

MEDICARE PLATINO CONTRACT



APPENDIX C (7) (22)

**BENEFITS NOT-COVERED BY
WRAP AROUND SUPPLEMENTARY
BENEFITS PART C**

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APPENDIX C (7)

Part C Supplementary Benefits Certification

I, Madeline Hernández-Urquiza as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: Platino Plus H5774-024

Description of Benefits	Copay			
	100	110	120	130
Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Mental Health Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Worldwide Emergency / Urgency – The plan covers services Worldwide through reimbursement in accordance with Puerto Rico rates. Up to a \$75 coverage limit per incident.	\$0	\$0	\$0	\$0
Chiropractic Services – Routine chiropractic visits (up to 5 every year).	\$0	\$0	\$0	\$0
Podiatry – Routine foot care, up to four (4) visits per year, including the initial.	\$0	\$0	\$0	\$0
Outpatient Blood Services – Three (3) pint deductible waived.	\$0	\$0	\$0	\$0
Vision Benefit – One (1) routine eye exam every year. Up to \$850 each year for eyewear (frame and lenses) or contact lenses.	\$0	\$0	\$0	\$0
Comprehensive Dental Services – Maximum plan benefit coverage of \$3,000 every year.	\$0	\$0	\$0	\$0
Hearing Benefit – One (1) routine hearing exam. One (1) hearing aid fitting/evaluation every year. Up to \$2,000 each year for hearing aids.	\$0	\$0	\$0	\$0




Description of Benefits	Copay			
	100	110	120	130
Teleconsulta – Nurse line for health consultations, available 24 hours, 7 days a week. If you are sick, hurt or need health related advice, the nursing professionals will offer you guidance to help you decide whether you should make a doctor’s appointment, visit an emergency room, or they will offer you self-care instructions to help alleviate your symptoms safely, in the comfort of your home.	\$0	\$0	\$0	\$0
Teleconsejo – Access to 24/7 orientation on emotional situations such as anxiety, emotional crisis, depression, life events such as loss of family members or friend, economic hardship, or financial issues, among others. Health needs assessment on mental conditions and support to coordinate services or locate available community services. Coaching for developing treatment plans. Support in managing medications.	\$0	\$0	\$0	\$0
Health Education – This program provides health information and promotes healthier lifestyles. It includes interaction of qualified health professionals (health educators/Nutritionist) with you on specific disease conditions such as (but not limited to): Hypertension, Diabetes, Congestive Heart Failure, and smoking/tobacco use. This program provides health education material, group interventions and telephone-based education on nutrition and weight management based on your health by health educators.	\$0	\$0	\$0	\$0
Alternative Medicine/Acupuncture – Up to twelve (12) combined visits every year.	\$0	\$0	\$0	\$0
Non-Emergency Transportation – Up to 24 one-way trips every year. Other method of transportation is available in an automobile, through a contracted provider.	\$0	\$0	\$0	\$0
Nutritionist Visits – Up to 4 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.	\$0	\$0	\$0	\$0
OTC – \$75 every three months	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>In-Home Support / Home Help – Benefit consists of in-home support for activities of daily living such as: Help with bathing and with dressing, transferring or mobility help in the home, light housekeeping (cleaning, laundry, dishes), meal preparation, help with medication reminders. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. Covers up to 48 hours of care in a calendar year (four (4) hours per day for a maximum of 12 days in the calendar year).</p> <p>Benefit eligibility will be based on medical recommendation, and the following conditions:</p> <ul style="list-style-type: none"> • Post Inpatient stay for Heart Failure (CHF), any class with transition of care to patient’s home • Post Inpatient stay for Chronic Obstructive Pulmonary Disease (COPD), with transition of care to patient’s home • Post Inpatient stay for Acute Stroke with transition of care to patient’s home • Oncology Patients with Active Chemo by Infusion or systemic radiotherapy • Patients discharged from open heart surgery, hip surgery or knee surgery with transition of care to patient’s home • COPD patients with supplemental oxygen dependency • Bedridden patients 	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>Enhance In-home support- Benefit consists of In-home Support for activities of daily living such as: Help with bathing and dressing, transferring or mobility help, light housekeeping (cleaning, laundry, dishes), meal preparation, medication reminders, non-invasive / non-clinical care such as diaper change or patient rotation to avoid ulcers, documentation and reporting back to the plan, coordinate doctor visits, plan coverage navigation to order refills and coordinate delivery using technology and escalation process to attend particular needs. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. After meeting with the care manager once every quarter, the benefit will be available in blocks of 40 hours per quarter (not cumulative) for a maximum of 160 hours per year.</p> <p>Benefit is limited to bedridden patients with essential services requirements limited to</p> <ul style="list-style-type: none"> • Chemotherapy • Oxygen dependency • Ventilator • Enteral Nutrition • Specialty drugs (cancer/pulmonary hypertension) • CPAP • Wound Care • Ostomized <p>Besides having the eligible condition, member must meet with care manager at least once every quarter in order to have access to the benefit.</p>	\$0	\$0	\$0	\$0
<p>Value Based Insurance Design – Rebates Through the CMS VBID and with the flexibility to share beneficiary Rebates Savings more directly with beneficiaries in the form of Cash or Monetary Rebates as a new mandatory supplemental benefit, Triple-S will provide a monthly monetary rebate of \$75 in the form of a debit card.</p>	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>Value Based Insurance Design – Socioeconomic Status Through the CMS VBID, Triple-S will allow members to use their Non-Emergency Transportation described before for non-health related destinations, such as bank, church, and supermarkets.</p>	\$0	\$0	\$0	\$0
<p>Value Based Insurance Design – Hospice Through the CMS VBID, Triple-S will continue incorporating the current Medicare hospice (as defined by the SSA) benefit into our covered benefits in combination with offering palliative care services outside the hospice benefit for enrollees with serious illness and providing individualized transitional concurrent care services.</p> <p>TSA will continue administering all hospice interventions for all new hospice-eligible members that became eligible after January 1st, 2021.</p> <p>Intervention will include orientation on hospice offering and regulations, and, for members who chose not entering a hospice intervention, TSA will offer a palliative care approach. Members who elect entering hospice intervention with a contracted provider, will be provided additionally the In-Home Support Benefit described below.</p> <p>-Hospice In-Home Support Benefit: The benefit consists of qualified staff in-home support for activities of daily living such as: Help for bathing and dressing, transferring or assistance for mobility at home, light housekeeping (cleaning, laundry, cleaning dishes), meal preparation and help with medication reminders. One 4-hour visit per week as long as the member participates in the Triple-S hospice program with a contracted in-network provider.</p>	\$0	\$0	\$0	\$0
<p>Additional Telehealth: Covered services are Primary Care Physician consultations / Specialist consultations / Kidney Disease Education Services / Diabetes Self Training / Psychiatrist (individual</p>	\$0	\$0	\$0	\$0



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Description of Benefits	Copay			
	100	110	120	130
consultations) / Psychologists (individual consultations)				
Wellness and Healthcare Planning (WHP) WHP services are discussions on your care choices, including developing an Advanced Care Plan (ACP). These discussions may become part of the annual health assessment with your doctor, during a Health Risk Assessment or through our Care Management Department and will include discussions of your care choices and choice of a surrogate and discuss the Advance Directives documents or verification of a current Advance Directive document. The WHP and ACP programs are voluntary, and the member will have access to them from the moment of their enrollment.	\$0	\$0	\$0	\$0

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



Mrs. Madeline Hernández-Urquiza
President
Triple-S Advantage, Inc.

6-4-21
Date



APPENDIX C (7)

Part C Supplementary Benefits Certification

I, Madeline Hernández-Urquiza as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: Platino Ultra H5774-025

Description of Benefits	Copay			
	100	110	120	130
Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Mental Health Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Worldwide Emergency / Urgency – The plan covers services Worldwide through reimbursement in accordance with Puerto Rico rates. Up to a \$75 coverage limit per incident.	\$0	\$0	\$0	\$0
Chiropractic Services – Routine chiropractic visits (up to 5 every year).	\$0	\$0	\$0	\$0
Podiatry – Routine foot care, up to four (4) visits per year, including the initial.	\$0	\$0	\$0	\$0
Outpatient Blood Services – Three (3) pint deductible waived.	\$0	\$0	\$0	\$0
Vision Benefit – One (1) routine eye exam every year. Up to \$1,000 each year for eyewear (frame and lenses) or contact lenses.	\$0	\$0	\$0	\$0
Comprehensive Dental Services – Maximum plan benefit coverage of \$3,500 every year.	\$0	\$0	\$0	\$0
Hearing Benefit – One (1) routine hearing exam. One (1) hearing aid fitting/evaluation every year. Up to \$2,000 each year for hearing aids.	\$0	\$0	\$0	\$0




Description of Benefits	Copay			
	100	110	120	130
Teleconsulta – Nurse line for health consultations, available 24 hours, 7 days a week. If you are sick, hurt or need health related advice, the nursing professionals will offer you guidance to help you decide whether you should make a doctor’s appointment, visit an emergency room, or they will offer you self-care instructions to help alleviate your symptoms safely, in the comfort of your home.	\$0	\$0	\$0	\$0
Teleconsejo – Access to 24/7 orientation on emotional situations such as anxiety, emotional crisis, depression, life events such as loss of family members or friend, economic hardship, or financial issues, among others. Health needs assessment on mental conditions and support to coordinate services or locate available community services. Coaching for developing treatment plans. Support in managing medications.	\$0	\$0	\$0	\$0
Health Education – This program provides health information and promotes healthier lifestyles. It includes interaction of qualified health professionals (health educators/Nutritionist) with you on specific disease conditions such as (but not limited to): Hypertension, Diabetes, Congestive Heart Failure, and smoking/tobacco use. This program provides health education material, group interventions and telephone-based education on nutrition and weight management based on your health by health educators.	\$0	\$0	\$0	\$0
Alternative Medicine/Acupuncture – Up to twelve (12) combined visits every year.	\$0	\$0	\$0	\$0
Non-Emergency Transportation – Up to 24 one-way trips every year. Other method of transportation is available in an automobile, through a contracted provider.	\$0	\$0	\$0	\$0
Nutritionist Visits – Up to 4 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.	\$0	\$0	\$0	\$0
OTC – \$100 every three months	\$0	\$0	\$0	\$0
In-Home Support / Home Help – Benefit consists of in-home support for activities of daily living such as: Help with bathing and with dressing,	\$0	\$0	\$0	\$0

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Description of Benefits	Copay			
	100	110	120	130
<p>transferring or mobility help in the home, light housekeeping (cleaning, laundry, dishes), meal preparation, help with medication reminders. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. Covers up to 48 hours of care in a calendar year (four (4) hours per day for a maximum of 12 days in the calendar year).</p> <p>Benefit eligibility will be based on medical recommendation, and the following conditions:</p> <ul style="list-style-type: none"> • Post Inpatient stay for Heart Failure (CHF), any class with transition of care to patient's home • Post Inpatient stay for Chronic Obstructive Pulmonary Disease (COPD), with transition of care to patient's home • Post Inpatient stay for Acute Stroke with transition of care to patient's home • Oncology Patients with Active Chemo by Infusion or systemic radiotherapy • Patients discharged from open heart surgery, hip surgery or knee surgery with transition of care to patient's home • COPD patients with supplemental oxygen dependency • Bedridden patients 				
<p>Enhance In-home support - Benefit consists of In-home Support for activities of daily living such as: Help with bathing and dressing, transferring or mobility help, light housekeeping (cleaning, laundry, dishes), meal preparation, medication reminders, non-invasive / non-clinical care such as diaper change or patient rotation to avoid ulcers, documentation and reporting back to the plan, coordinate doctor visits, plan coverage navigation to order refills and coordinate delivery using technology and escalation process to attend particular needs. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. After meeting with</p>	\$0	\$0	\$0	\$0



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Description of Benefits	Copay			
	100	110	120	130
<p>the care manager once every quarter, the benefit will be available in blocks of 40 hours per quarter (not cumulative) for a maximum of 160 hours per year.</p> <p>Benefit is limited to bedridden patients with essential services requirements limited to</p> <ul style="list-style-type: none"> • Chemotherapy • Oxygen dependency • Ventilator • Enteral Nutrition • Specialty drugs (cancer/pulmonary hypertension) • CPAP • Wound Care • Ostomized <p>Besides having the eligible condition, member must meet with care manager at least once every quarter in order to have access to the benefit.</p>				
<p>Special Supplemental Benefits for the Chronically III -</p> <p>With CMS' flexibilities for members with chronic conditions who meet all mandated requirements for the Special Supplemental Benefits for the Chronically III (SSBCI), Triple-S will provide:</p> <ul style="list-style-type: none"> • \$225 every three months <p>Allowance is not cumulative and is restricted to payment of the following combined benefits:</p> <ul style="list-style-type: none"> ○ Utilities restricted to water, electricity, internet, telephone, cable tv / satellite through contracted merchants ○ Gasoline through contracted merchants ○ Payment for thorough house cleaning performed by a contracted professional 	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>○ Purchase of food and grocery delivery charges</p> <p>Benefit will not include: Beer, wine, liquor, cigarettes, tobacco, vitamins, medicines or supplements. It will also not include any nonfood items such as pet food, cleaning supplies, paper products, other household supplies, hygiene items or cosmetics.</p> <p>Transportation to Non-Health Related Destinations: With CMS' flexibilities for members with chronic conditions who meet all mandated requirements for the Special Supplemental Benefits for the Chronically Ill (SSBCI), Triple-S will allow these members to use their Non-Emergency Transportation described before for non-health related destinations.</p>				
<p>Value Based Insurance Design – Hospice</p> <p>Through the CMS VBID, Triple-S will continue incorporating the current Medicare hospice (as defined by the SSA) benefit into our covered benefits in combination with offering palliative care services outside the hospice benefit for enrollees with serious illness and providing individualized transitional concurrent care services.</p> <p>TSA will continue administering all hospice interventions for all new hospice-eligible members that became eligible after January 1st, 2021.</p> <p>Intervention will include orientation on hospice offering and regulations, and, for members who chose not entering a hospice intervention, TSA will offer a palliative care approach. Members who elect entering hospice intervention with a contracted provider, will be provided additionally the In-Home Support Benefit described below.</p> <p>Hospice In-Home Support Benefit: The benefit consists of qualified in-home support staff for activities of daily living such as:</p>	\$0	\$0	\$0	\$0



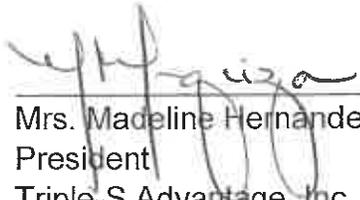
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Description of Benefits	Copay			
	100	110	120	130
Help for bathing and dressing, transferring or assistance for mobility at home, light housekeeping (cleaning, laundry, cleaning dishes), meal preparation and help with medication reminders. One 4-hour visit per week as long as the member participates in the Triple-S hospice program with a contracted in-network provider.				
Additional Telehealth: Covered services are Primary Care Physician consultations / Specialist consultations / Kidney Disease Education Services / Diabetes Self Training / Psychiatrist (individual consultations) / Psychologists (individual consultations)	\$0	\$0	\$0	\$0
Wellness and Healthcare Planning (WHP) - WHP services are discussions on your care choices, including developing an Advanced Care Plan (ACP). These discussions may become part of the annual health assessment with your doctor, during a Health Risk Assessment or through our Care Management Department and will include discussions of your care choices and choice of a surrogate and discuss the Advance Directives documents or verification of a current Advance Directive document. The WHP and ACP programs are voluntary, and the member will have access to them from the moment of their enrollment.	\$0	\$0	\$0	\$0



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



Mrs. Madeline Hernandez-Urquiza
President
Triple-S Advantage, Inc.

6-4-21
Date



APPENDIX C (7)

Part C Supplementary Benefits Certification

I, Madeline Hernández-Urquiza as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: Platino Advance H5774-026

Description of Benefits	Copay			
	100	110	120	130
Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Mental Health Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Worldwide Emergency / Urgency – The plan covers services Worldwide through reimbursement in accordance with Puerto Rico rates. Up to a \$75 coverage limit per incident.	\$0	\$0	\$0	\$0
Chiropractic Services – Routine chiropractic visits (up to 5 every year).	\$0	\$0	\$0	\$0
Podiatry – Routine foot care, up to four (4) visits per year, including the initial.	\$0	\$0	\$0	\$0
Outpatient Blood Services – Three (3) pint deductible waived.	\$0	\$0	\$0	\$0
Vision Benefit – One (1) routine eye exam every year. Up to \$200 each year for eyewear (frame and lenses) or contact lenses.	\$0	\$0	\$0	\$0
Comprehensive Dental Services – Maximum plan benefit coverage of \$1,000 every year.	\$0	\$0	\$0	\$0
Hearing Benefit – One (1) routine hearing exam. One (1) hearing aid fitting/evaluation every year. Up to \$500 each year for hearing aids.	\$0	\$0	\$0	\$0
Teleconsulta – Nurse line for health consultations, available 24 hours, 7 days a week. If you are sick, hurt or need health related advice, the nursing professionals will offer you guidance to help you decide whether you should make a doctor’s appointment, visit an emergency room, or they will offer you self-care instructions to help alleviate your symptoms safely, in the comfort of your home.	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
Teleconsejo – Access to 24/7 orientation on emotional situations such as anxiety, emotional crisis, depression, life events such as loss of family members or friend, economic hardship, or financial issues, among others. Health needs assessment on mental conditions and support to coordinate services or locate available community services. Coaching for developing treatment plans. Support in managing medications.	\$0	\$0	\$0	\$0
Health Education – This program provides health information and promotes healthier lifestyles. It includes interaction of qualified health professionals (health educators/Nutritionist) with you on specific disease conditions such as (but not limited to): Hypertension, Diabetes, Congestive Heart Failure, and smoking/tobacco use. This program provides health education material, group interventions and telephone-based education on nutrition and weight management based on your health by health educators.	\$0	\$0	\$0	\$0
Non-Emergency Transportation – Up to 20 one-way trips every year. Other method of transportation is available in an automobile, through a contracted provider.	\$0	\$0	\$0	\$0
Nutritionist Visits – Up to 4 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.	\$0	\$0	\$0	\$0
OTC – \$50 every three months	\$0	\$0	\$0	\$0
In-Home Support / Home Help – Benefit consists of in-home support for activities of daily living such as: Help with bathing and with dressing, transferring or mobility help in the home, light housekeeping (cleaning, laundry, dishes), meal preparation, help with medication reminders. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. Covers up to 48 hours of care in a calendar year (four (4) hours per day for a maximum of 12 days in the calendar year).	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>Benefit eligibility will be based on medical recommendation, and the following conditions:</p> <ul style="list-style-type: none"> • Post Inpatient stay for Heart Failure (CHF), any class with transition of care to patient's home • Post Inpatient stay for Chronic Obstructive Pulmonary Disease (COPD), with transition of care to patient's home • Post Inpatient stay for Acute Stroke with transition of care to patient's home • Oncology Patients with Active Chemo by Infusion or systemic radiotherapy • Patients discharged from open heart surgery, hip surgery or knee surgery with transition of care to patient's home • COPD patients with supplemental oxygen dependency • Bedridden patients 				
<p>Enhance In-home - Benefit consists of In-home Support for activities of daily living such as: Help with bathing and dressing, transferring or mobility help, light housekeeping (cleaning, laundry, dishes), meal preparation, medication reminders, non-invasive / non-clinical care such as diaper change or patient rotation to avoid ulcers, documentation and reporting back to the plan, coordinate doctor visits, plan coverage navigation to order refills and coordinate delivery using technology and escalation process to attend particular needs. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. After meeting with the care manager once every quarter, the benefit will be available in blocks of 40 hours per quarter (not cumulative) for a maximum of 160 hours per year.</p> <p>Benefit is limited to bedridden patients with essential services requirements limited to</p> <ul style="list-style-type: none"> • Chemotherapy • Oxygen dependency • Ventilator 	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<ul style="list-style-type: none"> • Enteral Nutrition • Specialty drugs (cancer/pulmonary hypertension) • CPAP • Wound Care • Ostromized <p>Besides having the eligible condition, member must meet with care manager at least once every quarter in order to have access to the benefit.</p>				
<p>Value Based Insurance Design Rebates Through the CMS VBID and with the flexibility to share beneficiary Rebates Savings more directly with beneficiaries in the form of Cash or Monetary Rebates as a new mandatory supplemental benefit, Triple-S will provide a monthly monetary rebate of \$165 in the form of a debit card.</p>	\$0	\$0	\$0	\$0
<p>Value Based Insurance Design – Hospice Through the CMS VBID, Triple-S will continue incorporating the current Medicare hospice (as defined by the SSA) benefit into our covered benefits in combination with offering palliative care services outside the hospice benefit for enrollees with serious illness and providing individualized transitional concurrent care services.</p> <p>TSA will continue administering all hospice interventions for all new hospice-eligible members that became eligible after January 1st, 2021.</p> <p>Intervention will include orientation on hospice offering and regulations, and, for members who chose not entering a hospice intervention, TSA will offer a palliative care approach. Members who elect entering hospice intervention with a contracted provider, will be provided additionally the In-Home Support Benefit described below.</p>	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>Hospice In-Home Support Benefit: The benefit consists of qualified in-home support staff for activities of daily living such as: Help for bathing and dressing, transferring or assistance for mobility at home, light housekeeping (cleaning, laundry, cleaning dishes), meal preparation and help with medication reminders. One 4-hour visit per week as long as the member participates in the Triple-S hospice program with a contracted in-network provider.</p>				
<p>Additional Telehealth: Covered services are Primary Care Physician consultations / Specialist consultations / Kidney Disease Education Services / Diabetes Self Training / Psychiatrist (individual consultations) / Psychologists (individual consultations)</p>	\$0	\$0	\$0	\$0
<p>Wellness and Healthcare Planning (WHP) - WHP services are discussions on your care choices, including developing an Advanced Care Plan (ACP). These discussions may become part of the annual health assessment with your doctor, during a Health Risk Assessment or through our Care Management Department and will include discussions of your care choices and choice of a surrogate and discuss the Advance Directives documents or verification of a current Advance Directive document. The WHP and ACP programs are voluntary, and the member will have access to them from the moment of their enrollment.</p>	\$0	\$0	\$0	\$0



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



Mrs. Madeline Hernández-Urquiza
President
Triple-S Advantage, Inc.

6-4-21
Date



APPENDIX C (7)

Part C Supplementary Benefits Certification

I, Madeline Hernández-Urquiza as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: Platino Blindao H5774-028

Description of Benefits	Copay			
	100	110	120	130
Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Mental Health Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Worldwide Emergency / Urgency – The plan covers services Worldwide through reimbursement in accordance with Puerto Rico rates. Up to a \$75 coverage limit per incident.	\$0	\$0	\$0	\$0
Chiropractic Services – Routine chiropractic visits (up to 5 every year).	\$0	\$0	\$0	\$0
Podiatry – Routine foot care, up to four (4) visits per year, includes the initial.	\$0	\$0	\$0	\$0
Outpatient Blood Services – Three (3) pint deductible waived.	\$0	\$0	\$0	\$0
Vision Benefit – One (1) routine eye exam every year. Up to \$500 each year for eyewear (frame and lenses) or contact lenses.	\$0	\$0	\$0	\$0
Comprehensive Dental Services – Maximum plan benefit coverage of \$2,000 every year.	\$0	\$0	\$0	\$0
Hearing Benefit – One (1) routine hearing exam. One (1) hearing aid fitting/evaluation every year. Up to \$1,500 each year for hearing aids.	\$0	\$0	\$0	\$0





Description of Benefits	Copay			
	100	110	120	130
Teleconsulta – Nurse line for health consultations, available 24 hours, 7 days a week. If you are sick, hurt or need health related advice, the nursing professionals will offer you guidance to help you decide whether you should make a doctor’s appointment, visit an emergency room, or they will offer you self-care instructions to help alleviate your symptoms safely, in the comfort of your home.	\$0	\$0	\$0	\$0
Teleconsejo – Access to 24/7 orientation on emotional situations such as anxiety, emotional crisis, depression, life events such as loss of family members or friend, economic hardship, or financial issues, among others. Health needs assessment on mental conditions and support to coordinate services or locate available community services. Coaching for developing treatment plans. Support in managing medications.	\$0	\$0	\$0	\$0
Health Education – This program provides health information and promotes healthier lifestyles. It includes interaction of qualified health professionals (health educators/Nutritionist) with you on specific disease conditions such as (but not limited to): Hypertension, Diabetes, Congestive Heart Failure, and smoking/tobacco use. This program provides health education material, group interventions and telephone-based education on nutrition and weight management based on your health by health educators.	\$0	\$0	\$0	\$0
Alternative Medicine/Acupuncture – Up to twelve (12) combined visits every year.	\$0	\$0	\$0	\$0
Non-Emergency Transportation – Up to 36 one-way trips every year. Other method of transportation is available in an automobile, through a contracted provider.	\$0	\$0	\$0	\$0
Nutritionist Visits – Up to 4 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.	\$0	\$0	\$0	\$0
OTC – \$100 every three months	\$0	\$0	\$0	\$0
In-Home Support / Home Help – Benefit consists of in-home support for activities of daily living	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>such as: Help with bathing and with dressing, transferring or mobility help in the home, light housekeeping (cleaning, laundry, dishes), meal preparation, help with medication reminders. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. Covers up to 48 hours of care in a calendar year (four (4) hours per day for a maximum of 12 days in the calendar year).</p> <p>Benefit eligibility will be based on medical recommendation, and the following conditions:</p> <ul style="list-style-type: none"> • Post Inpatient stay for Heart Failure (CHF), any class with transition of care to patient's home • Post Inpatient stay for Chronic Obstructive Pulmonary Disease (COPD), with transition of care to patient's home • Post Inpatient stay for Acute Stroke with transition of care to patient's home • Oncology Patients with Active Chemo by Infusion or systemic radiotherapy • Patients discharged from open heart surgery, hip surgery or knee surgery with transition of care to patient's home • COPD patients with supplemental oxygen dependency • Bedridden patients 				
<p>Enhance In-home support - Benefit consists of In-home Support for activities of daily living such as: Help with bathing and dressing, transferring or mobility help, light housekeeping (cleaning, laundry, dishes), meal preparation, medication reminders, non-invasive / non-clinical care such as diaper change or patient rotation to avoid ulcers, documentation and reporting back to the plan, coordinate doctor visits, plan coverage navigation to order refills and coordinate delivery using technology and escalation process to attend particular needs. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under</p>	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>any other Medicare benefit. After meeting with the care manager once every quarter, the benefit will be available in blocks of 40 hours per quarter (not cumulative) for a maximum of 160 hours per year.</p> <p>Benefit is limited to bedridden patients with essential services requirements limited to</p> <ul style="list-style-type: none"> • Chemotherapy • Oxygen dependency • Ventilator • Enteral Nutrition • Specialty drugs (cancer/pulmonary hypertension) • CPAP • Wound Care • Ostomized <p>Besides having the eligible condition, member must meet with care manager at least once every quarter in order to have access to the benefit.</p>				
<p>Value Based Insurance Design – Hospice Through the CMS VBID, Triple-S will continue incorporating the current Medicare hospice (as defined by the SSA) benefit into our covered benefits in combination with offering palliative care services outside the hospice benefit for enrollees with serious illness and providing individualized transitional concurrent care services.</p> <p>TSA will continue administering all hospice interventions for all new hospice-eligible members that became eligible after January 1st, 2021.</p> <p>Intervention will include orientation on hospice offering and regulations, and, for members who chose not entering a hospice intervention, TSA will offer a palliative care approach. Members who elect entering hospice intervention with a</p>	\$0	\$0	\$0	\$0

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Description of Benefits	Copay			
	100	110	120	130
<p>contracted provider, will be provided additionally the In-Home Support Benefit described below.</p> <p>Hospice In-Home Support Benefit: The benefit consists of qualified in-home support staff for activities of daily living such as: Help for bathing and dressing, transferring or assistance for mobility at home, light housekeeping (cleaning, laundry, cleaning dishes), meal preparation and help with medication reminders. One 4-hour visit per week as long as the member participates in the Triple-S hospice program with a contracted in-network provider.</p>				
<p>Additional Telehealth: Covered services are Primary Care Physician consultations / Specialists consultations / Kidney Disease Education Services / Diabetes Self Training / Psychiatrist (individual consultations) / Psychologists (individual consultations)</p>	\$0	\$0	\$0	\$0
<p>Wellness and Healthcare Planning (WHP) WHP services are discussions on your care choices, including developing an Advanced Care Plan (ACP). These discussions may become part of the annual health assessment with your doctor, during a Health Risk Assessment or through our Care Management Department and will include discussions of your care choices and choice of a surrogate and discuss the Advance Directives documents or verification of a current Advance Directive document. The WHP and ACP programs are voluntary, and the member will have access to them from the moment of their enrollment.</p>	\$0	\$0	\$0	\$0



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



Mrs. Madeline Hernandez-Urquiza
President
Triple-S Advantage, Inc.

6-4-21

Date



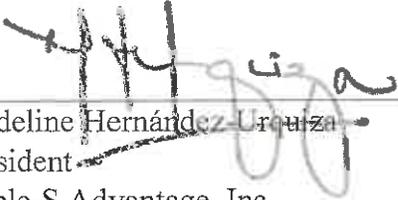
(18) D44 'Script Projection' tab	Gain/Loss Margin	\$0.13
(19) sum(F11,F15,F23,F27)	Generic Scripts	384,504
(20) sum(F12:F14,F16:F18,F24:F26,F28:F30)	Brand Scripts	86,616

Gain Margin PMPM for Dual Eligibles (if available) Part C BPT 'MA Req Rev' tab

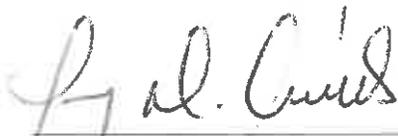
Part C BPT 'MA Req Rev' tab	Medicaid Projected Revenue	\$10.00
(1) R123	Medicaid Proj Cost not in bid	\$112.03
(2) R124		


 Victor J. Haddock Morales
 Chief Financial Officer & EVP

6/8/21
 Date


 Madeline Hernández-Urquiza
 President
 Triple-S Advantage, Inc.

6/8/2021
 Date


 Jenny D. Cárdenas Curbelo
 Compliance Officer and Vice President
 Triple-S Advantage, Inc.

6/8/2021
 Date



APPENDIX C (7)

Part C Supplementary Benefits Certification

I, Madeline Hernández-Urquiza as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2022 to all members enrolled in:

Product Identification: Platino Alcance H5774-035

Description of Benefits	Copay			
	100	110	120	130
Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Mental Health Hospitalization – The plan covers additional days to Medicare-covered services.	\$0	\$0	\$0	\$0
Worldwide Emergency / Urgency – The plan covers services Worldwide through reimbursement in accordance with Puerto Rico rates. Up to a \$75 coverage limit per incident.	\$0	\$0	\$0	\$0
Chiropractic Services – Routine chiropractic visits (up to 5 every year).	\$0	\$0	\$0	\$0
Podiatry – Routine foot care, up to four (4) visits per year, including the initial.	\$0	\$0	\$0	\$0
Outpatient Blood Services – Three (3) pint deductible waived.	\$0	\$0	\$0	\$0
Vision Benefit – One (1) routine eye exam every year. Up to \$500 each year for eyewear (frame and lenses) or contact lenses.	\$0	\$0	\$0	\$0
Comprehensive Dental Services – Maximum plan benefit coverage of \$4,500 every year.	\$0	\$0	\$0	\$0
Hearing Benefit – One (1) routine hearing exam. One (1) hearing aid fitting/evaluation every year. Up to \$1,000 each year for hearing aids.	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
Teleconsulta – Nurse line for health consultations, available 24 hours, 7 days a week. If you are sick, hurt or need health related advice, the nursing professionals will offer you guidance to help you decide whether you should make a doctor’s appointment, visit an emergency room, or they will offer you self-care instructions to help alleviate your symptoms safely, in the comfort of your home.	\$0	\$0	\$0	\$0
Teleconsejo – Access to 24/7 orientation on emotional situations such as anxiety, emotional crisis, depression, life events such as loss of family members or friend, economic hardship, or financial issues, among others. Health needs assessment on mental conditions and support to coordinate services or locate available community services. Coaching for developing treatment plans. Support in managing medications.	\$0	\$0	\$0	\$0
Health Education – This program provides health information and promotes healthier lifestyles. It includes interaction of qualified health professionals (health educators/Nutritionist) with you on specific disease conditions such as (but not limited to): Hypertension, Diabetes, Congestive Heart Failure, and smoking/tobacco use. This program provides health education material, group interventions and telephone-based education on nutrition and weight management based on your health by health educators.	\$0	\$0	\$0	\$0
Alternative Medicine/Acupuncture – Up to twelve (12) combined visits every year.	\$0	\$0	\$0	\$0
Non-Emergency Transportation – Up to 48 one-way trips every year. Other method of transportation is available in an automobile through a contracted provider.	\$0	\$0	\$0	\$0
Nutritionist Visits – Up to 4 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.	\$0	\$0	\$0	\$0
OTC – \$50 every three months	\$0	\$0	\$0	\$0
In-Home Support / Home Help – Benefit consists of in-home support for activities of daily living	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>such as: Help with bathing and with dressing, transferring or mobility help in the home, light housekeeping (cleaning, laundry, dishes), meal preparation, help with medication reminders. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. Covers up to 48 hours of care in a calendar year (four (4) hours per day for a maximum of 12 days in the calendar year).</p> <p>Benefit eligibility will be based on medical recommendation, and the following conditions:</p> <ul style="list-style-type: none"> • Post Inpatient stay for Heart Failure (CHF), any class with transition of care to patient's home • Post Inpatient stay for Chronic Obstructive Pulmonary Disease (COPD), with transition of care to patient's home • Post Inpatient stay for Acute Stroke with transition of care to patient's home • Oncology Patients with Active Chemo by Infusion or systemic radiotherapy • Patients discharged from open heart surgery, hip surgery or knee surgery with transition of care to patient's home • COPD patients with supplemental oxygen dependency • Bedridden patients 				
<p>Enhance In-home support - Benefit consists of In-home Support for activities of daily living such as: Help with bathing and dressing, transferring or mobility help, light housekeeping (cleaning, laundry, dishes), meal preparation, medication reminders, non-invasive / non-clinical care such as diaper change or patient rotation to avoid ulcers, documentation and reporting back to the plan, coordinate doctor visits, plan coverage navigation to order refills and coordinate delivery using technology and escalation process to attend particular needs. This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under</p>	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>any other Medicare benefit. After meeting with the care manager once every quarter, the benefit will be available in blocks of 40 hours per quarter (not cumulative) for a maximum of 160 hours per year.</p> <p>Benefit is limited to bedridden patients with essential services requirements limited to</p> <ul style="list-style-type: none"> • Chemotherapy • Oxygen dependency • Ventilator • Enteral Nutrition • Specialty drugs (cancer/pulmonary hypertension) • CPAP • Wound Care • Ostomized <p>Besides having the eligible condition, member must meet with care manager at least once every quarter in order to have access to the benefit.</p>				
<p>Special Supplemental Benefits for the Chronically Ill - With CMS' flexibilities for members with chronic conditions who meet all mandated requirements for the Special Supplemental Benefits for the Chronically Ill (SSBCI), Triple-S will provide:</p> <ul style="list-style-type: none"> • \$375 every three months <p>Allowance is not cumulative and is restricted payment of to the following combined benefits:</p> <ul style="list-style-type: none"> ○ Utilities restricted to water, electricity, internet, telephone, cable tv / satellite through contracted merchants ○ Gasoline through contracted merchants 	\$0	\$0	\$0	\$0

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Description of Benefits	Copay			
	100	110	120	130
<ul style="list-style-type: none"> ○ Payment for thorough house cleaning performed by a contracted professional ○ Purchase of food and grocery delivery charges <p>Benefit will not include: Beer, wine, liquor, cigarettes, tobacco, vitamins, medicines or supplements. It will also not include any nonfood items such as pet food, cleaning supplies, paper products, other household supplies, hygiene items or cosmetics.</p> <p>Transportation to Non-Health Related Destinations: With CMS' flexibilities for members with chronic conditions who meet all mandated requirements for the Special Supplemental Benefits for the Chronically Ill (SSBCI), Triple-S will allow these members to use their Non-Emergency Transportation described before for non-health related destinations.</p>				
<p>Value Based Insurance Design – Hospice Through the CMS VBID, Triple-S will continue incorporating the current Medicare hospice (as defined by the SSA) benefit into our covered benefits in combination with offering palliative care services outside the hospice benefit for enrollees with serious illness and providing individualized transitional concurrent care services.</p> <p>TSA will continue administering all hospice interventions for all new hospice-eligible members that became eligible after January 1st, 2021.</p> <p>Intervention will include orientation on hospice offering and regulations, and, for members who chose not entering a hospice intervention, TSA will offer a palliative care approach. Members who elect entering hospice intervention with a contracted provider, will be provided additionally the In-Home Support Benefit described below.</p>	\$0	\$0	\$0	\$0



Description of Benefits	Copay			
	100	110	120	130
<p>Hospice In-Home Support Benefit: The benefit consists of qualified in-home support staff for activities of daily living such as: Help for bathing and dressing, transferring or assistance for mobility at home, light housekeeping (cleaning, laundry, cleaning dishes), meal preparation and help with medication reminders. One 4-hour visit per week as long as the member participates in the Triple-S hospice program with a contracted in-network provider.</p>				
<p>Additional Telehealth: Covered services are Primary Care Physician consultations / Specialist consultations / Kidney Disease Education Services / Diabetes Self Training / Psychiatrist (individual consultations) / Psychologists (individual consultations)</p>	\$0	\$0	\$0	\$0
<p>Wellness and Healthcare Planning (WHP) - WHP services are discussions on your care choices, including developing an Advanced Care Plan (ACP). These discussions may become part of the annual health assessment with your doctor, during a Health Risk Assessment or through our Care Management Department and will include discussions of your care choices and choice of a surrogate and discuss the Advance Directives documents or verification of a current Advance Directive document. The WHP and ACP programs are voluntary, and the member will have access to them from the moment of their enrollment.</p>	\$0	\$0	\$0	\$0



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



Mrs. Madeline Hernández-Urquiza
President
Triple-S Advantage, Inc.

6-4-21
Date

