

# MEDICARE PLATINO CONTRACT

APPENDIX C (4) (23)

BID SUMMARY OF  
BENEFITS (SB)

**Bid Reports 2023**

**Benefits Summary Report**

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



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

**Health and Medical Benefits**

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

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



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



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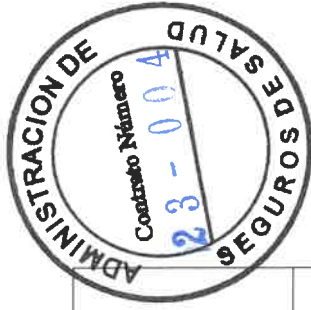
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<p>Comprehensive dental</p>	<p>Restorative services</p> <p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics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



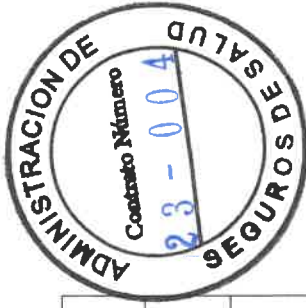
Comprehensive dental	Extractions There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental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

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



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



Wellness programs (e.g.: fitness, nursing hotline)	Covered	No	Yes	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Chemotherapy \$0 copay		Yes	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs \$0 copay		Yes	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mscalcare.com HPMS Plan Marketing Data - Go to the Home page and select the Plan Side link. Navigate to the Bid Submission Start Page and select the Manage Plans link.		

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,600)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,600, up to the out-of-pocket threshold of \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$4.13 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx	



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# Bid Reports 2023

## Benefits Summary Report

MCS ADVANTAGE, INC.

H5577-017

MA Uniformity Flexibility: No

Special Supplemental Benefits for the Chronically Ill: Yes

Part D Senior Savings Model: No

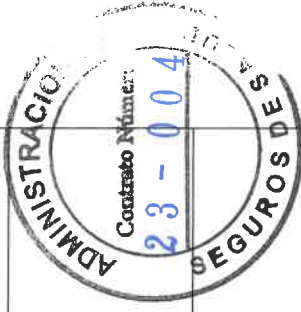


Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (plan level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)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

### Health and Medical Benefits

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

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

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

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

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

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

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

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Wellness programs (e.g.: fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part b drugs	Other Part B drugs			Medicare Part B Chemotherapy Drugs
	\$0 copay	Yes	N/A	Other Medicare Part B Drugs



Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mncsclassicare.com HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.		

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx	

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**Bid Reports 2023**

**Benefits Summary Report**

MCS ADVANTAGE, INC.  
H5577 - 029

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

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

**Health and Medical Benefits**

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

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



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

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

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

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

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

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Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	Other Part B drugs			Medicare Part B Chemotherapy Drugs
	\$0 copay	Yes	N/A	Other Medicare Part B Drugs



Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$505.00	PBP Section Rx
Formulary Website	www.mcclassicare.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)		
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month
25%	25%	25%
		PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

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Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx

# Bid Reports 2023

## Benefits Summary Report

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



Selected Benefits	Enrollee Details	Data Source	Referral	Authorization	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report			
Health plan deductible	\$0.00	PBP Section D (plan level)			Inpatient Hospital-Acute Medicare-covered stay
Other health plan deductibles?	No	PBP Section D (plan level)	Yes	Yes	Additional days
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section C (category level)		Yes	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Choice of Doctors?	Plan Doctors for Most Services	PBP Section D		N/A	Primary Care Physician Services
Optional supplemental benefits?	No	Optional supplemental		No	Physician Specialist Services
Prescription Drugs Covered?	Yes	PBP Section Rx		No	Medicare-covered Preventive Services
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No			N/A	Emergency Care
				N/A	Urgently Needed Services
				N/A	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
				Yes	

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

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

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

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

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

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

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Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs



Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mcsclassicare.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.	

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)			
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx	
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx	

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# Bid Reports 2023

## Benefits Summary Report

MCS ADVANTAGE, INC.

H5577 - 041

MA Uniformity Flexibility: No

Special Supplemental Benefits for the Chronically Ill: Yes

Part D Senior Savings Model: No



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

### Health and Medical Benefits

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

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



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

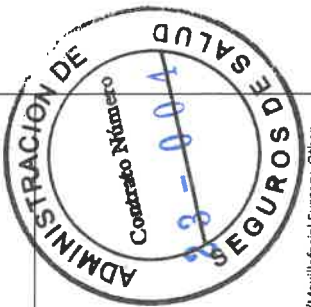
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Comprehensive dental	Restorative services	There may be limits on how much the plan will provide.	Yes	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial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



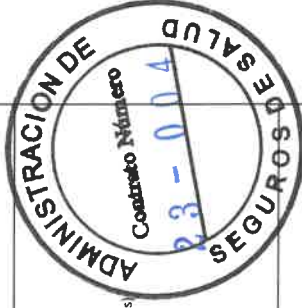
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<p>Comprehensive dental</p> <p>Extractions</p>	<p>There may be limits on how much the plan will provide.</p>	<p>Yes</p>	<p>No</p>	<p>Comprehensive Dental Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics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

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

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

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Wellness programs (e.g., fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs



Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$505.00	PBP Section Rx	
Formulary Website	www.mcslclassicare.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.	

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)		
Standard Retail 1 Month	Standard Retail 3 Month	Data Source
25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx

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**Bid Reports 2023**

**Benefits Summary Report**

MCS ADVANTAGE, INC.

H5577 - 046

VBD: Yes - Part C

MA Uniformity Flexibility: No

Special Supplemental Benefits for the Chronically Ill: No

Part D Senior Savings Model: No

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

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	Yes	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay	N/A	N/A	Primary Care Physician Services

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Specialist	Specialist	No	Yes	Physician Specialist Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Emergency care/urgent care	Urgent care	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI)	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Fitting/evaluation	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid



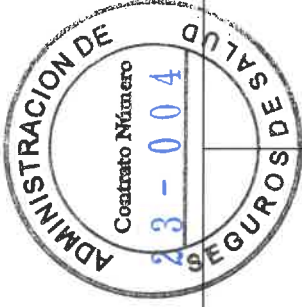
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Hearing	Hearing aids \$0 copay There may be limits on how much the plan will provide.	No	Yes	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Fluoride treatment Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays

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

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

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

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

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<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses \$0 copay There may be limits on how much the plan will provide.</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>

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					Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision				N/A	N/A
	Upgrades				
	Not covered				
	Inpatient hospital - psychiatric				Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	\$0 copay			Yes	No
	Outpatient group therapy visit with a psychiatrist				Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay			Yes	No
	Outpatient individual therapy visit with a psychiatrist				Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay			Yes	No
	Outpatient group therapy visit				Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay			Yes	No
	Outpatient individual therapy visit				Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	\$0 copay			Yes	No
	Occupational therapy visit				Skilled Nursing Facility Medicare-covered stay Additional days
Skilled Nursing Facility	\$0 copay			Yes	Yes
	Occupational therapy visit				Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	\$0 copay			Yes	No

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Rehabilitation services	Physical therapy and speech and language therapy visit	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
Transportation	\$0 copay	No	No	Transportation Services Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	There may be limits on how much the plan will provide. Foot exams and treatment	No	Yes	Routine foot care
Foot care (podiatry services)	\$0 copay	No	Yes	Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Routine foot care	N/A	N/A	Routine foot care
Medical equipment/supplies	Not covered	N/A	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen)	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	\$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	Diabetes supplies	Yes	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g., fitness, nursing hotline)	\$0 copay	Yes	N/A	Eligible Supplemental Benefits as Defined in Chapter 4
Medicare Part B drugs	Covered	No	No	Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	Chemotherapy	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	Other Part B drugs	Yes	N/A	Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Medicare Part B Chemotherapy Drugs



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Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$505.00	PBP Section Rx
Formulary Website	www.mscclassicare.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.

Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$4,660)		
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month
25%	25%	25%
		PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$4,660, up to the out-of-pocket threshold of \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$7,400)		
Drug Type	Cost Share Information	Data Source
Generic drugs	\$4.15 copay or 5% (whichever costs more)	PBP Section Rx
Brand-name drugs	\$10.35 copay or 5% (whichever costs more)	PBP Section Rx

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