### APPENDIX C (4)

Bid Report – Summary of Benefits



## Appendix C-4 Summary of Benefits Report H5577 – 002

ADMINISTRACION DE SEGUROS DE SALUD

№24-0004

Contrato Número

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### **Bid Reports 2024**

### Benefits Summary Report

MCS ADVANTAGE, INC. HS577 - 002 VBID: Yes - Part C

VBID: Yes - Part C

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

## ADMINISTRACION DE SEGUROS DE SALUD.

№24-0004

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

		Health and Medical Benefits		
Selected Benefits	Cost Share information	Authorization	Referral	Data Source
				Inpatient Hospital-Acute Medicare-covered stay
		Voc	Yps	Additional days
mpanetti modulor poverube	An explori			Outpatient Hospital Services
Outpatient hospital coverage	\$0 copay	Yes	Yes	Michigan Control of Ambancia Hambana Selection
	Primary			Primary Care Physician Services
Doctor visits	\$0 сорау	N/A	N/A	
	Specialist			Physician Specialist Services
Doctor visits	\$0 сорау	No	Yes	
Preventive care	\$0 copay	No	No	Medicare-covered Preventive Services
	Émergency			Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	
	Urgent care			Urgently Needed Services
Emergency care/urgent care	\$0 copay	N/A	N/A	
				Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
	Diagnostic tests and procedures			
				Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Su copay	Tes	ő	

	DB	ADMINISTRACION DE	ment	Fluoride treatment	
Fluoride treatment					
Prophylaxis (Cleaning)					
Preventive Dental Oral Exams					
Dental X-rays	N/A		N/A	Not covered	Preventive dental
Fluoride treatment				Closario	
Prophylaxis (Cleaning)					
Preventive Dental Oral Exams					
Dental X-rays	N/A	P	N/A	Not covered	Preventive dental
Fluoride treatment				Oral exam	
Prophylaxis (Cleaning)					
Preventive Dental Oral Exams					
Over the ear	Yes		There may be limits on how much the plan will provide. Yes	There may b	raring
Outer ear				SO CODAY	A
Innerear					
Hearing Aids All Types					
Fitting/Evaluation for Hearing Aid	No		There may be limits on how much the plan will provide. No	There may b	Hearing
Medicare-covered benefits			ion	Acdos O\$	
Fitting/Evaluation for Hearing Aid	No		No	\$0 copay	Hearing
Hearing Exams Medicare-covered benefits					
Medicare-covered X-ray services	Yes		Yes	imaging \$0 copay	Diagnostic procedures/łab services/imaging
Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services					
Medicare-covered X-ray services	Yes		Yes		Diagnostic procedures/lab services/imaging
Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services			Diagnostic radiology scrvices (e.g., MRI)		
Medicare-covered (ab Services	Yes		Yes	imaging \$0 copay	Diagnostic procedures/lab services/imaging
Medicare-covered Diagnostic Procedures/Tests				Lab services	

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								>	<	1	1													
							Comprehensive dental			Constitution of the Consti		1		Соппренеляюе dental							Preventive dental			
The same of the sa	Restorative services						There may be limits on how much the plan will provide.	Diagnostic services						There may be limits on how much the plan will provide.	Non-routine services						Dental x-ray(s)  Not covered			
C							Yas							Yes							N/A			
5							No							No							N/A			
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	Extractions	Periodontics	Endodontics	Restorative Services	Diagnostic Services	Comprehensive Dental Non-routine Services	Prosthodonites, Other Oral/Maxillofacial Surgery, Other Services	Extractions	Periodontics	Endodontics	Restorative Services	Diagnostic Services	Comprehensive Dental Non-routine Services	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	Extractions	Periodontics	Endodontics	Restorative Services	Diagnostic Services	Comprehensive Dental Non-routine Services	Dental X-rays	Fluoride treatment	Prophylaxis (Cleaning)	Preventive Dental Oral Exams

There may be limits on how much the plan will provide.

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ADMINISTRACION DE SEGUROS DE SALUD

								-	×	1		1														
Vision							Vision						Vision			Vision			Comprehensive dental							
There may be limits on how much the plan will provide.	de serbert	\$0 conav	Eyeglasses (frames and lenses)				There may be limits on how much the plan will provide.	\$0 copay	Contact lenses				Not covered	Other		There may be limits on how much the plan will provide.	\$0 сорау	Routine eye exam	There may be limits on how much the plan will provide.		services	Prosthodontics, other oral/maxillofacial surgery, other				
No							No						N/A			No			Yes							
20							No						N/A			No			No							
	Upgrades	Eyeglass frames	Eyeglass lenses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits		Uperades	Eyoglass frames	Eyeglass lenses	Eyeglasses (lenses and frames)	Eyewear Contact lenses		Other	Eye Exams Routine Eye Exams		Other	Eye Exams Routine Eye Exams		Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	Extractions	Periodontics	Endadontics	Restorative Services	Diagnostic Services	Comprehensive Dental Non-routine Services

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SEGUROS DE SALUD

M24-0004

			*	
Medicare-covered Group Sessions			Outpatient group therapy visit	
Mental Health Specialty Services Medicare-covered Individual Sessions				
Medicare-covered Group Sessions	No	No	\$0 copay	Mental health services
Psychiatric Services Medicare-covered Individual Sessions			Outpatient individual therapy visit with a psychiatrist	
Michigan drop and an individual supplies	No	No	SO copay	Mental health services
Applicate covered individual Sessions			Outpatient group therapy visit with a psychiatrist	
Additional days	No	Yes	\$0 сорау	Mental health services
Inpatient Hospital Psychiatric Medicare-covered stay			Inpatient hospital - psychiatric	
Upgrades	N/A	N/A	Not covered	Vision
Eyeglass frames			Upgrades	
Eyeglass lenses				
Eyeglasses (lenses and frames)				
Contact lenses				
Eyewear Medicare-covered benefits				
Upgrades	N <sub>O</sub>	No	There may be limits on how much the plan will provide.	vision
Eyeglass frames			CABiass lenses	
Eyeglass lenses			Fixed Jest Johnson	
Eyeglasses (lenses and frames)				
Contact lenses				
Eyewear Medicare-covered benefits				
Upgrades	N <sub>o</sub>	₩o	אָר ניטְשְׁשְּׁץ. There may be limits on how much the plan will provide.	Vision
Eyeglass frames			LACE GOS 1 GILLES	
Eyeglass lenses			Fundlace frames	
Eyeglasses (lenses and frames)				
Contact lenses				
Medicare-covered benefits				

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ADMINISTRACION DE SEGUROS DE SALUD

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				Mental Health Specialty Services
				Medicare-covered Individual Sessions
Mootel keetk region	Oronav Outpatrent individual therapy visit	You	No.	Medicare-covered Group Sessions
Microsoft activity	Ass collect			Skilled Nursing Facility
				Medicare-covered stay
		×.	× bi	Additional days
Annual Control of the Control	Occupational therapy visit			Occupational Therapy Services
Rohabilitation services	SO copay	Yes	No	Medicare-covered benefits
verigonication services	Ohisial thereas and speech and language thereas visit			PT and SP Services
	Physical therapy and speech and language therapy visit			Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	\$0 copay			
Transportation	There may be limits on how much the plan will provide.	No	No	Transportation Services
				Podiatry Services
	Foot exams and treatment			Medicare-covered benefits
Foot care (audiatry services)	\$0 copay	No	Yes	TOWNS TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
	Routine foot care			Podiatry Services Medicare-covered benefits
				Routine foot care
Lour rate (bornar à services)	Higher stay on those most the plant will provide.	NO		Disable Medical Equipment (DIAE)
	Durable medical equipment (e.g., wheelchairs, oxygen)			Medicare-covered benefits
Medical equipment/supplies	50 copay	Yes	N/A	7
Marking partiagraph (consilor	Prosthetics (e.g., braces, artificial limbs)	Vac	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
and desired and desired and desired				Diabetes Supplies and Services
	Diabetes supolies			Medicare-covered Diabetic supplies
Medical equipment/supplies	\$0 copay	Yes	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
Wellness programs (e.g.; fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
				Medicare Part B Chemotherapy Drugs
	Chemotherapy	Voc	N/A	Other Medicare Part B Drugs
				Medicare Part B Chemotherapy Drugs
			N/A	Other Medicare Part B Drugs
Interpretate Later Controlle	to cohay	100	raj ra	

BPT Worksheet Report	\$0.00	Monthly Premium
Data Source	Value	Descriptor
	Outpatient Prescription Drugs Coverage Information	

M24-0004

Deductible	\$545.00	PBP Section Rx
		HPMS Plan Marketing Data - Go to the Home page and select
		the Plan Bids link. Navigate to the Bid Submission Start Page
Formulary Website	www.mcsclassicare.com	and select the Manage Plans link.

Formulary Website	www.mcsclassicare.com	and select the Manage Plans link.	
	Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$5,030)	cable, up to the initial coverage limit of \$5,030)	
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Sourc
25%	war.		2000

Gap Coverage Phase (After the	Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$5,030, up to the out-of-pocket threshold of \$8,000)	the out-of-pocket threshold of \$8,000)
Drug Түре	Cost Share Information	Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

3	Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$8,000)	s exceed \$8,000)
Drug Type	Cost Share Information	Data Source
Generic drugs	Not applicable	P8P Section Rx
brand-name drugs	Not applicable	PBP Section Rx

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ADMINISTRACION DE SEGUROS DE SALUD

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## Appendix C-4 Summary of Benefits Report H5577 – 017

ADMINISTRACION DE SEGUROS DE SALUD

Nº 2 4 - 0 0 0 4

Contrato Número

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### Bid Reports 2024

### Benefits Summary Report

MCS ADVANTAGE, INC. H5S77 - 017 VBID: Yes - Part C

Selected Benefits

Enrollee Details

Data Source

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

## ADMINISTRACION DE SEGUROS DE SALUD

#24-0004

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Selected Benefits	בווולווופר בפנסוס	Data Journal	
Monthly Dian Brownium	Coming Spon	BPT Worksheet Report PRP Sertion D (nian iewel)	
Health plan deductible	\$0.00	PBP Section D (plan level)	
		PBP Section B (category level)	
Other health plan deductibles?	No	PBP Section C (category level)	
Maximum out-of-pocket enrollee responsibility (does not			
include prescription drugs)	\$3,400 In-network	PBP Section D	
Choice of Doctors?	Plan Doctors for Most Services		
Optional supplemental benefits?	No	Optional supplemental	
Prescription Drugs Covered?	Yes	PBP Section Rx	
Additional benefits and/or reduced cost-sharing for enrollees			
with certain health conditions?	No		
1		Health and Medical Benefits	
Selected Benefits	Cost Share Information	Authorization	Referral
**Multiple of .			
Inpatient hospital coverage	\$0 copay	Yes	Yes
Outpatient hospital coverage	\$0 copay	Yes	res
	Primary		
Doctor visits	\$0 copay	N/A	N/A
	Specialist		
Doctor visits	\$0 copay	No	Yes
Preventive care	\$0 copay	No	No
	Emergency		
Emergency care/urgent care	\$0 copay	N/A	N/A
	Urgent care		
Emergency care/urgent care	\$0 сорау	N/A	N/A
	Diagnostic tests and procedures		
The state of the s	\$0 coney	Yes	Yes

K procedums/bits vervices/majery         Stocopy         Hos         Moderane control         Moderane control           K procedums/bits vervices/majery         50 copy         100 copy         <	, SEGUROS DE SALUD	N/A	N/A	Not covered	Preventive dental
Lib services mapping   Stroppy   Vest   Vest   Vest	Dental X-rays ADMINIST RACION	•			
Lea annotes.  Ex procedure/faib sentex/fimiging  Disappoils radicing review (e.g., MA)  For procedure/faib sentex/fimiging  Disappoils radicing review (e.g., MA)  Having soam  Sociation  Friedly Position  Friedly Friedly  Friedly  Friedly Friedly  Friedly  Friedly Friedly  Friedly  Friedly Friedly  Friedly	Fluoride treatment			Filodide treatment	
k procedure/flab services/fmaging Slaceary (vis. Vis. Vis. Vis. Slaceary (vis. Slaceary Colored (e.g., Notil))  k procedure/flab services/fmaging Slaceary services (e.g., Notil)  k procedure/flab services/fmaging Slaceary (vis. Sla	Prophylaxis (Cleaning)				
Concentered that services (imaging   Stropper)   Concenter or one   Stropper or one   Strop	Preventive Dental Oral Exams				
Lab services (Imaging SS occupy covices (e.g., MRI)  Exprocedures/lab services/Imaging SD occupy 25 vices (e.g., MRI)  Exprocedures/	Dental X-rays	N/A	N/A	red	Preventive dental
Lab services (Imaging SS Doppy 25 Vices (6.6, MRI) Vice Vices (6.6, MRI) Vice Vices (6.6, MRI) Vice Vices (6.6, MRI) Vices (6.6, MRI) Vices Vices (6.	Fluoride treatment			Cleaning	
Lab services/imaging Sproppy  Outpatient crays Compating Sproppy  Outpatient crays  Compating Exprocedures/lab services/imaging Sproppy  Hearing exam Sproppy  Hearing a lids Sproppy  There may be limits on how much the plan will provide. Sproppy  There may be limits on how much the plan will provide. Wes  Wes  Wes  Wes  Wes  Wes  Wes  We	Prophylaxis (Cleaning)		ļ		
It procedures/lab services/imaging SD copary  SD copary  Outpatients/ rays  Outpatients/ rays  Hearing earn  Feling/enhantion  There may be limits on how much the plan will provide. Personation  There may be limits on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was  Outpatients on how much the plan will provide. Was	Preventive Dental Oral Exams				
Lab services/funging Exprecedures/lab services/funging Expression Exp	Dental X-rays	N/A	N/A	žd	Preventive dental
Lab services (Imaging SD copay)  Diagnostic natiology services (e.g., MRI) Yes Yes Yes Copay SD copay SD copay Yes Yes Yes Copay SD copay SD copay Yes Yes Yes Yes SD copay SD copay Hearing exam SD copay Primits on how much the plan will provide. Yes Yes There may be limits on how much the plan will provide. Yes Yes There may be limits on how much the plan will provide. Yes Yes Yes Yes Yes There may be limits on how much the plan will provide. Yes	Fluoride treatment			Oral exam	
Lab services  Lab services  Sp. 00997  Diagnostic radiology services (e.g., MRI))  Corporationes/hab services/imaging  Coupastient x-rays  Outpastient x-rays  Sp. 00997  Hesring exam  Sp. 00997  There may be limits on how much the plan will provide.  There may be limits on how much the plan will provide.  There may be limits on how much the plan will provide.  There may be limits on how much the plan will provide.  There may be limits on how much the plan will provide.  There may be limits on how much the plan will provide.  Yes  Yes  Yes  Yes  Yes  Yes  Yes	Prophylaxis (Cleaning)				
ic procedures/lab services/imaging SD copay Yes SD copay No SD copay	Preventive Dental Oral Exams				
Lab services  SD copary  Diagnostic radiology services (e.g., MRI)  Diagnostic radiology services (e.g., MRI)  Per procedures/lab services/imaging  Exprocedures/lab services/imaging  Diagnostic radiology services (e.g., MRI)  Diagnostic radiology services (e.g., MRI)  Per procedures/lab services/imaging  Diagnostic radiology services (e.g., MRI)  Per procedures/lab services/imaging  Diagnostic radiology services (e.g., MRI)  Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ve	Over the ear	Yes	Yes		Hearing
ic procedures/lab services/imaging SD copay Yes Yes Yes Yes ic procedures/lab services/imaging SD copay Yes SD copay Yes SD copay Yes SD copay Yes	Outer ear			\$0 copay	
ic procedures/lab services/imaging  SD copay  Hearing exam  SD copay  Fitting/evaluation  SD copay  There may be limits on how much the plan will provide.  No  No  No  No  No  No  No  No  No  N	Inner ear			Hearing aids	
ic procedures/lab services/imaging \$0 copay \$0 copay  Diagnostic radiology services (e.g., MRI)  S0 copay  Outpatient x-rays  ic procedures/lab services/imaging \$0 copay  Pes Yes Yes  Yes  Yes  Yes  Yes  Yes  Yes	All Types				1
ic procedures/lab services/imaging \$0 copary Yes Yes ic procedures/lab services/imaging \$0 copary Yes Yes ic procedures/lab services/imaging \$0 copary Yes	Heaving Aids	No	No		Hearing
ic procedures/lab services/imaging \$0 copay Yes Yes Yes ic procedures/lab services/imaging SD copay Yes Yes Yes ic procedures/lab services/imaging SD copay Yes SD copay Yes	Medicare-covered benefits			\$0 copay	
ic procedures/lab services/imaging \$0 copay Yes Yes ic procedures/lab services/imaging \$0 copay Yes Yes ic procedures/lab services/imaging \$0 copay Yes	Hearing Exams				
SO copay  Diagnostic radiology services (e.g., MRI)  SO copay  Outpatient x-rays  SO copay  Yes  Yes  Yes  Yes	Fitting/Evaluation for Hearing Aid	No	No		Hearing
SO copay  Diagnostic radiology services (e.g., MRI)  SO copay  Outpatient x-rays  Yes  Yes  Yes  Yes	Hearing Exams				
Lab services  \$0 copily  Pes  Yes  Diagnostic radiology services (e.g., MRI)  \$0 copaly  Ves  Ves  Ves	Medicare-covered X-ray services	Yes	Yes		Diagnostic procedures/lab services/imaging
Lab services  \$0 copily  Yes  Yes  Ves  Yes  Your pay  Yes  Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services			Outpatient x-rays	
Lab services \$0 copyly Yes Yes	Medicare-covered X-ray services	Yes	Yes	So cobah	Diagnostic procedures/lab services/imaging
Lab services \$0 copay Yes Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services				
	Medicare-covered Lab Services	Yes	Yes	Ундоо 02	Diagnostic procedures/lab services/imaging
	Medicare-covered Diagnostic Procedures/Tests			Lab services	

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	Comprehensive dental							Comprehensive dental		and the second	>	1	1	1	Comprehensive dental							Preventive dental			_
	e dental							e dental							dental							ita .			
	There may be limits on how much the plan will provide.	Restorative services						There may be limits on how much the plan will provide.	Diagnostic services						There may be limits on how much the plan will provide.	Non-routine services						Not covered			
1	Yes							Yes							Yes							N/A			
	No							N <sub>O</sub>							No							N/A			
7 - 0 0 0 4	Prosthodonics, Other Oral/Maxilloladial Surgery, Other Services  ADMINISTRACION DE	Extractions	Periodontics	Endodontics	Restorative Services	Diagnostic Services	Comprehensive Dental Non-routine Services	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	Extractions	Periodontics	Endodontics	Restorative Services	Diagnostic Services	Comprehensive Dental Non-routine Services	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	Extractions	Periodontics	Endodontics	Restorative Services	Diagnostic Services	Comprehensive Dental Non-routine Services	Dental X-rays	Fluoride treatment	Prophylaxis (Cleaning)	Oral Exams
	ACION DE							ther							ther										

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

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ADMINISTRACION DE SEGUROS DE SALUD

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ADMINISTRACION DE SEGUROS DE SALUD

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Michigan Iceania Schalecs	Mental health services		Mental health services		Mental health services		Mental health services		Vision		1	1	· ·		Vision				-		Vision					
to robus	\$0 copav	Outpatient group therapy visit	\$0 copay	Outpatient individual therapy visit with a psychiatrist	\$0 сорау	Outpatient group therapy visit with a psychiatrist	\$0 copay		Not covered	Ingrados					There may be limits on how much the plan will provide.	Chebrary reliases	Firesphere lancare				There may be limits on how much the plan will provide.	су сологи				
100	Yes		No	psychiatrist	No	chiatrist	Yes		N/A						an will provide. No						an will provide.		7			
****	No		No		No		No		N/A						No						No					
Al																										
ADMINISTRACION DB	Medicare-covered Group Sessions	Medicare-covered Individual Sessions	Medicare-covered Group Sessions	Psychiatric Services Medicare-covered Individual Sessions	Medicare-covered Group Sessions	Psychlatric Services Medicare-covered Individual Sessions	Additional days	Inpatient Hospital Psychiatric Medicare-covered stay	Upgrades	Eyegiass frames	Eyoglass lenses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits	Upgrades	Eyeglass frames	Eyeglass lenses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits	Upgrades	Eyeglass frames	Eyeglass lonses	Eyeglasses (lenses and frames)	Contact lenses	

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

Monthly Premium	Descriptor	
\$0.00	Value	Outpatient Prescription Drugs Coverage Information
8PT Worksheet Report	Data Source	

Medicare Part B drugs

Other Part B drugs

Yes

Chemotherapy

Medicare Part B drugs

ADMINISTRACION DE SEGUROS DE SALUD

Medicare Part 8 Chemotherapy Drugs
Other Medicare Part 8 Drugs

Medicare Part B Chemotherapy Drugs
Other Medicare Part B Drugs

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Formulary Website Deductible www.mcsclassicare.com PBP Section Rx
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.

PBP Section Rx	25%	25%	25%
Data Source	Standard Mail Order 3 Month	Standard Retail 3 Month	Standard Retail 1 Month
	able, up to the initial coverage limit of \$5,030)	Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$5,030)	

PBP Section Rx
exce
Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$3,000)  Cost Share Information    Not applicable

Generic drugs Brand-name drugs

25% 25%

PBP Section Rx PBP Section Rx

Data Source

Cost Share Information

ADMINISTRACION DE SEGUROS DE SALUD

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## Appendix C-4 Summary of Benefits Report H5577 – 029

ADMINISTRACION DE SEGUROS DE SALUD

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### Bid Reports 2024

### Benefits Summary Report

MCS ADVANTAGE, INC.
113577 - 029
VBID: \*Ves - Part C
MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically III. No
Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
		BPT Worksheet Report
Monthly Plan Premium	Coming Soon	PBP Section D (plan level)
Health plan deductible	50.00	PBP Section D (plan level)
		PBP Section B (category level)
Other health plan deductibles?	No	PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not		
include prescription drugs	\$3,400 in-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for enrollees		

dditional benefits and/or reduced cost-sharing for enrollees ith certain health conditions?	No			
		Health and Medical Benefits		
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
				Inpatient Hospital-Acute Medicare-covered stay
patient hospital coverage	\$8 copay	Yes	Yes	Additional days
				Outpatient Hospital Services
alpatient hospital coverage	\$0 copa	Yes	Yes	Medicare-covered Outpatient Hospital Services
	Primary			Primary Care Physician Services
ctor visits	SD copay	N/A	N/A	
	Specialist			Physician Specialist Services
ctor visits	S0 copay	No No	Yes No	Medicare-covered Preventive Services
vernae care	Emergency	NO	NO	
er ency care/ur ent care	SO copay	N/A	N/A	Emergency Care
	Urgent care			
ergency care/urgent care	50 copay	N/A	N/A	Urgently Needed Services
				Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
matter.	Diagnostic tests and procedures			
ignostic procedures/lab services/imaging	\$0 copay	Yes	Yes	Medicare-covered Lab Services
g.o.s.e promoted and second second	,			Outpatient Diagnostic Procedures, Tests and Lab Service Medicare-covered Diagnostic Procedures/Tests
	Lab services			
Inostic Procedures/lab services/imaging	SO copay	Yes	Yes	Medicare-covered Lab Services
music intreduces/iau services/imaging	30 copsy	16		Outpatient Diagnostic/Therapeutic Radiological Services
	Diagnostic radiology services (e.g., MRI)			Medicare-covered Diagnostic Radiological Services
	14			Medicare-covered X-ray services
nostic rocedures/lab services/ima in	© co⊬a₁	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services
	Outpatient x-rays			Medicare-covered Diagnostic Radiological Services
				Medicare-covered X-ray services
nostic procedures/lab services/ima in	50 co <sub>li</sub> ay	Yes	Yes	Hearing Exams
	Hearing exam			Medicare-covered benefits
				Fitting/Evaluation for Hearing Aid
arm	S0 copay Fitting/evaluation	No	No	Hearing Exams
				Medicare covered benefits
	S0 copay			Fitting/Evaluation for Hearing Aid
aring	There may be limits on how much the plan will provide.	No	No	Hearing Aids
				All Types
				Inner ear
	Hearing aids			Outer ear
	\$0 copay			
anng	There may be limits on how much the Illan will Provide.	Yes	Yes	Over the ear
				Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Oral exam			Dental X-rays
eventiva dental	Not covered	N/A	N/A	Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
				Character to contract to
	Cleaning			Fluoride treatment  Dental X-rays

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Description					
PRODUCTION OF THE PRODUCTION O					Preventive Dental Oral Exams
Part					
Part				l'	
Processed about 1 per 1		Fluoride treatment			
Contract	Preventive dental	Not covered	N/A	N/A	
Marie 1908   Mar					Preventive Dental Oral Exams
Marie 1900					Prophylaxis (Cleaning)
Part of the company					
Part		Dental x-ray(s)			
An income force of the property of the propert	Preventive dental	Not covered	N/A	N/A	
Approximate force of the control of				1	Non-routine Services
POST PROFESSION STATE OF THE PROFESSION SUBJECT CONTROL OF THE PROFESSION					Diagnostic Sérvices
Appropriate started  Telegraphic services  T					Restorative Services
Appropriate started  Telegraphic services  T					Endodentics
Secretarian Secretaria Secret					
American which services from the first of the first services from the first of the first services from					
Transport formers  Transport for		Non-routine services			
Comprehenses dental  There may be form to above which as their model to be sent to the sent to be s					Prosthodontics, Other Oral/Maxillolacial Surgery, Other Services
Designation Services  Superation private  Supe	Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental
Reservatives detail  The rest is laised on the mark the plan will present.  The rest is laised on the mark the plan will present.  The rest is laised on the mark the plan will present.  The rest is laised on the mark the plan will present.  Reservative server.  Reservative servers.  Re					
Compenhances detail  There may be less to the much the join will provide.  The may be less to the much the join will provide.  The may be less to the much the join will provide.  The may be less to the much the join will provide.  The may be less to the much the join will provide.  The much much the join will provide.  The much much the join will be to the much the join will provide.  The much much the join will provide.  The much much the join will be to the much the join will provide.  The much much the much the join will provide.  The much much the join w					Diagnostic Services
Comprehenses detail  There may be limited on the meth this plan self provide.  There may be limited on the meth this plan self provide.  There may be limited on the meth this plan self provide.  There may be limited on the meth this plan self provide.  There may be limited on the meth this plan self provide.  There may be limited on the meth this plan self provide.  There may be limited on the meth limited self-provide.  There may be limited on the meth limited self-provide.  There may be limited on the meth limited self-provide.  There may be limited on the meth limited self-provide.  There may be limited on the meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on these meth limited self-provide.  There may be limited on the meth limited self-provide.  There may be limited on the method limited self-provide.  There may be limited on the method limited self-provide.  There may be limited to the method limited self-provide.  There may be limited to the method limited self-provide.  There may be limited to the method limited self-provide.  There may be limited to the method limited self-provide.  There may be limited to the method limited self-provide.  There may be limited to the method limited self-provide.  There may be limited to the method limited self-provide.  There may be limited to the method limited self-provide.  There may be limited to the method limited self-provide.  There m					Restorative Services
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Therefore to the second					Perrodontics
Services There may be laries on their may be laries on their may be laried on the grain and provide.  There may be laries on their may be laried on their may be		Diagnostic services			Extractions
Services There may be laries on their may be laries on their may be laried on the grain and provide.  There may be laries on their may be laried on their may be					
Comprehensive detail  Federates	Comprehensive dental	There may be limits on how much the plan will provide	Yas	No	
Degrate Serves Relations Serves Relations Serves Relations Serves Relations Relations serves Relations Relations serves Relations Relati	ESTRICTOR SERVE	De la la composition de la composition della com	7.60		
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Prestitutionaries, Other Chall/Manifoliacia Surgery, Other Strucks  There may be laint so to box much the jibr will provide.  Find-domics  Find-domi					Periodontics
Comprehensive dental There may be limit on how much the plan well provide.  Comprehensive dental There may be limit on how much the plan well provide.  Comprehensive dental There may be limit on how much the plan well provide.  Providents:  Providents:  Food-dental There may be limit on how much the plan well provide.  Providents:  Provident		Restorative services			Extractions
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Restoraive Services Endodomics  Comprehensive demail  There may be limits on flow much the plan will provide.  Pendomics  Pendomics  Pendomics  Pendomics  Pendomics  Endodomics  Pendomics  Comprehensive demail  Nor roture  Comprehensive demail  Nor roture  Endodomics  Diservices  Endodomics  Diservices  Endodomics  Endodom					
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Fendonics  Comprehensive dental  There may be limits on how much the plan will provide.  Pendonics  Fendonics  Comprehensive dental  There may be limits on how much the plan will provide.  Fendonics  Fendonics  Comprehensive dental  There may be limits on how much the plan will provide.  Fendonics  Fendonics  Comprehensive dental  There may be limits on how much the plan will provide.  Fendonics  Comprehensive dental  There may be limits on how much the plan will provide.					Endodontics
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Prosthodonics, Other Oral/Maxifofacial Surgery, Other Services  There may be limits on how much the plan will provide.  Penodonics  Penodonics  Penodonics  There may be limits on how much the plan will provide.  Penodonics  Penodonics  Penodonics  Penodonics  Penodonics  Posthodonics Other Oral/Maxifofacial Surgery, Other Services  Comprehensive dental  There may be limits on how much the plan will provide.  There may		Endodonucs			
There may be limits on how much the plan will provide.  There may be limits on how much the plan will provide.  Penodonics  Extractions  Prosschadonics, Differ Oral/Mauliolacal Surgery, Other Services  Diagnostic Services  Indeed may be lamits on how much the plan will provide.  Ves  No  Comprehensive dental  There may be lamits on how much the plan will provide.  Ves  No  Comprehensive dental  There may be lamits on how much the plan will provide.  Ves  No  Comprehensive dental  There may be lamits on how much the plan will provide.  Ves  No  Comprehensive Dental Non-rounne Services  Diagnostic Services  Diagnostic Services  Restorative Services  Endodontics  Extractions  Prossbodonics, Chief Oral/Mauliolacal Surgery, Other Services  Endodontics  Extractions	II.				
Comprehensive Detail Non-rotunine Services Restorative Services Endodonics Periodonics  Periodonics  Periodonics  Extractions Proschodonics, Other Oral/Maxillolacial Surgery, Other Services Comprehensive dental  There may be limits on how much the plan will provide.  Yes  No  Comprehensive Dental Non-rotunine Services Diagnosis: Services Diagnosis: Services Restorative Services Restorative Services Endodontics Extractions  Extractions  Extractions  Extractions  Extractions  Extractions  Comprehensive Dental Non-rotunine Services Endodontics Extractions  Extractions  Extractions  Periodontics Comprehensive Dental Non-rotunine Services Endodontics Extractions  Extractions  Extractions  Prosthodontics, Other Oral/Maxillolacial Surgery, Other			v	No.	
Diagnostic Service. Restorative Service. Prostodontics  Extractions Prosthodomics, Other Oral/Maxillolacial Surgery, Other Services Restorative Services Diagnostic Services Restorative Services Rest	Comprehensive dental	ritere may be timits on now much the plan will provide.	1165	INO	
Restorative Services  Endodonics  Periodonics  Periodonics  Extractions  Prosthodomics, Other Oral/Maxillolacial Surgery, Other Services  Comprehensive dental  There may be limits on how much the plan will provide.  The may be limits on how much the plan will prov					
Penadonics  Penadonics  Penadonics  Penadonics  Penadonics  Prosthodomics, Other Oral/Maxillolacial Surgery, Other Services  Comprehensive dental  There may belients on how much the plan will provide.  Ves  No  Comprehensive Dental Non-returns Services  Diagnostic Services  Restorative Services  Endodonics  Endodonics  Extractions  Extractions  Prosthodonics, Other Oral/Maxillolacial Surgery, Other Other Oral/Maxillolacial Surgery, Other					
Periodontics  Periodontics  Periodontics  Prosthodontics, Other Oral/Maxillolacial Surgery, Other Services  Comprehensive dental  There may be limits on how much the plan will provide.  Yes  No  Comprehensive Dental Non-routine Services  Diagnostic Services  Restorative Services  Endodontics  Extractions  Extractions  Extractions  Prosthodontics, Other Oral/Maxillolacial Surgery, Other Oral/Maxillolacial Surger					Restorative Scrvices
Pendfortics  Pendfortics  Pendfortics  Prosthoddortics, Other Oral/Maxillolacial Surgery, Other Sterices  Comprehensive dental  There may be limits on how much the plan will provide.  Yes  No  Comprehensive Dental Non-routine Services  Diagnostic Services  Restorative Services  Endedontics  Extractions  Extractions  Extractions  Prosthodortics, Other Oral/Maxillolacial Surgery, Other Other Oral/Maxillolacial Surgery, Other					Endodontics
Prosthodomics, Diver Oral/Mauliolacial Surgery, Other Services  Comprehensive dental  There may be limits on how much the plan will provide.  Yes  No  Comprehensive Dental Non-rocurne Services  Diagnosist Services  Restorative Services  Endodomics,  Endodomics,  Estractions  Estractions  Prosthodomics, Other Oral/Mauliolacial Surgery, Other Oral/Mauliolacial Su			li de la companya de		Periodontics
Comprehensive dental  There may be limits on how much the plan will provide.  Yes  No  Comprehensive Dental Non-routine Services Diagnosis Services Restorative Services Endodontics Entractions  Extractions  Extractions  Froskhodontics, Other Oral/M-avillolateal Surgery, Other		Penodonucs			Extractions
Comprehensive dental  There may be limits on inow much the plan will provide.  Paradomics  Extractions  Extractions  There may be limits on inow much the plan will provide.  Yes  No  Comprehensive Dental  Non-roture Services  Diagnostic Services  Endedomics  Extractions  Extractions  Frosthodomics, Other Oral/Montifolabal Surgery, Other					
Non-routine Services  Diagnostic Services  Restorative Services  Endedamtics  Panodontics  Extractions  Extractions  Proxinodontics, Other Oral/Manifolacial Surgery, Other	Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	
Restorative Services Endodontics Phenodontics  Extractions  Frosthodontics, Other Oral/Maxillolateal Surgery, Other					
Restorative Services Endodontics Phenodontics  Extractions  Frosthodontics, Other Oral/Maxillolateal Surgery, Other					Diagnostic Services
Endodantics Penodonics  Extractions  Extractions  Proxibadonics, Other Oral/Maxillolateal Surgery, Other	1	1			
Pariodontes  Extractions  Extractions  Prosthodontes, Other Oral/Manifoliated Suggery, Other		1			
Extractions  Extractions  Proxibodomics, Other Oral/Maxillolateal suggery, Other					
Prosthodonics, Other Oral/Maxillotated Surgery, Other					
		Extractions	W.		
Comprehensive dental There may be limits on how much the plan will provide. Yes No ADMINISTRACION					
	Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	ADMINISTRACION

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				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
	Prosthodontics, other oral/maxillofacial surgery, other			Periodontics
	services			Extractions
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
mprehensive dental	There may be limits on how much the plan will provide.  Routine eye exam	Yes	No	Eye Exams
	SD copay			Routine Eye Exams
on	There may be limits on how much the plan will provide.	No	No	Other  Eye Exams
	Other			Routine Eye Exams
		N/A	N/A	Other
				Eyewear Contact lenses
				Eyeglasses (litrises and frames)
				Eyegiass lenses
	Contact lenses			Eyeglass frames
	SO copay			Upgrades
on	There may be limits on how much the plan will provide.	No	No	Evewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglasses (frames and lonses)			Eyeglass frames
	SD copay			Upgrades
on	There may be limits on how much the plan will provide.	No	No	Eyewear
				Medicare-covered benefit i
Company Company				Contact lenses
2//				Eyeglasses (lenses and frames)
				Eyeglass lenses
(	Eyeglass frames			Eyeglass frames
	\$0 copay			Upgrades
901	There may be limits on how much the plan will provide.	No	No	Eyewear
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
	Cyeglass lenses			Eyeglass lenses
				Eyeglass Irames
	SO copay  There may be limits on how much the illan will provide.	No	No	Upgrades
ión .	There may be limits on now much the man will provide.	No	IVO	Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Upgrades			Eyeglass frames
		N/A	N/A	Upgrades
				Inpatient Hospital Psychiatric Medicare-covered stay
	Inpatient hospital - psychiatric			Additional days
ental health Services	90 сорау	Yes	No	Psychiatric Services
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Individual Sessions
	50 colla	No	No	Medicare-covered Group Sessions
The second secon				Psychiatric Services Medicare-covered Individual Sessions
	Outpatient individual therapy visit with a psychiatrist			Medicare-covered Group Sessions
emal health services	SO copa+	No	No	
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient group therapy visit			Medicare-covered Group Sessions
ental health services	SO copa	Yes	No	Mental Health Specialty Services
				Medicare-covered Individual Sessions
	Dutpatient individual therapy wisit			Medical Colored Managar SES Mila

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				Skilled Nursing Facility
				Medicare-covered stay
				Additional days
				Additional days
lled Nursing Facility	50 copay	Yes	Yes	
	Occupational therapy visit			Occupational Therapy Services
				Medicare-covered benefits
habilitation services	SO coulty	Yes	No	
HODING HOLL THEES	Physical therapy and speech and language therapy visit			PT and SP Services
	Filysical therapy and speculation and language therapy with			Medicare-covered benefits
the same of the		v	No	Wiedicare-Corered devients
habilitation services	\$0 copay	Yes		
ound Ambulance	S0 copay	N/A	N/A	Ambutance Services
	S0 copay			
ansportation	There may be limits on how much the plan will provide.	No	No	Transportation Services
	The same and the same and the post of the provider	T*		Podiatry Services
				Medicare-covered benefits
	1			mone or act over an entities
	Foot exams and treatment			
				Routine foot care
ot care (podiatry services)	\$0 co a	No	Yes	
				Podiatry Services
				Medicare-covered benefits
	Routine foot care			
	NOUGHE TOOL CALE			Routine foot care
	L		l	Routine root care
ot care (podiatily services)	Not covered	N/A	N/A	
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME)
		11		Medicare-covered benefits
edical equipment/supplies	50 copay	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies
				Medicare-covered prosthetic devices
- d'ant annuant and an Pan	SO collay	Yes	N/A	
edical equipment/supplies	20 const	162	IN/A	Diabetes Supplies and Services
				Medicare-covered Diabetic supplies
	Diabetes supplies			
				Medicare-covered Diabetic therapeutic shores or inserts
edical equipment sumilies	SO copay	Yes	N/A	
eliness programs (e.g.; fitness, nursing hotline)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
concess programs (cogs, necess), transmig modifie)		+		
				Medicare Part B Chemotherapy Drugs
	las sid		1	medicare rari o chemotherapy progs
	Chemotherapy			
				Other Medicare Part 8 Drugs
edicare Part B drugs	SO copa	Yes	N/A	
				Medicare Part B Chemotherapy Drugs
	Other Part B drugs			The state of the s
-6"	Conci race panaga			0.00.00.00.00.00.00.00.00.00.00.00.00.0
le music point B drugs	1	11.	l	Other Medicare Part B Drugs
	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information					
Descriptor	Value	Data Source			
Monthl - Premium	\$0.00	BPT Worksheet Report			
Deductible	\$545.00	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 \$5,030)					
Standard Retail 1 Month	Data Source				
25%	25%	25%	PBP Section Rx		

Gap Coverage Phase (At	ter the total drug costs paid by you and the plan reach \$5,030,	up to the out-of-packet threshold of \$8,000)	
Drug Type	Cost Share Information	Data Source	
Generic drogs	25%	PBP Section Rx	
Brand-name druus	25%	PBP Section 8x	

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$8,000)						
Drug Type	Cost Share Information	Data Source				
Genena druss	Not applicable	PBP Section Rx				
Brand-name druit	Not applicable	PBP Section Rx				

ADMINISTRACION DE SEGUROS DE SALUD ADMINISTRACION DE SEGUROS DE SALUD

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## Appendix C-4 Summary of Benefits Report H5577 – 046

ADMINISTRACION DE SEGUROS DE SALUD

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### **Bid Reports 2024**

### Benefits Summary Report

MCS ADVANTAGE, INC.
15577 - 046
VBID: Yes - Part C
MA Uniformity Fleibility: No
Special Supplemental Benefits for the Chronically III-No
Part D Servor Savings Model: No

Enrollee Details	Data Source	
	BPY Worksheet Report	
Camin Soon	PBP Section D (Idan level)	
\$0.00	PBP Section D (plan level)	
	PBP Section B (category level)	
No	PBP Section C (category level)	
\$3,400 in-network	PBP Section D	
Plan Doctors for Most Services		
No	O tional surplemental	
Yes	PBP Section Rx	
25		
No		
	Coming Soon \$0.00 No \$3,400 Innetwork Plan Doctors for Most Services No Yes	BP1 Worksheet Seyort

Additional benefits and/or reduced cost-sharing for enrol with certain health conditions?	lees No			
THE CO. CONTROVER CONDITION	, and a second	Health and Medical Benefits		
Selected Benefits	Cost Share Information	Authorization	Referral	Bata Source
				Inpatient Hospital-Acute
				Medicare-covered stay
injatient hospital coverage	\$0 copay	Yes	Yes	Additional days
				Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Outpatient hospital coverage	\$0 cngay	Yes	Yes	Micordare-covered outpatient mospital Services
	Primary			Primary Care Physician Services
Doctor visits	50 copay Specialist	A/A	N/A	
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay	No	No	Medicare-covered Preventive Services
0	Emergency			Emergency Care
En er mic , wrefur ent care	S0 copay Urgent care	N/A	N/A	
Emitgency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
em a gency careful tent care	So copey	N/A	IN THE STATE OF TH	Outpatient Diagnostic Procedures, Tests and Lab Services
	Diagnostic tests and procedures			Medicare-covered Diagnostic Procedures/Tests
Dia_nostic procedures/lab services/ima_im_	SD copay	Yes	Yes	Medicare-covered Lab Services
				Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
	Lab services			Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	50 copay	Yes	Yes	
				Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services
	Diagnostic radiology services (e.g., MRI)			Medicare-covered X-ray services
Diagnostic procedures/lab services/ima jing	\$0 collay	Yes	Yes	Outpatient Oragnostic/Therapeutic Radiological Services
				Medicare-covered Diagnostic Radiological Services
	Outpatient x-rays			Medicare-covered X-ray services
Diagnostic procedures/lab services/imaring	\$0 copa	Yes	Yes	Hearing Exams
	Rearing exam			Medicare-covered benefits
		No	No	Frtung/Evaluation for Hearing Aid
Hearing	S0 copia» Fitting/evaluation	ND	IND	Hearing Exams
	50 сорау			Medicare-covered benefits
Hearin	There may be limits on how much the plan will provide.	No	No	Fitting/Evaluation for Hearing Aid
				Hearing Aids All Types
	1			Inner ear
	Hearing aids			
	\$0 copay			Outer ear
Hearing	There may be limits on how much the plan will provide.	Yes	Yes	Over the ear
				Preventive Denial Gral Exams
				Prophylaxis (Cleaning)
	Oral exam			Fluoride treatment
Preventive dental	Not covered	N/A	N/A	Dental X-rays
				Proventive Dental Oral Exams
				Prophylaxis (Cleaning)
	Cleaning			Fluoride treatment
Preventive dental	Not covered	N/A	N/A	Dental XaDMINISTRACIO
a recovery continue	age common of the second second		pm.	TOTAL PARTIES

ADMINISTRACIÓN DE SEGUROS DE SALUD

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				Preventive Dental Oral Exams
				Prophylaus (Cleaning)
				Fluoride treatment
	Fluoride treatment			
Preventive dental	Not covered	N/A	N/A	Dental x-rays
				Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
	Dental x-ray(s)			
Preventive dental	Not covered	N/A	N/A	Dental X-rays
				Comprehensive Dental Non-routine Services
			,	Diagnostic Services
				Restorative Services
				Endodonics
				Periodontics
	Non-routine services			Extractions
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be innits on how much the plan will provide.	Yes	No	Comprehensive Dental
				Non-routine Services
	Į.			Diagnostic Services
				Restorative Services
				Endadontics
				Periodontics
	Pia			Extractions
	Diagnostic services			
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Com rehensive dental	There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental
11				Non-routine Services
				Diagnostic Services
				Restorative Services
CALC.				Endodontics
				Periodontics
	Restorative services			Extractions
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other
	There may be limits on how much the Itan will provide.	Yes	No	Services
Comprehensive dental	Mere may be mains on now mach the wan want advice.	res		Comprehensive Dental
			()	Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Endodontics			Extractions
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other
Comprehensive dental	There may be limits on how much the idan will provide.	Yes	No	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Periodontics			Extractions
				Prosthodontics, Other Oral/Maxillolacial Surgery, Other
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Services
				Comprehensive Dental Non-routine Services
				Diagnostic Services
C				Restorative Services
				Endodontics
				Periodontics
	Extractions			Extractions
	-			Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Com Jehensive dental	may be limits on how much the plan will irrovide.	Yes	No	ADMINISTRAC

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				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
	Prosthodontics, other oral/maxillofacial surgery, other			Periodontics
	services			Extractions
				Prosthodontics. Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	£ye Exams
	Routine eye exam			Routine Eye Exams
	\$0 copay			Other
Vision	There may be limits on how much the plan will provide.	No	No	Eye Exams
	Other			Routine Eye Exams
Vision	Not covered	N/A	N/A	Other
				Eyewear Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Contact lenses			
	50 copay			Eyeglass frames
Vision	There may be limits on how much the plan will provide.	No	No	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Lyeglasses (frames and lenses)			
	50 copay			Eyeglass frames
Vision	There may be limits on how much the plan will provide.	No	No	Upgrades
				Eyewear Medicare-covered benefits
pr.				Contact lenses
- I Color				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglass frames			Eyeglass frames
	50 сорау			
Vision	There may be limits on how much the plan will provide.	No	No	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Eyeglass tenses			Eyeglass frames
	50 copay			
Vision	There may be limits on how much the plan will provide,	No	No	Upgrades
				Eyewear Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass tenses
				Eyeglass frames
	Upgrades			Upgrades
Vision	Not covered	N/A	N/A	Inpatient Hospital Psychiatric
				Inpatient Hospital Psychiatric Medicare-covered stay
	Inparient hospital - psychiatric	L		Additional days
Mental health services	\$0 co()a)	Yes	No	Psychiatric Services
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Individual Sessions
Mental health services	SO colia,	No	No	Medicare-covered Group Sessions
				Psychiatric Services Medicare covered Individual Sessions
	Outpatrent individual therapy visit with a psychiatrist			Medicare-covered Group Sessions
Mental health services	S0 collay	No	No	Mental Health Specialty Services
	n			Medicare-covered Individual Sessions
	Dutpatient group therapy wish		I	Medicare-covered Group Sessions
Mental health services	50 coulay	Yes	No	Mental Health Specialty Services
	Outpatient individual therapy visit			Medicare-covered Individual Sessions
Mental health services	50 copay	Ves	No	Medicare-covered Group Sessions

ADMINISTRACION DE SEGUROS DE SALUD EMR SEGUROS DE SALUD
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	101			
				Skilled Nursing Facility
				Medicare-covered stay
			li li	
				Additional days
Maria Maria Carlos	en Sincilli	V	v	Pidalitolial days
ifled Nursing Facility	SO cilosy	Yes	Yes	
	Occupational therapy visit			Occupational Therapy Services
				Medicare-covered benefits
shabilitation services	SO copay	Yes	No	
	Physical therapy and speech and language therapy visit			PT and SP Services
	The second control of			Medicare-covered benefits
ehabilitation services	SO coula	Yes	740	
round Ambulance	S0 chiav	N A	N/A	Ambulance Services
	\$0 copay			
	эосорау			
	The second state of the se		No	Transportation Services
ansportation	There may be limits on how much the plan will provide.	No	NO.	Podiatry Services
				Medicare-covered benefits
	Foot exams and treatment			
				Routine foot care
oot care (podiatry services)	\$0 copay	No	Yes	
				Podiatry Services
		1		Medicare-covered benefits
	Routine foot care			
	Nodine loot care			Routine foot care
oot care (podiatry serwces)	Not covered	N/A	N/A	HOUSING POX CITY
ot care (podiatily services)		IV/A	N/A	B of the Annual Control of the Annual Contro
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME)
				Medicare-covered benefits
ledical equi-ment/sup_lies	SO copay	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies
			ľ	Medicare-covered prosthetic devices
edical e luipment/supilites	50 copay	Yes	N/A	
				Diabetes Supplies and Services
				Medicare-covered Diabetic supplies
	Diabetes supplies			
	Diameter anaphres			Medicare-covered Diabatic therapeutic shipes or inserts
to Part Schools and Considera	50	Yes	N/A	Medicale-Condition Disposite (Herapeutic 31-De3 of Bise15)
edical injuriment/supplies	50 copay		No.	
eliness programs (e. j.; fitness, nursing hot/ine)	Covered	No	No	Eligible Supplemental Benefits as Defined in Chapter 4
				Medicare Part B Chemotherapy Drugs
	Chemotherapy	M		
				Other Medicare Part B Drugs
edicare Part 8 druis	SO copay	Yes	N/A	
				Medicare Part B Chemotherapy Drugs
	Other Part 8 drugs	H		
12	District Districts			Other Medicare Part B Drugs
	l <sub>a-</sub>	11	N/A	Other medicare rare b Drugs
ocare Part B druis	\$0 copay	Yes	N/A	

Outpatient Prescription Drugs Coverage Information					
Descriptor	Value	Data Source			
Moathly Premium	\$0.00	BPT Worksheet Report			
Deductible	\$545.00	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 app	plicable, up to the initial coverage (imit of \$5,030)	
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (A	fter the total drug costs paid by you and the plan reach \$5,030, i	up to the aut-of-pocket threshold of \$8,000}
Drug Type	Cost Share Information	Data Source
Seneric drugs	25%	PBP Section Rs
Brand-name druis	25%	PBP Section Rx

c	atastrophic Coverage Phase (When your annual out-of-pocket	costs exceed \$8,000)
Drug Type	Cost Share Information	Data Source
Generic drugs	Not remit attre-	PBP Section Re
Brand-name drugs	Not applicable	PRP Section 84

ADMINISTRACION DE SEGUROS DE SALUD SEGUROS DE SALUD

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## Appendix C-4 Summary of Benefits Report H5577 – 054

ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

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Contrato Número

### **Bid Reports 2024**

### **Benefits Summary Report**

MCS ADVANTAGE, INC. H5577 - 054 1

VBID: Yes - Part C

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

Selected Benefits	Enrollee Details	Data Source
		8PT Worksheet Report
Monthly Plan Premium	Coming Soon	PBP Section D (plan level)
Health plan deductible	\$0.00	PBP Section D (plan level)
		PBP Section B (category level)
Other health plan deductibles?	No	PBP Section C (category level)
Maximum out-of-pocket enrollee responsibility (does not		
include prescription drugs)	\$3,400 In-network	PBP Section D
Choice of Doctors?	Plan Doctors for Most Services	
Optional supplemental benefits?	No	Optional supplemental
Prescription Drugs Covered?	Yes	PBP Section Rx
Additional benefits and/or reduced cost-sharing for		
enrollees with certain health conditions?	No	

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

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Hearing	Fit.	Hearing He	Diagnostic procedures/lab services/imaging \$0		Lai Diagnostic procedures lab services/imaging \$0	:rvices/imaging		Ernergency care/urgent care \$0	ire	Spi Doctor visits \$0
There may be limits on how much the plan will provide.	Fitting/evaluation \$0 copay	Hearing exam \$0 copay	Outpatient x-rays \$0 copay	Diagnostic radiology services (e.g., MRI) \$0 copay	Lab services \$0 copay	Diagnostic tests and procedures	D	Emergency \$0 copay	\$0 copay	Specialist \$0 copay
No		No	≺e s	Yes	Yes	Y. ⊕ S	N/A	N/A	No	No
No		Z	Yes	Yes	Yes	Yes	N/A	N/A	No o	Yes
Fitting/Evaluation for Hearing Aid	Hearing Exams Medicare-covered benefits	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered K-ray services	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services	Urgently Needed Services	Emergency Care	Medicare-covered Preventive Services	Physician Specialist Services

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Preventive dental					Preventive dental				reventive dental		The state of the s		Preventive dental				Hearing					
Not covered	Dental x-ray(s)				Not covered	Fluoride treatment			Not covered	Cleaning			Not covered	Oral exam			There may be limits on how much the plan will provide.	\$0 copay	Hearing aids			
N/A					N/A				N/A				N/A				Yes					
N/A					N/A				N/A				N/A				Yes					
2 144	Dental X-rays	Fluoride treatment	Prophylaxis (Cleaning)	Preventive Dental Oral Exams	Dental x-rays	Fluoride treatment	Prophylaxis (Cleaning)	Preventive Dental Oral Exams	Dental X-rays	Fluoride treatment	Prophylaxis (Cleaning)	Preventive Dental Oral Exams	Dental X-rays	Fluoride treatment	Prophylaxis (Cleaning)	Preventive Dental Oral Exams		Over the ear	Outerear	Inner ear	All Types	Hearing Aids

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EMIC Contrato Número

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

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Contrato Número

			trace of the property of the p	comprehensive center
	20	Yes	There may be limits on how much the plan will provide.	Comprehensive dental
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services				
Extractions			Endodontics	0
Periodontics				>
Endodontics				
Restorative Services				
Diagnostic Services				
Non-routine Services				Ü.
77	No	Yes	There may be limits on how much the plan will provide.	Comprehensive dental
Services				
Prosthodontics, Other Oral/Maxillofacial Surgery, Other				
Extractions			Restorative services	
Periodontics				
Endodontics				
Restorative Services				
Diagnostic Services				
Non-routine Services				
Comprehensive Dental				

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# EMR Contrato Número

Services	N <sub>0</sub>	Yes	There may be limits on how much the plan will provide.	Comprehensive dental
Prosthodontics, Other Oral/Maxillofacial Surgery, Other				(
Extractions			Extractions	>
Periodontics				
Endodontics				
Restorative Services				N
Diagnostic Services				
Comprehensive Dental  Non-routine Services				
	No	Yes	There may be limits on how much the plan will provide.	Comprehensive dental
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services				
Extractions			Periodontics	
Periodontics				
Endodontics				
Restorative Services	- E-2			
Diagnostic Services				
Comprehensive Dental Non-routine Services				

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# EMIC Contrato Número

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

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# EMI Contrato Número

Vision There may be limits on how much the plan will provide.	\$0 copay	Eyeglass lenses				There may be limits on how much the plan will provide.	\$1 ronav	Eveelass frames	The street of th			Vision There may be limits on how much the plan will provide.	\$0 nonau	Frontiscos (france and Jones)			
No						No.						No					
No						No						N <sub>o</sub>					
Operades	Eyeglass frames	Eyeglass lenses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits	Upgrades	Eyeglass frames	Eyeglass lenses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits	Upgrades	Eyeglass frames	Eyeglass lenses	Eyeglasses (lenses and frames)	Contact lenses	Medicare-covered benefits

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			40 coper	included the second
Medicare-covered benefits	2	Vpc	\$0 Conserv	Repetition continue
Occupational Therapy Services			Occupational therapy visit	
Additional days	Yes	Yes	\$0 copay	Skilled Nursing Facility
Medicare-covered stay				
	No	Yes	\$0 сорау	Mental health services
Medicare-covered Group Sessions			Outpatient individual therapy visit	
Mental Health Specialty Services  Medicare-covered Individual Sessions				
-	No	Yes	\$0 copay	Mental health services
Medicare-covered Group Sessions			Outpatient group therapy visit	
Mental Health Specialty Services Medicare-covered Individual Sessions				
Medicare-covered Group Sessions	No	N <sub>0</sub>	\$D copay	Mental health services
			Outpatient individual therapy visit with a psychiatrist	
Psychiatric Services Medicare-covered Individual Sessions			3)	
	N <sub>0</sub>	No	\$0 copay	Mental health services
Medicare-covered Group Sessions			Outpatient group therapy visit with a psychiatrist	
Psychiatric Services Medicare-covered Individual Sessions				
Amiliania naka	No	Yes	\$0 copay	Mental health services
Middle Lavered Stay			Inpatient hospital - psychiatric	>
Inpatient Hospital Psychiatric				The second second
Upgrades	N/A	N/A	Not covered	Vision
Eyeglass frames			[ Ingrade:	
Eyeglass lenses				
Eyeglasses (lenses and frames)				
Contact lenses				
Eyewear Medicare-covered benefits				

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### Contrato Número

Medicare Part B drugs	Medicare Part B drugs	Wellness programs (e.g.; fitness, nursing hotline)	Medical equipment/supplies	Medical equipment/supplies	Medical equipment/Supplies	Foot are (sodiatry services)	Foot care (podiatry services)	Transportation	Ground Ambulance	Rehabilitation services
Other Part 8 drugs	Chemotherapy \$0 copay	Covered	Diabetes supplies \$0 copay	Prosthetics (e.g., braces, artificial limbs) \$0 copay	Durable medical equipment (e.g., wheelchairs, oxygen) \$0 copay	Routine foot care	Foot exams and treatment \$0 copay	\$0 copay  There may be limits on how much the plan will provide.	\$0 сорау	Physical therapy and speech and language therapy visit \$0 copay
¥es	Yes	No	× es	Yes	Yes	N/A	N <sub>0</sub>	N <sub>o</sub>	N/A	Yes
N/A	N/A	No	N/A	N/A	N/A	N/A	Yes	No	N/A	No
Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs	Medicare Part B Chemotherapy Drugs Other Medicare Part B Drugs	Eligible Supplemental Benefits as Defined in Chapter 4	Diabetes Supplies and Services Medicare-covered Diabetic supplies Medicare-covered Diabetic therapeutic shoes or inserts	Prosthetics/Medical Supplies Medicare-covered prosthetic devices	Durable Medical Equipment (DME) Medicare-covered benefits	Podiatry Services Medicare-covered benefits Routine foot care	Podiatry Services Medicare-covered benefits Routine foot care	Transportation Services	Ambulance Services	PT and SP Services Medicare-covered benefits

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### Contrato Número

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

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	Standard Retail 1 Month	
25%	Standard Retail 3 Month	
25%	Standard Mail Order 3 Month	
PBP Section Rx	Data Source	

Gap Coverage Phase (After th	Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$5,030, up to the out-of-pocket threshold of \$8,000)	out-of-pocket threshold of \$8,000)
Drug Type	Cost Share Information	Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

Catastrop	Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$8,000)	ceed \$8,000)
Drug Type	Cost Share Information	Data Source
Generic drugs	Not applicable	PBP Section Rx
Brand-name drugs	Not applicable	PBP Section Rx

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## Contrato Número

#### Benefits Summary Report

**Bid Reports 2024** 

VBID: Yes - Part C MCS ADVANTAGE, INC. H5577 - 054 2

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

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

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

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ont	
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40 0000	Fitting/evaluation \$0 conav	Hearing \$0 copay		Diagnostic procedures/lab services/imaging \$0 copay	Outropions score	Diagnostic procedures/lab services/imaging \$0 copay	Diagnostic radiology services (e.g., MRI)	Diagnostic procedures/lab services/imaging \$0 copay		Diagnostic procedures/lab services/imaging \$0 copay		Urgent care Urgent care \$0 copay	Emergency care/urgent care \$0 copay	Preventive care \$0 copay	Specialist
The secret is limited in the constant who also will received.		No		Yes		Yes		Yes		Yes		N/A	N/A	No	Z <sub>0</sub>
		No		Yes		Yes		Yes		Yes		N/A	N/N	No	Yes
Fitting/Evaluation for Hearing Aid	Hearing Exams Medicare-covered benefits	Fitting/Evaluation for Hearing Aid	Hearing Exams Medicare-covered benefits	Medicare-covered X-ray services	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services	Medicare-covered X-ray services	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services	Medicare-covered Lab Services	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests	Medicare-covered Lab Services	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests	Urgently Needed Services	Emergency Care	Medicare-covered Preventive Services	Physician Specialist Services

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				Control Andrews
				All Types
				Inner ear
	TEGING GIVE			Outerear
Hearing	\$0 copay  There may be limits on how much the plan will provide.	Yes	Yes	Over the ear
				Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
				Fluoride treatment
Preventive dental	Oral exam	NA	N/A	Dental X-rays
				Preventive Dental
				Oral Exams
				Prophylaxis (Cleaning)
	Cleaning			Fluoride treatment
Preventive dental	red	N/A	N/A	Dental X-rays
>				Preventive Dental Orał Exams
0				Prophylaxis (Cleaning)
	Fluoride treatment			Fluoride treatment
Preventive dental		N/A	N/A	Dental X-rays
				Preventive Dental Oral Exams
				Prophylaxis (Cleaning)
	Dental x-ray(s)			Fluoride treatment
Preventive dental	Not covered	N/A	N/A	Dental X-rays

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				Comprehensive Pents
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Non-routine services			Extractions
				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	
				Comprehensive Dental
				Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Diagnostic services			Extractions
X				Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
completiensive detiral	There may be strikes on now much the plan will provide.	100	No	

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

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Comprehensive dental			The state of the s			and the second		Comprehensive dental		7					
There may be limits on how much the plan will provide.		Extractions						There may be limits on how much the plan will provide.		Periodontics					
Yes								Yes							
No								No							
	Prosthodontics, Other Oral/Maxiliofacial Surgery, Other Services	Extractions	Periodontics	Endodontics	Restorative Services	Diagnostic Services	Comprehensive Dental Non-routine Services		Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	Extractions	Periodontics	Endodontics	Restorative Services	Diagnostic Services	Comprehensive Dental Non-routine Services



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Upgrades				
ryegiass names			\$0.00000000000000000000000000000000000	>
France frances			Contact lenses	>
Eyeglass lenses				
Eyeglasses (lenses and frames)				
Contact lenses				
Еуеwear	1		and the state of	VISION N
Other	N/A	2/2	Corod	
Routine Eye Exams			Other	
Eye Exams				
	No	No	There may be limits on how much the plan will provide.	Vision
Other			\$0 copay	
Routine Eye Exams				
Eye Exams			Routine eye exam	
	No	Yes	There may be limits on how much the plan will provide.	Comprehensive dental
Services				
Prosthodontics, Other Oral/Maxillofacial Surgery, Other				
Extractions			Prosthodontics, other oral/maxillofacial surgery, other services	
Periodontics				
Endodontics				
Restorative Services				
Diagnostic Services				
Non-routine Services				
Comprehensive Dental				
Athrest America				

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Contrato Número

## M24-0004

There may b	\$0 copay	Everlass lenses		1		There may b	\$0 сорау	Eyeglass frames				There may b	s or seed of s	Evadlarea (fr			
There may be limits on how much the plan will provide.		ritis				There may be limits on how much the plan will provide. No		nes				There may be limits on how much the plan will provide. No	SU CODAN SU COMPANIO SOLIVO IN TRANSPORT PROPERTY PROPERT	arros and longes			
No						40											
No						No						No					
Upgrades	Eyeglass frames	Eyeglass lenses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits	Upgrades	Eyeglass frames	ryegiass ienses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits	Upgrades	Eyeglass frames	Eyeglass lenses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits

Vision

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				Eyewear Medicare-covered benefits
				Cantact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
Vision	Opgrades  Not covered	N/A	N/A	Upgrades
				Inpatient Hospital Psychiatric Medicare-covered stay
	Inpatient hospital - psychiatric			Additional days
Mental health services	\$0 copay	Yes	No	
	Outpatient group therapy visit with a psychiatrist			Psychiatric Services  Medicare-covered Individual Sessions  Modificate-covered Cover Services
Mental health services	\$0 copay	No	No	
				Psychiatric Services Medicare-covered Individual Sessions
1	Outpatient individual therapy visit with a psychiatrist			Medicare-covered Group Sessions
Mental health service	\$0 copay	Z	NO.	TALLER COLLEGE Commissions
				Medicare-covered Individual Sessions
	Outpatient group therapy visit			Medicare-covered Group Sessions
Men al heath services	\$0 copay	Yes	No	
5				Mental Health Specialty Services Medicare-covered Individual Sessions
!	Outpatient individua! therapy visit			Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	No	
				Skilled Nursing Facility Medicare-covered stay
Skilled Nursing Facility	\$0 copay	Yes	Yes	Additional days
	Occupational therapy visit			Occupational Therapy Services Medicare-covered benefits
Rehabilitation services	\$0 copay	Yes	No	

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### Contrato Número

	Physical therapy and speech and language therapy visit			PT and SP Services
Rehabilitation services	\$0 copav	Yes	No	Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	\$0 copay			
Transportation	There may be limits on how much the plan will provide.	No	No	Transportation Services
				Podiatry Services Medicare-covered benefits
	Foot exams and treatment			Medicare-covered benefits
Footboard Applications and Applications	60	2	Yes	Routine foot care
Loor care (bodian's services)	in copies	100		Podiatry Services
				Medicare-covered benefits
	Routine foot care			Routine foot care
Foot care (podiatry services)	Not covered	N/A	N/A	
	Durable medical equipment (e.g. wheelchairs oxygen)			Durable Medical Equipment (DME)
				Medicare-covered benefits
Medical equipment/supplies	\$0 сорау	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies
Medical equipment/supplies	\$0 copay	Yes	N/A	Medicare-covered prostnetic devices
				Diabetes Supplies and Services
The state of the s				Medicare-covered Diabetic supplies
	Diabetes supplies			Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies	\$0 copay	Yes	N/A	
Wellows programs (e.g.; fitness, nursing hotline)	Covered	No	No o	Eligible Supplemental Benefits as Defined in Chapter 4
and the second s				Medicare Part 8 Chemotherapy Drugs
	Chemotherapy			
Medicare Part B drugs	\$0 capay	Yes	N/A	Other Medicare Part B Drugs
				Medicare Part B Chemotherapy Drugs
	Other Part B drugs			Other Medicare Part 8 Orugs
Medicare Part B. drugs	\$0 copav	Yes	N/A	

N.

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### Contrato Número

Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$545.00	PBP Section Rx
	www.mrsrlassipse.rom	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Star Page and select the Manage Plans link.

	Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$5,030)	ale, up to the initial coverage limit of \$5,030}	
Standard Retail 1 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx
1 Course			
Gap Coverage Phase (After	Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$5,030, up to the out-of-pocket threshold of \$8,000)	e out-of-pocket threshold of \$8,000}	
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PBP Section Rx	
Brand-name drugs	25%	PBP Section Rx	

Catastr	Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$8,000)	exceed \$8,000}
Drug Type	Cost Share Information	Data Source
Generic drugs	Not applicable	PBP Section Rx
Brand-name drugs	Not applicable	PBP Section Rx

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Contrato Número

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#### **Bid Reports 2024**

MCS ADVANTAGE, INC. HS577 - 054 3 **Benefits Summary Report** 

MA Uniformity Flexibility: No

VBID: Yes - Part C

Special Supplemental Benefits for the Chronically III: No Part D Senior Savings Model: No

Other health plan deductibles?

Maximum out-of-pocket enrollee responsibility (does not enrollees with certain health conditions? Prescription Drugs Covered?

Additional benefits and/or reduced cost-sharing for Choice of Doctors? Monthly Plan Premium Health plan deductible Optional supplemental benefits? nclude prescription drugs) Selected Benefits Coming Soon \$0.00 Plan Doctors for Most Services No Yes ŏ \$3,400 In-network **Enrollee Details** PBP Section D (plan level)
PBP Section D (plan level)
PBP Section B (category level) PBP Section Rx PBP Section D PBP Section C (category level) BPT Worksheet Report Optional supplemental Data Source

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

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Contrato Número

	Specialist			
Poeter visits	\$0 copav	N O	Yes	Physician Specialist Services
Preventive care	\$0 copay	No	No	Medicare-covered Preventive Services
	Emergency			Emergency Care
China	Urgent care			Lirgently Needed Services
Emergency care/urgent care	\$0 copay	N/A	N/A	Of Bellet Anderson per Aires
				Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
	Diagnostic tests and procedures			
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	Yes	Medicare-covered Lab Services
				Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
	Lab services			
Diagnostic procedures/lab sprvices/imaging	\$0 copay	Yes	Yes	Niedicare-covered Lab Services
7/1/				Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered historoctic Radiological Services
	Diagnostic radiology services (e.g., MRI)			
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	Yes	Medicare-covered X-ray services
5				Outpatient Diagnostic/Therapeutic Radiological Services
	Outpatient x-rays			Medicare covered Viran services
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	Yes	Mignited at 100
				Hearing Exams  Medicare-covered benefits
	Hearing exam			Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay	No	No	0
	Fitting/evaluation			Hearing Exams
	\$0 copay			Fitting (Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Tring/ Example 101 Tel Trening 200

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### EMR #24-0004 Contrato Número

	V/>	N/A	Not covered	Preventive dental
Dental X-rays			Denial x-ray(s)	
Fluoride treatment				
Prophylaxis (Cleaning)				
Preventive Dental Oral Exams				
Dental X-rays	N/A	N/A	Not covered	Preventive dental
Fluoride treatment				
Prophylaxis (Cleaning)				
Preventive Dental Oral Exams				0.
Dental X-rays	N/A	N/A	Not covered	Previntive (enta)
Fluoride treatment			Cleaning	The same of the sa
Prophylaxis (Cleaning)				The state of the s
Preventive Dental Oral Exams				
Dental X-rays	N/A	N/A	Not covered	Preventive dental
Fluoride treatment				
Prophylaxis (Cleaning)				
Preventive Dental Oral Exams				
Over the ear	Yes	Yes	There may be limits on how much the plan will provide.	Hearing
Outer ear			\$0 copay	
inner ear				
Hearing Aids All Types				

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Services	No	Y-D-C	There may be limits on how much the plan will provide.	Comprehensive dental
Prosthodontics, Other Oral/Maxillofacial Surgery, Other				5
Extractions			Diagnostic services	>
Periodontics				
Endodontics				
Restorative Services				
Díagnostic Services				
Comprehensive Dental Non-routine Services				
	No	Yes	There may be limits on how much the plan will provide.	Comprehensive dental
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services				
Extractions			Non-routine services	
Periodontics				
Endodontics				
Restorative Services				
Diagnostic Services				
Comprehensive Dental Non-routine Services				

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



## SEGUROS DE SALUD

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EMR Contrato Número

				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
\$	Periodontics			Extractions
				Prosthodontics, Other Oral/Maxiliofacial Surgery, Other Services
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	
				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endodontics
				Periodontics
	Extractions			Extractions
	There are the limits on between 1th the plan will provide	Vac		Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	There may be limits on slow much the plan will provide.	Tab	140	



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EMIR Contrato Número

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



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			l		
Upgrades	No	NO 0	There may be limits on how much the plan will provide.	d	Vision
LYEE assiratives			\$0 сорау		
Fundace frames			Eyeglass lenses		
Eyeglass lenses					
Eyeglasses (lenses and frames)					
Contact lenses					
Eyewear Medicare-covered benefits					
r pgi auco	No	No	There may be limits on how much the plan will provide.		Vision
			\$0 copay		
Eyeglass frames			Eyeglass frames		
Eyeglass lenses					
Eyeglasses (lenses and frames)					_
Contact lenses					
Eyewear Medicare-covered benefits					
	No	No	There may be limits on how much the plan will provide.		Vision
Upgrades			\$0 copay		
Eyeglass frames			Eyeglasses (frames and lenses)		
Eyeglass lenses					
Eyeglasses (lenses and frames)					
Contact lenses					
Eyewear Medicare-covered benefits					

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				7
				Medicare-covered benefits
				Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
				Eyeglass frames
	Upgrades .			Upgrades
Vision	Not covered	N/A	Z	Innationt Hospital Psychiatric
				Medicare-covered stay
	Inpatient hospital - psychiatric			Additional days
Mental health services	\$0 сорау	Yes	No	
				Psychiatric Services Medicare-covered Individual Sessions
	Outpatient group therapy visit with a psychiatrist			Medicare-covered Group Sessions
Mental health services	\$0 copay	No	Zo	Deschiptric Consider
				Medicare-covered Individual Sessions
	Outpatient individual therapy visit with a psychiatrist			Medicare-covered Group Sessions
Mental health services	\$0 copay	No	No	
				Mental Health Specialty Services Medicare-covered Individual Sessions
	Outpatient group therapy visit			Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	No	The state of the s
				Mental Health Specialty Services  Medicare-covered Individual Sessions
	Outpatient individual therapy visit			Medicare-covered Group Sessions
Mental health services	\$0 copay	Yes	No	
				Skilled Nursing Facility Medicare-covered stay
Skilled Nursing Facility	\$0 copay	Yes	Yes	Additional days
A	Occupational therapy visit			Occupational Therapy Services  Medicare-covered henefits
Rehabilitation services	\$0 copay	Yes	No	Trade Control of Contr

### EMR #24-0004 Contrato Número

	Physical therapy and speech and language therapy visit			PT and SP Services
ehabilitation services	\$0 copay	Yes	No	Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	\$0 сорау			
Transportation	There may be limits on how much the plan will provide.	Z o	No	Transportation Services
and the second s				Podiatry Services
	Foot exams and treatment			Medicare-covered benefits
Foot care (podiatry services)	\$0 copav	No	Yes	Routine foat care
				Podiatry Services Medicare-covered basefits
	Routine foot care			
Foot care (podiatry services)	Not covered	N/A	N/A	Koutine foot care
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME)  Medicare-covered benefits
Medical equipment/supplies	\$0 сорау	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
				Diabetes Supplies and Services Medicare-covered Diabetic supplies
	Diabetes supplies			Medicare-covered Diabetic therapeutic shoes or inserts
Wedical equipment/supplies	\$0 copay	100	3	
Wellness programs (e.g.; fitness, nursing hotline)	Covered	No .	N <sub>o</sub>	Eligible Supplemental Benefits as Defined in Chapter 4
				Medicare Part B Chemotherapy Drugs
	Chemotherapy			Other Medicare Part B Drugs
to see that it is a set of by	44 44541			Medicare Part B Chemotherapy Drugs
	Other Part B drugs			Other Medicare Part B Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	
111				



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	Outpatient Prescription Drugs Coverage Information	
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$545,00	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 Cover	Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$5,030)	ble, up to the initial coverage limit of \$5,030)	
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 dri	Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$5,030, up to the out-of-pocket threshold of \$8,000)	ut-of-pocket threshold of \$8,000}
Огид Түре	Cost Share Information	Data Source
Generic drugs 25%		PBP Section Rx
Brand-name drugs 25%		PBP Section Rx

PBP Section Rx	Not applicable P	Brand-name drugs
PBP Section Rx		Generic drugs
Data Source	Cost Share Information	Drug Type
ed \$8,000)	Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$8,000)	Catastrophia





## Appendix C-4 Summary of Benefits Report H5577 – 055

ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

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Contrato Número

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#### **Bid Reports 2024**

MCS ADVANTAGE, INC. H5577 - 055 VBID: Yes - Part C

Benefits Summary Report

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

Selected Benefits	Enrollee Details	Data Source		
		BPT Worksheet Report		
Monthly Plan Premium	Coming Saon	PBP Section D (plan level)		
	\$0.00	PBP Section D (plan level)		
		PBP Section B (category level)		
Other health plan deductibles?	No	PBP Section C (category level)		
Maximum out-of-pocket enrollee responsibility (does not				
	\$3,400 In-network	PBP Section D		
	Plan Doctors for Most Services			
ntal benefits?	No	Optional supplemental		
	Yes	PBP Section Rx		
Additional benefits and/or reduced cost-sharing for				
	No			
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
				Inpatient Hospital-Acute Medicare-covered stay
				Additional days
The state of the s	4 o column			October 1 Indian Consider
				Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Outpatient hospital coverage	\$0 copay	Yes	Yes	
	Primary			Primary Care Physician Services
Doctor visits	\$0 copay	N/A	N/A	

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Contrato Número

	Specialist			Description Openialist Opening
Doctor visits	\$0 copay	N <sub>O</sub>	Yes	Lithering periods and and a
Preventive care	\$0 copay	No	No	Medicare-covered Preventive Services
	Emergency			Emergency Care
Don't have	Urgent care			Urgently Needed Services
emergency care) urgent care	Su opay	2/,2	3	Outpatient Diagnostic Procedures, Tests and Lab Services
	Diagnostic tests and procedures			Modicare covered tab Sendon
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	Yes	Michigal S. Possibal rap as Aires
				Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	Yes	Medicare-covered Lab Services
				Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services
Diagnostic procedures/Jah services/imaging	Diagnostic radiology services (e.g., MRI)	Yes	Yes	Medicare-covered X-ray services
				Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services
Diagnostic procedures/lab services/Imaging	Outpatient x-rays \$0 copav	Yes	Yes	Medicare-covered X-ray services
				Hearing Exams Medicare-covered benefits
	Hearing exam			Fitting/Evaluation for Hearing Aid
Treating.	and copies	NO	Č	
	Fitting/evaluation			Hearing Exams Medicare-covered benefits
Hearing	There may be limite on both much the plan will provide		5	Fitting/Evaluation for Hearing Aid
0	The second section of the second section section sections and the second sections are second sections as the second section se	100	140	

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Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays				
Oral Exams Prophylaxis (Cleanin Fluoride treatment			Dental x-ray(s)	De
Oral Exams Prophylaxis (Cleanin)				
Oral Exams				
Preventive Dental				
Dental X-rays	N/A	N/A		Preventive dental N
Fluoride treatment			Fluoride treatment	FI
Prophylaxis (Cleaning)				
Preventive Dental Oral Exams				
Dental X-rays	N/A	N/A	Not covered	Preventive dental N
Fluoride treatment			Cleaning	Ō
Prophylaxis (Cleaning)				
Preventive Dental Oral Exams				
Dental X-rays	N/A	N/A	Not covered	Preventive dental
Fluoride treatment			Oral exam	Q
Prophylaxis (Cleaning)	-			
Preventive Dental Oral Exams				
Over the ear	Yes	Yes	y be limits on how much the plan will provide.	7
Outerear			\$D copay	St
inner ear			Heaving aids	T.
Hearing Aids All Types				

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### Contrato Número

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



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### Contrato Número

Non-routine Services Diagnostic Services Restorative Services Endodontics	Comprehensive Dent Non-routine Services  Restorative services  Endodontics  Endodontics  Periodontics  Extractions  Prosthodontics, Other Services  No  No  No  No  No  No  No  No  No  N	
Non-routine Services Diagnostic Services Restorative Services	Comprehensive Dental Non-routine Services Diagnostic Services Endodontics Endodontics Extractions Extractions Extractions Frosthodontics, Other Oral/Maxillofacial Surgery, Other Services	



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

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				Comprehensive Dental Non-routine Services
				Diagnostic Services
				Restorative Services
				Endadontics
				Periodontics
	Prosthodontics, other oral/maxillofacial surgery, other services			Extractions
				Prosthodontics, Other Oral/Maxiliofacial Surgery, Other
Comprehensive dental	There may be limits on how much the plan will provide.	Yes	No	Services
	Routine eve exam			Eye Exams
	\$0 copay			Routine Eye Exams
Vision	There may be limits on how much the plan will provide.	NO O	N <sub>o</sub>	Other
				Eye Exams Routine Eye Exams
	Other			Other
Vision	Not covered	N/A	N/A	
				Eyewear Contact lenses
				Eyeglasses (lenses and frames)
				Eyeglass lenses
	Conactienses	0		Eyeglass frames
	40 copay			Upgrades
VISION	There may be miles on how mach the pian will browner.			



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Vision						Vision						Vision					
There may be limits on how much the plan will provide.	\$0 coday	Fyon accionses				There may be limits on how much the plan will provide.	\$0 consv	Supplace frames				There may be limits on how much the plan will provide.	\$0 copay	Fuerlysses (frames and Jenses)			
No						No						No					
No						No						No					
Upgrades	Eyeglass frames	Eyeglass ienses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits	Upgrades	Eyeglass frames	Eyeglass lenses	Eyeglasses (lenses and frames)	Contact lenses	Eyewear Medicare-covered benefits	Upgrades	Eyeglass frames	Eyegiass lenses	Eyeglasses (lenses and frames)	Contact lenses	Evewear Medicare-covered benefits

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Month Insults annivers         Experience of the property of t				
Logardes  Logardes  Mot covered  Mot covered				
Ineath services  Ineath	Occupational Therapy Services  Medicare-covered benefits		Occupational therapy visit	
Inpatient hospital - psychiatrict Invality services Invality servi	Additional days			
Health services:  Dusparient poughtiert poughtiert poughtiertic  Dusparient group therapy visit with a psychiatrict  No copey  Dusparient group therapy visit with a psychiatrict  Phealth services:  Dusparient group therapy visit with a psychiatrict  Outparient group therapy visit with a psychiatrict  No  Outparient group therapy visit with	Skilled Nursing Facility Medicare-covered stay			
Inealth services     So copay     Yes     N/A       Inealth services     So copay     Yes     No       Inealth services     So copay     No     No	Medicare-covered Group Sessions		and Aderany lending	Mental health services
Health services  Thealth servi	Mental Health Specialty Services Medicare-covered Individual Sessions			
Health services  Dupgrades  Upgrades  Impatient hospital - psychiatric  SD copay  Outpatient group therapy visit with a psychiatrist No copay  No copay  No copay  No copay  No copay  No copay  No N	Medicare-covered Group Sessions			Mental health services
Health services:  Upgrades  Not covered  Not	Mental Health Specialty Services Medicare-covered Individual Sessions		group therapy visit	
Loggrades   Not covered   N/A   N/A   N/A   N/A	Medicare-covered Group Sessions			Mental health services
Luggrades  Not covered  Not cov	Psychiatric Services Medicare-covered Individual Sessions		Outpatient individual therapy visit with a psychiatrist	
Dupgrades   Not covered   N/A   N/				Mental health services
Upgrades Not covered Not patient hospital - psychiatric Inpatient hospital - psychiatric SO copay Yes N/A N/A N/A N/A	Medicare-covered Individual Sessions  Medicare-covered Group Sessions		Outpatient group therapy visit with a psychiatrist	
Upgrades Not covered N/A Nopatient hospital - psychiatric	Psychiatric Services			Mental health services
Upgrades Not covered N/A N/A	Medicare-covered stay Additional days		ospital - psychiatric	Montal haalth condings
Upgrades Not covered N/A N/A	Inpatient Hospital Psychiatric			
	Upgrades		rê C	Vision
Eyewear Medicare-covered benefits  Contact lenses  Eyeglasses (lenses and frames)  Eyeglass lenses	Eyeglass frames		-	
Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames)	Eyeglass lenses			
Eyewear Medicare-covered benefits Contact lenses	Eyeglasses (lenses and frames)			
Eyewear Medicare-covered bnefits	Contact lenses			
	Eyewear Medicare-covered benefits			

# EMR 1124-0004

	Physical therapy and speech and language therapy visit			PT and SP Services
Rehabilitation services	\$0 copay	Yes		MACALLE POSTILE DELICE
Ground Ambulance			N/A	Ambulance Services
	Aedos 0\$			
Transportation	There may be limits on how much the plan will provide.	No	No	Transportation Services
				Podiatry Services Medicare-covered benefits
	Foot exams and treatment			NEURO CONTRACTOR DE LA
Foot name (modiatry services)			Yes	Routine foot care
corregic (boniers)	An colony		1	
	Routine foot care			Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	There may be limits on how much the plan will provide.	No	Yes	Routine foot care
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies		Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	\$0 сорау	Yes	N/A	
				Diabetes Supplies and Services Medicare-covered Diabetic supplies
	Diabetes supplies			Medicare-covered Diabetic therapeutic shoes or inserts
Medical equipment/supplies	\$0 сорау	Yes	N/A	
Wellness programs (e.g.; fitness, nursing hotline)		No	No	Eligible Supplemental Benefits as Defined in Chapter 4
				Medicare Part B Chemotherapy Drugs
Wedicare Part B drugs	Chemotherapy \$0 copay	Yes	N/A	Other Medicare Part 8 Drugs
	B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 сорау	Yes	N/A	Other Medicare Part B Drugs

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	Outpatient Prescription Drugs Coverage Information	rmation
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$545.00	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.

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PBP Section Rx	25%	25%	25%	25
Data Source	Standard Mail Order 3 Month	Standard Retail 3 Month	Standard Retail 1 Month	
	e, up to the initial coverage limit of \$5,030)	Initial Coverage Phase (After you pay your deductible, if applicable, up to the initial coverage limit of \$5,030)	lnitia	

PBP Section Rx	25%	Brand-name drugs
PBP Section Rx	25%	Generic drugs
Data Source	Cost Share Information	Drug Type
e out-of-pocket threshold of \$8,000)	Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$5,030, up to the out-of-pocket threshold of \$8,000)	Gap Coverage Phase (After the to

Catastr	Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$8,000)	s exceed \$8,000)
Drug Type	Cost Share Information	Data Source
Generic drugs	Not applicable	PBP Section Rx
Brand-name drugs	Not applicable	PBP Section Rx

