

MEDICARE PLATINO CONTRACT

APPENDIX C (7) (22)

BENEFITS NOT-COVERED BY
WRAP AROUND SUPPLEMENTARY
BENEFITS PART C



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APPENDIX C (7)

Part C Supplementary Benefits Certification

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

Product Identification: H5577-002 MCS Classicare Platino Ideal (HMO D-SNP)

Description Benefits	Copay			
	100	110	120	130
1) Acupuncture <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
2) Therapeutic Massage <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
3) Foot Reflexology <ul style="list-style-type: none"> 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 	\$0	\$0	\$0	\$0




Description Benefits	Copay			
	100	110	120	130
according to regular health care fees.				
<p>4) Wellness Education</p> <p>We offer activities that promote social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:</p> <ul style="list-style-type: none"> • 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	\$0	\$0	\$0
<p>5) Healthy Welcome Program</p> <ul style="list-style-type: none"> • After enrollment, members 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 	\$0	\$0	\$0	\$0



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Description Benefits	Copay			
	100	110	120	130
<p>preventive care they need, according to their medical history.</p> <ul style="list-style-type: none"> MCS Classicare will help members establish an effective relationship with their physicians and become more involved in the decisions about their healthcare. 				
<p>6) MCS En Alerta</p> <p>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.</p>	\$0	\$0	\$0	\$0
<p>7) Nutritional Benefit</p> <ul style="list-style-type: none"> Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions. Up to six (6) individual visits per year. 	\$0	\$0	\$0	\$0
<p>8) MCS Medilínea</p> <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
9) Non-Emergency Transportation <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
10) Worldwide Emergency/ Urgent Coverage Coverage is managed through reimbursement based on different fee schedules allowed by our plan, less applicable member cost share.	\$0	\$0	\$0	\$0
11) Chiropractic Services <ul style="list-style-type: none"> Routine care, six (6) visits every year 	\$0	\$0	\$0	\$0
12) Outpatient Blood Services <ul style="list-style-type: none"> Three (3) pint deductible waived 	\$0	\$0	\$0	\$0
13) Dental Services <ul style="list-style-type: none"> MCS will cover the following services under the comprehensive dental benefit: non-routine, diagnostic, restorative, endodontics, periodontics, extractions, prosthodontics and 	\$0	\$0	\$0	\$0



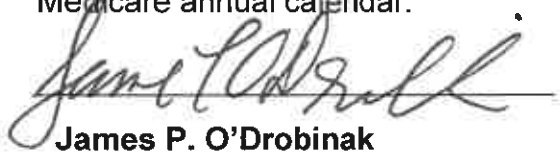
Description Benefits	Copay			
	100	110	120	130
<p>oral surgery, \$2,500 plan maximum every year.</p> <p>Dental implants and prostheses related to implants (including crowns) are covered.</p> <p>Maxillofacial surgery is not covered under dental benefit. Maxillofacial surgery is covered through medical surgery benefit.</p>				
<p>14) Vision Care</p> <ul style="list-style-type: none"> • One (1) routine eye exam • Supplemental eyewear (Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames); \$700 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. 	\$0	\$0	\$0	\$0
<p>15) Hearing Services</p> <ul style="list-style-type: none"> • 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. 	\$0	\$0	\$0	\$0
<p>16) General Supports for Living</p> <ul style="list-style-type: none"> • 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 	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
<p>qualified provider with certain chronic conditions and meet certain criteria. See below the eligibility requirements.</p> <ul style="list-style-type: none"> Services are limited to twelve (12) visits per year (three per quarter). 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. 				
<p>17)Te Paga Card</p> <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
<p>18)Virtual medical visits</p> <ul style="list-style-type: none"> 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. 	\$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

6-9-2021

Date

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, 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.

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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APPENDIX C (7)

Part C Supplementary Benefits Certification

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

Product Identification: H5577 – 017 MCS Classicare Platino Progreso (HMO D-SNP)

Description Benefits	Copay			
	100	110	120	130
1) Acupuncture <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
2) Therapeutic Massage <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
3) Foot Reflexology <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
<p>4) Wellness education</p> <p>We offer activities that promote social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:</p> <ul style="list-style-type: none"> • 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	\$0	\$0	\$0



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Description Benefits	Copay			
	100	110	120	130
5) Healthy Welcome Program <ul style="list-style-type: none"> After enrollment, members 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. 	\$0	\$0	\$0	\$0
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
7) Nutritional Benefit <ul style="list-style-type: none"> Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions. Up to six (6) individual visits per year. 	\$0	\$0	\$0	\$0
8) MCS Medilínea <ul style="list-style-type: none"> This is a free health consultation phone service staffed by registered nurses 24 hours a day, seven (7) 	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
<p>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.</p> <ul style="list-style-type: none"> 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. 				
<p>9) Non-Emergency Transportation</p> <ul style="list-style-type: none"> 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-contracted supplier. 	\$0	\$0	\$0	\$0




Description Benefits	Copay			
	100	110	120	130
10) Worldwide Emergency/ Urgent Coverage Coverage is managed through reimbursement based on different fee schedules allowed by our plan, less applicable member cost share.	\$0	\$0	\$0	\$0
11) Chiropractic Services <ul style="list-style-type: none"> Routine care, six (6) visits every year 	\$0	\$0	\$0	\$0
12) Outpatient Blood Services <ul style="list-style-type: none"> Three (3) pint deductible waived 	\$0	\$0	\$0	\$0
13) Dental Services <ul style="list-style-type: none"> 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.	\$0	\$0	\$0	\$0
14) Vision Care <ul style="list-style-type: none"> One (1) routine eye exam Supplemental eyewear (Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames); \$1,000 	\$0	\$0	\$0	\$0




Description Benefits	Copay			
	100	110	120	130
every year for supplemental eyewear <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> One (1) routine hearing exam One (1) fitting/evaluation for hearing aid(s) Two (2) hearing aids every year; maximum plan coverage amount of \$3,000 every year for both ears combined. Benefit and maximum plan coverage amount includes benefit for repair for devices. 	\$0	\$0	\$0	\$0
16) General Supports for Living <ul style="list-style-type: none"> 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. Services are limited to twelve (12) visits per year (three per quarter). <p>If the full number of visits is not used in a trimester, the balance of visits is not carried over to be used</p>	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
in the next trimester.				
17)Te Paga Card <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
18)Virtual medical visits <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0



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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

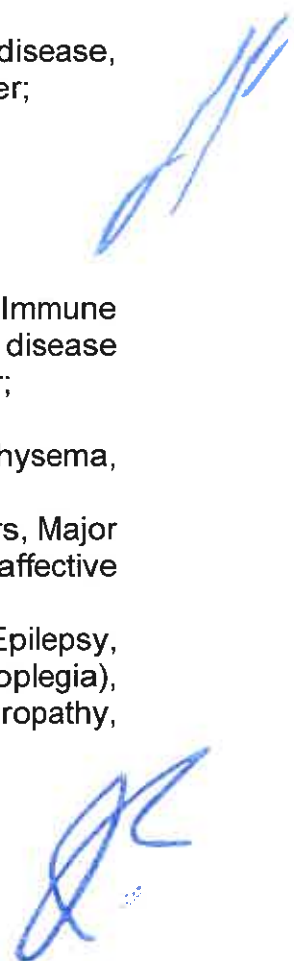
Date

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, 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.



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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APPENDIX C (7)

Part C Supplementary Benefits Certification

I, James P. O'Drobinak, as Chief Executive Officer, hereby certify that MCS Advantage, Inc., 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	Copay			
	100	110	120	130
1) Acupuncture <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
2) Therapeutic Massage <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
3) Foot Reflexology <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0




Description Benefits	Copay			
	100	110	120	130
<p>4) Wellness Education</p> <p>We offer activities that promote social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:</p> <ul style="list-style-type: none"> • 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	\$0	\$0	\$0
<p>5) Healthy Welcome Program</p> <ul style="list-style-type: none"> • After enrollment, members 	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
<p>will receive a call to help them coordinate their first complete health evaluation appointment with their physician.</p> <ul style="list-style-type: none"> 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. 				
<p>6) MCS En Alerta</p> <p>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.</p>	\$0	\$0	\$0	\$0
<p>7) Nutritional Benefit</p> <ul style="list-style-type: none"> Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions. Up to six (6) individual visits per year. 	\$0	\$0	\$0	\$0
<p>8) MCS Medilínea</p> <ul style="list-style-type: none"> 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



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Description Benefits	Copay			
	100	110	120	130
<p>personnel, offers practical help and guidance about common conditions, drugs and their possible side effects, and lab results, among others.</p> <ul style="list-style-type: none"> 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. 				
<p>9) Non-Emergency Transportation</p> <ul style="list-style-type: none"> 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. Benefit must be used for pre-approved locations and acquired through a plan-contracted supplier. 	\$0	\$0	\$0	\$0
<p>10) Worldwide Emergency/ Urgent Coverage</p> <p>Coverage is managed through reimbursement based on different</p>	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
fee schedules allowed by our plan, less applicable member cost share.				
11) Chiropractic Services <ul style="list-style-type: none"> Routine care, six (6) visits every year 	\$0	\$0	\$0	\$0
12) Outpatient Blood Services <ul style="list-style-type: none"> Three (3) pint deductible waived 	\$0	\$0	\$0	\$0
13) Dental Services <ul style="list-style-type: none"> 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. <p>Implants and prostheses related to implants are not covered.</p> <p>Maxillofacial surgery is not covered under dental benefit. Maxillofacial surgery is covered through medical surgery benefit.</p>	\$0	\$0	\$0	\$0
14) Vision Care <ul style="list-style-type: none"> One (1) routine eye exam Supplemental eyewear (Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames); \$400 every year for supplemental eyewear Eyewear benefit maximum amount includes repair of eyewear. Provider and/or member must verify remaining combined maximum plan benefit 	\$0	\$0	\$0	\$0

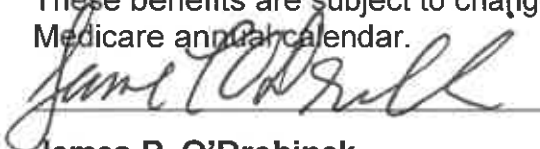


Description Benefits	Copay			
	100	110	120	130
coverage amount available.				
15) Hearing Services <ul style="list-style-type: none"> One (1) routine hearing exam One (1) fitting/evaluation for hearing aid(s) Two (2) hearing aids every year; maximum plan coverage amount of \$1,000 every year for both ears combined. Benefit and maximum plan coverage amount includes benefit for repair for devices. 	\$0	\$0	\$0	\$0
16) General Supports for Living <ul style="list-style-type: none"> 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. Services are limited to twelve (12) visits per year (three per quarter). 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. 	\$0	\$0	\$0	\$0
17) Te Paga Card This is a monthly allowance of \$41.50, for an annual maximum amount of \$498. Members will receive	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	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 <ul style="list-style-type: none"> 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. 	\$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

6-9-2021

Date



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, 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.



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

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

Description Benefits	Copay			
	100	110	120	130
1) Acupuncture <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
2) Therapeutic Massage <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
3) Foot Reflexology <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
4) Wellness education We offer activities that promote	\$0	\$0	\$0	\$0




Description Benefits	Copay			
	100	110	120	130
<p>social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:</p> <ul style="list-style-type: none"> • 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. 				
<p>5) Healthy Welcome Program</p> <ul style="list-style-type: none"> • After enrollment, members will receive a call to help them coordinate their first complete health evaluation appointment with their 	\$0	\$0	\$0	\$0



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Description Benefits	Copay			
	100	110	120	130
<p>physician.</p> <ul style="list-style-type: none"> 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. 				
<p>6) MCS En Alerta</p> <p>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.</p>	\$0	\$0	\$0	\$0
<p>7) Nutritional Benefit</p> <ul style="list-style-type: none"> Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions. Up to six (6) individual visits per year. 	\$0	\$0	\$0	\$0
<p>8) MCS Medilínea</p> <ul style="list-style-type: none"> 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 	\$0	\$0	\$0	\$0



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Description Benefits	Copay			
	100	110	120	130
11) Chiropractic Services <ul style="list-style-type: none"> Routine care, six (6) visits every year 	\$0	\$0	\$0	\$0
12) Outpatient Blood Services <ul style="list-style-type: none"> Three (3) pint deductible waived 	\$0	\$0	\$0	\$0
13) Dental Services <ul style="list-style-type: none"> 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. <p>Dental implants and prostheses or crowns related to implants (including crowns) are covered.</p> <p>Maxillofacial surgery is not covered under dental benefit. Maxillofacial surgery is covered through medical surgery benefit.</p>	\$0	\$0	\$0	\$0
14) Vision Care <ul style="list-style-type: none"> One (1) routine eye exam Supplemental eyewear (Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames; \$600 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. 	\$0	\$0	\$0	\$0




Description Benefits	Copay			
	100	110	120	130
15) Hearing Services <ul style="list-style-type: none"> • 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. 	\$0	\$0	\$0	\$0
16) General Supports for Living <ul style="list-style-type: none"> • 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. • Services are limited to twelve (12) visits per year (three per quarter). • 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. 	\$0	\$0	\$0	\$0
17) Te Paga Card <ul style="list-style-type: none"> • 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 	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
<p>side effects, and lab results, among others.</p> <ul style="list-style-type: none"> 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. 				
<p>9) Non-Emergency Transportation</p> <ul style="list-style-type: none"> 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. 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. 	\$0	\$0	\$0	\$0
<p>10) Worldwide Emergency/ Urgent Coverage</p> <p>Coverage is managed through reimbursement based on different fee schedules allowed by our plan, less applicable member cost share.</p>	\$0	\$0	\$0	\$0



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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 Cellular data plan to improve or maintain the health or overall function of the enrollee.	\$0	\$0	\$0	\$0
19) Appliance Stipend Non primarily health related supplemental benefit equivalent to \$500 for air conditioner or refrigerator	\$0	\$0	\$0	\$0
20) Virtual medical visits <ul style="list-style-type: none"> 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. 	\$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

6-9-2021

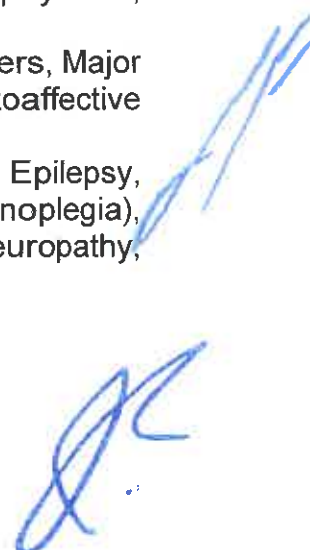
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Eligibility requirements:

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;
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, 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.



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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APPENDIX C (7)

Part C Supplementary Benefits Certification

I, James P. O'Drobinak as Chief Executive Officer, hereby certify that MCS Advantage, Inc., 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 Benefits	Copay			
	100	110	120	130
1) Acupuncture <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
2) Therapeutic Massage <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
3) Foot Reflexology <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
<p>4) Wellness Education</p> <p>We offer activities that promote social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:</p> <ul style="list-style-type: none"> • 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	\$0	\$0	\$0
<p>5) Healthy Welcome Program</p> <ul style="list-style-type: none"> • After enrollment, members 	\$0	\$0	\$0	\$0



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Description Benefits	Copay			
	100	110	120	130
<p>will receive a call to help them coordinate their first complete health evaluation appointment with their physician.</p> <ul style="list-style-type: none"> 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. 				
<p>6) MCS En Alerta</p> <p>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.</p>	\$0	\$0	\$0	\$0
<p>7) Nutritional Benefit</p> <ul style="list-style-type: none"> Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions. Up to six (6) individual visits per year. 	\$0	\$0	\$0	\$0
<p>8) MCS Medilínea</p> <ul style="list-style-type: none"> 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



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Description Benefits	Copay			
	100	110	120	130
<p>personnel, offers practical help and guidance about common conditions, drugs and their possible side effects, and lab results, among others.</p> <ul style="list-style-type: none"> 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. 				
<p>9) Non-Emergency Transportation</p> <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
<p>10) Worldwide Emergency/ Urgent Coverage</p>	\$0	\$0	\$0	\$0



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Description Benefits	Copay			
	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 <ul style="list-style-type: none"> Routine care, six (6) visits every year. 	\$0	\$0	\$0	\$0
12) Outpatient Blood Services <ul style="list-style-type: none"> Three (3) pint deductible waived. 	\$0	\$0	\$0	\$0
13) Dental Services <ul style="list-style-type: none"> 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. <p>Dental implants and prostheses related to implants (including crowns) are covered.</p> <p>Maxillofacial surgery is not covered under dental benefit. Maxillofacial surgery is covered through medical surgery benefit.</p>	\$0	\$0	\$0	\$0
14) Vision Care <ul style="list-style-type: none"> One (1) routine eye exam Supplemental eyewear (Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames); \$500 every year for supplemental eyewear Eyewear benefit maximum amount includes repair of eyewear. Provider and/or 	\$0	\$0	\$0	\$0



Description Benefits	Coplay			
	100	110	120	130
member must verify remaining combined maximum plan benefit coverage amount available.				
15) Hearing Services <ul style="list-style-type: none"> • 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. 	\$0	\$0	\$0	\$0
16) General Supports for Living <ul style="list-style-type: none"> • 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. • Services are limited to twelve (12) visits per year (three per quarter). • 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. 	\$0	\$0	\$0	\$0
17) Te Paga Card This is a monthly allowance	\$0	\$0	\$0	\$0



Description Benefits	Coplay			
	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 <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0



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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

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;
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, 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.

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."



Two blue ink signatures, one above the other, located to the right of the seal.



APPENDIX C (7)

Part C Supplementary Benefits Certification

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

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

Description Benefits	Copay			
	100	110	120	130
1) Acupuncture <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
2) Therapeutic Massage <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0
3) Foot Reflexology <ul style="list-style-type: none"> 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. 	\$0	\$0	\$0	\$0




Description Benefits	Copay			
	100	110	120	130
<p>4) Wellness Education</p> <p>We offer activities that promote social, emotional, intellectual, and physical health to achieve a healthy balance quality of life. These include:</p> <ul style="list-style-type: none"> • 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	\$0	\$0	\$0
<p>5) Healthy Welcome Program</p> <ul style="list-style-type: none"> • After enrollment, members 	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
<p>will receive a call to help them coordinate their first complete health evaluation appointment with their physician.</p> <ul style="list-style-type: none"> 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. 				
<p>6) MCS En Alerta</p> <p>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.</p>	\$0	\$0	\$0	\$0
<p>7) Nutritional Benefit</p> <ul style="list-style-type: none"> Personal evaluation and diet plan designed by a licensed dietitian according to the patient's health needs, including exercise suggestions. Up to six (6) individual visits per year. 	\$0	\$0	\$0	\$0
<p>8) MCS Medilínea</p> <ul style="list-style-type: none"> 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



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Description Benefits	Copay			
	100	110	120	130
<p>personnel, offers practical help and guidance about common conditions, drugs and their possible side effects, and lab results, among others.</p> <ul style="list-style-type: none"> 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. 				
<p>9) Non-Emergency Transportation</p> <ul style="list-style-type: none"> 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. 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. 	\$0	\$0	\$0	\$0
<p>10) Worldwide Emergency/ Urgent Coverage</p> <p>Coverage is managed through reimbursement based on different</p>	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	100	110	120	130
fee schedules allowed by our plan, less applicable member cost share.				
11) Chiropractic Services <ul style="list-style-type: none"> Routine care, six (6) visits every year 	\$0	\$0	\$0	\$0
12) Outpatient Blood Services <ul style="list-style-type: none"> Three (3) pint deductible waived 	\$0	\$0	\$0	\$0
13) Dental Services <ul style="list-style-type: none"> 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. <p>Implants and prostheses related to implants are not covered.</p> <p>Maxillofacial surgery is not covered under dental benefit. Maxillofacial surgery is covered through medical surgery benefit.</p>	\$0	\$0	\$0	\$0
14) Vision Care <ul style="list-style-type: none"> One (1) routine eye exam Supplemental eyewear (Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames); \$750 every year for supplemental eyewear Eyewear benefit maximum amount includes repair of eyewear. Provider and/or member must verify remaining combined 	\$0	\$0	\$0	\$0



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Description Benefits	Copay			
	100	110	120	130
maximum plan benefit coverage amount available.				
15) Hearing Services <ul style="list-style-type: none"> • 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. 	\$0	\$0	\$0	\$0
16) General Supports for Living <ul style="list-style-type: none"> • 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. • Services are limited to twelve (12) visits per year (three per quarter). • 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. 	\$0	\$0	\$0	\$0
17) Te Paga Card This is a monthly allowance of \$210, for an annual maximum amount of \$2,520. Members will receive	\$0	\$0	\$0	\$0



Description Benefits	Copay			
	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 <ul style="list-style-type: none"> 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. 	\$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
James P. O'Drobinak
Chief Executive Officer

6-9-2021

Date

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, 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.



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."