

DXC 2025

Plan Type (M/D/V)
Plan NameMedical
MCS PPO 1

Health Plan Comparison Chart Data

Medical Coverage	INN/OON	
Carrier Name		MCS Life Insurance Company Inc.
Carrier name		MCS
Carrier Address		PO BOX 9023547 San Juan PR 00902-3547
Member services phone number		1-888-758-1616
Before you are a member (preview site)		http://mcs.com.pr/es/Paginas/aon.aspx
website		www.mcs.com.pr
Out-of-pocket maximum	In Network	\$6,350 Individual; \$12,700 Family; includes in network deductible, coinsurances and copays
	Out of Network	\$6,350 Individual; \$12,700 Family; includes out of network deductible, coinsurances and copays
Medical Deductible	\$ amount *0/Blank = No Deductible	0
Medical Out of Pocket Maximum - Individual	\$ amount *0/Blank = No OOP Max	\$6,350
Medical Out of Pocket Maximum - Family	\$ amount *0/Blank = No OOP Max	\$12,700
Under family coverage, does the Individual Out of Pocket Maximum still apply? I.E. is the Out of Pocket Maximum Embedded?	Yes/No	Yes
Copays count towards Medical Out of Pocket Maximum and Prescription Drug Out of Pocket Maximum (If applicable)?	Yes/No	Yes
Discounted rates for using In Network Providers?	Yes/No	Yes
Annual Physical Exam - Adult - Preventive Care	% or \$ amount	100% Covered
Annual Physical Exam - Child - Preventive Care	% or \$ amount	100% Covered
Adult Screenings - Preventive Care	% or \$ amount	100% Covered
Child Immunizations - Preventive Care	% or \$ amount	100% Covered
Primary doctor office visit	In Network	\$10 copay
	Out of Network	Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Specialist office visit	In Network	\$15 copay; Subspecialist: \$15 copay
	Out of Network	Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Emergency room (not followed by admission)	In Network	Accident: 100% covered; Illness: \$50 copay
	Out of Network	Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Outpatient X-ray	In Network	75% covered
	Out of Network	Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Annual Physical Exam - Adult	In Network	100% covered
	Out of Network	Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Adult Screenings (Includes Well-woman exam & Pap)	In Network	100% covered
	Out of Network	Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Annual Physical Exam - Child	In Network	100% covered; check with Plan for details and limits
	Out of Network	Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Child Immunizations	In Network	100% covered; check with Plan for details and limits
	Out of Network	Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.

Mammogram	In Network Out of Network	100% covered Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Influenza vaccination--Adults	In Network Out of Network	100% covered; check with Plan for details and limits Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Urgent care clinic visit	In Network Out of Network	\$50 copay Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Outpatient surgery	In Network Out of Network	Level 1 \$100 / Level 2 \$150 Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Outpatient laboratory services	In Network Out of Network	Special Network 80% covered / PPO 40% covered Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Outpatient diagnostic testing (i.e., MRI, CAT Scan, etc.)	In Network Out of Network	75% covered after deductible is met. Check with plan for details and limits Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Allergy tests and treatment	In Network Out of Network	Tests: Special Network 75% covered; PPO Network: 70% covered limited to 50 per policy year; Vaccines: 20% covered after MM deductible. Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Hearing Aids	In Network Out of Network	Covered through Major Medical at 80% by reimbursement, MM deductible applies up to a maximum \$250.00 per policy year, per member. Covered through Major Medical at 80% by reimbursement, MM deductible applies up to a maximum \$250.00 per policy year, per member.
Outpatient physical therapy	In Network Out of Network	\$5 copay; limited to 20 therapies per policy year Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Outpatient speech therapy	In Network Out of Network	Covered only for the conditions of autism and down syndrome without limit at the outpatient level. Physical therapy copay/coinsurance applies. Covered by reimbursement, only for the conditions of autism and down syndrome, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Outpatient occupational therapy	In Network	For patients diagnosed with autism and recommended by licensed physician, the ambulatory therapies are covered unlimited and as they are related to the autism condition. Physical therapy copays applies.
Acupuncture	Out of Network In Network Out of Network	Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies. Covered through MCS Alivia, check with Plan for details and limits Not Covered
Chiropractic	In Network Out of Network	\$5 copay; limited to 20 therapies per policy year Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Ambulance services	In Network	Covered; check with Plan for details and limits
Hospital copay	In Network Out of Network	Level 1 \$100 / Level 2 \$150 Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Hospital semi-private room	In Network Out of Network	Level 1 \$100 / Level 2 \$150 Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Inpatient physician and surgeon services	In Network Out of Network	100% Covered Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Inpatient lab and X-ray	In Network Out of Network	100% Covered Covered by reimbursement, based on the fee contracted by MCS according to the specialty. The corresponding copays applies.
Prescribed care in noncustodial skilled nursing facility	In Network	Covered. Does not apply copay/coinsurance. Requires PA of clinical affairs.
Rx Coverage		
Retail generic	In Network	\$8 copay; 30 day supply

	Out of Network	Not Covered
Retail formulary brand	In Network	80% covered; \$15 minimum copay; 30 day supply
	Out of Network	Not Covered
Retail nonformulary brand	In Network	60% covered; \$25 minimum copay; 30 day supply
	Out of Network	Not Covered
Retail tier 4 Specialty	In Network	80% covered ; \$200 maximum cost share; 30 day supply
	Out of Network	Not Covered
Dental Coverage		
Preventive Services Coverage	In Network	0%
Diagnostic Coverage	In Network	0%
Basic Treatment Coverage	In Network	0%
Endodontics Coverage	In Network	30%
Periodontic Coverage	In Network	30%
Major Treatments/ Restorative Coverage	In Network	50%
Orthodontic Coverage	In Network	50% up to \$1,000
Vision		
Vision Exam	In Network	\$15 Copay
Lenses/ Frames/ Contact Lenses	In Network	\$150 allowance every 12 months
Corrective Surgery	In Network	Not Covered