




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 obtain a copy of the full coverage terms, call the following telephone numbers according to coverage; for medical-hospital services call 1.855.830.9887 or 787.945.1348, for pharmacy benefits call 1.855.252.2292 / 1.800.850.6682 TTY/TDD and for dental services call 1.855.359.6409. 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 or www.healthcare.gov/sbc-glossary, or call to 1-855-830-9887 or 787-945-1348 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Yes, emergency services.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. Major Medical Coverage: \$300 - Individual deductible / \$600 Couple deductible/\$600 - Family deductible. There are no deductibles.	You have to meet deductibles for specific services before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan ?	Yes. -- For Medical-Hospital services: \$1,600 - individual and \$3,200 - family --For the cover Major Medical Expenses: \$3,000- individual and \$6,000-familiar --For pharmacy benefit: \$5,000 individual and \$10,000 family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums, Health care not covered by the Plan and expenses of the following coverage: Optional Coverage: Vision.	Even though you pay these expenses, they don't count toward the out-of-pocket limit : <ul style="list-style-type: none"> • Optional Benefits • Premiums • Value Added Programs

Important Questions	Answers	Why This Matters:
		<ul style="list-style-type: none"> Major Medical Expenses Cost sharing paid by a third party (example: discount programs, patient assistance programs provided by manufacturers or foundations)
Will you pay less if you use a network provider ?	Yes. Visit www.mcs.com.pr or call 1-855.830.9887 or 787.945.1348 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral.

 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 provider's office or clinic	Primary care visit to treat an injury or illness	\$10 copay - visit to generalist	You pay 100% of the costs at the time of receiving the services. MCS will reimburse the contracted rate base with a participating provider less any copayment or co-insurance applicable for the service received.	
	Specialist visit	\$10 copay - visit to specialist		
	Sub-specialist visit	\$15 copay - visit to sub-specialist		
	Preventive care/screening/immunization	No charge		
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance		PET Scan/ PET CT - Requires pre-authorization CT Scan/ MRA/ MRI - Does not requires preauthorization
	Imaging (CT/PET scans, MRIs)	20% coinsurance		
If you need drugs to treat your illness or condition More information about prescription drug	Generic drugs	Point of Service: \$0 copay / Mail Order: \$0 copay	You pay 100% of the costs. No reimbursement applies.	The following rules apply: <ul style="list-style-type: none"> Generic drugs as first option. Up to 15 days' supply for drugs to treat acute conditions.
	Brand drugs	Point of Service: 20% coinsurance / Mail		

* For more information about limitations and exceptions, see the [plan](#) or policy document at 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)	
coverage is available through MC-Rx's Member Portal at www.mc-rx.com .		Order: \$20 copay		<ul style="list-style-type: none"> • Up to 30 or 90 days' supply for maintenance drugs, as applies. • Specialty drugs are not dispensed through mail order. • Some drugs require prior authorization of the Pharmacy Benefit Manager (PBM). <p>These are drugs that you can buy without a prescription. They are safe and effective when you follow the instructions in the label or from a healthcare professional. These drugs are approved by the Food and Drug Administration (FDA) in the same dosage as when they were legend drugs. Your pharmacy benefit covers some OTC drugs that require a written prescription from your doctor:</p> <ul style="list-style-type: none"> • Proton Pump Inhibitors (PPIs) • Non-sedating antihistamines • Nasal steroids • Eye allergies
	New drugs	Point of Service: 20% coinsurance / Mail Order: \$20 copay		
	Specialty drugs	30% coinsurance, maximum \$250		
	Over-the-Counter Drugs (OTC)	\$0 copay		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$25 copay - outpatient facility		0% for endoscopic procedures, plus outpatient facility copay. Requires pre-authorization through Clinical Affairs.
	Physician/surgeon fees	No charge.		
If you need immediate medical attention	Emergency room care	\$0 copay - accident \$50 copay - sickness	You pay 100% of the costs at the time of receiving the services. MCS will reimburse the contracted rate base with a participating provider less any copayment or	Ground ambulance in PR - No travel limit per year policy, by reimbursement. Air ambulance in PR - maximum of one trip per policy year. Subject to evaluation by MCS.
	Emergency medical transportation	Ground ambulance in PR: MCS will reimburse up to a maximum of \$75 per trip. Air Ambulance in PR:		

* For more information about limitations and exceptions, see the [plan](#) or policy document at 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)	
		20% coinsurance applies to the rates established by MCS with the facility contracted for these services.	co-insurance applicable for the service received.	
	Urgent care	\$10 copay		
If you have a hospital stay	Facility fee (e.g., hospital room)	\$50 copay - hospitalization		
	Physician/surgeon fees	No charge.		
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$10 copay - psychology visit \$10 copay - psychiatrist visit	You pay 100% of the costs at the time of receiving the services. MCS will reimburse the contracted rate base with a participating provider less any copayment or co-insurance applicable for the service received.	
	Inpatient services	\$50 copay - hospitalization and partial hospitalization		
If you are pregnant	Office visits	\$8 copay for specialist		A copayment of \$0 would apply, if the member registers in Healthy Mothers & Babies “Madres y Bebés Saludables”, during the first 3 months of pregnancy.
	Childbirth/delivery professional services	No charge.		
	Childbirth/delivery facility services	\$50 copay - hospitalization		
If you need help recovering or have other special health needs	Home health care	No charge	You pay 100% of the costs at the time of receiving the services. MCS will reimburse the contracted rate base with a participating provider less any copayment or co-insurance applicable for the service received.	Maximum of 60 days per policy year. Coordinated through Clinical Affairs.
	Rehabilitation services	No charge		Covered under Home Health Care. Coordinated through Clinical Affairs.
	Habilitation services	No charge		Covered under Home Health Care. Coordinated through Clinical Affairs.
	Skilled nursing care	No charge		Coordinated through Clinical Affairs.
	Durable medical equipment	20% coinsurance		Requires prior authorization.
	Hospice services	\$0 copay		Covered through Basic cover. Requires pre-

* For more information about limitations and exceptions, see the [plan](#) or policy document at 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)	
				authorization through Clinical Affairs.
If your child needs dental or eye care	Children's eye exam	\$0 copay		One per policy year.
	Children's glasses	\$130 Maximum Benefit each policy year		Covered through contracted facilities or reimbursement.
	Children's dental check-up	No charge	Not covered	Covered under the dental cover. Up to one (1) review every six (6) months.

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 .)		
<p>Some General Exclusions:</p> <ul style="list-style-type: none"> • Services not medically necessary • Charges the person is not legally obligated to pay • Injuries arising as a result of intent to commit an illegal act. 	<ul style="list-style-type: none"> • Services provided and/or covered under state or federal law, for which the insured is not legally obligated to pay, such as services rendered by the Automobile Accident Compensation Administrator (Spanish acronym ACAA) and the State Insurance Fund. • Expenses or services for new medical procedures considered experimental or investigative, until MCS determines their inclusion. 	<ul style="list-style-type: none"> • Payments made by person covered under this policy to a participating provider without being obliged by this contract to do so. • Drugs or medicine obtained without a doctor's prescription or not approved by the Food and Drug Administration (FDA).

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> • Acupuncture (through MCS Alivia) • Bariatric surgery 	<ul style="list-style-type: none"> • Hearing aids • Chiropractic care 	<ul style="list-style-type: none"> • Routine eye care (adults) • Routine foot care

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 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 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 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 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

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.mcs.com.pr.

users 1.866.627.8182); Puerto Rico's Office of Commissioner of Insurances, contact 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 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? 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.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.02** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 [cost sharing]	\$8
■ Hospital (facility) [cost sharing]	\$50
■ Other [cost sharing]	20%

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*)

Total Example Cost	\$12,892
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$240
Coinsurance	\$209
<i>What isn't covered</i>	
Limits or exclusions	\$96
The total Peg would pay is	\$546

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 [cost sharing]	\$10
■ Hospital (facility) [cost sharing]	\$50
■ Other [cost sharing]	20%

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*)

Total Example Cost	\$7,389
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$100
Coinsurance	\$372
<i>What isn't covered</i>	
Limits or exclusions	\$4,313
The total Joe would pay is	\$4,785

Mia's Simple Fracture

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

■ The plan's overall deductible	\$0
■ Specialist [cost sharing]	\$10
■ Hospital (facility) [cost sharing]	\$50
■ Other [cost sharing]	20%

This EXAMPLE event includes services like:

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

Total Example Cost	\$1,925
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$308
Coinsurance	\$13
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$321

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