
TRIPLE-S SALUD, INC.

(hereinafter Triple-S Salud)
San Juan, Puerto Rico
Independent Licensee of the Blue Cross Blue Shield Association

Major Medical Expense Rider

WELCOME

Our priority is to assist you in all the stages of your life

For over 50 years we have taken care of the health of thousands of Puerto Ricans, offering them services of excellence and quality. Our priority is to serve you in all the stages of your life, and we strive every day to develop initiatives to meet this commitment.

Triple-S Salud, Inc. provides a wide range of comprehensive health care services to enhance your TOTAL WELLNESS and help improve your quality of life. It also provides more and better services with extended hours in our information rooms and call center, direct access to our Service Centers around the Island and services 24 hours a day through Teleconsulta and Telexpresso and our website www.ssspr.com.

This rider will help you and your eligible dependents to know the benefits this major medical rider provides.

We encourage you to become familiar with this document and keep it at hand for future reference.

Our greatest wish is for you to continue being part of our great family where we take care of the most precious thing you and your family have: your health.

THAT'SSS MY PLAN!



Pablo Almodóvar Scalley
President and Chief Executive Officer

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MAJOR MEDICAL COVERAGE
INDIVIDUAL ELEGIBILITY
Any employee and his direct dependents insured under Triple-S Salud basic policy for hospitalization, medical-surgical and ambulatory services may enroll in this major medical policy. Optional dependents are not eligible for the benefits offered under this policy.
DATE OF COVERAGE
Any eligible dependent will be covered on the later between the dates the employee becomes eligible or a person becomes eligible as a dependent.
COVERED SERVICES
Benefits
<p>This coverage is subject to the terms and conditions of the Triple-S Salud basic policy for hospitalization, medical-surgical, and ambulatory services that do not conflict with the benefits and conditions of this coverage.</p> <p>This Major Medical Expense rider provides coverage for some benefits that are either limited or excluded in the basic coverage, as specified in the section Medical Expenses Covered, and services rendered outside Puerto Rico, as long as they meet the conditions set forth in this rider for them.</p> <p>The medical expenses covered under the major medical expenses coverage will be paid directly to the insured person, or through assignment of benefits according to the fees set for such purposes and the amounts applicable to the policyholder and each of his insured eligible dependents.</p>
Coinsurance
<ul style="list-style-type: none"> • Each insured person or family will be liable for 20% of the covered medical expenses for the services specified in this rider. • Each insured person or family will be liable for the difference between the expense incurred and the fees Triple-S Salud has set forth for reimbursement of the covered medical expenses. • The amounts applicable to the coinsurance of covered medical expenses will be determined based on the fees set for the covered medical expenses.
REIMBURSEMENT: Covered medical expenses for medical services will be reimbursed according to the following conditions:
Eighty percent (80%) of covered medical expenses incurred by the policyholder or his insured dependent during a policy year, being provided that they will be covered subject to the limitations set forth in this coverage.
Benefits on covered medical expenses
<p>These benefits are subject to the terms and conditions specifically set for them and are offered only to those insureds that live permanently in the Service Area.</p> <p>To be entitled for reimbursement of covered medical expenses, the person must be insured under the hospital, medical-surgical and ambulatory services policy under the coverage corresponding to the service requested.</p> <p>Expenses for services received in or out of a hospital, worldwide, will be paid while they are related to an illness, accident, pregnancy, delivery or medical condition as follows: if the service is rendered in Puerto Rico, reimbursement will be made based on the medical fee schedule set by Triple-S Salud for said purposes; if the service is rendered outside Puerto Rico, it will be paid according to fees set forth by the Blue Cross Blue Shield Association (BCBSA) plans when the person uses BCBSA network providers, except in cases of emergency or if otherwise stated in this Rider. Services provided through nonparticipating providers outside of Puerto Rico are not covered except in emergency cases. In these cases, they will be covered based on the established rate of nonparticipating providers established..</p>

All services rendered outside Puerto Rico will be paid exclusively through this coverage, subject to a precertification from Triple-S Salud. In cases in which services are rendered without said precertification or are not emergency services, they will be paid directly to the insured person or through assignment of benefits, based on the fees set forth by Triple-S Salud for its network providers in Puerto Rico.

Expenses incurred for covered services resulting from a medical emergency while the affected person is outside Puerto Rico will not require a precertification, but the services will be subject to Triple-S Salud's corroboration of their reasonability and medical need.

The insured person may request Assignment of Benefits when the services to be received are not rendered in Puerto Rico, subject to Triple-S Salud's precertification of the benefit. When the Blue Cross Blue Shield Association non-network physician, hospital or facility accepts the Assignment of Benefits, they accept to bill Triple-S Salud directly for the services rendered to the insured person.

COVERED MEDICAL EXPENSES: Medical expenses for services necessary to treat injuries or illnesses suffered by the insured person, as recommended and approved by the attending physician will be covered when rendered outside Puerto Rico or in Puerto Rico when they extend the basic coverage services should they were limited or excluded. This major medical rider will not cover services that exceed the limitations of the Basic Coverage, except for those services expressly indicated in this Section.

1. **Anesthesia and its Administration**
2. **Mental Conditions, Drug Addiction and Alcoholism:**
 - a. **Hospital services for mental conditions, drug addiction and alcoholism** - medical expenses covered during hospitalization periods will be reimbursed according to the provisions set forth for any other illness.
 - b. **Ambulatory services for mental conditions, drug addiction and alcoholism** – reimbursement of medical expenses covered for services not rendered in a hospital resulting from mental conditions, drug addiction and alcoholism will be reimbursed according to the provisions set forth for any other illness.
3. **Durable Medical Equipment (This services are only covered when rendered outside Puerto Rico and require precertification):**
 - a. Purchase or rental of oxygen and the equipment necessary for its administration.
 - b. Purchase or rental, of wheelchairs or hospital-type beds, according to the criteria set forth by Triple-S Salud.
 - c. Purchase or rental of respirators, ventilators and other equipment for the treatment of respiratory paralysis, according to the criteria set forth by Triple-S Salud.
4. **Medical materials and supplies:**
 - a. Covered prescription drugs ordered in writing by a physician during hospitalization periods.
 - b. Surgical materials and supplies such as bandages and gauze.
5. **Ground ambulance service:** From and to any medical facility. These services are covered if rendered by a vehicle duly authorized by the government agency designated for this purpose.
6. **Nursing services:** Certified as medically necessary and rendered by a person duly certified to render these services, who is not a member of the insured's immediate family or does not live in the same household.
7. **Hospital services:** Semi private room and meals, in addition to other hospital services and supplies.
8. **Laboratory and X-rays services:** For diagnosis and treatment purposes.

9. **Medical services**
10. **Clinical psychology services:** Rendered by a psychologist with a master's degree or Ph.D. certified by the government agency designated for said purposes.
11. **Physical therapy and rehabilitation services (These services are only covered when rendered outside Puerto Rico):** Of the Treatment modality and duration prescribed by the physician in charge of the case and under the supervision of a physiatrist. In this case, the supervision is not required to be face to face, but the physician must be available at the location in case it is necessary to evaluate and recommend a change to the treatment plan.
12. **Ambulatory Surgery Center services**
13. **Lazy-eye treatment (Orthoptic Training):** Ordered in writing by a doctor in medicine and provided by a technician qualified in the field an optometrist.
14. **Other services:** The following services will be covered as long as they are considered medically necessary. Services The following services are excluded from the term "medically necessary": those that are not necessary, experimental or investigational services, clinical trials or services provided in excess of those usually required for the diagnosis, prevention or treatment of an illness, injury, malfunction of the organ system or a condition of pregnancy.
 - a. Hearing aids
 - b. Prosthetic devices or implants to substitute of an organ or part of an organ, for maintaining its functioning such as: pacemakers, prosthesis, valves, etc. Replacement is excluded.
 - c. Surgical assistance
 - d. Mammoplasty, subject to Triple-S Salud's precertification.
 - e. Sports medicine, as established in the Limitations section.
 - f. Positron Emission Tomography (PET CT and PET Scan), as established in the Limitations section.
 - g. Magnetic resonance, as established in the Limitations section.
 - h. Cardiac rehabilitation: These services will be covered when rendered by a physiatrist with knowledge on rehabilitation and exercise physiology. Its purpose is to minimize physical and psychological disability that may result from a cardiovascular disease. These services will be reimbursed according to the rates and medical needs provisions set by Triple-S Salud.
 - i. Intravenous or inhalation analgesia administered in the office of an oral surgeon or dentist.
 - j. Prenatal and postpartum services
 - k. Computerized Tomography, as established in the Limitations section.
 - l. Tuboplasty
 - m. Vasovasostomy

MAJOR MEDICAL EXPENSES COVERAGE LIMITATIONS

1. Reimbursement for services rendered outside Puerto Rico will be based on the medical fee schedule established by Triple-S for such purposes.
2. Hearing aids will be covered up to a maximum amount of **Two hundred fifty dollars (\$250.00)** per policy year, per insured person.
3. Sports medicine will be covered up to a maximum of 20 therapies, per policy year, per insured person.
4. Computerized Tomography and magnetic resonance studies will be covered to a maximum of two (2) studies of each, per policy year, per insured person.
5. Positron Emission Tomography (PET CT and PET scan) will be covered at facilities contracted by Triple-S Salud, up to a maximum of one test per policy year, per insured person.

MAJOR MEDICAL EXPENSES COVERAGE EXCLUSIONS

The exclusions of the Basic Coverage for hospitalization, medical surgical and ambulatory services apply to this coverage, except those services that are specifically mentioned as covered services.

This coverage excludes the following expenses:

1. Expenses resulting from war or international armed conflicts.
2. Dental services for care and treatment of teeth and gums.
3. Eyeglasses, orthopedic and orthotic devices, except those required as a result of an accidental injury.
4. Services while the person is confined in an institution such as a training school training, a retirement home, nursing home or a specific convalescence home.
5. Services of a social worker, including a psychologist or psychiatric social worker.
6. Air ambulance services, except in case of an emergency in Vieques and Culebra municipality islands. Services rendered by sea ambulance are also excluded.
7. Services related to any type of dialysis or hemodialysis, complications from these treatments and the corresponding hospital and medical-surgical services, regardless of the health condition that make them necessary.
8. Expenses for copays and coinsurances applicable to hospitalization, medical-surgical and ambulatory services in the basic coverage and its riders.
9. Expenses for post-hospitalization services received at a Skilled Nursing Facility or provided by a Home Healthcare Agency.
10. Expenses for immunization and tympanometry.
11. Services rendered by non-participating providers and facilities in Puerto Rico , except in case of emergency or when the specialty is not available in Triple-S Salud's network of providers.
12. Expenses related to organ and tissue transplants.
13. Expenses for services limited or excluded in the basic coverage, except those indicated in this rider.
14. Services rendered by non-participating professionals and facilities outside Puerto Rico, except in case of emergency.

DEFINITIONS

For the purpose of this rider, the terms that follow will be defined as stated below:

1. **COINSURANCE:** The percentage of the fee the insured has to pay to the participating physician or provider or to any other provider when he or she receives the covered service which is his or her contribution to the cost of the services he or she receives, as set forth in this rider and as has been notified to the participating physician or provider. Triple-S Salud does not reimburse this amount.
2. **COLLATERAL VISITS:** Interviews at the psychiatrist office with the immediate family of the patient insured under this policy.
3. **DURABLE MEDICAL EQUIPMENT:** Equipment that can be used repeatedly. Its main purpose is to serve a medical purpose and not to serve a person or an injury. The equipment must be appropriate for use in the patient's home and medical necessity must be certified. Does not include equipment that is used outside the home or equipment that only serves a convenience function.
4. **HOME HEALTH CARE AGENCY:** An agency or organization that provides a home medical assistance program and that:
 - a) Has Medicare's approval as a Health Care Agency
 - b) Is established and functions according to the applicable laws of the jurisdiction where it is located; and where a license is required, that has been authorized by the regulatory authority that has the responsibility of granting said license per the law, or
 - c) Meets all of the following requirements:
 - 1) It is an agency that presents itself to the public with the primary objective of providing home health care taking assistance services to the home.
 - 2) Has a full-time administrator.
 - 3) Keeps written records of the services rendered to the patients.
 - 4) Its staff has at least one registered nurse (RN).
 - 5) Its employees must have health insurance and be provided a malpractice and professional liability insurance.
5. **IMPLANT:** Object, material, or device that is placed in the body with the purpose of preserving its configuration or to provide temporary or permanent stability or stimulus to a part of the body. They are covered according to what is set forth in the policy
6. **MEDICAL BENEFITS SCHEDULE:** The schedule used to pay covered services received by the insured person when said services cannot be paid under the concept of usual, customary, and reasonable charge. The Medical Benefits Schedule will apply in Puerto Rico.
7. **MEDICAL MATERIALS OR SUPPLIES:** Those materials or supplies, which for their diagnostic or therapeutic characteristics are essential for the effectiveness of the plan ordered by the physician for the treatment or diagnosis of the patient's disease or injury.
8. **ORTHOPEDIC DEVICES:** Those used after a surgical or mechanical correction of deviations, deformities and fractures in general.
9. **ORTHOTIC DEVICES:** External devices that restrict, eliminate, or redirect the motion of a weak or diseased part of the body, such as braces, corsets, splints, casts for injured ligaments, among others.
10. **PROSTHESIS:** Artificial replacement for a dysfunctional part of the body that is fabricated and adapted to the measures and individual needs of its recipient with the purpose of providing functionality and/or motility. It may substitute part of the body that is not functioning or is missing. They are

covered according to what is established in the policy.

11. **PSYCHOLOGIST:** A professional licensed by the Puerto Rico Board of Psychologist Examiners that has a master's or doctoral degree in clinical psychology of an accredited university or college.
12. **SERVICE AREA:** Means the area within which it is expected that the insured person receives most of the medical-hospital services. In this policy the service area means Puerto Rico, for the benefits provided in this policy are only available for persons that reside permanently in Puerto Rico.
13. **SKILLED NURSING FACILITY:** It is a Skilled Nursing Facility, as defined by Medicare, that is qualified to participate and is eligible to receive payments under and in conformance with the provisions of Medicare, except a Skilled Nursing Facility that is part of a hospital, as defined; or, is a facility that completely satisfies all of the following conditions:
 - 1) Is managed according to the laws applicable to the jurisdiction in which it is located.

- 2) Is under the full-time supervision of a licensed physician or a registered nurse.
 - 3) Regularly provides room and board and renders skilled nursing services, 24 hours a day to ill or injured persons, to the patient's expense, during the recovery phase of an injury or illness.
 - 4) Maintains a daily medical record of each patient who is under the care of a duly qualified physician.
 - 5) Is authorized to administer medications to the patients following the instructions of a duly qualified physician.
 - 6) Is not, unless incidentally, a place for the aged, blind or deaf, a hotel, a house home care, maternity home, or an institution for alcoholics or drug addicts or mentally ill.
 - 7) Is not a hospital.
14. **SURGICAL ASSISTANCE:** When a licensed physician actively assists the leading surgeon in performing a covered surgical procedure, which for its complexity guarantees the need of assistance.

