

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, please call to 1.888.758.1616 (toll free) or 787.281.2800. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at [www.mcs.com.pr](http://www.mcs.com.pr) or [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary), or call to 1-888-758-1616 or 787-281-2800 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. Preventive services.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	There are no other deductibles for specific services.	You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay for these services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$6,350 (individual) \$12,700 (family)	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Copayments on certain services, premiums, healthcare services not covered under the plan and non-essential benefits expenses.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.mcs.com.pr">www.mcs.com.pr</a> or call 1-888-758-1616 (toll free) or 787-281-2800 (metro area) for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses two <a href="#">provider networks</a> . You pay the least if you use a provider in the VIP Network. You pay more if you use a provider in the PPO Network. You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without <a href="#">a referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office or clinic</a>	Primary care visit to treat an injury or illness	<b>General practitioner:</b> \$0 copay per visit (VIP Network); \$0 copay per visit (PPO Network).	Emergency services in Puerto Rico are covered in conformity to Law.  In US, only emergency cases and services not available in Puerto Rico subject to preauthorization by MCS Life Clinical Affairs Department. Applies 25% coinsurance through <i>UnitedHealthcare</i> .	None
	<a href="#">Specialist</a> visit	<b>Specialist:</b> \$10 copay per visit (VIP Network); \$15 (PPO Network) <b>Subspecialist:</b> \$18 copay per visit (VIP Network); \$20 (PPO Network)		None.
	<a href="#">Preventive care/screening/immunization</a>	No charge for preventive care or immunization.  <b>Screening:</b> \$10 copay per visit (VIP Network); \$15 copay per visit (PPO Network)		\$0/0% applies as long as these services were defined as preventive service coverage in the applicable federal and local regulations.  \$0/0% applies for Covid 19 immunization for adults and adolescents over sixteen (16) years of age.  Insureds over age 18 may perform two medical visits to MCS Care Clubs centers with \$0 copay for receiving preventive care.  You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	<b>Laboratories:</b> 30% coinsurance of PPO Laboratory Network <b>X rays:</b> 30% coinsurance of PPO Laboratory Network		None
	Imaging (CT/PET scans, MRIs)	30% coinsurance		Requires preauthorization. <b>CT Scan:</b> One (1) per anatomical region, per policy year. <b>PET CT:</b> one (1) per policy year.

\* For more information about limitations and exceptions, see the plan or policy document at <http://www.mcs.com.pr>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.mcs.com.pr">www.mcs.com.pr</a>	Generic drugs	<b>Point of service:</b> \$5 copay (preferred); \$15 copay (non-preferred). <b>By mail:</b> \$13 copay (preferred) / Apply 25% min \$25 (non-preferred). <b>By Retail 90:</b> \$13 copay (preferred) / Apply 25% min \$25 (non-preferred).		<b>Dispensing rule:</b> If the physician and/or the insured person requests a brand drug prescription, when a generic drug is available, the insured must assume the difference in cost between the generic drug and the brand drug, plus the copayment or coinsurance of the corresponding generic product.  <b>Retail 90:</b> Insured may opt to access their medication through a 90-day supply program with applicable copayment or coinsurance. Specialty drugs require preauthorization. Step therapy, quantity and specialty limits apply. See your plan's drugs formulary*.  One (1) glucagon injection and replacement, for insured diagnosed with diabetes mellitus type I.
	Preferred brand drugs	<b>Point of service:</b> Apply 25% min \$30. <b>By mail:</b> Apply 25% min \$75 <b>By Retail 90:</b> Apply 25% min \$75		
	Non-preferred brand drugs	<b>Point of service:</b> Apply 25% min \$40. <b>By mail:</b> Apply 25% min \$100 <b>By Retail 90:</b> Apply 25% min \$100		
	<a href="#">Specialty drugs</a>	<b>Only covered on points of service:</b> Apply 30% coinsurance (preferred) / Apply 40% coinsurance (non-preferred)		
	Over the Counter (OTC)	\$1 copayment per prescription.		
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	<b>Outpatient facility:</b> \$75 copay	Emergency services in Puerto Rico are covered in conformity to Law.	10% coinsurance for endoscopic procedures in outpatient facility.
	Physician/surgeon	No charge.		None.

\* For more information about limitations and exceptions, see the plan or policy document at <http://www.mcs.com.pr>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	fees			
If you need immediate medical attention	<a href="#">Emergency room care</a>	<b>Accident:</b> \$0 copay per visit <b>Sickness:</b> \$75 copay per visit	In US, only emergency cases and services not available in Puerto Rico subject to preauthorization by MCS Life Clinical Affairs Department. Applies 25% coinsurance through <i>UnitedHealthcare</i> .	None
	<a href="#">Emergency medical transportation</a>	<b>Ground ambulance in PR:</b> Covered, ground ambulance for emergencies. Does not require preauthorization. MCS Life will pay the provider directly whether or not they are a participating provider. <b>Air ambulance in PR:</b> 25% coinsurance out of the rates established by MCS with the contracted provider.		
	<a href="#">Urgent care</a>	<b>Accident or sickness:</b> \$25 copay		None.
If you have a hospital stay	Facility fee (e.g., hospital room)	<b>Hospitalization:</b> Level 1: \$75 copay per admission; Level 2: \$350 copay per admission	Emergency services in Puerto Rico are covered in conformity to Law.	<b>Hospitals:</b> The contracted hospitals are classified in Level 1 and Level 2 with different copayment. The contracted hospitals are detailed in the Providers Directory applicable to this plan.
	Physician/surgeon fees	No charge.		
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<b>Psychologist or psychiatrist:</b> \$0 copay per visit (VIP); \$0 copay per visit (PPO) Network	In US, only emergency cases and services not available in Puerto Rico subject to preauthorization by MCS Life Clinical Affairs Department. Applies 25% coinsurance through <i>UnitedHealthcare</i> .	<b>Psychologist or psychiatrist:</b> Covered directly through the contracted providers or through MCS Solutions.
	Inpatient services	<b>Full hospitalization:</b> Level 1: \$75 copay per admission; Level 2: \$350 copay per admission <b>Partial hospitalization:</b> \$50 copay per admission.		
If you are pregnant	Office visits	\$10 copay per visit (Network VIP); \$15 copay per visit (PPO Network) specialist.		Office visits, childbirth/delivery professional and facility services are also covered.  Available for dependents daughter.
	Childbirth/delivery professional services	No charge.		
	Childbirth/delivery hospital services	Level 1: \$75 copay per admission; Level 2: \$350 copay per admission for hospitalization.		
If you need help recovering or have other	<a href="#">Home health care</a>	0% coinsurance	Emergency services in Puerto Rico are covered in conformity to Law.	<ul style="list-style-type: none"> <li><b>Home Health Care:</b> Maximum of sixty therapy per policy year. Requires preauthorization.</li> <li><b>Chiropractor:</b> Twenty manipulations per</li> </ul>
	<a href="#">Rehabilitation services</a>	\$7 copay		
	<a href="#">Habilitation</a>	\$7 copay		

\* For more information about limitations and exceptions, see the plan or policy document at <http://www.mcs.com.pr>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
special health needs	<a href="#">services</a>		In US, only emergency cases and services not available in Puerto Rico subject to preauthorization by MCS Life Clinical Affairs Department. Applies 25% coinsurance through <i>UnitedHealthcare</i> .	policy year. <ul style="list-style-type: none"> <li>• <b>Respiratory Therapy:</b> Twenty therapies per policy year.</li> <li>• <b>Rehabilitation Services:</b> Twenty therapies per policy year.</li> <li>• <b>Habilitation Services:</b> Twenty therapies per policy year.</li> </ul>
	<a href="#">Skilled nursing care</a>	20% coinsurance		Requires preauthorization.
	<a href="#">Durable medical equipment</a>	30% coinsurance		Requires preauthorization. <b>Covers only:</b> adjustable bed, standardized wheelchair, oxygen & equipment needed for its administration. CPAP and BPAP are covered one every five years. <b>Insured with Diabetes Mellitus Type I (medically ordered):</b> an insulin pump, one glucometer every three years, 150 lancets (each month) and 150 strips (each month).
	<a href="#">Hospice services</a>	20% coinsurance		Requires pre-authorization. Only for end-stage patients with a life expectancy of six months or less.
If your child needs dental or eye care	Children's eye exam	\$0 copay per exam		<b>Minors under age 21:</b> One refractive examination per policy year.
	Children's glasses	0% coinsurance		<b>Minors under age 21:</b> one pair of eyeglasses (lenses and frame) per year or twelve pairs of disposable contact lenses a year.
	Children's dental check-up	0% coinsurance in Diagnostic and Preventive Dental Option 400: 20% coinsurance on space maintainers, restorative, and oral surgery. For endodontist and periodontist services 30% coinsurance applies. For prosthodontics and orthodontics 50% coinsurance applies. Max. covered per policy year: \$1,000.		<b>Minors under age 21:</b> Two dental checkup and cleanup per policy year (each six months). One set of "bitewings" and periapical radiographies every three years. Fluoride treatment is covered as an essential benefit.

\* For more information about limitations and exceptions, see the plan or policy document at <http://www.mcs.com.pr>.



## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Hearing aids
- Cosmetic surgery
- Long-term care
- Private-duty nursing
- Weight loss programs
- Non-emergency care when traveling outside the US
- Infertility treatment.

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture (through MCS Alivia)
- Lenses
- Bariatric surgery
- Routine visual care (adult)
- Dental care (adult)
- Routine foot care (podiatrist)
- Chiropractic

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for the Puerto Rico's Office of Commissioner of Insurances, contact [www.ocs.gobierno.pr](http://www.ocs.gobierno.pr) or call to 787.304.8686; for the Department of Health & Human Services' Center for Consumer Information & Insurance Oversight (CCIIO) contact [www.cciio.cms.gov](http://www.cciio.cms.gov) or call to 1.877.267.2323 x. 61565; for the Department of Labor's Employee Benefits Security Administration (EBSA) contact [www.dol.gov/ebsa/contactEBSA/consumerassistance.html](http://www.dol.gov/ebsa/contactEBSA/consumerassistance.html) or call to 1.866.444.EBSA (3272). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: MCS Life Insurance Company at <http://www.mcs.com.pr> or calling to the number specified in the back of your health plan card, or 1.888.758.1616 toll free (TTY/TDD users 1.866.627.8182); Puerto Rico's Office of Commissioner of Insurances, contact [www.ocs.gobierno.pr](http://www.ocs.gobierno.pr) or call to 787.304.8686; or to Department of Labor's Employee Benefits Security Administration (EBSA) contacting [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call to 1.866.444.EBSA (3272).

### Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this plan meet the Minimum Value Standards? **Ye Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

### Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al 1.888.758.1616 (TTY: 1.866.627.8182).

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1.888.758.1616 (TTY: 1.866.627.8182).

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1.888.758.1616 (TTY: 1.866.627.8182).

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1.888.758.1616 (TTY: 1.866.627.8182).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$10
- Hospital (facility) [coinsurance](#) \$75
- Diagnostic Test [coinsurance](#) 30%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$13,020</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$240
<a href="#">Coinsurance</a>	\$150
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$390</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$10
- Hospital (facility) [coinsurance](#) \$0
- Diagnostic Test [coinsurance](#) 30%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,389</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a> *	\$0
<a href="#">Copayments</a>	\$160
<a href="#">Coinsurance</a>	\$120
<i>What isn't covered</i>	
Limits or exclusions	\$780
<b>The total Joe would pay is</b>	<b>\$1,060</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$10
- Hospital (facility) [coinsurance](#) \$0
- Diagnostic Test [coinsurance](#) 30%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,929</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a> *	\$0
<a href="#">Copayments</a>	\$35
<a href="#">Coinsurance</a>	\$18
<i>What isn't covered</i>	
Limits or exclusions (crutches)	\$50
<b>The total Mia would pay is</b>	<b>\$103</b>

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: insert.

\*Note: This [plan](#) has other [deductibles](#) for specific services included in this coverage example. See "Are there other [deductibles](#) for specific services?" row above.

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.