

## Health Care Benefit Summary

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As a **Grainger** team member you have the opportunity to receive health care benefits that meet all your health care needs. The following summary will give you a general idea of the benefits that are covered under your plan.

### IN-PATIENT SERVICES

- 365 days per year in a semi-private accommodation. The benefit includes the use of other facilities, equipment and materials that a hospital usually provides
- Hospitalization for mental illness, based on medical recommendation. Includes partial hospitalization services.

### MEDICAL AND SURGICAL BENEFITS

- Physician visits including consultations with specialists
- Treatment and diagnostic services
- Surgical procedures and administration of anesthesia
- Lithotripsy (precertification is required)

### OUTPATIENT SERVICES

- Unlimited visits to general practitioners, specialists and sub-specialists
- Psychiatric visits covered in accordance with medical recommendation.
- Initial visit to the chiropractor and up to fifteen (15) manipulations per policy year.
- Physical therapies, up to 30 sessions per policy year
- Respiratory therapies, up to 40 sessions per policy year.
- Chemotherapy, radiotherapy and cobalt treatment
- Emergency room for injury or trauma includes suture tray, medicines and materials

### DIAGNOSTIC TESTS

- X-rays, laboratories, and diagnostic specialized tests like: sonograms, nuclear medicine, gastrointestinal endoscopies, and invasive cardiovascular tests and non-invasive cardiovascular tests
- Magnetic resonance imaging (MRI) and computerized tomography (CT) unlimited
- Electromyogram
- Doppler color flow
- Thin Prep Pap

### MATERNITY AND INFANT BENEFITS

- Wellness baby care visits at the physician's office during the first year of life
- Routine pre and postnatal care
- Immunizations
- Specialized tests like: Biophysical Profile, Amniocentesis, among others

### OTHER BENEFITS

- Dialysis and hemodialysis covered for the period of the first ninety (90) days from the first dialysis or Hemodialysis
- Post-hospital services: Skilled nursing facilities and Home Health Care
- Pacemakers and valves
- Land ambulance services covered by reimbursement up to \$80 per trip
- Durable Medical Equipment with 0% coinsurance

### MAJOR MEDICAL

This coverage provides the following services:

- Services rendered outside Puerto Rico
- Prosthesis or Implants
- Cardiac rehabilitation
- Surgical assistance
- Sports Medicine

All services rendered outside Puerto Rico will not require a precertification and are subject to the deductible and coinsurance of the Major Medical coverage. Payment for services rendered by participating providers will be made according to the established fees by the Blue Cross and Blue Shield Association plans versus payments for services rendered by non-participating providers that will be paid based on the reasonable charges of the area on which the services are rendered.

### **ORGAN & TISSUE TRANSPLANT BENEFIT**

These services will be covered only when rendered by participating Triple-S providers and facilities network in and outside of Puerto Rico. Covered at 100% of the Triple S Salud negotiated fees with these facilities, subject to no co-insurance or deductibles. Pre-certification is required for each phase of the transplant, pre-transplant, transplant and post-transplant. Covered transplants are heart, heart-lung, lung (single or double), liver, pancreas/kidney, kidney, bone marrow transplant. Pre-certification is required.

### **PRESCRIPTION DRUGS BENEFITS**

Generic as first choice is required. The supply for acute drugs is up to 15 days and the supply for maintenance drugs is 30 days with five refills.

- Access to services in Puerto Rico and the United States: Triple-S, Inc. Pharmacy Network provides you access to over 981 pharmacies in Puerto Rico and over 44,500 pharmacies in the United States.
- Supply for ninety (90) consecutive days for medications supplied through the Mail-Order Pharmacy Program or the 90-Day Drug-Dispensing Program in participating pharmacies.
- Coverage includes some smoking cessation drugs and nicotine replacement products when prescribed by a physician.

### **SPECIAL CONDITIONS PRESCRIPTION DRUG PROGRAM**

Under this program, drugs for certain conditions are dispensed through the local network of the Special Condition Drug Program. These drugs are used for chronic and high-risk conditions that require specialized clinical management. Some of the medical conditions or drugs require management through the Special Condition Drug Program as follows: Cancer (oral treatment), HIV, Hemophilic Factor, Hepatitis C, Crohn's Syndrome, Fibrocystic Therapy, Rheumatoid Arthritis, Growth Hormone Therapy and Multiple Sclerosis.

<b>Pharmacy</b>	<b>Address</b>	<b>Phone number</b>	<b>Fax number</b>
Special Care Pharmacy	1210 Ave. Américo Miranda San Juan	(787) 783-8579 1-877-899-8997	(787)783-2951
SPS Specialty Pharmacy Services	Urb. Caguax Ave. Luis Muñoz Marín C-7 Caguas	(787) 704-2025/2028 1-844-961-1133	(787) 704-2027
Axium Healthcare PR	Los Arcos de Suchville Building #108 Carretera 2 Suite 302 Guaynabo	(787) 780-7200 1-888-315-3395	(787)779-1430
CVS Caremark Specialty Pharmacy	Avenida Jesús T. Piñero #280, Suite B, Río Piedras	1-888-606-2536	(787) 759-4090 1-888-280-1191 (Toll-free)
Walgreens Specialty Pharmacy	Centro Comercial 65 de Infantería, Suite 101, Ave. 65 de Infantería Esq. Ave. Barbosa, San Juan, Puerto Rico	(787) 777-1120 1-866-833-4236 (libre de cargos)	(787) 777-1124 (787) 777-1545

### **Out-of-pocket maximum (OOPM) effective January 1, 2015, as required by the Patient Protection and Affordable Care Act (PPACA)**

Under this plan, there is a maximum of disbursements that people pay for medical services, hospital, and drugs covered according to their type of contract (services of the Basic, Major Medical, and Pharmacy Coverage). Under our plan, there is a maximum of disbursements that people pay for medical and hospital services covered according to their type of contract. The maximum amount of disbursement is \$6,350 in an individual contract and \$12,700 in couple or family contract. This is the maximum amount that the participant pay during the year contract by concept of essential medical services and hospital care covered under the contract when you visit providers inside the network, including the purchase of prescription drugs and payment for dental services. Once the person reaches the amount that applies according to the type of contract, he/she will not have to do additional disbursements for rest of the contract year. Services provided through non- participating providers, payments made by the participant person for services not covered under this contract as well as the monthly premium paid to Triple-S Salud by the plan, are not considered eligible expenditure for the accumulation of pocket maximum.

## The BlueCard® Program / BlueCardWorldwide®

As an insured member of Triple-S you will have access to emergency care when traveling outside Puerto Rico. No matter where you are the BlueCard and BlueCard Worldwide Programs will provide access to Blue Cross Blue Shield's participating providers and facilities all across the United States and major travel destinations around the world. For more information of participant providers please call 1-800-810-BLUE or visit [www.bcbs.com](http://www.bcbs.com)

Your family members and you will have access to the following health care programs that will help you reach optimum health:

### Teleconsulta

Behind this Triple-S Salud service is a nursing professional. Call **Teleconsulta** if you or a family member: feel sick, are hurt, need health advice.

Your 24-hour nurse line connection **1-800-255-4375**

### Total Wellness

We have developed different disease management programs to help you detect and prevent health complications before they become a serious problem:



**1-866-788-6770**

Triple-S also has available other service options such as:

### TELEXPRESO

Your direct contact with Triple-S Salud

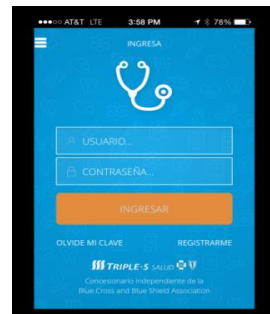
This interactive service is available 24 hours a day, 7 days a week, answering calls concerning eligibility, health care benefits, coverages and pre-certifications.

**Metro Area: 774-6060 Other areas (free of charge): 1-877-357-9777**



Please visit Triple-S website: [www.ssspr.com](http://www.ssspr.com). In the webpage you will be able to information about services related to their health insurance plan, reimbursements, ID card duplicates, pre-certifications, among others.

**Mobile App** - Download our new App for iPhone and Android phones. You will be able to access the participating provider's directory, verify your active dependents, coverage cost sharing, view and send by email a copy of the ID card, and find the nearest service office.



Get your medical checkups in a single visit. **NO COPAYMENTS** in the majority of preventive tests or long waits. You simply chose the center that you prefer, call and make an appointment.

**Triple-S Natural** is a program that allows you to receive medical services using an integrated medical model that integrates the conventional and complementary medicine such as:

Conventional Primary Care Medicine, Integral and Complementary Health, Acupuncture, Therapeutic Massage, Naturopathy, Music Therapy, Hypnotherapy, Traditional Chinese Medicine  
Reflexology and Clinical Nutrition

**Triple-S Natural**

Grainger	
SERVICES	DEDUCTIBLES, COPAYMENTS, AND COINSURANCES
<b>Basic Coverage</b>	
All Hospitalizations	\$100.00
Ambulatory Surgery	\$0.00
Emergency Room	\$50.00 sickness / \$25.00 accident/ \$0 Teleconsulta
Visits to the General Practitioner	\$8.00
Specialists visits	\$12.00
Sub -specialists visits	\$15.00
X-ray's, laboratories and other specialized tests	0%
Lithotripsy (ESWL)	0%
Physical and respiratory therapies	\$5.00
Vaccines	\$0.00
<b>Mental Condition Services, Alcoholism &amp; Drug Abuse Services</b>	
All Hospitalizations	\$100.00
Partial hospitalizations	\$50.00
Psychiatrist visits & collateral visits	\$12.00
<b>Major Medical Coverage</b>	
Deductible	\$100.00 per insured \$300.00 per family
Coinsurance	Ind - 20% up to \$2,000.00 per policy year Family - 20% up to \$6,000.00 per policy year
<b>Pharmacy Coverage</b>	
Generic (as first choice)	\$10.00
Brand name drugs	\$20.00
New	\$20.00
Specialty Products	10% Maximum \$250.00
Drugs for chemotherapy	\$0.00
<b>Pharmacy Program Express (Mail Order) &amp; Flex 90</b>	<b>90 days of supply</b>
Generic drugs	\$20.00
Brand name drugs	\$40.00

*This is a brief summary for informative purposes and does not substitute or modify the policy. The dispositions, limitations, and exclusions of the policy and group contract will prevail in the presence of any discrepancies. Please refer to the Certificate of Benefits (Policy) for more information about the benefits, limitations and coverage exclusions.*