Leader in Products, Service, Quality, and Innovation.

Come discover why MCS is the best option in the market for the health of your business. In this proposal, we provide valuable information about our health benefits coverage and the features of exceptional service and innovation that set us apart.
Corporate Profile
Over 28 years of success.

MCS has been able to serve its insured and obtain a sustained growth in all of its lines of business:

- **MCS Life Insurance Company** – Aimed at offering group and individual health and life insurance products
- **MCS Health Management Options, Inc.** - Provides health care coverage to the insured under the Government of Puerto Rico’s Health Care Plan.
- **MCS Advantage, Inc.** - Aimed at offering products for Medicare beneficiaries.

**REASON OF BEING**

Our company, with a new and revolutionary business philosophy, seeks to redefine health care services in Puerto Rico, by becoming a health care platform that inspires and transforms the lives of our insured, seeking the overall welfare of these and their families. We offer the perfect balance between services and products, because everything we do, we do it with passion.

**MAIN ATTRIBUTES OF THE COMPANY**

- **The largest and safest network of providers**, made up of over 12,000 physicians, pharmacies, dentists, laboratories, and hospitals, among others.
- **Services that are fast, dynamic, and cost effective**, which facilitate processes and in turn, allow the maximization of the time spent on the company’s functions.
- **Team of professionals and clinical experts** trained to meet the needs of our clients. The expertise of our experts provides the ability to reduce unnecessary costs and helps establish competitive health care rates for our clients.
- **Innovative Life Programs** that promote a healthy lifestyle and help our insured to remain positive, active, and productive.
- Leading with **non-traditional health care models** that integrate technological components and social networks.
OUR CLIENTS

MCS provides health services for the Commercial, Individual, and Medicare market.

OUR PROVIDERS

MCS has an extensive network of providers with over 12,000 physicians, pharmacies, dentists, laboratories, and hospitals in Puerto Rico. It also gives you access to a broad network of over 1,000 pharmacies in Puerto Rico and over 60,000 in the United States.

EXCELLENT SERVICES

Our human resources and the ongoing training of our team of professionals is the key to our success. Our priority is to meet the needs of our customers. MCS provides services and tools that save time and money in the management of the health plan.

OUR TEAM OF CLINICAL EXPERTS

The expertise in the clinical management of our experts provides the unique ability to help you evaluate and reduce costs in your health care plan. It also helps establish competitive health care rates for our clients.
GROWTH OF MCS IN THE INDUSTRY

1983
• ASO + TPA

1995
• ASO + TPA
• Insurer

2001
• ASO/Cost Plus + TPA
• Insurer
  - Employer
  - Individual
• Health Care Reform

2004
• ASO/Cost Plus + TPA
• Insurer
  - Employer
  - Individual
• Health Care Reform
• Medicare Advantage

2011
• ASO/Cost Plus + TPA
• Insurer
  - Employer
  - Individual
• Medicare Advantage
• ELA
• Life Insurance (Stand Alone)

ASO - Administrative Services Only
TPA - Third Party Administrator

Corporate Profile
AMOUNT OF INSURED PER YEAR

Corporate Profile
SERVICE CENTERS

Central Office
MCS Plaza (Lobby)
255 Ponce de León Ave.
San Juan, PR 00916-1919

Aguadilla
Aguadilla Mall
Rd. 2, Km 126.5 Store 3
Aguadilla, PR 00603

Arecibo
Galería Pacífico
Rd. 10, Km. 85.7, Bo. Tanamá
Arecibo, PR 00612

Caguas
Centro Comercial Plaza del Carmen
Rd. 1, Corner: 172, Store 41 B
Caguas, PR 00725

Mayagüez
Santander Security Plaza Bldg.
349 Hostos Ave., Suite 103
Mayagüez, PR 00680

Ponce
MCS Bldg.
601 Tito Castro Ave, Suite 105
Ponce, PR 00730

Río Grande
Rivera Bldg.
Rd. 3, Km 27.0
Río Grande, PR 00795
Health Benefits Proposal
Extensive Coverage of Medical and Hospital Benefits

With MCS you enjoy a wide range of health benefits.

HEALTH BENEFITS COVERAGE

Medical Services

- Medical visits and treatments including visits to specialists such as podiatrists, chiropractors, optometrists and ophthalmologists
- Outpatient services
- Specialized diagnostic tests:
  - CT scans, MRI, SPECT, lumbar myelography, bone densitometry, monograms, lithotripsy and polysomnography
- Physical therapy
- Respiratory therapy
- Immunizations (vaccines) for children and adults with $0 copay per vaccine. Medical visit copay applies. Covered vaccines are those recommended in the immunization schedules of the Department of Health, which include: Human Papilloma (HPV), Rotavirus, Prevnarn and Pediarix.
  - The Synagis vaccine will be covered with the corresponding coinsurance
- Preventive care services

1. Legal provisions in accordance with the Patient Protection and Affordable Care Act are applicable.
Hospital Services

- Semi-private room, 365 days a year
- Isolation room (medical prescription required)
- Intensive care units and specialized units within the hospital
- Nursing care and other allied health professionals
- Anesthesia
- Surgical care, requires precertification
- Elective surgeries
- Laboratories and x-rays
- Physical and respiratory therapy

Emergency Room Services

- Medical evaluation services
- Drugs
- Respiratory therapy
- Laboratories and x-rays
- Production of EKG (electrocardiogram)

Diagnostic and surgical procedures at a medical office

For diagnostic and surgical procedures performed at a medical office, the insured person shall pay the participating physician the corresponding coinsurance for the procedure, in addition to the copay for the medical visit.

Services for mental conditions

Services for mental health conditions will be covered according to medical need. MCS has the MCS Solutions program available, which integrates the Employee Assistance Program (PAE, in Spanish),
Mental Health Care and Controlled Substance Abuse. The Employee Assistance Program (PAE) includes:

- Up to eight (8) visits per insured person to a psychologist or social worker, with no copay, for consultation, counseling, and referrals. If the insured exceeds eight (8) visits, he shall pay the specialist’s copay.
- Legal consultation
- Financial consultation
- Crisis management
- Marriage counseling

Outpatient treatment includes:

- Unlimited visits to psychiatrists, psychologists or social workers, the specialist copay applies
- Group therapy visits and collateral visits
- Partial hospitalization
- Intensive case management
- In-home treatment for up to 90 days, available in Puerto Rico with medical justification

Treatment for controlled substance abuse:

- Detoxification Program
- Hospital care
- Outpatient care

Maternity and newborn care

- Obstetric services in the hospital and as outpatient services
- Pre and post natal care
- Neonatal intensive unit
- Use of delivery room
- Medical attention in the hospital
- Fetal monitoring (production and interpretation during delivery)
- Biophysical profile
- Fetal non-stress test
- Fetal echo
- Genetic amniocentesis
- Fetal maturation amniocentesis (requires precertification)
- Obstetric sonograms
- Pediatric visits
- Circumcision
Ambulance services

Air ambulance covered through contracted providers up to one (1) trip per policy year. A 20% coinsurance applies and requires precertification.

Ground ambulance covered through contracted providers up to four (4) trips at $75.00 per trip per policy year.

Services in the United States

Covered through the allied providers network in the U.S. through the major medical expenses coverage. Deductibles and coinsurances are applicable in accordance with your policy. The services that are not emergencies require prior coordination with the Case Management Department.

Skin, bone and cornea transplants

Covered 100% through facilities under contract (requires pre-certification).

Organ Transplants

The benefit of organ transplants is included for coverage beginning on the following dates:

- As of September 23, 2011, the annual maximum will be $1,250,000.00
- As of September 23, 2012, the annual maximum will be $2,000,000.00
- As of January 1, 2014, the annual maximum will have no limit

The following transplants are covered:

- Heart
- Heart / lung
- Liver
- Small Intestine
- Pancreas
- Pancreas / kidney
- Allogeneic bone marrow
- Autologous bone marrow
- Kidney

This benefit will be 100% covered if the transplant procedures are performed in the United States and Puerto Rico.
This benefit requires precertification and complete coordination with the Case Management Department. This benefit is available to active employees, spouse, and eligible dependents under 65 years of age.

Covered expenses are limited to expenses that are directly related to the transplant procedure, including pre-surgery care, post-surgical care, and treatment with immunosuppressive drugs. The expenses incurred by the donor, for the surgery, storage, and transportation which are directly related to the organs to be used in the procedure, will be covered up to $20,000.00.

Transportation expenses incurred by the patient and one (1) companion will be covered to and from the site of surgery. If the patient is a minor, the transportation expenses incurred by two (2) companions will be covered, provided that they are the parents or persons having legal custody of the patient. The expenses incurred for meals and lodging will also be covered.

**Bone marrow transplant**

Allogeneic and autologous bone marrow transplants are covered, provided that they are indicated with respect to the following conditions and diseases for which they are already considered accepted treatment practices and are not in the research stage, such as: leukemia, lymphomas, and cancer, among others. Additionally, the expenses that are directly related to the types of transplants described above are also covered. Precertification and coordination with the Case Management Department are required.

**Durable medical equipment**

Durable medical equipment is covered through contracted providers and requires precertification. It is subject to any deductible or coinsurance applicable to your policy. It covers rental or purchase of:

- Adjustable beds
- Wheelchairs
- Mattress
- Respiratory equipment, includes respiratory therapy machine
- Supply
- Prosthetics
- Orthotics, includes orthopedic brace and brassiere required after a mastectomy
Annual physical exam

The insured will be evaluated by his or her primary care physician, who will determine and issue a medical order for the appropriate preventive laboratory tests. This excludes physical examinations and laboratory tests for medical certificates that are ordered by the employer, at the request of any agency, for the purposes of completing any license, or any other purpose other than preventive.

Health care at home

It is 100% covered through the basic coverage, up to sixty (60) days per policy year, subject to precertification by the Individual Case Management Program of MCS.

Services covered by reimbursement

- Services for non-participating providers
- Services in the United States that are not pre-certified and are not emergencies
- Ground ambulance services in Puerto Rico
- Nutritionist services

Major medical expenses

The major medical expense benefit will be managed by covered person for covers that begin on the following dates:
- As of September 23, 2011, the annual maximum will be $1,250,000.00
- As of September 23, 2012, the annual maximum will be $2,000,000.00
- As of January 1, 2014, the annual maximum will have no limit

Benefits covered through major medical expenses:
- Hospice
- Allergy vaccines
- Treatment outside of Puerto Rico for controlled substances and alcohol abuse
- Ground ambulance service outside of Puerto Rico
- Emergency air ambulance service covers one (1) trip per policy year
- Services received in and outside of the United States
INNOVATION IN THE PHARMACY BENEFIT

MCS provides innovative solutions in pharmacy benefit management. The benefits coverage covers drugs prescribed by a physician, which are approved by the Food and Drug Administration (FDA).

The drug benefit has the following limits per delivery:

- Acute drugs prescriptions - 15 days and 0 repetitions
- Prescriptions for maintenance drugs, dispensed at a participating pharmacy - 30 days and 5 repetitions
- Prescriptions for maintenance drugs, dispensed by mail – a maximum of 90 days and 3 repetitions

Bioequivalent drugs

MCS will help you identify bioequivalent drugs that are new to the market. Their use will have greater impact on the control of the trends of increasing costs.

The increase in the use of bioequivalent drugs can not only provide immediate savings, but it can also help control costs in the long term. As the use of bioequivalent drugs increases, the price of the coverage may be expected to decrease or increase less than expected.
Specialized drugs program

The MCS Specialized Drug Program provides individual attention to a population with special needs. This program helps to improve the quality and cost of care through the coordination of specialized services. It provides continuous care to patients with chronic conditions to obtain better treatment results that improve their quality of life.

The personalized service offers:
- Assistance to determine if the drug is covered and provides the corresponding coordination
- Easy access to pharmacists and health professionals 24 hours a day, 7 days a week
- Customized care and guidance on health conditions, advice on the administration of the drug, and assistance in the management of therapy
- Delivery of educational information related to different health conditions

Benefits:
- Requests for drugs through a toll free telephone line
- Free shipping of drugs the next day after the request is received
- Convenient and confidential delivery of the drugs and medical equipment related to the therapy (e.g., syringes, alcohol applicators, needle containers, etc.) at the location selected by the insured
- Experienced pharmacists available to provide support, guidance, and assistance with the management of the drug
- Follow-up for repeating prescriptions, checking of progress in therapy, and quick answers to common questions or concerns

As development of specialized drugs continues to grow, our clients can be sure that MCS will apply utilization management techniques and will provide recommendations for controlling costs.

Mail delivery service for pharmacy benefit

MCS’s mail delivery service program is a convenient and economic way of obtaining a supply of up to 90 days for maintenance drugs. This service has become increasingly popular due to the benefits it represents for the patient:
- Convenient home delivery
- Cost reduction through lower copays
- It is easy to make any purchase transaction from the comfort of home
Maintenance or “long term” drugs are used to treat many common conditions such as high blood pressure, cholesterol, diabetes, thyroid, asthma, arrhythmia, and others.

Benefits of using the mail service program:
- Lower copay
- Convenient home delivery
- Receive educational information about the drugs
- Service available 24 hours a day
- Availability of drug repetitions by phone or Internet

Subscription to the mail service program is easy. MCS will provide the appropriate documents to facilitate the subscription of the insured. You can choose plan design options that vary from copay incentives for the insured to service by mail.

Over the counter drugs (OTC)

According to the Food and Drug Administration (FDA) over the counter drugs are as safe and effective as the drugs prescribed. At the same time, they offer more treatment options for various health conditions, often at a lower price than the drugs prescribed. The categories of drugs under our coverage are:
- Non-sedating antihistamines (NSA’s)
- Proton pump inhibitors (PPI’s)
- Ophthalmic solutions
- Non-steroidal anti-inflammatory drugs (NSAID’s)
- Antifungals
- Aspirins
- Laxatives
The inclusion of OTC products can be an effective tool to encourage the use of the most cost-effective drugs available.

**Formulary management**

A drug formulary is a list of drugs that are covered under the pharmacy benefit. Providing different formulary options allows the employers to select a list of drugs that provides the right balance of care options and cost-effectiveness to meet the needs of their employees.

**Closed formulary**

The closed formulary option maximizes savings for the pharmacy benefit by providing the insured with access to a defined and more reduced list of drug options that cover all categories of therapy. It allows the dispatching of generic drugs and preferred brand name drugs.

**Step Therapy**

The Step Therapy program is another solution that helps employers manage the increasing trend in the use of drugs and helps the insured reduce pharmacy costs while maintaining a high quality of care. The types of drugs included are subject to the established rules for dispatching. The common types of drugs may include: antidepressants, high blood pressure, migraine, nasal allergies, osteoporosis, sleeping drugs, ulcers, and heartburn.

The program requires the patient to take the first line therapy for the drugs included, before taking any other drug that is not considered a first line treatment. First line drug treatments are endorsed by the Standard and National Clinical Guidelines for the practice of medicine as the first choice for treating a medical condition. These guidelines establish their classification based on characteristics such as effectiveness, safety, and cost.

Insured who are taking a drug that is considered a second line treatment are notified about lower cost alternatives that are clinically effective through direct communications such as letters, pharmacy messaging, and through education from the physician.

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1. Optional benefit, subject to negotiation with the group.
Preferred drugs list

Preferred drugs list (PDL) is a list of drugs within a formulary in which some brand name drugs are classified as preferred by the Pharmacy and Therapeutics Committee (P & T) because of their clinical efficacy, medical indications, and safety. The PDL contains at least one drug in each category of therapy.

The PDL option provided by MCS offers four categories of drug levels that provide incentives through its structure of differential copays. The drugs included in the PDL require a lower contribution of the insured (copay) than non-preferred drugs. The “levels” of categories are:

- Generic drugs
- Preferred brand name drugs
- Non-preferred brand name drug
- Specialized drugs.

This option provides our customers with a design that maximizes the use of generic drugs as a first option, increasing the use of generic drugs, resulting in significant savings in the cost of the benefit, for both the insured and the employer.

If there is a need to dispatch a brand name drug, the drugs in the PDL ensure effectiveness and safety, while the insured can have access to it with a lower payment than for non-preferred brand name drugs.

I. Legal provisions in accordance with the Patient Protection and Affordable Care Act are applicable.
SERVICES FOR A GOOD VISION

We offer a vision services coverage with access to a network of contracted providers that includes excellent optometrists, ophthalmologists, and specialized facilities.

Covered benefits are a visual examination for eyeglasses or contact lenses (refraction) up to one (1) test per policy year. The insured will be responsible for the applicable co-payment.

The following benefits will be covered in lenses:
- Single vision
- Bifocal
- Trifocal
- Lenticular
- Glasses
- Regular or toric contact lenses

Additional options:
- Anti-reflective
- Polycarbonate lens
- Minimize scratches
- Minimize UV rays
- Progressive bifocal
- Progressive trifocal
- Transition lens (photosensitive)

The insured can combine the desired services up to the maximum benefit and in the corresponding term for the benefit coverage.

1. Legal provisions in accordance with the Patient Protection and Affordable Care Act are applicable.
VARIETY OF DENTAL SERVICES

Our dental coverage is designed to meet the needs of our insured. Among the wide variety of dental benefits, we offer coverage for the following services:

- Diagnostics
- Preventive
- Restorative
- Endodontics
- Periodontics
- Prosthodontics
- Oral Surgery
- Orthodontics

PROTECTION THROUGH THE LIFE, ACCIDENTAL DEATH, AND DISMEMBERMENT INSURANCE COVERAGE

As an MCS insured, we offer you the benefit of Life Insurance, Accidental Death or Dismemberment with a benefit of $10,000.

If an employee insured under the accidental death or dismemberment insurance suffers any of the losses that appear in the table below, MCS will pay a percentage of the principal amount for such loss under the following conditions:

- If the loss occurs as a result of accidental bodily injuries
- Without the contribution of any other cause
- The loss occurs within the twelve (12) months following the date of the injury

1. Legal provisions in accordance with the Patient Protection and Affordable Care Act are applicable.
List of Losses and Benefits

<table>
<thead>
<tr>
<th>Loss</th>
<th>Percentage of loss Principal sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both ands</td>
<td>100%</td>
</tr>
<tr>
<td>Sight in both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>100%</td>
</tr>
<tr>
<td>One hand and sight in one eye</td>
<td>100%</td>
</tr>
<tr>
<td>One foot and sight in one eye</td>
<td>100%</td>
</tr>
<tr>
<td>One hand of foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>Both feet</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: The loss of a hand or foot means amputation at or above the wrist or heel. The loss of vision must be total and irrecoverable.

NETWORK OF PROVIDERS OF EXCELLENT SERVICES

MCS has an extensive network of providers:
- Over 13,000 in Puerto Rico:
  - 12,000 physicians (specialists and sub-specialists)
  - About 1,000 pharmacies
  - Laboratories
  - Hospitals
  - Dentists
- Over 60,000 in the United States

These health care professionals have received orientation about our coverage and products directly at their offices through the MCS Service Representatives. These representatives are specialized staff dedicated to the orientation, contracting, and invoicing of services so that our providers are constantly informed of the processes established by the insurance company.
The main function of this work team is to support all the business functions of our providers, allowing us to enjoy a steady growth of our network throughout Puerto Rico and to expand our scope of service in the United States. We also have a page on the Internet where our network of providers can verify the eligibility of our insured, the status of their claims, and communications from the insurer, among other topics.

The growth in our network of providers has shown that we are at the forefront to meet the needs of our insured and to guarantee that they have access to the health care professionals that offer them services.

MODEL OF ACCESS TO SERVICES

Free selection model

MCS provides access to health services through the PPO free selection model (Preferred Provider Organization). This model consists of an extensive network of hospitals, physicians, and other health-related providers. You have free access to medical services, general practitioners, specialists, and sub-specialists within this network.

Coordinated care model

The coordinated care model provides access to health care services through a large network of participating physicians in personal care specializations such as: Family Medicine, General Medicine, Internal Medicine, Obstetrics, Gynecology, and Pediatrics. These physicians, in turn, direct the clinical care required to different contracted specializations and sub-specializations.
Life Programs
Innovative programs

As part of the commitment of MCS to the health of our insured, we developed a series of innovative programs that integrate excellent services specially designed for you. These Life Programs deal with everything from the physical to the emotional health of our insured, and they meet the expectations of what a comprehensive health care plan should offer.
MCS has available MCS Alivia, a program of therapies and integral and complementary medicine treatments. These treatments have proven effective therapeutic options for managing pain and for obtaining relief from conditions such as herniated discs, arthritis, carpal tunnel syndrome, migraines, neuropathies, and other health conditions.

What is integral or complementary medicine?

It is the combination of traditional or conventional medicine with the therapeutic modalities of integral medicine for promoting a good health condition and preventing disease. Both conventional medicine and integral medicine are based on the scientific method and promote an optimal state of health in individuals, even within the limitations that a health condition could present.

What is the purpose of complementary or integral medicine?

The purpose of integral or complementary medicine is prevention of the disease or, in case it occurs, the coordinated intervention of therapies that help restore the physical, mental, and emotional health of the person. It includes:

- Disease prevention
- Management of chronic conditions
- Cost-effective care
Who can benefit from MCS Alivia?

People with different health conditions will achieve significant relief after receiving the treatment offered by MCS Alivia. The program covers the primary insured and their direct dependents who suffer from the following conditions:

- Gastrointestinal diseases, allergies, and asthma, among others
- Incurable or terminal musculoskeletal conditions
- Conditions that require a management program for chronic and acute pain
- Neurological conditions such as migraine, neuropathy, and facial paralysis, among others

Who provides the services of MCS Alivia?

The insured receive attention from accredited physicians and health care professionals, graduate nursing staff, and technicians specializing in different therapeutic modalities.

How is it accessed?

You need to visit a conventional physician at any of the medical centers of MCS Alivia. He or she will determine the modalities of treatment that you need to treat and improve your condition. To learn about the MCS Alivia Centers, please contact our Call Center at 787-281-2800, metro area, and 1-888-758-1616, toll free. You can also access the MCS Alivia Centers through mcs.com.pr. On the home page, under Life Programs, select MCS Alivia. Then, choose the link titled MCS Alivia Centers.

What benefits does MCS Alivia include?

**Maximum benefit**
- Up to six (6) visits per policy year
- $15 copay per visit, per insured

**Therapeutic modalities**

**Conventional primary medicine**
Conventional medical care offered by specialists in family medicine, Chinese medicine and acupuncture.

**Medical Acupuncture**
Acupuncture is based on the body’s ability to regenerate and heal through stimuli produced by the insertion and manipulation of needles or other instruments in certain points. Such points have been clinically defined with therapeutic purposes.

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1. Additional visits will be paid based on a fixed rate and will be the responsibility of the insured.
**Therapeutic Massage**
The soft tissues of the body are manipulated with a massage. Through a combination of specialized techniques using the hands, elbows, and some auxiliary instruments to activate the blood flow and the energy required for the patient’s reconstitution.

**Aromatherapy**
Aromatherapy uses the therapeutic, psychological, and physiological properties of pure essential oils to achieve a balance between the body, mind, and spirit, as well as achieve an optimal state of health. Oils can be used in various methods such as: inhalation, diffusers, compresses, aromatherapy massage, and clay poultices in specific areas.

**Bioenergetic medicine “Pranic Healing”**
This therapeutic modality is based on the assumption that the body has an energy that gives it life, which many scientists call electromagnetic energy or bioenergy. Through the management of this vital energy, the therapist improves the patient’s health condition.

**Botanical Medicine**
It is the use of medicinal plants or their derivatives for the treatment of diseases. It uses various forms of application such as: tea infusions, capsules, injections, tinctures, suppositories, compresses, baths, or creams. This modality is also known as herbology or phytotherapy.

**Music Therapy**
It uses music for therapeutic purposes. This approach is geared toward opening up channels of communication through sound, rhythm, gestures, movement, and silence. It works at a psychological, physical, and cognitive level. Music therapy is widely used in the treatment of mental conditions, addictions, depression, hyperactivity, or hypoactivity, among others.

**Hypnotherapy**
Treatment modality to alleviate various psychological and physiological conditions. Unlike with regular sleep, which inhibits the brain in general, hypnotherapy uses a special state of sleep, active sleep, to partially inhibit some of the brain’s focuses of activity. It is used to treat some physical and emotional conditions.

**Naturopathic Medicine**
A health care system based on the stimulation of the body’s innate healing power. It uses botanical medicine, homeopathy, hydrotherapy, chelation, and acupuncture, among other therapies, to treat the patient’s health conditions. Naturopathic medicine guides the patient to learn to care for their health and participate in the healing process.
Traditional Chinese medicine
Healing techniques and methods based on the principles of traditional Chinese medicine. This healing system includes various modalities, such as: the stimulation of acupuncture points through needles, laser, electricity, heat (moxibustion), massage (acupressure), magnets, bleedings, injections, auriculotherapy, or cranial acupuncture. It also uses Chinese herbs, nutrition, and Oriental foods, Oriental massage (Tuina) and exercises (Qi Gong, Tai-chi), among others.

Chiropractic
It is based on the concept that the vital energy of human beings moves along the spine and that any alteration in that energy flow causes the pathology that leads to disease. The chiropractor, through adjustment techniques of the spine, restores this normal flow of energy until achieving the partial or complete elimination of the patient’s symptoms.

Reflexology
It is a specialized technique whose purpose is to provide treatment for various health conditions through the activation of acupressure points on the feet and hands, related to each organ of the body. It uses hand and foot diagrams established by traditional Chinese medicine.

Clinical nutrition
It is the complementing of nutrition through food supplements such as vitamins and minerals, administered orally or through injections to treat different health conditions.

Map of MCS Alivia Centers
This card will allow you to receive up to a 50% discount on products and services that will help you maintain a healthier lifestyle. This benefit is an added value to our insured, which complements the wide coverage of services and health programs that we have available.

With the Natural Health Network card you will be able to access the extensive network of the Natural Awakenings Corporation, with over 350 providers and receive discounts on products and services such as:

- Acupuncture services
- Chiropractors
- Reflexology
- Spa
- Therapeutic massage
- Hair removal
- Pain management
- Natural products stores
- Workshops on physical and mental health
- Yoga
- Physical fitness programs
- Aesthetics

To view the full list of providers, products, and services of the Natural Health Network, visit: mirednatural.com or mcs.com.pr
INTERNATIONAL TRAVEL ASSISTANCE SERVICES

We are pleased to inform you that as a subscriber to our Plan, you are entitled to receive the international travel assistance services that apply anywhere in the world while you are traveling for business or pleasure.

With only one call you will communicate with personnel with expertise in critical care and with certified physicians who are available 24 hours a day, 365 days a year. There is no additional cost to the company or the participant for the use of the assistance services that Assist America will provide for you.

With one simple call, you will contact:

- A global network of bilingual and qualified physicians and nursing personnel
- An operations center that is able to respond anywhere in the world
- Providers of air and ground ambulance service

Assist America will pay for all the support services it provides, without maximum limits. This alleviates many of the obstacles and potential charges that a medical emergency could cause when you are away from home. It is important that you always carry your Assist America ID card so that you can activate the support services when you need them.
Assist America is not a health insurance plan and therefore does not pay for medical expenses. It also
will not reimburse you for assistance services that have not been authorized by Assist America.* The
services of Assist America do not replace your medical insurance during a medical emergency away
from home. While traveling, participants are subject to the conditions of their medical insurance and all
medical expenses shall be submitted to the insurance plan.

MAIN BENEFITS

Medical consultation, evaluation, and referral

Calls to our Operations Center are answered and evaluated by medical professionals who speak several
languages and the participant will be referred to the appropriate physicians and hospitals anywhere in
the world.

Guaranteed hospital admission

Assist America guarantees admittance so the participant is admitted quickly and guarantees the
insurance or provides advanced funds to the hospital.

Emergency transfer

When there are no adequate medical facilities at the place where the participant is, Assist America will
use the method of transportation, equipment, and personnel needed to transfer the participant to the
nearest facility to provide appropriate medical care.

Medical monitoring

The Assist America team, made up of physicians, nursing personnel, and people with medical training
will remain in constant communication with the physician treating the case and the hospital, and will
then transmit the information needed to the participant’s family or employer. Likewise, the levels of care
will be monitored to assure that the participant receives the appropriate medical treatment.

Medical transportation to the home or a rehabilitation center

Once the participant’s medical condition is considered to be stable, at the discretion of the physician
from Assist America and the physician treating the case, Assist America will make the arrangements
needed to transport the participant home or to a rehabilitation center. The transfer will be done under
constant medical supervision, when medically necessary.

* All assistance services must be processed and provided by Assist America. No claims for reimbursement will be accepted. Assist America is a registered trademark of Assist America, Inc.
Drug assistance

If the participant loses or forgets their prescription drug, Assist America will help them replace said drug.

Urgent message delivery

Assist America will send and receive authorized emergency messages between the participant and their family.

Transportation to meet with a patient

If a participant is traveling alone and needs to be hospitalized for more than seven days, as soon as this is determined, Assist America will provide a round trip ticket for one person chosen by the participant. The ticket will be in economy class to the place of hospitalization.

Care for minors

If any minors are left unattended as a result of a medical emergency of the participant, Assist America will provide transportation in economy class back home, with qualified companions, if necessary.

Transfer of mortal remains

In the case of death of the participant, Assist America will coordinate all arrangements needed for the transportation of the remains to the place of burial.

Information prior to the trip

When planning a trip, participants can obtain extensive information on the Assist America webpage. This information includes passport and visa requirements, profiles of countries and cities, exchange rates, immunization requirements, and travel warnings.

Legal consulting and interpretation

Participants can communicate with Assist America to get a referral for a lawyer or a local interpreter.

Assistance for lost luggage and documents

Assist America will help locate and recover your lost luggage and personal documents.
CONDITIONS AND EXCLUSIONS

Conditions

Assist America will not transfer a participant without medical authorization or for the following reasons:

- Minor injuries such as sprains, simple fractures, or mild illness which can be treated by local physicians and which do not prevent the participant from continuing their trip or return home
- Infections under medical treatment that have not healed
- A pregnancy of more than six months
- Mental or nervous disorders, unless hospitalized

Exclusions

- Assist America will not provide services in the following cases:
  - Travel undertaken specifically to receive medical treatment
  - Attempted suicide
  - Injuries resulting from participation in acts of war or insurrection
  - If you commit an illegal act
  - Incidents involving drug use unless they are prescribed by a physician
  - Transfer of the participant from one medical facility to another with similar services and that provides the same level of medical care
  - Trips exceeding 90 consecutive days.

Assist America is not responsible in case it is unable to provide services or for delays in services caused by strikes or conditions beyond its control, including but not limited to: weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or when the service is limited or prohibited by local laws or edicts. Assist America is not liable for professional negligence incurred by the professionals who provide services to the participant. All consultation physicians and attorneys are independent contractors and are not under the control of Assist America. Although the services of Assist America are available throughout the world, the response time for transportation is directly related to the location or jurisdiction in which the event occurs.

For more information, contact Assist America:
- 1-609-452-0875 (from anywhere in the world)
- 1-877-386-6324 (within the U.S. and PR)

If you have any questions about the Travel Assistance Program, contact MCS:
- 1.888.758.1616
- MCS Plaza, Ponce de Leon Ave, # 255, Hato Rey, PR 00917-1720
As an integrated part of your benefits coverage, we offer you MCS Medilínea, a free telephone health counseling service available 24 hours a day, seven days a week. MCS Medilínea provides the support of health care professionals for the medical conditions that you and your dependents may face.

The MCS Medilínea phone service is staffed by graduate nursing professionals supported by specialized physicians and clinical staff to answer your questions. In addition, they will offer you orientation about what to do if you have any symptoms, illness, emergencies, or complications with your medical treatment.

With only one phone call to 1-866-727-6271, you can get an orientation about:

- Common conditions that affect your health, such as: fever, diarrhea, vomiting and headache, among others
- What to do in case of an emergency
- Information about the drugs that you are taking and their side effects
- Laboratory results
- Orientation about nutrition
- Basic information about MCS
Your time is valuable to us

Our main interest is to offer you an excellent service and provide you with the health information that you need, quickly and efficiently. There have been studies that show that over 80% of the symptoms and diseases seen in an emergency room can be treated effectively at medical offices or at home.
MCS invites you to learn about your pharmacy benefit, which allows you to get your medicines by mail, information about bioequivalent drugs, and learn about specialized drugs. The best way to stay healthy is to participate actively in the care of their health. It important to understand that your drugs are an integral part of your treatment for the purpose of optimizing your health.

Mail order drug program

Your pharmacy benefit allows you and your dependents to obtain prescription drugs at an MCS participant pharmacy or through the Mail order drug program. This program offers a convenient and economic way of requesting a supply of up to 90 days for maintenance drugs.

Some conditions that require maintenance drugs are:

- High blood pressure
- High cholesterol
- Diabetes
- Thyroid problems
- Asthma
- Arrhythmias
Program Benefits

• Lower copay for a drug supply for 90 days
• Receive the medicines at home
• Get information about drugs
• Service available 24 hours a day
• Request your drug repetitions in an accessible way, by telephone and Internet

To order prescriptions by mail follow these steps:

1. Ask your doctor for two prescriptions:
   A. The first prescription, for a 30-day supply, must be presented at an MCS participant pharmacy to receive your drugs. This prescription is to have a provisional supply, while you receive your drugs by mail.
   B. The second prescription should be sent by mail to obtain a 90-day supply. Your physician can prescribe you up to a maximum of 3 repetitions.

   Please note:
   Your physician must authorize the drug repetitions. Prescriptions must include the signature and license number of your physician. Otherwise, your prescriptions can not be processed.

2. Fill out the application and mail it in the pre-addressed envelope along with the original prescriptions and the copay for each prescription.

   To obtain the application, call 1-888-758-1616

• You can make your payment by check, money order, or credit card. No cash will be accepted.
• You will receive your drugs for 90 days in approximately 14 days from the date on which we receive your application.
• With each shipment, you will receive a new application.

Requesting repetitions through the program

Once you send your prescription by mail, you can request repetitions for your drugs by phone, mail, or the Internet. Remember that your physician must authorize the repetitions.
Request your repetitions three weeks prior to the date when your current prescription ends.

The label of the drugs you receive will include the suggested dates for requesting the repetitions. Remember, upon completion of your mail-order repetitions or if your physician prescribes you a different maintenance drug, you will need to start the process from the first step.

For repetitions, you can choose any of the following options:

- Call at 1-866-288-5290
- Fill out the application and mail it in the pre-addressed envelope
- Register at mcs.com.pr to request repetitions for prescriptions from the Drug by Mail Program through the Internet

Frequent questions

**Which drugs can I request by mail?**
Through the Drug by Mail Program you can request maintenance drugs.

**Can I get brand-name drugs by mail?**
Brand-name drugs will only be dispatched only when the prescribed drug does not have a bioequivalent available or is approved under your prescription drug coverage.

**How long does it take to receive my drugs by mail?**
You will receive your drugs within 14 days after the date when we receive your request.

**Bioequivalent medicines**

**Benefits of bioequivalent drugs:**
- They contain the same active ingredient as brand name drugs
- They work the same way as brand name drugs

**What are the differences between bioequivalent and brand-name drugs?**
- Bioequivalent drugs can cost less (about 60% less)
- Bioequivalent drugs can vary in:
  - Size and/or form of the tablet
  - Color and/or taste of the tablet or liquid
Are bioequivalent drugs safe and effective?

- Bioequivalent drugs are safe, effective and approved by the Food and Drug Administration (FDA).
- They produce the same clinical effect and comply with the same safety and effectiveness profile as brand name drugs.

Why do bioequivalent drugs cost less?

The FDA grants an exclusive manufacturing patent when it approves the brand name drugs. After the patent expires, any manufacturer can manufacture these drugs. The makers of bioequivalent drugs do not incur in the cost of development, research and promotion that brand-name drugs require, so they can offer these products at a lower cost.

The Puerto Rico Pharmacy Act requires that all generic drugs prescribed be bioequivalent (Act No. 247 of September 3, 2004, Article 5.03 – Interchange of Bioequivalent Medications).

Know your drugs

When you receive a prescription for any drug, it is important that you ask your physician or pharmacist the following questions:

- What is the name of the drug?
- For which health condition is the drug used?
- How do you recommend taking the drug?
- Should I take the drug with or without food?
- What are the adverse effects of the drug?
- Is there any drug interaction with any other dietary supplement, drug, or natural product?
- Can I drink alcohol with the drug?
- How long should I take the drug?
- How long will it take for the drug to take effect?
- What should I do if I forget or miss a dose?
- How should I store the drug?
How much can I save by using a bioequivalent drug?

Example:

<table>
<thead>
<tr>
<th></th>
<th>Brand name copayment</th>
<th>Bioequivalent copayment</th>
<th>Savings with the bioequivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One month drug supply</strong></td>
<td>$30 per Rx 12 prescriptions a year</td>
<td>$10 per Rx 12 prescriptions a year</td>
<td>$20 per Rx 12 prescriptions a year</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>Brand= $360/year</td>
<td>Bioequivalent= $120/year</td>
<td>Savings= $240/year</td>
</tr>
</tbody>
</table>

You can obtain savings of up to 60% when you use bioequivalent drugs!

All bioequivalent drugs meet the same requirements and specifications that the FDA requires in the development of brand-name drugs.

**Specialized Drug Program**

This innovative program focuses on the management of oral or injectable specialized drugs used for chronic conditions such as rheumatoid arthritis, psoriasis, multiple sclerosis, hepatitis C, and Crohn’s disease, among others.

**Benefits of the Program**

- Customized service
- Assistance to verify if the drug is covered and make the appropriate coordination
- Easy access to pharmacists and health care professionals 24 hours a day, seven days a week
- Personal attention and guidance about your condition, advice on the administration of the drug, and assistance in managing your therapy
- Delivery of informational material related to your health condition

**Greater convenience**

- Easy to order the drug through a phone line, free of charge
- Delivery of the drug, free of charge, the following day (next day delivery)
Life Programs

• Convenient and confidential delivery to the place that you select (eg home, medical office, vacation spot, etc.).
• Free delivery of the needed medical equipment related to your therapy (eg, syringes, alcohol applicator “pads,” needle containers, etc.).
• Follow-up to repeat your prescription, check the progress of your therapy and answer your questions

How do you obtain specialized drugs?

The patient receives a month’s supply of specialized drugs at a pharmacy of their choice.
• The patient and the physician receive a letter from MCS that explains that the specialized drug is only available through the Specialized Drug Program
• The Program gets a new prescription from your physician
• Then it verifies the benefits of your coverage to know your eligibility and the corresponding copays
• The therapy is reviewed for the management of appropriate clinical doses, as well as the safety and effectiveness of the therapy
• We proceed to communicate with the patient and coordinate the date and place of delivery of the drug, 14 days before the next supply
• In addition, the patient may pick up their specialized drugs within 24 hours at any of the 73 Walgreens locations in Puerto Rico
• The patient receives the drug 24 hours after coordinating the date and place of delivery

Continuity of treatment

The continuity of treatment is very important. For this reason, you will initially be able to obtain the drug at the pharmacy of your choice. Subsequently, MCS will contact your physician to arrange for a new prescription and will contact you to determine the place and date when you will get your next supply of the drug.

Specialized staff will answer all your questions about this service provided by MCS.

MCS Customer Service Department
1-888-758-1616 Monday through Friday, 7:30 a.m. to 5:00 p.m

This description is a summary of the benefits covered by MCS Farmaflex. Its content is subject to the provisions of the policy. Subscribed by MCS Life Insurance Company and MCS Advantage, Inc.
Over the Counter Items (OTC)

$1 Copayment

MCS offers its insured and their dependents our over the counter (OTC) item coverage with only $1.00 copayment. This cover is unlimited during your policy year with MCS and will allow you to have more options on items for treating your health condition, as well as saving when you purchase your drugs.

How to use your over the counter item coverage

- OTC items do not contain a federal legend, however your physician must provide a prescription indicating OTC and include the over the counter drugs that you need for your health care. The prescription must indicate OTC so that the pharmacist can process the dispatch of the OTC drugs correctly through the electronic payment system.
- The OTC items must be included under one of the categories covered by the Plan, which are listed in the OTC drug table.
- When visiting any pharmacy in our extensive network, present your health care plan card and the medical prescription to obtain OTC items.

¹ One dollar for each OTC item prescribed is applicable.
Over the counter drugs are safe and effective:

According to the Food and Drug Administration (FDA), over the counter drugs are as safe and effective as prescribed drugs. These drugs can help relieve common symptoms such as:

- Pain
- Migrane
- Allergies
- Cough and cold
- Fever
- Athlete’s foot
- Heartburn

Benefits of using your over the counter drug coverage:
- Obtain significant savings, they are usually cheaper than other drugs.
- Have access to a wide variety of drugs to treat your health conditions.

<table>
<thead>
<tr>
<th>Categories covered</th>
<th>Bioequivalent</th>
<th>Brand name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonsedating antihistamines</td>
<td>Loratadina / Cetirizina / Fexofenadine Hcl</td>
<td>Loratadine / Cetirizine / Fexofenadine Hcl</td>
</tr>
<tr>
<td>Fexofenadine Hcl</td>
<td>Ketotifen Fumarate</td>
<td>Zaditor</td>
</tr>
<tr>
<td>Nonsteroidal anti-inflammatories</td>
<td>Ibuprofen / Naproxen</td>
<td>Motrin / Advil / Aleve</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Aspirin</td>
<td>Ecotrin / Bayer</td>
</tr>
<tr>
<td>Antifungals</td>
<td>Terbinafine</td>
<td>Lamisil</td>
</tr>
<tr>
<td>Laxatives</td>
<td>Polyethylene glycol 3350</td>
<td>Miralax</td>
</tr>
</tbody>
</table>
In the fast paced world we live in, trying to strike a balance between the demands of work and our personal lives can be overwhelming. This can cause family or marital problems, alcohol or drug abuse, depression, anxiety, and work-related concerns, among others. If these situations are not addressed on time, they can become more serious and have a greater impact on our lives.

MCS Solutions can restore the peace of mind that you need through a comprehensive program that includes extensive mental health care, treatment for controlled substance abuse, and the Employee Assistance Program (EAP). All services are offered on a private and confidential manner, and are available 24 hours a day, seven days a week.

Register by calling 1-866-627-4327 MCS Solutions
If you have no need for clinical services, but require immediate medical attention, an MCS Solutions coordinator will provide you with counseling services, health education, and referrals in a confidential manner, both for you and your family members.

Remember that when we have difficulties, it is helpful to talk to someone who can advise and help us in an objective manner. With one call to MCS Solutions, you can get support in seeking solutions for your problems. In addition, you can identify additional needs and receive hospital or outpatient services from professionals specializing in mental health.

You can also receive non-clinical care 24 hours a day, 7 days a week through the website, mcs.com.pr

Benefits of MCS Solutions

**Mental health care**
- Unlimited visits to the psychiatrist, with the specialist copay that applies to your coverage.
- Outpatient treatment that includes:
  - 23-hour stabilization units
  - Intensive Out Patient (IOP)
  - Partial and full-time hospitalization
  - Intensive case management
  - Group therapy

**Treatment for controlled substance abuse:**
Services for Substance Abuse and / or Alcohol Dependency Disorder include full-time hospital and detoxification according to the justified medical need.

**Employee assistance program (EAP)**
- Up to eight (8) visits per insured person to a psychologist or social worker, no copay. The excess of eight (8) visits will have the specialist copay that applies to your coverage.
- Legal and financial consultation
- Critical incident management
- Consultation and advice on situations in the workplace

Our staff is available to help you handle any situation or matter relating to mental health and work environment. For additional information about the services offered by MCS Solutions, call at 1-866-627-4327
Life Programs

An innovative initiative for the insured and their dependents that promotes and supports a healthy lifestyle, through nutritional counseling and physical fitness. These interventions are developed by health professionals such as educators, nutritionists, and certified personal trainers.

The program includes a monthly event, where the insured and their dependents enjoy:

- Physical conditioning sessions
- Body Mass Index measurements
- Guidance on management of chronic conditions
- Educational sessions on health, wellness and nutrition topics

MCS Pasitos

Education in nutrition and prevention topics, in a dynamic and fun way for kids. Offers entertainment activities that include physical and preventive activities under the supervision of health educators who specialize in children.
Wellness Institute is an innovative initiative aimed at providing employers with the knowledge and skills needed to develop, implement, and evaluate programs for the Promotion of Health in the workplace. Through the MCS Wellness Institute, MCS offers employers the opportunity to participate in educational seminars, orientations, talks, and a manual that serves as a guide in the implementation of wellness programs, which promote a better quality of life and performance of employees.

As a distinguished member of the MCS Wellness Institute, you will have access to:

- Training seminars
- Manual for the design, implementation, and evaluation of wellness programs
- Publications on health-related topics
- Support in the design, implementation, and evaluation of wellness programs
- Participation in the MCS Wellness Institute Award, the highest award for health promotion
Be part of the employers who offer wellness initiatives in the workplace and obtain the benefits that they guarantee, such as:

- Increased productivity
- Improved employee motivation
- Increased employee loyalty
- Improved capacity for decision-making of employees
- Reduction in sickness absences
- Reduction in use of health care services
- Reduction in workers’ compensation
As part of its commitment to the health of our insured, we offer you MCS Education, an education and health promotion program that offers you orientation about how to take control of the factors that affect your health. MCS Educa keeps you informed about the prevention and management of the principal health conditions.

**MCS Educa offers**

**MCS Educa Interactive**
Through the MCS website, mcs.com.pr, you can access MCS Educa Interactivo, an educational program that provides information about the management of major health conditions. The program includes:

- **How is your baby growing:** A customized educational program to help expectant mothers follow the development of their babies week by week.
- **Diabetes under control:** Controlling your diabetes depends on you. This test allows you to identify how you manage your diabetes and offers you recommendations about it.
- **Hypertension:** Through an interactive test, you will discover the factors that contribute to hypertension.
• **Breathing clearly:** Learn more about the prevention of asthma.
• **MedlinePlus:** An online encyclopedia where you will find answers to questions about different health conditions.
• **MyPyramid.gov:** A personalized nutrition plan that will help guide you towards better health.

**Healthy mothers and babies program**
The Healthy Mothers and Babies Program has the purpose of educating pregnant women about their prenatal and postpartum care, as well as caring for their baby.

After enrolling in the program, an obstetric nurse will prepare a history of the pregnant woman that will include any health conditions that they may have. The purpose of history is to identify risk factors in order to offer them a proper orientation about them.

As part of the program, the pregnant woman may participate in educational activities about prenatal care, postpartum care, baby care, and family planning. Incentives will be offered for participating in educational activities.

To contact with MCS Educa or the Healthy Mothers and Babies Program, call at 1-866-817-2100.

This description is a summary of the benefits covered by MCS Educa. Its content is subject to the provisions of the policy. Subscribed by MCS Life Insurance Company and MCS Advantage, Inc.
Exceptional Service
Good service is our priority.

We have a team of professional experts in Sales, Service and Renewals that are trained to meet the needs of our groups.

Our team of professionals is licensed in Life and Disability Insurance, have received training in specialized areas such as: products, rules, clinical skills, pharmacy programs, finances, underwriting processes, and negotiation skills, among others.

This working team assists employers in all areas relating to services such as:

- Talks to offer orientation about benefits
- Regular visits (service, delivery of materials, cards, brochures, certificates of coverage, etc.).
- Presentations or orientations: benefits, life programs, specific services, according to the client’s needs
- Information booth

Internal and external account executives

The Employer Services Unit has a team of highly trained Account Executives who are licensed authorized representatives by the Office of the Insurance Commissioner (OIC).

Our purpose is to respond to service requests as soon as possible by offering our clients:

- **Accessibility**: To contact our executives at any time
- **Speed**: Address your needs and solve problems immediately
- **Accuracy**: Ability to provide accurate and correct information
- **Human factor**: Courtesy, empathy, diligence, ability to listen and solve problems in the least amount of time possible
Service Centers and Call Centers

Our Service Centers are available to meet the needs and service situations of each employer or insurance producer, such as:

- Certifications of coverage
- Certifications of cancellation
- Duplicate cards
- Verification of benefits, eligibility, payments, and adjustment of claims
- Status of reimbursements
- Payment histories
- Direct the enrollment and cancellation requests to the Eligibility Department
- Direct medical orders for approval to the Precertification Department

For your convenience, we also have an exclusive Call Center for the processing of these services. The number of the Call Center is (787) 281-2800 (metro area) and 1-888-758-1616 (toll free).
Clinical Care
Advanced Clinical Care Management

Our clinical experts maintain an ongoing auditing program of the utilization of services offered to our insured, to guarantee that they receive an adequate level of services, according to their health needs. We receive guidance from a team of medical directors and consultants.

We support clinical operations with innovative tools that provide the following features:

- A single access point for all information about the insured (Complete Electronic Health Record)
- Integrated clinical guidelines (InterQual)
- Easy transfer of cases and / or events
- Easy referral of cases and / or events
- Integral function to generate letters, manual and / or automated, for enrollees and providers
- Search for diagnoses and procedures
- Databases of providers and facilities

At MCS we have Medical Management Programs to manage the use of services. The integration of the Hospital Review, Case Management, and Disease Management programs, and the “Triage” Demand Management Programs is essential to minimize costs and support the quality of services.

Preauthorization Program

This program evaluates the medical need of services that require preauthorization, according to the contracted benefits coverage. It generally includes services or procedures with high cost, high usage volume, and technology that is new in the market.

The program has specialized personnel, including managers, supervisors, and graduate nursing staff, trained in the application and management of various levels of care guidelines that meet the standards in the practice of medicine and are widely accepted in the health care industry, who will coordinate the services required.
Case Management Program

This program coordinates the multidisciplinary services requested for the proper use and cost-effectiveness of the available resources, according to medical need. It focuses on chronic or catastrophic conditions, such as:

- Cancer
- End Stage Renal Disease
- HIV-AIDS
- High-risk obstetrics
- Children with special needs
- Organ transplants

In addition, the program manages the services that need to be coordinated through precertification with external entities, such as durable medical equipment, prosthetics, services in the U.S., and discharge planning. Another key feature is the analysis of large unexpected claims (known as “shock claims”) and the cases that could potentially have a high cost in order to be able to give early notification to our clients.

This program has the support of the Medical Policy Unit, which provides the basis for the different clinical protocols and procedures adopted by MCS and used as guidelines by the case managers in the implementation of various programs. The coordination of community services, according to the needs of patients, is an essential part of the case management process.

Hospital Review Program

The purpose of this program is the determination of suitability of the services provided to the insured during a hospitalization. The program is strictly guided by standard health care industry guidelines that allow for the identification of medical need and intensity of treatment for each particular admission. This includes admissions to hospitals, to skilled nursing care facilities, and rehabilitation centers.
Our team of experts, made up of managers, supervisors, and review specialists (physicians and graduate nursing staff), regularly visit all the hospitals in Puerto Rico and audit the medical records concurrently or retrospectively. This program is also involved in the identification and early management of extended stays and readmissions that focus on transitional care.

Clinical pharmacy programs

MCS strives to promote the prescribing patterns and the use of clinically sound and cost effective therapies that include alternatives for generic drugs and over the counter drugs (OTCs). This is achieved through our extensive offering of clinical programs, including physician education, concurrent and retrospective drug utilization review (DUR), precertification, quantity limits, disease management programs, as well as communications directed to physicians and the insured.

Our team of pharmacists collaborates in the specific drug utilization review of our insured and provides individualized recommendations to help our clients achieve their goals in terms of pharmacy benefits.

Comprehensive and customized clinical programs

- Formulary design
- Formulary requirements (precertification, limited quantities, and step therapy)
- Drugs audit
- Management of specialized drugs
- Generics as the first option
- Over the counter (OTC) drug coverage
- Patient and physician education

We identify the categories of high utilization, high cost, and we recommend customized solutions for your specific needs. In addition, our Pharmacy Benefit Manager (PBM) is located in Puerto Rico, which benefits our insured due to the educational scope for physicians and pharmacies.

Beyond promoting the use of the strategic clinical programs and plan designs, MCS offers innovative solutions for the specialty pharmacy service, mail service, and over the counter drugs, which serve as effective tools for pharmacy utilization management.
Physician education program

This program consists of direct interventions on the physician made by clinical staff with the purpose of providing guidance on prescribing patterns. It is aimed at:

• Promoting the latest treatment guidelines for medical conditions
• Promoting cost-effectiveness within a therapeutic category, in the use of drugs
• Promoting the use of generic drugs
• Promoting compliance with the prescription drug formulary

Options Subject to Negotiation

Health Management Program

This program consists of the implementation of educational and clinical interventions through health care, aimed at reducing high-risk levels related to lifestyle, managing health conditions, and preventing complications. The main components of the program are:

• The Predictive Model: Based on statistical analysis, it is used to predict the utilization patterns that can be modified with educational interventions
• Personal Wellness Profile: Individual evaluation of the health risks of participants
• Work plan: Design and implementation of educational interventions focusing on the principal educational needs identified in the population
Thank you for your interest in our benefits proposal!

We hope this information gives you a clear idea of all the benefits you can obtain with MCS. Our team of Sales Executives is available to assess your needs and to design the proposal that best fits your company. At MCS we are committed to offering the most complete line of products and services tailored to your company.

For more information about our products or services, please contact us at:

Sales Department
MCS Life Insurance Company
(787) 758-2500
mcs.com.pr

To submit your proposal:
proposalsunit@medicalcardsystem.com