

APPENDIX C (4)

Bid Report –

Summary of Benefits

Appendix C-4

Summary of Benefits Report

H5577 – 002

ADMINISTRACION DE
SEGUROS DE SALUD,

Nº 24 - 0004

Contrato Número

EMR

Bid Reports 2024

Benefits Summary Report

MCS ADVANTAGE, INC.
 HS577-002
 VBIID-Yes - Part C
 MA Uniformity Flexibility: No
 Special Supplemental Benefits for the Chronically Ill: No
 Part D Senior Savings Model: No

**ADMINISTRACION DE
 SEGUROS DE SALUD .**

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SMR

Selected Benefits	Enrollee Details	Data Source	Health and Medical Benefits	
Monthly Plan Premium	Coming Soon	BPT Worksheet Report		
Health Plan Deductible	\$0.00	PPB Section D (plan level) PPB Section D (plan level)		
Other health plan deductibles?	No	PPB Section B (category level) PPB Section C (category level)		
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$9,400 In-network	PPB Section D		
Choice of Doctors?	Plan Doctors for Most Services			
Optional supplemental benefits?	Yes	Optional supplemental PPB Section Rx		
Prescription Drugs Covered?	Yes			
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No			
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital-Acute Medicare-covered stay
Outpatient hospital coverage	\$0 copay	Yes	Yes	Additional days Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	Primary \$0 copay Specialist	N/A	N/A	Primary Care Physician Services Physician Specialist Services
Preventive care	\$0 copay	No	Yes	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency 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 procedures/lab services/imaging	\$0 copay	Yes	Yes	Medicare-covered Lab Services

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

**ADMINISTRACION DE
SEGUROS DE SALUD**

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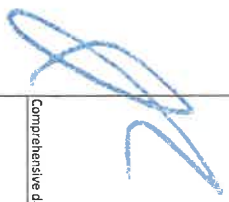
Preventive dental	Dental x-ray(s) Not covered	N/A	N/A	Preventive Dental Oral exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Comprehensive dental	Non-routine services There may be limits on how much the plan will provide.	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services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

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




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

ADMINISTRACION DE
SEGUROS DE SALUD

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	Eyeglass Frames \$0 copay				<ul style="list-style-type: none"> Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	No		No	<ul style="list-style-type: none"> Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
	Eyeglass lenses \$0 copay				<ul style="list-style-type: none"> Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	No		No	<ul style="list-style-type: none"> Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
	Upgrades				<ul style="list-style-type: none"> Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A		N/A	<ul style="list-style-type: none"> Inpatient Hospital Psychiatric Medicare-covered stay Additional days
	Inpatient hospital - psychiatric \$0 copay	Yes		No	<ul style="list-style-type: none"> Psychiatric Services Medicare-covered Individual Sessions Psychiatric Services Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	No		No	<ul style="list-style-type: none"> Psychiatric Services Medicare-covered Individual Sessions Psychiatric Services Medicare-covered Group Sessions
	Outpatient individual therapy visit with a psychiatrist \$0 copay	No		No	<ul style="list-style-type: none"> Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes		No	<ul style="list-style-type: none"> Medicare-covered Group Sessions

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

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

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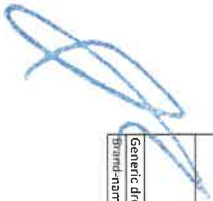
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Deductible	\$545.00	PPP Section Rx
Formulary Website	www.mnstatecare.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.

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

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)		
Drug Type	Cost Share Information	Data Source
Generic drugs	25%	PPP Section Rx
Brand-name drugs	25%	PPP Section Rx

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




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Appendix C-4

Summary of Benefits Report

H5577 – 017

ADMINISTRACION DE
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Bid Reports 2024

Benefits Summary Report

MCS ADVANTAGE, INC.
 H5577 - 017
 VBD: Yes - Part C
 MA Uniformity Flexibility: No
 Special Supplemental Benefits for the Chronically Ill: No
 Part D Senior Savings Model: No



**ADMINISTRACION DE
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Selected Benefits	Enrollee Details	Data Source	Health and Medical Benefits
Monthly Plan Premium	Coming Soon	APT Worksheet Report	
Health Plan Deductible	\$0.00	PIP Section D (Plan level)	
Other health plan deductibles?	No	PIP Section D (Plan level)	
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs?)	\$3,400 In-network	PIP Section B (category level)	
Choice of Doctors?	Plan Doctors for Most Services	PIP Section C (category level)	
Optional supplemental benefits?	No	PIP Section D	
Prescription Drugs Covered?	Yes	Optional supplemental	
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	PIP Section Rx	
Health and Medical Benefits			
Inpatient hospital coverage	\$0 copay	Yes	Yes
Outpatient hospital coverage	\$0 copay	Yes	Yes
Doctor visits	\$0 copay	N/A	N/A
Preventive care	\$0 copay	No	Yes
Emergency care/urgent care	\$0 copay	N/A	N/A
Emergency care/urgent care	\$0 copay	N/A	N/A
Diagnostic procedures/lab services/imaging	\$0 copay	Yes	Yes

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

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ADMINISTRACION DE SEGUROS DE SALUD

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

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

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

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	Eyeglass frames \$0 copay	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
	Eyeglass lenses \$0 copay	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	There may be limits on how much the plan will provide.	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
	Upgrades Not covered	N/A	N/A	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Not covered	N/A	N/A	Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
	Inpatient hospital - psychiatric \$0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
	Outpatient group therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
	Outpatient individual therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
	Outpatient group therapy visit \$0 copay	Yes	No	Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	No	Medicare-covered Individual Sessions Medicare-covered Group Sessions

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ADMINISTRACION DB
SEGUROS DE SALUD

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

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

**ADMINISTRACION DE
SEGUROS DE SALUD**

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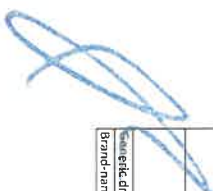
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Deductible	\$545.00	PPP Section Rx	HRMS Plan Marketing Data - Go to the home page and select the Plan Bids link. Navigate to the Bid Submission Start Page and select the Manage Plans link.
Formulary Website	www.jmcclasscare.com		

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

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)			
Drug Type		Cost Share Information	Data Source
Generic drugs	25%		PPP Section Rx
Brand-name drugs	25%		PPP Section Rx

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





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Appendix C-4

Summary of Benefits Report

H5577 – 029

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Nº 24 - 0004

Contrato Número

EMR

Bid Reports 2024

Benefits Summary Report

MCS ADVANTAGE, INC.
 H5577 - 029
 VBID: Yes - Part C
 MA Uniformity Flexibility: No
 Special Supplemental Benefits for the Chronically Ill: No
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPI Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level) PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section D (category level) 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 Drug Covered?	Yes	PBP Section Ra
Additional benefits and/or reduced cost-sharing for enrollees with certain health conditions?	No	

Health and Medical Benefits				
Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	Yes	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay	No	Yes	Physician Specialist Services
Preventive care	\$0 copay Emergency	No	No	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Emergency Care
Emergency care/urgent care	\$0 copay	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Diagnostic tests and procedures \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Lab services \$0 copay	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Diagnostic radiology services (e.g., MRI) \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient x-rays \$0 copay	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing exam \$0 copay Fitting/evaluation	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing aids \$0 copay	Yes	Yes	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Oral exam Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Cleaning Not covered	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays

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

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ADMINISTRACION DE SEGUROS DE SALUD

№ 24 - 0004

Contrato Número

				Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prosthodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	No	
	Routine eye exam SD copay			Eye Exams Routine Eye Exams
Vision	There may be limits on how much the plan will provide.	No	No	Other
	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision				
	Contact lenses SD copay There may be limits on how much the plan will provide.	No	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision				
	Eyeglasses (frames and lenses) SD copay There may be limits on how much the plan will provide.	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision				
	Eyeglass frames SD copay There may be limits on how much the plan will provide.	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision				
	Eyeglass lenses SD copay There may be limits on how much the plan will provide.	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision				
	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision				
	Inpatient hospital - psychiatric SD copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services				
	Outpatient group therapy visit with a psychiatrist SD copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services				
	Outpatient individual therapy visit with a psychiatrist SD copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services				
	Outpatient group therapy visit SD copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services				
	Outpatient individual therapy visit SD copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services				

ADMINISTRACION DE SEGUROS DE SALUD

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Skilled Nursing Facility	\$0 copay	Yes	Yes	Skilled Nursing Facility Medicare-covered stay
	Occupational therapy visit			Additional days
Rehabilitation services	\$0 copay	Yes	No	Occupational Therapy Services Medicare-covered benefits
	Physical therapy and speech and language therapy visit			PT and SP Services 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 Medicare-covered benefits
	Foot exams and treatment			Routine foot care
Foot care (podiatry services)	\$0 copay	No	Yes	Podiatry Services Medicare-covered benefits
	Routine foot care			Routine foot care
Foot care (podiatry services)	Not covered	N/A	N/A	
Medical equipment/supplies	Durable medical equipment (e.g., wheelchairs, oxygen)	Yes	N/A	Durable Medical Equipment (DME) Medicare-covered benefits
	\$0 copay			
Medical equipment/supplies	Prosthetics (e.g., braces, artificial limbs)	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered prosthetic devices
	\$0 copay			
Medical equipment/supplies	Diabetes supplies	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
	\$0 copay			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
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs

Outpatient Prescription Drugs Coverage Information

Descriptor	Value	Data Source
Monthly Premium	\$0.00	RPT Worksheet Report
Deductible	\$545.00	PBP Section Rx
Formulary Website	www.mcsclasscare.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 3 Month	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$5,030, up to the 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

Catastrophic Coverage Phase (When your annual out-of-pocket costs 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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ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

Appendix C-4

Summary of Benefits Report

H5577 – 046

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

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Bid Reports 2024

Benefits Summary Report

MCS ADVANTAGE, INC.
 HS577 - 046
 VBID: Yes - Part C
 MA Uniformity Flexibility: No
 Special Supplemental Benefits for the Chronically Ill: No
 Part D Senior Savings Model: No

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

Health and Medical Benefits

Selected Benefits	Cost Share Information	Authorization	Referral	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay	Yes	Yes	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay Primary	N/A	N/A	Primary Care Physician Services
Doctor visits	\$0 copay Specialist	N/A	N/A	Physician Specialist Services
Preventive care	\$0 copay	No	Yes	Medicare-covered Preventive Services
Emergency care/urgent care	\$0 copay Emergency	No	No	Emergency Care
Emergency care/urgent care	\$0 copay Urgent care	N/A	N/A	Urgently Needed Services
Diagnostic procedures/lab services/imaging	\$0 copay Diagnostic tests and procedures	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	\$0 copay Lab services	Yes	Yes	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	\$0 copay Diagnostic radiology services (e.g., MRI)	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	\$0 copay Outpatient x-rays	Yes	Yes	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	\$0 copay Hearing exam	No	No	Hearing Exams Medicare-covered benefits
Hearing	\$0 copay Fitting/evaluation	No	No	Fitting/Evaluation for Hearing Aid
Hearing	There may be limits on how much the plan will provide.	No	No	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	\$0 copay Hearing aids	Yes	Yes	Hearing Aids All Types Inner ear Outer ear Over the ear
Preventive dental	Not covered Oral exam	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays
Preventive dental	Not covered Cleaning	N/A	N/A	Preventive Dental Oral Exams Prophylaxis (Cleaning) Fluoride treatment Dental X-rays

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

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ADMINISTRACION DE SEGUROS DE SALUD

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				Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prostodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Prostodontics, other oral/maxillofacial surgery, other services There may be limits on how much the plan will provide.	Yes	No	
Vision	Routine eye exam \$0 copay There may be limits on how much the plan will provide.	No	No	Eye Exams Routine Eye Exams Other
Vision	Other Not covered	N/A	N/A	Eye Exams Routine Eye Exams Other
Vision	Contact lenses \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglasses (frames and lenses) \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass frames \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Eyeglass lenses \$0 copay There may be limits on how much the plan will provide.	No	No	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Vision	Upgrades Not covered	N/A	N/A	Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	No	No	Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	No	Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions

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ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

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

Outpatient Prescription Drugs Coverage Information

Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Resort
Deductible	\$545.00	PBP Section Rx
Formulary Website	www.mctclasscare.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	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$5,030, up to the 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

Catastrophic Coverage Phase (When your annual out-of-pocket costs 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

ADMINISTRACION DE SEGUROS DE SALUD

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Appendix C-4

Summary of Benefits Report

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ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

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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 Ill: No
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	gPT Worksheet Report
Health plan deductible	\$0.00	PBP Section D (plan level) PBP Section D (plan level)
Other health plan deductibles?	No	PBP Section B (category level) 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
Inpatient hospital coverage	\$0 copay	Yes	Yes	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	Yes	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay	N/A	N/A	Primary Care Physician Services

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

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

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

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ADMINISTRACION DE SEGUROS DE SALUD

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

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ADMINISTRACION DE
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Comprehensive dental	Periodontics	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Extractions	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

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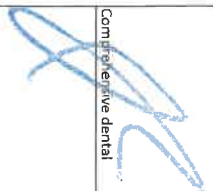
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ADMINISTRACION DE
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Contrato Número

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

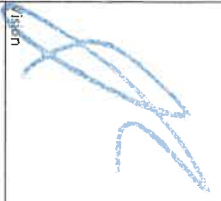
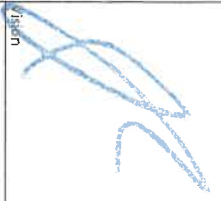
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ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

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



ADMINISTRACION DB
SEGUROS DE SALUD

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Contrato Número

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Vision	Upgrades Not covered	N/A	N/A	<ul style="list-style-type: none"> Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades
Mental health services	Inpatient hospital - psychiatric \$0 copay	Yes	No	<ul style="list-style-type: none"> Inpatient Hospital Psychiatric Medicare-covered stay Additional days
Mental health services	Outpatient group therapy visit with a psychiatrist \$0 copay	No	No	<ul style="list-style-type: none"> Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit with a psychiatrist \$0 copay	No	No	<ul style="list-style-type: none"> Psychiatric Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient group therapy visit \$0 copay	Yes	No	<ul style="list-style-type: none"> Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	No	<ul style="list-style-type: none"> Mental Health Specialty Services Medicare-covered Individual Sessions Medicare-covered Group Sessions
Mental health services	Outpatient individual therapy visit \$0 copay	Yes	Yes	<ul style="list-style-type: none"> Skilled Nursing Facility Medicare-covered stay Additional days
Rehabilitation services	Occupational therapy visit \$0 copay	Yes	No	<ul style="list-style-type: none"> Occupational Therapy Services Medicare-covered benefits

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

EMR

Contrato Número

EMR

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.msclassicare.com	HPMS Plan Marketing Data - Go to the Home page and select the Plan Bid 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	Standard Retail 3 Month	Standard Mail Order 3 Month
25%	25%	25%
Data Source PBP Section Rx		

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)		
Drug Type	Cost Share Information	Data Source
Generic drugs	25%	PBP Section Rx
Brand-name drugs	25%	PBP Section Rx

Catastrophic Coverage Phase (When your annual out-of-pocket costs exceed \$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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Bid Reports 2024

Benefits Summary Report

MCS ADVANTAGE, INC.
H5577 - 054 2
VBID: Yes - Part C
MA Uniformity Flexibility: No
Special Supplemental Benefits for the Chronically Ill: No
Part D Senior Savings Model: No

Selected Benefits	Employee Details	Data Source	Health and Medical Benefits
Monthly Plan Premium	Coming Soon	BPT Worksheet Report	
Health plan deductible	\$0.00	PBP Section D (plan level)	
Other health plan deductibles?	No	PBP Section D (plan level)	
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PBP Section B (category/level)	
Choice of Doctors?	Plan Doctors for Most Services	PBP Section C (category/level)	
Optional supplemental benefits?	No	PBP Section D	
Prescription Drugs Covered?	Yes	Optional supplemental 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
Inpatient hospital coverage	\$0 copay	Yes	Yes
Outpatient hospital coverage	\$0 copay Primary	Yes	Yes
Doctor visits	\$0 copay	N/A	N/A
			Data Source
			Inpatient Hospital-Acute Medicare-covered stay
			Additional days
			Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
			Primary Care Physician Services



EMR

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

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**ADMINISTRACION DE
SEGUROS DE SALUD**

№ 2 4 - 0 0 0 4

Contrato Número

EMR

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


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ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

EMR

Contrato Número

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

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ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

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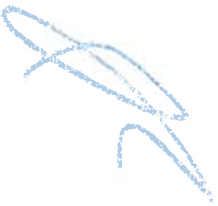
Comprehensive dental	Restorative services	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics; Other Oral/Maxillofacial Surgery; Other Services
Comprehensive dental 	There may be limits on how much the plan will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

ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

EMR

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

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ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

EMR

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

EMR

ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

EMR

<p>Vision</p>	<p>Eyeglasses (frames and lenses) \$0 copay</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass frames \$0 copay</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>
<p>Vision</p>	<p>Eyeglass lenses \$0 copay</p>	<p>No</p>	<p>No</p>	<p>Eyewear Medicare-covered benefits Contact lenses Eyeglasses (lenses and frames) Eyeglass lenses Eyeglass frames Upgrades</p>

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ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

EMR

Rehabilitation services	Physical therapy and speech and language therapy visit	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	\$0 copay			
Transportation	There may be limits on how much the plan will provide.	No	No	Transportation Services
	Foot exams and treatment			Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	\$0 copay	No	Yes	Routine foot care
	Routine foot care			Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	Not covered	N/A	N/A	Routine foot care
	Durable medical equipment (e.g., wheelchairs, oxygen)			Durable Medical Equipment (DME) Medicare-covered benefits
Medical equipment/supplies	\$0 copay	Yes	N/A	
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	\$0 copay	Yes	N/A	
	Diabetes supplies			Diabetes Supplies and Services 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
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B Drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Other Part B Drugs			Medicare Part B Chemotherapy Drugs
Medicare Part B Drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs

MR

EMR № 2 4 - 0 0 0 4

Contrato Número

Outpatient Prescription Drugs Coverage Information		
Descriptor	Value	Data Source
Monthly Premium	\$0.00	BPT Worksheet Report
Deductible	\$545.00	PPP Section Rx
Formulary Website	www.mcdclassicare.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	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PPP Section Rx

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)			
Drug Type	Cost Share Information	Data Source	
Generic drugs	25%	PPP Section Rx	
Brand-name drugs	25%	PPP Section Rx	

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

PR

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Bid Reports 2024

Benefits Summary Report

MCS ADVANTAGE, INC.
 H5577 - 054 3
 VBID: Yes - Part C
 MA Uniformity Flexibility: No
 Special Supplemental Benefits for the Chronically Ill: No
 Part D Senior Savings Model: No

Selected Benefits	Enrollee Details	Data Source	Health and Medical Benefits
Monthly Plan Premium	Coming Soon	BP Worksheet Report	
Health plan deductible	\$0.00	PPP Section D (plan level)	
Other health plan deductibles?	No	PPP Section B (category level)	
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PPP Section C (category level)	
Choice of Doctors?	Plan Doctors for Most Services	PPP Section D	
Optional supplemental benefits?	No	Optional supplemental	
Prescription Drugs Covered?	Yes	PPP 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
Inpatient hospital coverage	\$0 copay	Yes	Yes
Outpatient hospital coverage	\$0 copay Primary	Yes	Yes
Doctor visits	\$0 copay	N/A	N/A
			Data Source
			Inpatient Hospital-Acute Medicare-covered stay Additional days
			Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
			Primary Care Physician Services

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ADMINISTRACION DB
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

Specialist	Physician Specialist Services
Doctor visits	Physician Specialist Services
Preventive care	Medicare-covered Preventive Services
Emergency care/urgent care	Emergency Care
Emergency care/urgent care	Urgently Needed Services
Diagnostic procedures/lab services/imaging	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Outpatient Diagnostic Procedures, Tests and Lab Services Medicare-covered Diagnostic Procedures/Tests Medicare-covered Lab Services
Diagnostic procedures/lab services/imaging	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Diagnostic procedures/lab services/imaging	Outpatient Diagnostic/Therapeutic Radiological Services Medicare-covered Diagnostic Radiological Services Medicare-covered X-ray services
Hearing	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid
Hearing	Hearing Exams Medicare-covered benefits Fitting/Evaluation for Hearing Aid

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ADMINISTRACION DE
SEGUROS DE SALUD

EMR

№ 2 4 - 0 0 0 4

Contrato Número

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

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**ADMINISTRACION DB
SEGUROS DE SALUD**

EMR

№ 2 4 - 0 0 0 4

Contrato Número

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

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**ADMINISTRACION DE
SEGUROS DE SALUD**

№ 24 - 0004

Contrato Número

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

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Comprehensive dental	Periodontics	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Comprehensive dental	Extractions	Yes	No	Comprehensive Dental Non-routine Services Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

EMR

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

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**ADMINISTRACION DE
SEGUROS DE SALUD**

№ 2 4 - 0 0 0 4

Contrato Número

EMR

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

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ADMINISTRACION DE
SEGUROS DE SALUD ,

№ 2 4 - 0 0 0 4

Contrato Número

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

ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

EMR

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

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Contrato Número

EMR

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.mcclassicare.com	HPMIS 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	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PBP Section Rx

Gap Coverage Phase (After the total drug costs paid by you and the plan reach \$5,030, up to the 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

Catastrophic Coverage Phase (When your annual out-of-pocket costs 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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Appendix C-4

Summary of Benefits Report

H5577 – 055

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR

Bid Reports 2024

Benefits Summary Report

MCS ADVANTAGE, INC.
H5577 - 053
V/BID: Yes - Part C

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

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Selected Benefits	Enrollee Details	Data Source
Monthly Plan Premium	Coming Soon	BPT Worksheet Report
Health plan deductible	\$0.00	PPB Section D (plan level)
Other health plan deductibles?	No	PPB Section B (category level)
Maximum out-of-pocket enrollee responsibility (does not include prescription drugs)	\$3,400 In-network	PPB Section C (category level)
Choice of Doctors?	Plan Doctors for Most Services	PPB Section D
Optional supplemental benefits?	No	Optional supplemental
Prescription Drugs Covered?	Yes	PPB 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	Data Source
Inpatient hospital coverage	\$0 copay	Yes	Inpatient Hospital-Acute Medicare-covered stay Additional days
Outpatient hospital coverage	\$0 copay Primary	Yes	Outpatient Hospital Services Medicare-covered Outpatient Hospital Services
Doctor visits	\$0 copay	N/A	Primary Care Physician Services

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ADMINISTRACION DE
SEGUROS DE SALUD

EMR No 24 - 0004

Contrato Número

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

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ADMINISTRACION DE SEGUROS DE SALUD

EMR
 № 2 4 - 0 0 0 4

Contrato Número

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

ADMINISTRACION DE
SEGUROS DE SALUD

EMR

№ 2 4 - 0 0 0 4

Contrato Número

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

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Contrato Número

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

ADMINISTRACION DE
SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

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

ADMINISTRACION DE
SEGUROS DE SALUD

EMR

№ 2 4 - 0 0 0 4

Contrato Número

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

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Contrato Número

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

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Contrato Número

Rehabilitation services	Physical therapy and speech and language therapy visit	Yes	No	PT and SP Services Medicare-covered benefits
Ground Ambulance	\$0 copay	N/A	N/A	Ambulance Services
	\$0 copay			
Transportation	There may be limits on how much the plan will provide.	No	No	Transportation Services
	Foot exams and treatment			Podiatry Services Medicare-covered benefits
Foot care (podiatry services)	\$0 copay	No	Yes	Routine foot care
	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	\$0 copay	Yes	N/A	Prosthetics/Medical Supplies Medicare-covered benefits
	Prosthetics (e.g., braces, artificial limbs)			Prosthetics/Medical Supplies Medicare-covered prosthetic devices
Medical equipment/supplies	\$0 copay	Yes	N/A	Diabetes Supplies and Services Medicare-covered Diabetic supplies
	Diabetes supplies			Diabetes Supplies and Services Medicare-covered Diabetic supplies
Medical equipment/supplies	\$0 copay	Yes	N/A	Medicare-covered Diabetic therapeutic shoes or inserts
	Diabetes supplies			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
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	\$0 copay	Yes	N/A	Other Medicare Part B Drugs
	Chemotherapy			Medicare Part B Chemotherapy Drugs
Medicare Part B drugs	Other Part B drugs	Yes	N/A	Other Medicare Part B Drugs
	Other Part B drugs			Other Medicare Part B Drugs

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Outpatient Prescription Drugs Coverage Information			
Descriptor	Value	Data Source	
Monthly Premium	\$0.00	BPT Worksheet Report	
Deductible	\$545.00	PPP Section Rx	
Formulary Website	www.mscsclaire.com	HIPMS 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	Standard Retail 3 Month	Standard Mail Order 3 Month	Data Source
25%	25%	25%	PPP Section Rx

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)			
Drug Type	Cost Share Information		Data Source
Generic drugs	25%	PPP Section Rx	
Brand-name drugs	25%	PPP Section Rx	

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

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