



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, 1.888.758.1616 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 1-888-758-1616 or 787-281-2800 to request a copy.

Important Questions	Answers	Why This Matters:
<a href="#">What is the overall deductible?</a>	<a href="#">\$0</a>	Please see the common events table below to see the service costs covered by this <a href="#">plan</a> .
<a href="#">Are there services covered before you meet your deductible?</a>	<a href="#">Yes</a> . <a href="#">Preventive care</a> and primary care services are covered before you reach your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the full <a href="#">deductible</a> . However, 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>
<a href="#">Are there other deductibles for specific services?</a>	Yes. Major Medical Coverage: <a href="#">\$100</a> – Individual deductible <a href="#">\$300</a> – Family deductible There are no other specific deductibles.	You must pay all costs for these services up to the specified amount before this <a href="#">plan</a> begins to pay for these services.
<a href="#">What is the out-of-pocket limit for this plan?</a>	<a href="#">Not Applicable</a>	The <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
<a href="#">What is not included in the out-of-pocket limit?</a>	<a href="#">Premiums</a> , Health Care not covered by the plan, Value-added Programs, Major Medical Expenses, <a href="#">Cost-sharing</a> paid by a third party (example: discount programs, patient assistance programs provided by manufacturers or foundations), Expenses for the following coverages: dental and vision.	Even if you pay these expenses, they don't count toward your <a href="#">out-of-pocket limit</a> .

Important Questions	Answers	Why This Matters:
Will you pay less if you use a <u>network provider</u> ?	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 <u>in-network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Keep in mind that your <u>in-network provider</u> may use an <u>out-of-network provider</u> for some services (such as laboratory tests). Consult with your <u>provider</u> before obtaining services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 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
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	<u>Primary care</u> visit to treat an injury or illness	\$9 / visit	You pay 100% of the costs at the time of service. MCS will reimburse you based on the contracted rate with a <u>participating provider</u> less any applicable <u>copayments</u> or <u>coinsurance</u> for the services received.	
	<u>Specialist</u> visit	\$15 / visit		
	Sub-Specialist visit	\$15 / visit		
	<u>Preventive care/screening/immunization</u>	No charge		
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	25% <u>coinsurance</u>		PPO Laboratory Network
	Imaging (CT/PET scans, MRIs)	25% <u>coinsurance</u>		<u>Preauthorization</u> is required from the MCS Life Clinical Affairs Department.
If you need drugs to treat your illness or condition  More information about <u>prescription drug coverage</u> is available at <a href="https://mcs.com.pr/en/Pages/tools-services/drug-formulary.aspx">https://mcs.com.pr/en/Pages/tools-services/drug-formulary.aspx</a>	Generic drugs	Point of Service (POS): \$5 <u>copayment</u> / Retail 90-day Supply: \$10 <u>copayment</u> / Mail Order: \$10 <u>copayment</u>	You pay 100% of the costs at the time of	Drug Formulary: <a href="https://mcs.com.pr/en/Pages/tools-services/drug-formulary.aspx">https://mcs.com.pr/en/Pages/tools-services/drug-formulary.aspx</a>  Rule C - Bioequivalent first option. Generic <u>copayment</u> plus difference brand and generic.
	Generic drugs Non-preferred	Point of Service (POS): \$5 <u>copayment</u> / Retail 90-day Supply: \$10 <u>copayment</u> / Mail Order: \$10 <u>copayment</u>		

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)	
	Preferred brand drugs	Point of Service (POS): 20% Min. \$10 Max. \$40 <a href="#">copayment</a> / Retail 90-day Supply: 20% Min. \$20 Max. \$80 <a href="#">copayment</a> / Mail Order: 20% Min. \$20 Max. \$80 <a href="#">copayment</a>	service. MCS will reimburse you based on the contracted rate with a <a href="#">participating provider</a> less any applicable <a href="#">copayments</a> or <a href="#">coinsurance</a> for the services received.	Covered through the Specialty Drug Program.
	Non-preferred brand drugs	Point of Service (POS): 20% Min. \$10 Max. \$40 <a href="#">copayment</a> / Retail 90-day Supply: 20% Min. \$20 Max. \$80 <a href="#">copayment</a> / Mail Order: 20% Min. \$20 Max. \$80 <a href="#">copayment</a>		
	<a href="#">Specialty drugs</a>	20% <a href="#">coinsurance</a>	You pay 100% of the costs at the time of service. MCS will reimburse you based on the contracted rate with a <a href="#">participating provider</a> less any applicable <a href="#">copayments</a> or <a href="#">coinsurance</a> for the services received.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$50 / visit		25% <a href="#">coinsurance</a> for endoscopic procedures in an outpatient facility
	Physician/surgeon fees	No charge		
If you need immediate medical attention	<a href="#">Emergency room care</a>	No charge – accident \$40 / visit – illness		<b>Ground ambulance in PR</b> - maximum of 4 trips per policy year under reimbursement. <b>Air ambulance in PR</b> - maximum of one trip per policy year. Subject to evaluation of
	<a href="#">Emergency medical transportation</a>	<b>Ground ambulance in PR</b> : MCS will reimburse up to a maximum of \$75 per trip.		

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.mcs.com/pr](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)	
		Air ambulance in PR: A 20% <a href="#">coinsurance</a> applies to the rates established by MCS with the contracted service <a href="#">provider</a> for these services.	You pay 100% of the costs at the time of service. MCS will reimburse you based on the contracted rate with a <a href="#">participating provider</a> less any applicable <a href="#">copayments</a> or <a href="#">coinsurance</a> for the services received.	MCS Life.
	<a href="#">Urgent care</a>	\$25 / visit		
If you have a hospital stay	Facility fee (e.g., hospital room)	\$60 / visit		
	Physician/surgeon fees	No charge		
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 / visit		
	Inpatient services	\$60 / visit ( <a href="#">hospitalization</a> ) \$60 / visit (partial <a href="#">hospitalization</a> )		
If you are pregnant	Office visits	\$15 / visit		Dependent Daughter Included
	Childbirth/delivery professional services	No charge		Dependent Daughter Included
	Childbirth/delivery facility services	\$60 / visit		Dependent Daughter Included
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No charge	You pay 100% of the costs at the time of service. MCS will	Maximum of 60 days per policy year. Coordinated through MCS Life Clinical Affairs Department.
	<a href="#">Rehabilitation services</a>	No charge		Covered through Home Health Care. Coordinated through MCS Life Clinical Affairs Department.
	<a href="#">Habilitation services</a>	No charge		Covered through Home Health Care. Coordinated through MCS Life Clinical Affairs Department.
	<a href="#">Skilled nursing care</a>	No charge		Coordinated through MCS Life Clinical Affairs Department.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.mcs.com.pr](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)	
If your child needs dental or eye care	Durable medical equipment	20% coinsurance	reimburse you based on the contracted rate with a <u>participating provider</u> less any applicable <u>copayments</u> or <u>coinsurance</u> for the services received.	<u>Preadmission</u> required.
	Hospice services	20% coinsurance		Covered through Major Medical coverage. Coordinated through MCS Life Clinical Affairs Department.
	Children's eye exam	\$0 copay		One per policy year.
If your child needs dental or eye care	Children's glasses	\$125 Maximum Benefit each policy year	Covered only if the insured has dental coverage. Maximum of \$1,000 per policy year per insured. This maximum does not apply to minors under 19 years of age.	Covered through contracted facilities or reimbursement.
	Children's dental check-up	0% coinsurance - Diagnostic & Preventive  30% coinsurance - Space Maintainers  30% coinsurance - Restorative, Oral Surgery, Endodontic and Periodontic  50% coinsurance - Crowns and Prostheses  Orthodontics - covered by 50% reimbursement up to the established maximum.		Orthodontics - maximum of \$1,000 per lifetime per insured person.

## 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](#).)

#### Some General Exclusions:

- Charges the person is not legally obligated to pay
- Cosmetic surgery
- Drugs or medicine obtained without a doctor's prescription or not approved by the Food and Drug Administration (FDA).
- Expenses or services for new medical procedures considered experimental or investigative, until MCS determines their inclusion.
- Hearing aids

- Injuries arising as a result of intent to commit an illegal act.
- Long term care
- Non-emergency care when traveling outside the US
- Payments made by person covered under this policy to a participating provider without being obliged by this contract to do so.
- Private-duty nursing
- Services not medically necessary

- 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.
- Treatments for infertility
- Weight loss programs

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

- Acupuncture (through MCS Alivia)
- Bariatric surgery
- Chiropractic care
- Dental Care (adults)
- 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](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 on how 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

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### 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).

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

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, kwijjigo 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 <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist Copayment</a>	\$15
■ <a href="#">Hospital (facility) Copayment</a>	\$60
■ Other <a href="#">cost sharing</a>	25%

**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>\$12,350</b>
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**In this example, Peg would pay:**

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$360
<a href="#">Coinsurance</a>	\$260
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$620</b>

### Managing Joe's Type 2 Diabetes

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist Copayment</a>	\$15
■ <a href="#">Hospital (facility) Copayment</a>	\$60
■ Other <a href="#">cost sharing</a>	25%

**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>\$6,130</b>
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**In this example, Joe would pay:**

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$800
<a href="#">Coinsurance</a>	\$470
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$1,260</b>

### Mia's Simple Fracture

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist Copayment</a>	\$15
■ <a href="#">Hospital (facility) Copayment</a>	\$60
■ Other <a href="#">cost sharing</a>	25%

**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>\$1,570</b>
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**In this example, Mia would pay:**

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$350
<a href="#">Coinsurance</a>	\$20
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$370</b>

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