

# **APPENDIX C (7)**

Benefits Non-Covered by  
Wrap Around Supplementary  
Benefits Part C



**APPENDIX C (7)**

**Part C Supplementary Benefits Certification**

I, Thurman R Justice as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

**Product Identification: Platino Plus H5774-024**

| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <b>Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Mental Health Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Worldwide Emergency / Urgency</b> – 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 |
| <b>Chiropractic Services</b> – Routine chiropractic visits (up to 5 every year).  | \$0   | \$0 | \$0 | \$0 |
| <b>Podiatry</b> – Routine foot care, up to four (4) visits per year, including the initial.   | \$0   | \$0 | \$0 | \$0 |
| <b>Outpatient Blood Services</b> – Three (3) pint deductible waived.  | \$0   | \$0 | \$0 | \$0 |
| <b>Vision Benefit</b> – One (1) routine eye exam every year. Up to \$600 each year for eyewear (frame and lenses) or contact lenses.  | \$0   | \$0 | \$0 | \$0 |
| <b>Comprehensive Dental Services</b> – Maximum plan benefit coverage of \$4,000 every year.   | \$0   | \$0 | \$0 | \$0 |
| <b>Hearing Benefit</b> – 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 |
| <b>Teleconsulta</b> – 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 |
| <b>Teleconsejo</b> – 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 |
| <b>Health Education</b> – 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 |
| <b>Alternative Medicine/Acupuncture</b> – Up to twelve (12) combined visits every year.  | \$0   | \$0 | \$0 | \$0 |
| <b>Non-Emergency Transportation</b> – Up to 30 one-way trips every year. Other method of transportation is available in an automobile through a contracted provider.   | \$0   | \$0 | \$0 | \$0 |
| <b>Nutritionist Visits</b> – Up to 12 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.   | \$0   | \$0 | \$0 | \$0 |
| <b>OTC</b> – \$75 every three months   | \$0   | \$0 | \$0 | \$0 |
| <b>SSS-A tu Lado</b>   | \$0   | \$0 | \$0 | \$0 |



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| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <p><b>SSS-A tu Lado</b></p> <p><b>In-Home Support Services</b> – 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 120 hours of care in a calendar year (four (4) hours per day for a maximum of 30 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"> <li>• Post Inpatient stay for Heart Failure (CHF), any class with transition of care to patient’s home</li> <li>• Post Inpatient stay for Chronic Obstructive Pulmonary Disease (COPD), with transition of care to patient’s home</li> <li>• Post Inpatient stay for Acute Stroke with transition of care to patient’s home</li> <li>• Oncology Patients with Active Chemo by Infusion or systemic radiotherapy</li> <li>• Patients discharged from open heart surgery, abdominal surgery, hip surgery or knee surgery with transition of care to patient’s home</li> <li>• COPD patients with supplemental oxygen dependency</li> <li>• Bedridden patients</li> </ul> |       |     |     |     |
| <p><b>SSS-A tu Lado</b></p> <p><b>Specialized In-Home Support Services</b> - 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</p>   | \$0   | \$0 | \$0 | \$0 |



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| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <p>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 60 hours per quarter (not cumulative) for a maximum of 240 hours per year.</p> <p>Benefit is limited to bedridden patients with essential services requirements limited to:</p> <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Oxygen dependency</li> <li>• Ventilator</li> <li>• Enteral Nutrition</li> <li>• Specialty drugs (cancer/pulmonary hypertension)</li> <li>• CPAP</li> <li>• Wound Care</li> <li>• Ostomized</li> <li>• Dementia</li> </ul> <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><b>Value Based Insurance Design – Hospice</b><br/>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 1<sup>st</sup>, 2021.</p>   | \$0   | \$0 | \$0 | \$0 |



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| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <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><b>Hospice In-Home Support Benefit:</b><br/>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><b>Additional Telehealth:</b> 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><b>Wellness and Healthcare Planning (WHP) -</b><br/>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.<br/>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.



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Thurman R Justice  
President  
Triple-S Salud and Triple-S Advantage

*6/7/2022*  
Date



*EMR*



**APPENDIX C (7)**

**Part C Supplementary Benefits Certification**

I, Thurman R Justice as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

**Product Identification: Platino Advance H5774-026**

| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <b>Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Mental Health Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Worldwide Emergency / Urgency</b> – 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 |
| <b>Chiropractic Services</b> – Routine chiropractic visits (up to 5 every year).  | \$0   | \$0 | \$0 | \$0 |
| <b>Podiatry</b> – Routine foot care, up to four (4) visits per year, including the initial.   | \$0   | \$0 | \$0 | \$0 |
| <b>Outpatient Blood Services</b> – Three (3) pint deductible waived.  | \$0   | \$0 | \$0 | \$0 |
| <b>Vision Benefit</b> – One (1) routine eye exam every year. Up to \$500 each year for eyewear (frame and lenses) or contact lenses.  | \$0   | \$0 | \$0 | \$0 |
| <b>Comprehensive Dental Services</b> – Maximum plan benefit coverage of \$2,750 every year.   | \$0   | \$0 | \$0 | \$0 |
| <b>Hearing Benefit</b> – 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 |
| <b>Teleconsulta</b> – 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 |
| <b>Teleconsejo</b> – 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 |
| <b>Health Education</b> – 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 |
| <b>Non-Emergency Transportation</b> – Up to 12 one-way trips every year. Other method of transportation is available in an automobile, through a contracted provider.  | \$0   | \$0 | \$0 | \$0 |
| <b>Nutritionist Visits</b> – Up to 12 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.   | \$0   | \$0 | \$0 | \$0 |
| <b>SSS-A tu Lado</b><br><b>In-Home Support Services</b> – 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  | \$0   | \$0 | \$0 | \$0 |



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| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <p>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 120 hours of care in a calendar year (four (4) hours per day for a maximum of 30 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"> <li>• Post Inpatient stay for Heart Failure (CHF), any class with transition of care to patient's home</li> <li>• Post Inpatient stay for Chronic Obstructive Pulmonary Disease (COPD), with transition of care to patient's home</li> <li>• Post Inpatient stay for Acute Stroke with transition of care to patient's home</li> <li>• Oncology Patients with Active Chemo by Infusion or systemic radiotherapy</li> <li>• Patients discharged from open heart surgery, abdominal surgery, hip surgery or knee surgery with transition of care to patient's home</li> <li>• COPD patients with supplemental oxygen dependency</li> <li>• Bedridden patients</li> </ul> |       |     |     |     |
| <p><b>SSS-A tu Lado</b></p> <p><b>Specialized In-Home Support Services</b> - 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</p>  | \$0   | \$0 | \$0 | \$0 |



| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <p>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 60 hours per quarter (not cumulative) for a maximum of 240 hours per year.</p> <p>Benefit is limited to bedridden patients with essential services requirements limited to:</p> <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Oxygen dependency</li> <li>• Ventilator</li> <li>• Enteral Nutrition</li> <li>• Specialty drugs (cancer/pulmonary hypertension)</li> <li>• CPAP</li> <li>• Wound Care</li> <li>• Ostomized</li> <li>• Dementia</li> </ul> <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><b>Value Based Insurance Design – Hospice</b><br/>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 1<sup>st</sup>, 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><b>Hospice In-Home Support Benefit:</b><br/> 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><b>Value Based Insurance Design - Debit card with monetary funds for payment and purchase of select goods and services</b></p> <p><b>\$165 per month for:</b></p> <ul style="list-style-type: none"> <li>The purchase of food, groceries, cleaning products and payment of grocery delivery charges,</li> </ul> <p><b>This will not include:</b><br/> -beer, wine, liquor, cigarettes, or tobacco, pet foods, paper products, other household supplies (excepting cleaning products), or cosmetics.</p> <ul style="list-style-type: none"> <li>Additional OTC items (besides the standard OTC benefit included in your plan),</li> <li>House cleaning performed by a contracted professional,</li> <li>Purchase of gasoline through contracted merchants,</li> <li>Access to cultural, social and entertainment events,</li> <li>Copays and coinsurances for in-network covered services,</li> <li>Additional transportation (besides the trips in the standard transportation benefit included in your plan) and</li> </ul> | \$0   | \$0 | \$0 | \$0 |



| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <ul style="list-style-type: none"> <li>For utilities restricted to: propane gas, water, electricity, internet, telephone, cable tv / satellite through contracted merchants.</li> </ul> <p>Benefit is cumulative and funds will be deposited once every month of the year while the member remains active in Platino Advance.</p>  |       |     |     |     |
| <p><b>Additional Telehealth:</b> 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><b>Wellness and Healthcare Planning (WHP) -</b> 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.

  
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 Thurman R Justice  
 President  
 Triple-S Salud and Triple-S Advantage



6/7/2023  
 Date

EMR



**APPENDIX C (7)**

**Part C Supplementary Benefits Certification**

I, Thurman R Justice as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

**Product Identification: Platino Blindao H5774-028**

| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <b>Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Mental Health Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Worldwide Emergency / Urgency</b> – 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 |
| <b>Chiropractic Services</b> – Routine chiropractic visits (up to 5 every year).  | \$0   | \$0 | \$0 | \$0 |
| <b>Podiatry</b> – Routine foot care, up to four (4) visits per year, including the initial.   | \$0   | \$0 | \$0 | \$0 |
| <b>Outpatient Blood Services</b> – Three (3) pint deductible waived.  | \$0   | \$0 | \$0 | \$0 |
| <b>Vision Benefit</b> – One (1) routine eye exam every year. Up to \$500 each year for eyewear (frame and lenses) or contact lenses.  | \$0   | \$0 | \$0 | \$0 |
| <b>Comprehensive Dental Services</b> – Maximum plan benefit coverage of \$2,750 every year.   | \$0   | \$0 | \$0 | \$0 |
| <b>Hearing Benefit</b> – 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 |
| <b>Teleconsulta</b> – 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 |
| <b>Teleconsejo</b> – 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 |
| <b>Health Education</b> – 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 |
| <b>Alternative Medicine/Acupuncture</b> – Up to twelve (12) combined visits every year.  | \$0   | \$0 | \$0 | \$0 |
| <b>Non-Emergency Transportation</b> – Up to 12 one-way trips every year. Other method of transportation is available in an automobile through a contracted provider.   | \$0   | \$0 | \$0 | \$0 |
| <b>Nutritionist Visits</b> – Up to 12 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.   | \$0   | \$0 | \$0 | \$0 |
| <b>SSS-A tu Lado</b><br><b>In-Home Support Services</b> – Benefit consists of in-home support for activities of daily living such  | \$0   | \$0 | \$0 | \$0 |



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Rev2023 Compliance Office

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| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <p>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 120 hours of care in a calendar year (four (4) hours per day for a maximum of 30 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"> <li>• Post Inpatient stay for Heart Failure (CHF), any class with transition of care to patient's home</li> <li>• Post Inpatient stay for Chronic Obstructive Pulmonary Disease (COPD), with transition of care to patient's home</li> <li>• Post Inpatient stay for Acute Stroke with transition of care to patient's home</li> <li>• Oncology Patients with Active Chemo by Infusion or systemic radiotherapy</li> <li>• Patients discharged from open heart surgery, abdominal surgery, hip surgery or knee surgery with transition of care to patient's home</li> <li>• COPD patients with supplemental oxygen dependency</li> <li>• Bedridden patients</li> </ul> |       |     |     |     |
| <p><b>SSS-A tu Lado</b></p> <p><b>Specialized In-Home Support Services</b> - 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.</p>  | \$0   | \$0 | \$0 | \$0 |



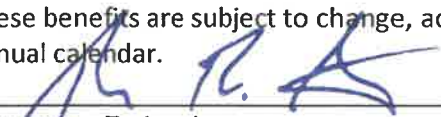


| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <p>This benefit provides for an in-home health aide on activities of daily living due to health issues not otherwise covered under any other Medicare benefit. After meeting with the care manager once every quarter, the benefit will be available in blocks of 60 hours per quarter (not cumulative) for a maximum of 240 hours per year.</p> <p>Benefit is limited to bedridden patients with essential services requirements limited to:</p> <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Oxygen dependency</li> <li>• Ventilator</li> <li>• Enteral Nutrition</li> <li>• Specialty drugs (cancer/pulmonary hypertension)</li> <li>• CPAP</li> <li>• Wound Care</li> <li>• Ostomized</li> <li>• Dementia</li> </ul> <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><b>Value Based Insurance Design – Hospice</b><br/>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 1<sup>st</sup>, 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 |



| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <p>contracted provider, will be provided additionally the In-Home Support Benefit described below.</p> <p><b>Hospice In-Home Support Benefit:</b><br/>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><b>Additional Telehealth:</b> 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><b>Wellness and Healthcare Planning (WHP) -</b> 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.<br/>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.

  
 Thurman R Justice  
 President  
 Triple-S Salud and Triple-S Advantage



06/17/2023  
 Date

*EMR*



**APPENDIX C (7)**

**Part C Supplementary Benefits Certification**

I, Thurman R Justice as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

**Product Identification: Platino Enlace H5774-035**

| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <b>Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Mental Health Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Worldwide Emergency / Urgency</b> – 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 |
| <b>Chiropractic Services</b> – Routine chiropractic visits (up to 5 every year).  | \$0   | \$0 | \$0 | \$0 |
| <b>Podiatry</b> – Routine foot care, up to four (4) visits per year, including the initial.   | \$0   | \$0 | \$0 | \$0 |
| <b>Outpatient Blood Services</b> – Three (3) pint deductible waived.  | \$0   | \$0 | \$0 | \$0 |
| <b>Vision Benefit</b> – One (1) routine eye exam every year. Up to \$400 each year for eyewear (frame and lenses) or contact lenses.  | \$0   | \$0 | \$0 | \$0 |
| <b>Comprehensive Dental Services</b> – Maximum plan benefit coverage of \$1,750 every year.   | \$0   | \$0 | \$0 | \$0 |
| <b>Hearing Benefit</b> – 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 |
| <b>Teleconsulta</b> – 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 |
| <b>Teleconsejo</b> – 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 |
| <b>Health Education</b> – 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 |
| <b>Alternative Medicine/Acupuncture</b> – Up to twelve (12) combined visits every year.  | \$0   | \$0 | \$0 | \$0 |
| <b>Nutritionist Visits</b> – Up to 12 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.   | \$0   | \$0 | \$0 | \$0 |
| <b>OTC</b> – \$150 every month   | \$0   | \$0 | \$0 | \$0 |
| <b>Value Based Insurance Design – Hospice</b><br>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   | \$0   | \$0 | \$0 | \$0 |




| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <p>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 1<sup>st</sup>, 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><b>Hospice In-Home Support Benefit:</b><br/>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><b>Value Based Insurance Design - Debit card with monetary funds for payment and purchase of select goods and services</b></p> <p><b>\$150 per month for:</b></p> <ul style="list-style-type: none"> <li>The purchase of food, groceries, cleaning products and payment of grocery delivery charges,</li> </ul> <p><b>This will not include:</b><br/>-beer, wine, liquor, cigarettes, or tobacco, pet foods, paper products, other household supplies (excepting cleaning products), or cosmetics.</p>   | \$0   | \$0 | \$0 | \$0 |



| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <ul style="list-style-type: none"> <li>• Additional OTC items (besides the standard OTC benefit included in your plan),</li> <li>• House cleaning performed by a contracted professional,</li> <li>• Purchase of gasoline through contracted merchants,</li> <li>• Access to cultural, social and entertainment events,</li> <li>• Copays and coinsurances for in-network covered services,</li> <li>• Additional transportation (besides the trips in the standard transportation benefit included in your plan) and</li> <li>• For utilities restricted to: propane gas, water, electricity, internet, telephone, cable tv / satellite through contracted merchants.</li> </ul> <p>Benefit is cumulative and funds will be deposited once every month of the year while the member remains active in Platino Enlace.</p> |       |     |     |     |
| <p><b>Additional Telehealth:</b> 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><b>Wellness and Healthcare Planning (WHP) -</b> 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.</p> <p>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.

  
\_\_\_\_\_  
Thurman R Justice  
President  
Triple-S Salud and Triple-S Advantage

6/7/2023  
Date



EMR



**APPENDIX C (7)**

**Part C Supplementary Benefits Certification**

I, Thurman R Justice as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

**Product Identification: Platino Titán H5774-036**

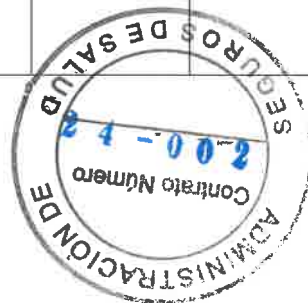
| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <b>Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Mental Health Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Worldwide Emergency / Urgency</b> – 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 |
| <b>Chiropractic Services</b> – Routine chiropractic visits (up to 5 every year).  | \$2   | \$2 | \$2 | \$2 |
| <b>Podiatry</b> – Routine foot care, up to four (4) visits per year, including the initial.   | \$2   | \$2 | \$2 | \$2 |
| <b>Outpatient Blood Services</b> – Three (3) pint deductible waived.  | \$0   | \$0 | \$0 | \$0 |
| <b>Vision Benefit</b> – One (1) routine eye exam every year. Up to \$500 each year for eyewear (frame and lenses) or contact lenses.  | \$0   | \$0 | \$0 | \$0 |
| <b>Comprehensive Dental Services</b> – Maximum plan benefit coverage of \$2,000 every year.   | \$0   | \$0 | \$0 | \$0 |
| <b>Hearing Benefit</b> – 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 |
| <b>Teleconsulta</b> – 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 |
| <b>Teleconsejo</b> – 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 |
| <b>Health Education</b> – 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 |
| <b>Alternative Medicine/Acupuncture</b> – Up to twelve (12) combined visits every year.  | \$0   | \$0 | \$0 | \$0 |
| <b>Non-Emergency Transportation</b> – Up to 24 one-way trips to healthcare related destinations and up to 2 non-cumulative one-way trips per month exclusively to preferred contracted multidisciplinary clinics (max. of 24 per year) for a total of up to 48 one-way trips per year. Other methods of transportation are available, such as an automobile through a contracted provider.   | \$0   | \$0 | \$0 | \$0 |

Rev2023 Compliance Office



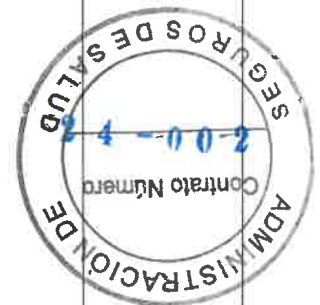
| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <b>Nutritionist Visits</b> – Up to 12 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.   | \$0   | \$0 | \$0 | \$0 |
| <b>OTC</b> – \$50 every three months   | \$0   | \$0 | \$0 | \$0 |
| <b>Value Based Insurance Design - Debit card with monetary funds for payment and purchase of select goods and services</b><br><br><b>\$75 per month for:</b> <ul style="list-style-type: none"> <li>The purchase of food, groceries, cleaning products and payment of grocery delivery charges,</li> </ul> <b>This will not include:</b> <ul style="list-style-type: none"> <li>-beer, wine, liquor, cigarettes, or tobacco, pet foods, paper products, other household supplies (excepting cleaning products), or cosmetics.</li> </ul> <ul style="list-style-type: none"> <li>Additional OTC items (besides the standard OTC benefit included in your plan),</li> <li>House cleaning performed by a contracted professional,</li> <li>Purchase of gasoline through contracted merchants,</li> <li>Access to cultural, social and entertainment events,</li> <li>Copays and coinsurances for in-network covered services,</li> <li>Additional transportation (besides the trips in the standard transportation benefit included in your plan) and</li> <li>For utilities restricted to: propane gas, water, electricity, internet, telephone, cable tv / satellite through contracted merchants.</li> </ul> <p>Benefit is cumulative and funds will be deposited once every month of the year while the member remains active in Platino Titán.</p> | \$0   | \$0 | \$0 | \$0 |
| <b>Value Based Insurance Design – Hospice</b>  | \$0   | \$0 | \$0 | \$0 |



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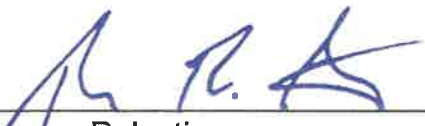
*EMR*

| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <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 1<sup>st</sup>, 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><b>Hospice In-Home Support Benefit:</b><br/>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><b>Additional Telehealth:</b> 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><b>Wellness and Healthcare Planning (WHP) -</b> WHP services are discussions on your care choices, including developing an Advanced Care Plan (ACP). These discussions may become part</p>   | \$0   | \$0 | \$0 | \$0 |



| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| 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.<br>The WHP and ACP programs are voluntary, and the member will have access to them from the moment of their enrollment. |       |     |     |     |

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

  
 \_\_\_\_\_  
 Thurman R Justice  
 President  
 Triple-S Salud and Triple-S Advantage.

6/7/2023  
 Date



*EMR*



**APPENDIX C (7)**

**Part C Supplementary Benefits Certification**

I, Thurman R Justice as President, hereby certify that Triple-S Advantage, Inc. will be offering the following additional benefits not covered in the Wrap-Around 2024 to all members enrolled in:

**Product Identification: Platino Selecto H5774-040**

| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <b>Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Mental Health Hospitalization</b> – The plan covers additional days to Medicare-covered services.  | \$0   | \$0 | \$0 | \$0 |
| <b>Worldwide Emergency / Urgency</b> – 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 |
| <b>Chiropractic Services</b> – Routine chiropractic visits (up to 5 every year).  | \$0   | \$0 | \$0 | \$0 |
| <b>Podiatry</b> – Routine foot care, up to four (4) visits per year, including the initial.   | \$0   | \$0 | \$0 | \$0 |
| <b>Outpatient Blood Services</b> – Three (3) pint deductible waived.  | \$0   | \$0 | \$0 | \$0 |
| <b>Vision Benefit</b> – 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 |
| <b>Comprehensive Dental Services</b> – Maximum plan benefit coverage of \$5,000 every year.   | \$0   | \$0 | \$0 | \$0 |
| <b>Hearing Benefit</b> – One (1) routine hearing exam. One (1) hearing aid fitting/evaluation every year. Up to \$3,000 each year for hearing aids.                             | \$0   | \$0 | \$0 | \$0 |



| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <b>Teleconsulta</b> – 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 |
| <b>Teleconsejo</b> – 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 |
| <b>Health Education</b> – 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 |
| <b>Non-Emergency Transportation</b> – Up to 18 one-way trips to healthcare related destinations. Other methods of transportation are available, such as an automobile through a contracted provider.   | \$0   | \$0 | \$0 | \$0 |
| <b>Nutritionist Visits</b> – Up to 12 visits per year to a Nutritionist for services not otherwise covered by Original Medicare.   | \$0   | \$0 | \$0 | \$0 |
| <b>OTC</b> – \$50 every three months   | \$0   | \$0 | \$0 | \$0 |
| <b>SSS-A tu Lado</b>   |       |     |     |     |
| <b>In-Home Support Services</b> – Benefit consists of in-home support for activities of daily living such  | \$0   | \$0 | \$0 | \$0 |



| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <p>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 120 hours of care in a calendar year (four (4) hours per day for a maximum of 30 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"> <li>• Post Inpatient stay for Heart Failure (CHF), any class with transition of care to patient's home</li> <li>• Post Inpatient stay for Chronic Obstructive Pulmonary Disease (COPD), with transition of care to patient's home</li> <li>• Post Inpatient stay for Acute Stroke with transition of care to patient's home</li> <li>• Oncology Patients with Active Chemo by Infusion or systemic radiotherapy</li> <li>• Patients discharged from open heart surgery, abdominal surgery, hip surgery or knee surgery with transition of care to patient's home</li> <li>• COPD patients with supplemental oxygen dependency</li> <li>• Bedridden patients</li> </ul> |       |     |     |     |
| <p><b>SSS-A tu Lado</b></p> <p><b>Specialized In-Home Support Services</b> - 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.</p>  | \$0   | \$0 | \$0 | \$0 |



| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <p>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 60 hours per quarter (not cumulative) for a maximum of 240 hours per year.</p> <p>Benefit is limited to bedridden patients with essential services requirements limited to:</p> <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Oxygen dependency</li> <li>• Ventilator</li> <li>• Enteral Nutrition</li> <li>• Specialty drugs (cancer/pulmonary hypertension)</li> <li>• CPAP</li> <li>• Wound Care</li> <li>• Ostomized</li> <li>• Dementia</li> </ul> <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><b>Value Based Insurance Design - Debit card with monetary funds for payment and purchase of select goods and services</b></p> <p><b>\$40 per month for:</b></p> <ul style="list-style-type: none"> <li>• The purchase of food, groceries, cleaning products and payment of grocery delivery charges,</li> </ul> <p><b>This will not include:</b><br/> -beer, wine, liquor, cigarettes, or tobacco, pet foods, paper products, other household supplies (excepting cleaning products), or cosmetics.</p> <ul style="list-style-type: none"> <li>• Additional OTC items (besides the standard OTC benefit included in your plan),</li> </ul>  | \$0   | \$0 | \$0 | \$0 |



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| Description of Benefits   | Copay |     |     |     |
|---|-------|-----|-----|-----|
|   | 100   | 110 | 120 | 130 |
| <ul style="list-style-type: none"> <li>House cleaning performed by a contracted professional,</li> <li>Purchase of gasoline through contracted merchants,</li> <li>Access to cultural, social and entertainment events,</li> <li>Copays and coinsurances for in-network covered services,</li> <li>Additional transportation (besides the trips in the standard transportation benefit included in your plan) and</li> <li>For utilities restricted to: propane gas, water, electricity, internet, telephone, cable tv / satellite through contracted merchants.</li> </ul> <p>Benefit is cumulative and funds will be deposited once every month of the year while the member remains active in Platino Selecto.</p>   |       |     |     |     |
| <p><b>Value Based Insurance Design – Hospice</b><br/> 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 1<sup>st</sup>, 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 |




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| Description of Benefits  | Copay |     |     |     |
|--|-------|-----|-----|-----|
|  | 100   | 110 | 120 | 130 |
| <p><b>Hospice In-Home Support Benefit:</b><br/>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><b>Additional Telehealth:</b> 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><b>Wellness and Healthcare Planning (WHP) -</b><br/>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.<br/>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.

  
 \_\_\_\_\_  
 Thurman R Justice  
 President  
 Triple-S Salud and Triple-S Advantage.



6/7/2023  
 \_\_\_\_\_  
 Date

EMR