
One (1) routine hearing exam					
One (1) fitting/evaluation for hearing aid(s)					
Two (2) hearing aids every year; maximum plan coverage amount of \$2,500 every year for both ears combined.					
<ul> <li>Benefit and maximum plan coverage amount includes benefit for repair for devices.</li> </ul>					
16) General Supports for Living	\$0	\$0	\$0	\$0	
Home assistance services: plumbing, electricity, locksmith, pet grooming, technology assistance, pest control and preventive home cleaning/disinfection for people that have been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria. See below the eligibility requirements.				STRAC/OA	
<ul> <li>Services are limited to twelve (12) visits per year (three per quarter).</li> </ul>			ADM,	ontrato Número	
If the full number of visits is not used in a trimester, the balance of visits is not carried over to be used in the next trimester.			SEG	ROSDE	
17)Te Paga Card	\$0	\$0	\$0	\$0	
This is a monthly allowance of \$140, for an annual maximum amount of \$1,680. Members will receive allowance through a debit card. Members will be able					

Description Demosta	Copay				
Description Benefits	100	110	120	130	
side effects, and lab results, among others.		150			
Whenever members feel ill and don't know what they should do, have any doubts about the use of a drug, or have an emergency situation, they contact MCS Medilínea, available 24 hours a day, seven (7) days a week.					
9) Non-Emergency Transportation	\$0	\$0	\$0	\$0	
Fifty-two (52) one-way trips every year					
If the member has been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria, the member may use this benefit for medical and non-medical needs. Transportation benefit cannot exceed the maximum number of fifty-two (52) one-way trips every year combined. See below the eligibility requirements.				INISTRACIO	
People who do not meet the eligibility requirements must use this benefit for medical needs purposes only.			(8	Contrato Núme 22 - 0 0	
Benefit must be used for pre-approved locations and acquired through a plancontracted supplier.				ROUROSD	
10) Worldwide Emergency/ Urgent Coverage	\$0	\$0	\$0	\$0	
Coverage is managed through reimbursement based on different fee schedules allowed by our plan, ess applicable member cost share.					

Description Benefits	Copay				
	100	110	120	130	
to use this debit card for any of the following services: food and produce purchases; payment of electricity, water, phone and internet bills; gasoline and Over-the-Counter (OTC) items purchases.					
18)Cellular Phone	\$0	\$0	\$0	\$0	
Cellular data plan to improve or maintain the health or overall function of the enrollee.					
19)Appliance Stipend	\$0	\$0	\$0	\$0	
Non primarily health related supplemental benefit equivalent to \$500 for air conditioner or refrigerator					
20)Virtual medical visits	\$0	\$0	\$0	\$0	
Virtual medical consultation services to receive medical attention from anywhere within Puerto Rico 365 days a year. The member has access to health consultations, for a minor illness, with a family doctor, general practitioner, internist or licensed pediatrician. Virtual visits can be done by smartphone, computer or tablet.				WISTRAC/O	
Additional telehealth services to receive medical attention for primary care physician services, physician specialist services, individual sessions for mental health specialty services and psychiatric services, and diabetes selfmanagement training.			(	Contrato Núm 22 - 0	

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

James P. O'Drobinak

6-9-2021

Date

#### Eligibility requirements:

**Chief Executive Officer** 

To be eligible for these additional benefits, the member must meet the following requirements: The member must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit her/his health or general functioning - see the list of applicable conditions below. In addition, the member must have a high risk of hospitalization or other adverse health outcomes; and must require intensive care coordination.

Eligible chronic conditions according to Chapter 16b of the Medicare Managed Care Manual:

- 1. Chronic alcohol and other drug dependence;
- 2. Autoimmune disorders limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus;
- 3. Cancer, excluding pre-cancer conditions or in-situ status;
- Cardiovascular disorders limited to: Cardiac arrhythmias, Coronary artery disease Peripheral vascular disease, and Chronic venous thromboembolic disorder; 357
- 5. Chronic heart failure:
- 6. Dementia;
- 7. Diabetes mellitus;
- 8. End-stage liver disease:
- 9. End-stage renal disease (ESRD) requiring dialysis;
- 10. Severe hematologic disorders limited to: Aplastic anemia, Hemophilia, Immune os thrombocytopenic purpura, Myelodysplastic syndrome, Sickle-cell disease (excluding sickle-cell trait), and Chronic venous thromboembolic disorder;
- 11. HIV/AIDS:
- 12. Chronic lung disorders limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension;
- 13. Chronic and disabling mental health conditions limited to: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder;
- 14. Neurologic disorders limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and
- 15. Stroke.

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This list is not exhaustive. As explained in 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1): "Further, an MA plan may consider ANY chronic condition not identified on this list if that condition is life-threatening or significantly limits the overall health or function of the enrollee." CMS recognizes "that there may be some conditions or a subset of conditions in a plan population that may meet the statutory definition of a chronic condition (for purposes of the statutory definition of a chronically-ill enrollee), but may not be present on the list."







#### **Part C Supplementary Benefits Certification**

I, <u>James P. O'Drobinak</u> as <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</u>, <u>Inc.</u>, will be offering the following additional benefits not covered in the Wrap-Around 2021 to all members enrolled in:

Product Identification: H5577 - 037 MCS Classicare Platino @Home (HMO D-SNP)

Description Bonefite	Сорау				
Description Benefits	100	110	120	130	
Acupuncture	\$0	\$0	\$0	\$0	
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.					
Additional visits are the enrollee's responsibility, and payable according to regular health care fees.					
Therapeutic Massage	\$0	\$0	\$0	\$0	
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.					
Additional visits are the enrollee's responsibility, and payable according to regular health care fees.					
Foot Reflexology	\$0	\$0	\$0	\$0	
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.		/	STRACION Optimero		
Additional visits are the enrollee's responsibility, and payable according to regular health care fees.			19 -	0778	

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		Co	рау	
Description Benefits	100	110	120	130
4) Wellness Education	\$0	\$0	\$0	\$0
We offer activities that promote social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:				
Health lectures: Includes topics for Care Management such as chronic health conditions including diabetes, cardiovascular health, chronic kidney disease, respiratory conditions, bone health among others; preventive health which include mental health, health monitoring, nutrition and physical activity.				
Preventive reminders: To promote healthy actions that leads to early detection and management of certain health conditions.				
Support interventions:     Provide interventions to improve quality of life in a holistic approach. The topics include financial education, social services, hygiene, gardening, arts among others.			, a	RAC/OA.
Exercise Program: This benefit allows members to participate in exercise sessions offered by certified fitness instructors, and other health professionals through which they will learn about concepts and techniques aimed at helping them maintain an active life. They will be able to participate in exercise sessions held at various places in the Island.			ADMIN SEON	RACION OF Número O O 4
5) Healthy Welcome Program	\$0	\$0	\$0	\$0
After enrollment, members	7-			**

Description Descrite		Cop	oay	
Description Benefits	100	110	120	130
will receive a call to help them coordinate their first complete health evaluation appointment with their physician.  This service allows us to offer members the continuous and preventive care they need, according to their medical history.  MCS Classicare will help members establish an effective relationship with their physicians and become more involved in the decisions about their healthcare.				
6) MCS En Alerta  Offers educational campaigns about safety measures regarding hurricanes, earthquakes, and other natural disasters, among other events. We provide health seminars, educational materials, media tours among others.	\$0	\$0	\$0	\$0
<ul> <li>7) Nutritional Benefit</li> <li>Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions.</li> <li>Up to six (6) individual visits per year.</li> </ul>	\$0	\$0	<b>\$0</b>	\$0
This is a free health consultation phone service staffed by registered nurses 24 hours a day, seven (7) days a week. This nursing staff, supported by physicians and specialized clinical	\$0	\$0 \$0	\$0 STRACION Contrato Número 22 - 0 0	1074

Description Benefits		Col	pay	
Description Benefits	100	110	120	130
personnel, offers practical help and guidance about common conditions, drugs and their possible side effects, and lab results, among others.				
Whenever members feel ill and don't know what they should do, have any doubts about the use of a drug, or have an emergency situation, they contact MCS Medilínea, available 24 hours a day, seven (7) days a week.				
9) Non-Emergency Transportation	\$0	\$0	\$0	\$0
Twenty-four (24) one-way trips every year				
If the member has been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria, the member may use this benefit for medical and non-medical needs. Transportation benefit cannot exceed the maximum number of twenty-four (24) one-way trips every year combined. See below the eligibility requirements.			kirki	TRACIOA
People who do not meet the eligibility requirements must use this benefit for medical needs purposes only.			2	-
Benefit must be used for pre-approved locations and acquired through a plancontracted supplier.			1.0	ROSDE
10) Worldwide Emergency/ Urgent Coverage	\$0	\$0	\$0	\$0

	Сорау				
Description Benefits	100	110	120	130	
Coverage is managed through reimbursement based on different fee schedules allowed by our plan, less applicable member cost share.					
11) Chiropractic Services	\$0	\$0	\$0	\$0	
Routine care, six (6) visits every year.					
12) Outpatient Blood Services	\$0	\$0	\$0	\$0	
Three (3) pint deductible waived.					
13) Dental Services	\$0	\$0	\$0	\$0	
MCS will cover the following services under the comprehensive dental benefit: non-routine, diagnostic, restorative, endodontics, periodontics, extractions, prosthodontics and oral surgery, \$2,000 plan maximum every year.					
Dental implants and prostheses related to implants (including crowns) are covered.					
Maxillofacial surgery is not covered under dental benefit. Maxillofacial surgery is covered through medical surgery benefit.					
14) Vision Care	\$0	\$0	\$0	\$0	
One (1) routine eye exam					
Supplemental eyewear     (Contact lenses;     Eyeglasses (lenses and frames); Eyeglass lenses;     Eyeglass frames); \$500 every year for supplemental eyewear			WINISTRACI  COOLUMNO  PROUPOS  OFFOUROS	73	
Eyewear benefit maximum amount includes repair of eyewear. Provider and/or			ROS	D	

Description Populity		Co	pay	
Description Benefits	100	110	120	130
member must verify remaining combined maximum plan benefit coverage amount available.		3.3.7		
15) Hearing Services	\$0	\$0	\$0	\$0
One (1) routine hearing exam				
One (1) fitting/evaluation for hearing aid(s)				
Two (2) hearing aids every year; maximum plan coverage amount of \$2,000 every year for both ears combined.				
Benefit and maximum plan coverage amount includes benefit for repair for devices.				
16) General Supports for Living	\$0	\$0	\$0	\$0
Home assistance services: plumbing, electricity, locksmith, pet grooming, technology assistance, pest control and preventive home cleaning/disinfection for people that have been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria. See below the eligibility requirements.			ADMIN C	TRACION trato Número
<ul> <li>Services are limited to twelve (12) visits per year (three per quarter).</li> </ul>			On on	UROSDE
If the full number of visits is not used in a trimester, the balance of visits is not carried over to be used in the next trimester.				AOS V
	\$0	\$0	\$0	\$0

		Сор	ay	
Description Benefits	100	110	120	130
of \$135, for an annual maximum amount of \$1,620. Members will receive allowance through a debit card. Members will be able to use this debit card for any of the following services: food and produce purchases; payment of electricity, water, phone and internet bills; gasoline and Over-the-Counter (OTC) items purchases.				
18)Virtual medical visits	\$0	\$0	\$0	\$0
Virtual medical consultation services to receive medical attention from anywhere within Puerto Rico 365 days a year. The member has access to health consultations, for a minor illness, with a family doctor, general practitioner, internist or licensed pediatrician. Virtual visits can be done by smartphone, computer or tablet.				
Additional telehealth     services to receive medical     attention for primary care     physician services,     physician specialist     services, individual sessions     for mental health specialty     services and psychiatric     services, and diabetes selfmanagement training.				





James P. O'Drobinak Chief Executive Officer	Date
Sant TODS IL	6-9-2021
Medicare annual calendar.	to man ome approval and lenewing me
These benefits are subject to change, according	to final CMS approval and following the

Disclaimers:

No referral required for services within the Special Network.

### Eligibility requirements:

To be eligible for these additional benefits, the member must meet the following requirements: The member must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit her/his health or general functioning - see the list of applicable conditions below. In addition, the member must have a high risk of hospitalization or other adverse health outcomes; and must require intensive care coordination.

Eligible chronic conditions according to Chapter 16b of the Medicare Managed Care Manual:

- 1. Chronic alcohol and other drug dependence;
- 2. Autoimmune disorders limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus;
- Cancer, excluding pre-cancer conditions or in-situ status;
- 4. Cardiovascular disorders limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolis disorder;
- 5. Chronic heart failure;
- 6. Dementia:
- 7. Diabetes mellitus;
- End-stage liver disease;
- 9. End-stage renal disease (ESRD) requiring dialysis;
- 10. Severe hematologic disorders limited to: Aplastic anemia, Hemophilia, Immune Myelodysplatic syndrome, Sickle-cell disease thrombocytopenic purpura, (excluding sickle-cell trait), and Chronic venous thromboembolic disorder:

#### 11. HIV/AIDS;

- 12. Chronic lung disorders limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension;
- Chronic and disabling mental health conditions limited to: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder;
- 14. Neurologic disorders limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and
- 15. Stroke.

This list is not exhaustive. As explained in 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1): "Further, an MA plan may consider ANY chronic condition not identified on this list if that condition is life-threatening or significantly limits the overall health or function of the enrollee." CMS recognizes "that there may be some conditions or a subset of conditions in a plan population that may meet the statutory definition of a chronic condition (for purposes of the statutory definition of a chronically-ill enrollee), but may not be present on the list."





# **APPENDIX C (7)**

# **Part C Supplementary Benefits Certification**

I, <u>James P. O'Drobinak</u>, as <u>Chief Executive Officer</u>, hereby certify that <u>MCS Advantage</u>, <u>Inc.</u>, will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: <u>H5577 – 041 MCS Classicare Platino Sólido (HMO D-SNP)</u>

Description Benefits		Co	pay	
Description belients	100	110	120	130
1) Acupuncture	\$0	\$0	\$0	\$0
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.				
<ul> <li>Additional visits are the enrollee's responsibility, and payable according to regular health care fees.</li> </ul>				
2) Therapeutic Massage	\$0	\$0	\$0	\$0
<ul> <li>Limited to six (6) visits per year and must be ordered by a physician or a medical professional.</li> </ul>				
<ul> <li>Additional visits are the enrollee's responsibility, and payable according to regular health care fees.</li> </ul>				
3) Foot Reflexology	\$0	\$0	\$0	\$0
Limited to six (6) visits per year and must be ordered by a physician or a medical professional.		/	NINISTRAC/	ero \
Additional visits are the enrollee's responsibility, and payable according to regular health care fees.			22 - 0 0	4 007



Daniel Carlo Carlo		Co	pay	
Description Benefits	100	110	120	130
4) Wellness Education	\$0	\$0	\$0	\$0
We offer activities that promote social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:				
Health lectures: Includes topics for Care Management such as chronic health conditions including diabetes, cardiovascular health, chronic kidney disease, respiratory conditions, bone health among others; preventive health which include mental health, health monitoring, nutrition and physical activity.				
Preventive reminders: To promote healthy actions that leads to early detection and management of certain health conditions.				
Support interventions:     Provide interventions to improve quality of life in a holistic approach. The topics include financial education, social services, hygiene, gardening, arts among others.				
Exercise Program: This benefit allows members to participate in exercise sessions offered by certified fitness instructors, and other health professionals through which they will learn about concepts and techniques aimed at helping them maintain an active life. They will be able to participate in exercise sessions held at various places in the Island.			Contrato Núme 22 - O	2
5) Healthy Welcome Program	\$0	\$0	\$0	\$0
After enrollment, members	<del>+</del> -	1	, ,	



Description Bonefits		Col	pay		
Description Benefits	100	110	120	130	
will receive a call to help them coordinate their first complete health evaluation appointment with their physician.  This service allows us to offers members the continuous and preventive care they need, according to their medical history.  MCS Classicare will help members establish an effective relationship with their physicians and become more involved in the decisions about their healthcare.					
6) MCS En Alerta  Offers educational campaigns about safety measures regarding nurricanes, earthquakes, and other natural disasters, among other events. We provide health seminars, educational materials, media tours among others.	<b>\$0</b>	\$0	\$0	\$0	
<ul> <li>7) Nutritional Benefit</li> <li>Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions.</li> <li>Up to six (6) individual visits per year.</li> </ul>	<b>\$0</b>	\$0	<b>\$0</b>	\$0	
MCS Medilínea     This is a free health consultation phone service staffed by registered nurses 24 hours a day, seven (7) days a week. This nursing staff, supported by physicians and specialized clinical	<b>\$0</b>	22	SO  CONDENS ON Mimero ON O	\$0	

Description Boundity		Co	pay	
Description Benefits	100	110	120	130
personnel, offers practical help and guidance about common conditions, drugs and their possible side effects, and lab results, among others.				
Whenever members feel ill and don't know what they should do, have any doubts about the use of a drug, or have an emergency situation, they contact MCS Medilínea, available 24 hours a day, seven (7) days a week.				
9) Non-Emergency Transportation	\$0	\$0	\$0	\$0
Thirty (30) one-way trips every year				
If the member has been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria, the member may use this benefit for medical and non-medical needs. Transportation benefit cannot exceed the maximum number of thirty (30) one-way trips every year combined. See below the eligibility requirements.			AN Contrato N	NON
People who do not meet the eligibility requirements must use this benefit for medical needs purposes only.		N A	22 - 0	157
Benefit must be used for pre-approved locations and acquired through a plancontracted supplier.			ROUROS	OE 3
10) Worldwide Emergency/ Urgent Coverage	\$0	\$0	\$0	\$0
overage is managed through eimbursement based on different				



Description Bouefits		Cor	oay	
Description Benefits	100	110	120	130
fee schedules allowed by our plan, less applicable member cost share.				
<ul><li>11) Chiropractic Services</li><li>Routine care, six (6) visits every year</li></ul>	\$0	\$0	\$0	\$0
12) Outpatient Blood Services	\$0	\$0	\$0	\$0
Three (3) pint deductible waived				
13) Dental Services	\$0	\$0	\$0	\$0
MCS will cover the following services under the comprehensive dental benefit: non-routine, diagnostic, restorative, endodontics, periodontics, extractions, and oral surgery, \$3,000 plan maximum every year.				
Implants and prostheses related to implants are not covered.				
Maxillofacial surgery is not covered under dental benefit. Maxillofacial surgery is covered through medical surgery benefit.				
14) Vision Care	\$0	\$0	\$0	\$0
One (1) routine eye exam				
Supplemental eyewear     (Contact lenses;     Eyeglasses (lenses and frames); Eyeglass lenses;     Eyeglass frames); \$750     every year for supplemental eyewear		1 10	RACION OF ON A	
<ul> <li>Eyewear benefit maximum amount includes repair of eyewear. Provider and/or member must verify remaining combined</li> </ul>				



Description Benefits	Сорау				
	100	110	120	130	
maximum plan benefit coverage amount available.					
15) Hearing Services	\$0	\$0	\$0	\$0	
One (1) routine hearing exam					
One (1) fitting/evaluation for hearing aid(s)					
Two (2) hearing aids every year; maximum plan coverage amount of \$2,500 every year for both ears combined.					
Benefit and maximum plan coverage amount includes benefit for repair for devices.					
16) General Supports for Living	\$0	\$0	\$0	\$0	
Home assistance services: plumbing, electricity, locksmith, pet grooming, technology assistance, pest control and preventive home cleaning/disinfection for people that have been diagnosed by a qualified provider with certain chronic conditions and meet certain criteria. See below the eligibility requirements.			Contract	RACION ON Número III	
Services are limited to twelve (12) visits per year (three per quarter).			The second second	ESA	
If the full number of visits is not used in a trimester, the balance of visits is not carried over to be used in the next trimester.				1	
17)Te Paga Card	\$0	\$0	\$0	\$0	
This is a monthly allowance of \$210, for an annual maximum amount of \$2,520. Members will receive					

Description Benefits	Сорау				
	100	110	120	130	
allowance through a debit card. Members will be able to use this debit card for any of the following services: food and produce purchases; payment of electricity, water, phone and internet bills; gasoline and Over-the-Counter (OTC) items purchases.					
18)Virtual medical visits	\$0	\$0	\$0	\$0	
Virtual medical consultation services to receive medical attention from anywhere within Puerto Rico 365 days a year. The member has access to health consultations, for a minor illness, with a family doctor, general practitioner, internist or licensed pediatrician. Virtual visits can be done by smartphone, computer or tablet.					
Additional telehealth     services to receive medical     attention for primary care     physician services,     physician specialist     services, individual sessions     for mental health specialty     services and psychiatric     services, and diabetes selfmanagement training.			22	RACION DE SAY	

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

James P. O'Drobinak Chief Executive Officer 6-9-2021

Date:



Rev2021

#### **Eligibility requirements:**

To be eligible for these additional benefits, the member must meet the following requirements: The member must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit her/his health or general functioning - see the list of applicable conditions below. In addition, the member must have a high risk of hospitalization or other adverse health outcomes; and must require intensive care coordination.

Eligible chronic conditions according to Chapter 16b of the Medicare Managed Care Manual:

- 1. Chronic alcohol and other drug dependence:
- 2. Autoimmune disorders limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus;
- 3. Cancer, excluding pre-cancer conditions or in-situ status;
- 4. Cardiovascular disorders limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolic disorder; SHINISTRACIONO
- 5. Chronic heart failure;
- 6. Dementia:
- 7. Diabetes mellitus;
- End-stage liver disease;
- End-stage renal disease (ESRD) requiring dialysis;
- 10. Severe hematologic disorders limited to: Aplastic anemia, Hemophilia, Immone of Myelodysplatic syndrome, Sickle-cell disease thrombocytopenic purpura. (excluding sickle-cell trait), and Chronic venous thromboembolic disorder;

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- 11. HIV/AIDS:
- 12. Chronic lung disorders limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension;
- 13. Chronic and disabling mental health conditions limited to: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder;
- 14. Neurologic disorders limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and
- 15. Stroke.

This list is not exhaustive. As explained in 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1): "Further, an MA plan may consider ANY chronic condition not identified on this list if that condition is life-threatening or significantly limits the overall health or function of the enrollee." CMS recognizes "that there may be some conditions or a subset of conditions in a plan population that may meet the statutory definition of a chronic condition (for purposes of the statutory definition of a chronically-ill enrollee), but may not be present on the list."

