

## HEALTH PLAN SUMMARY

FOR FEDERAL EMPLOYEES & RETIREES

**USVI 2020** 





### **NOW WITH MORE BENEFITS FOR YOU!**

#### Dear Federal Member:

Beginning January 1st, 2020, you will continue to enjoy all the new and enhanced benefits of being part of the Triple-S Salud family. We are happy to share with you the changes in your benefits for 2020! You can review further details in Section 2 of your 2020 FEHB brochure.

- We lowered your share for non-Postal premiums.
- We now cover general physician visits with a **\$0** copay at **Salus Clinics**; other general, specialist and sub-specialist's visits will be covered with a **\$7.50** copay.
- We now cover acupuncture for pain management with a **\$10** copay, up to 10 visits per policy year, using our contracted network. We will not cover services received out of network. Previously this benefit was not covered.
- We now cover the **Medela Double Electric Breast Pump** for pregnant women, limited to one per birth at **\$0** copayment. To coordinate your delivery, call our Prenatal Program at 787-749-4949 ext. 892-32042.
- We now cover urgent care centers within our network with a \$10 copay.
- We now cover screening and counseling interventions to reduce unhealthy alcohol use in primary care settings.
- We continue to offer air ambulance services within Puerto Rico and US Virgin Islands, subject to medical necessity up to \$50,000 per occurrence. You pay nothing up to \$50,000 per occurrence.
- We now pre-authorize treatment for lymphedemas, when the treatment is other than any physical complication after a mastectomy procedure.

To get your 2020 FEHB Brochure or to learn more, visit our website at www.ssspr.com/federal.

#### Thank you for trusting your health to us!

USVI		NON-POSTAL PREMIUM		POSTAL PREMIUM	
ENROLLMENT CODE	TYPE OF ENROLLMENT	BIWEEKLY	MONTHLY	CATEGORY 1	CATEGORY 2
851	Self Only	\$78.35	\$169.76	\$75.22	\$65.03
853	Self Plus One	\$199.58	\$432.42	\$192.58	\$171.57
852	Self and Family	\$179.42	\$388.75	\$172.25	\$148.92

Federal Employees Health Bene	fits Plan (Effective 01/01/20)
Services	Copays and coinsurance
Basic Cova	
Preventive Preventive Care Services at Participating Preventive Centers	\$0
Immunizations	\$0
Medical Visits General Practitioner in Salus Clinics	\$0
General Practitioner  General Practitioner	\$7.50
Specialist	\$7.50
Sub-specialist	\$7.50
Nutritionist	\$0  Up to 4 visits per year
Chiropractor	\$0   1 Initial and 1 subsequent
Acupuncture	\$10  Up to 10 visits per year
Maternity Care	
Prenatal care and postnatal care	\$7.50
Delivery  Medela Double Electric Breast Pump	\$0 \$0
Medela Double Electric Breast Fulfip	Ψ0
Therapies Chinese via Manipulation	d0 111- to 45 state a sussess
Chiropractic Manipulations Physical Therapy	\$0  Up to 15 visits per year \$10
Respiratory Therapy	\$10
Tests	
Labs	\$1.00 per diagnostic test
Imaging Studies (X-rays, Sonograms, MRI,MRA,CT Scan)	\$0
Allergy tests	\$10
Mental Health	
Group Therapy	\$7.50
Collateral Visits	\$7.50
Psychiatrists, Psychologists and Clinical Social Workers Visits	\$7.50
Hospitalization   Partial Hospitalization	\$0.00, you may coordinate services with FHC 1-800-660-4896
Hospitalization	FRC 1-800-000-4890
Regular & Partial	\$0
Skilled Nursing Facility	\$0
Emergency Services	
Emerncy room at a hospital	\$25
Recommended by Teleconsulta  Urgent Care Centers	\$15 \$10
orgenic care centers	Ψ10
Ambulatory Surgery	*0
Lithotripsy	\$0
Other	
Durable Medical Equipment	20% with Pre-authorization
Services by Non-Participating Providers in Puerto Rico	10%

#### **Federal Employees Health Benefits Plan** (Effective 01/01/20)

Services Copays and coinsurance

#### **Services in United States**

We cover emergencies or services that we have pre-authorize. When you receive covered services outside the service area that are neither emergency nor pre-authorized, we will reimburse 90% of Triple-S Salud established fees. For more information please refer to Section 1 of your brochure.

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		<b>GIO</b> ,	

#### 30 Day Supply (Retail Pharmacy)

- Tier 1: Generic prescription drugs
- Tier 2: Preferred brand prescription drug
- Tier 3: non-preferred brand name drugs
- Tier 4: Preferred Specialty/biotech drugs
- Tier 5: Non-Preferred Specialty/biotech drugs

\$2.00 for unit or refill
\$20 for unit or refill
20% or \$20, whichever is higher
\$125 maximum out of pocket for unit or refill.
25% or \$200, whichever is the lowest for unit or refill
30% or \$300, whichever is the lowest for unit or refill

Antihypertensives, antidiabetics (except insulins), antihyperlipidemics (only statins), and Naxolone will be covered at 100%.

#### 90 day supply and mail order

- Tier 1: generic prescription drugs
- Tier 2: preferred brand prescription drug
- Tier 3: non-preferred brand name drugs

\$4.00 for unit or refill
\$40 for unit or refill
20% or \$60, whichever is higher
\$375 maximum out of pocket for unit or refill.

Vision				
Glasses or Contact Lenses up to 21 years of age	Covered up to a maximum benefit of \$109.			
Denta	il			
Preventive Cleaning (adults and children, one every 6 months) Periapical and bitewing X-rays Panoramic X-Ray (one group every 3 years) Amalgam restorations, Endodontics, Restorative and Oral Surgery	\$0 \$0 30% 30%			
Organ and Tissue Transplant				
Solid organ transplants, tandem blood and marrow stem cell transplant, mini transplants (preautorization by plan required).	\$0			
Other Benefits				
Chemotherapy Radiotherapy	\$10 \$10			
Maximum Out of Pocket				
For medical, pharmacy and hospital services given by participating providers *  *Non-essential benefits, servives not covered or given by providers outside our network aren't elegible for the accumulation of maximum out of pocket.	\$6,600 Self Only \$13,200 Self Plus One & Self and Family			





### **Service centers**

#### **MAIN OFFICE**

1441 F.D. Roosevelt Ave. San Juan, PR 00920 Monday to Friday 8:00 a.m. - 5:00 p.m.

#### PLAZA LAS AMÉRICAS

2nd Level (Entrance through north parking) Monday to Friday 8:00 a.m. - 7:00 p.m. Saturday 9:00 a.m. - 6:00 p.m. Sunday 11:00 a.m. - 5:00 p.m.

#### **PLAZA CAROLINA**

2nd Level Monday to Friday 9:00 a.m. - 7:00 p.m. Saturday 9:00 a.m. - 6:00 p.m. Sunday 11:00 a.m. - 5:00 p.m.

#### **ARECIBO**

Caribbean Cinemas Building, Suite 101 Road 2 km 81.0 Arecibo, PR 00612 Monday to Friday 8:00 a.m. - 5:00 p.m.

#### **CAGUAS**

Angora Building, Luis Muñoz Marín Ave. Corner/Street Troche, Caguas, PR 00725 Monday to Friday 8:00 a.m. - 5:00 p.m.

#### MAYAGÜEZ

Road 114 km 1.1 Castillo Community, Mayagüez, PR 00680 Monday to Friday 8:00 a.m. - 5:00 p.m.

#### **PONCE**

2760 Maruca Ave. Ponce, PR 00728-4108 Monday to Friday 8:00 a.m. - 5:00 p.m.

#### Service call center

787-774-6081

Toll Free: 1-800-716-6081 (TTY / TDD) 787-792-1370 Toll Free: 1-866-215-1999

#### **SERVICE HOURS (AST):**

Monday to Friday 7:30 a.m. - 8:00 p.m. Saturday 9:00 a.m. - 6:00 p.m. Sunday 11:00 a.m. - 5:00 p.m.



## **Self-Service**

Use your online tools to handle your plan at any time and without waiting.

#### **TELEXPRESO**

787-774-6060

1-800-981-3241 (free of charge)

#### In Telexpreso, you can:

- Check your eligibility and your dependents
- Check the status of a reimbursement
- Get information on asking for a reimbursement, copies of your ID cards, certifications, among others.

#### **INTERNET**

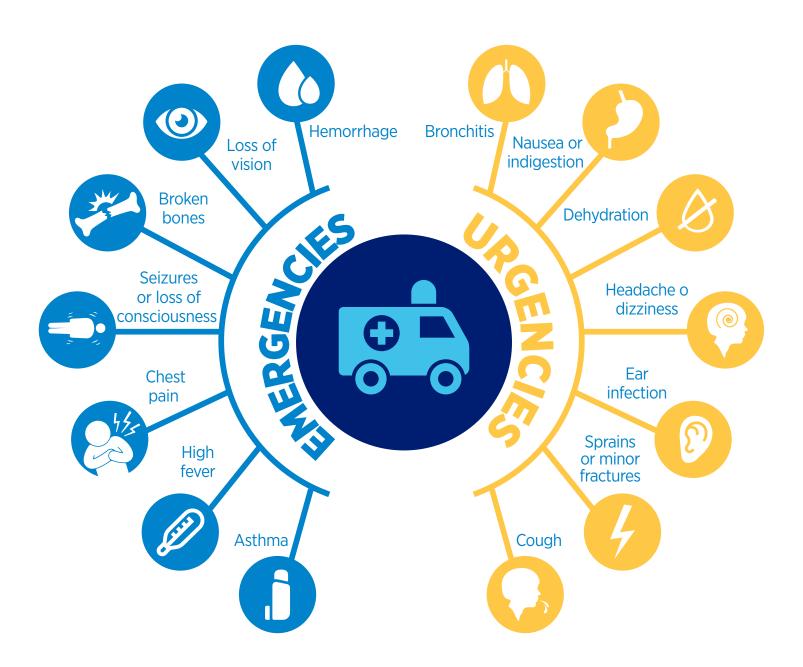
ssspr.com

#### Connect to ssspr.com

In our portal, you can:

- Check your and your dependents' eligibility
- Get a Coverage Certificate
- View your:
  - coverage
  - · drugs and pharmacy plan though SSS pharmacy
  - record of services received
- · Ask for copies of your ID card
- Request and check the status of a reimbursement

## **URGENCY VS EMERGENCY**



### **Save time and money!**

Visit an urgent care center when you have a health situation that needs quick medical attention but your life is not in danger.

## TeleConsulta MD

## You don't have time to waste!

- Have a doctor consult virtually. Save time and avoid long waits at the Emergency Room.
- Doctor electronically sends your prescription to the pharmacy.
- Have a doctor evaluate you immediately or choose the time of your appointment.
- Receive lab and preventive test orders.
- Share results of labs and pictures with your doctor.

Available 7 days a week from 6am- 10pm

The following are the costs of service:

- \$10 (for first 4 visits)
- \$40 (from the 5th visit on)

Download the app or visit TeleConsultaMD.com











At Triple-S, we go the extra mile to take care of your health. We have a group of experts available to you, including nurses, health educators, social workers, and nutritionists focused on your wellbeing.

For more information about our Clinical Care Programs, please call us at **787-706-2552**.

#### **CONTACT US**

M-F 8:00 a.m. – 4:30 p.m. 787-706-2552 or 1-800-981-4860 Fax: 787-774-4824 or 1-855-887-8275 Email: manejocasos@ssspr.com



- Evaluate your health, social, and nutritional needs.
- Develop a health care plan based on your specific needs.
- Schedule your services (appointments and others).
- Coordinate group and individual educational activities for physical and mental health.
- Manage chronic health conditions that are out of control.

#### **HEALTH MODIFICATION AND CARE PROGRAMS:**

Do you need help controlling a chronic condition? Our team is available to offer the tools you need to manage and care for conditions, such as:

- Diabetes
- Asthma
- Heart Failure
- Hypertension
- Chronic Obstructive Pulmonary Disease (COPD)
- Obesity

#### We also have programs to help you manage:

- High-risk pregnancies
- Terminal stage cancer
- Ulcers and homebound care needs
- Children with special needs requiring service coordination
- High usage of emergency room services
- Cerebrovascular accidents
- Mental health

# CASE MANAGEMENT PROGRAM



If you are dealing with a serious illness or require long term medical care, Triple-S Salud offers you this program that makes sure your care is well-coordinated.

#### **HOW THIS PROGRAM WORKS?**

A group of nurses, doctors and a social worker with extensive clinical experience, will evaluate your health care needs and determine available care options.

You can be eligible to join based on the existence of effective options for treating your health problem. These may include: health services at home, durable medical equipment or admission in a specialized care center, among others.

Our Case Managers will coordinate the care you need and follow up through phone calls and personal visits. Along with a social worker they will work with you and your doctor to make sure you're getting the best care possible.

## These are some of the conditions that our program works:

- Stroke and other cerebrovascular conditions
- Cancer in terminal stage
- Degenerative diseases
- cystic fibrosis
- Mental illness and substance abuse
- HIV + or AIDS

## WHAT ARE THE BENEFITS I GET FROM PARTICIPATING IN THE PROGRAM?

- No additional cost
- Personalized attention
- We work directly with your doctor and other care
- Providers Connect you with valuable resources and services in your community.

#### **CONTACT US**

Operating Hours: M-F 8:00 a.m. – 4:30 p.m. 787-706-2552 or 1-800-981-4860 (toll free)

Send your request via fax at 787-774-4824 or 1-855-887-8275 (toll free)

Email: manejocasos@ssspr.com

# Health Risk Assesment HRA

To help you achieve your health goal, we offer you the Health Risk Assessment (HRA). This online tool allows you to identify risk factors and lifestyles that can affect your well-being and your family.

#### Take control of your health!

When completing the questionnaire, the HRA tool develops a general evaluation of health and offers you recommendations for improvement of your health. Share it with your doctor and follow his/her instructions for tests and other preventive diagnostic tests.\*



\* Requires registration at ssspr.com

# Your Pharmacy Program



Understanding your pharmacy benefits and programs will help you maintain an optimal state of health and will save you time and money.

#### **PHARMACY NETWORK**

Our network includes retail pharmacies throughout the Island, including most independent pharmacies, as well as drugstore chains. You can also purchase your prescriptions in the United States and US Virgin Islands.

To find a participating pharmacy near you:

- Visit our online site ssspr.com
- Access our app Triple-S Salud, available for Apple and Android.



#### **DISPENSING/SUPPLY**

#### **Acute Drugs**

Used to treat a sudden illness of short duration that have a clearly defined time of start and end. In general, we cover up to a maximum supply of fifteen (15) days with no refills.

#### **Maintenance Drugs**

Are those that treat a life-long health problems such as diabetes, thyroid, asthma, and Parkinson's Disease, among others.

These drugs are covered for 30 days supply and up to a maximum of five (5) refills. Some of these drugs may also be filled in an extended 90 days supply (and one refill).

There are pharmacy coverages that require the dispensing of generic drugs as a first choice.



# 90 Days Extended Supply Program at participating pharmacies

You can get a 90-day supply for certain maintenance drugs in our Program pharmacies.

Ask your doctor for a 90 day prescription plus one (1) refill of your maintenance drugs.

#### **PROGRAM ADVANTAGES**

- Save time and visits to the drugstore
- Savings in copayments or coinsurances
- Improve your life-long health problems with a higher supply on hand



For more information about this Program, call to (787) 774-6081

## Triple-S Salud Pharmacy Mail Order Program

You can get certain maintenance drugs through the mail, in the comfort of your home; up to a 90-day supply.

## HOW TO BEGIN USING THE SERVICES OF PHARMACY MAIL ORDER PROGRAM

Request your prescription drugs by mail in the following way:

#### **INTERNET**

- Signup in www.alliancerxwp.com/home-delivery
- Once registered, follow the instructions in the confirmation page to submit your prescription.

#### **TELEPHONE**

Call Customer Service Center at 1-800-778-5427

## SEND THE PRESCRIPTION TO THE PHARMACY BY:

- Facsimile
- E-prescribe

## IF YOU NEED THE MEDICATION IMMEDIATELY

Ask your doctor for two prescriptions, one for the first 30 days that you can fill it in your local pharmacy and another for 90 days with one refill for our mail order pharmacy to dispense.

#### **CONTACT INFORMATION**

www.alliancerxwp.com/home-delivery

**Telephones:** 1 (800) 345-1985 (English)

1 (800) 778-5427/

TTY 1 (877) 220-6173 (Spanish)

Fax: 1 (800) 332-9581

Mail:

PO Box 29061 Phoenix, AZ 85038-9061

**Opening Hours:** 

24 hours / 7 days a week



## Specialty Drug Management Program through our Exclusive Pharmacy Network

# An integrated care of specialized medications for high risk and chronic conditions.

You or your doctor may call one of these pharmacies and be guided with the steps to follow for ordering and getting your specialty drugs. You should remind your doctor to write two prescriptions, one for specialty drugs and the other for the non-specialty drugs.

#### Some of the health conditions handled through these pharmacies are:

- Cancer (oral)
- Crohn's Disease
- Antihemophilic Factor
- Rheumatoid Arthritis

- HIV (human immunodeficiency virus)
- Multiple Sclerosis
- Hepatitis C

Pharmacy	Address	Phone
Alivia Specialty Pharmacy	355 Ave. De Diego San Juan, PR 00909	T: (787) 925-1989 LC: 1(866) 981-8124 F: (787) 925-1015
CVS Caremark Specialty Pharmacy	Ave. Jesús T. Piñero #280, Suite B, San Juan, PR 00918	T: (787) 759-4162 LC: 1(888) 280-1190 F: (787) 759-4161 / 1(855) 297-1270
Walgreens Specialty Pharmacy	15191 65 Infantería Shopping Court Suite 101, San Juan, PR 00926	T: (787) 777-1120 F: (787) 777-1124 / (787) 777-1545

You may arrange to have the medications sent to your home, physician's office, or any other place of choice in Puerto Rico or USVI.

If you have questions or need help, call (787) 774-6081.

## Coordination benefits you. Do it now.

Medicare always makes the final determination as to whether they are the primary payor. The following chart illustrates whether Medicare or this Plan should be the primary payor for you according to your employment status and other factors determined by Medicare. It is critical that you tell us if you or a covered family member has Medicare coverage so we can administer these requirements correctly. (Having coverage under more than two health plans may change the order of benefits determined on this chart.)

PRIMARY PAYOR CHART			
A. When you - or your covered spouse - are age 65 or over and have Medicare and you		The primary payor for the individual with Medicare is	
	Medicare	This Plan	
1) Have FEHB coverage on your own as an active employee		✓	
2) Have FEHB coverage on your own as an annuitant or through your spouse who is an annuitant	✓		
3) Have FEHB through your spouse who is an active employee		✓	
4) Are a reemployed annuitant with the Federal government and your position is excluded from the FEHB (your employing office will know if this is the case) and you are not covered under FEHB through your spouse under #3 above	✓		
5) Are a reemployed annuitant with the Federal government and your position is not excluded from the FEHB (your employing office will know if this is the case) and			
• You have FEHB coverage on your own or through your spouse who is also an active employee		✓	
You have FEHB coverage through your spouse who is an annuitant	✓		
6) Are a Federal judge who retired under title 28, U.S.C., or a Tax Court judge who retired under Section 7447 of title 26, U.S.C. (or if your covered spouse is this type of judge) and you are not covered under FEHB through your spouse under #3 above	4		
7) Are enrolled in Part B only, regardless of your employment status	✓ for Part B services	✓ for other services	
8) Are a Federal employee receiving Workers' Compensation disability benefits for six months or more	<b>√</b> *		
B. When you or a covered family member			
1) Have Medicare solely based on end stage renal disease (ESRD) and			
<ul> <li>It is within the first 30 months of eligibility for or entitlement to Medicare due to ESRD (30-month coordination period)</li> </ul>		✓	
<ul> <li>It is beyond the 30-month coordination period and you or a family member are still entitled to Medicare due to ESRD</li> </ul>	✓		
2) Become eligible for Medicare due to ESRD while already a Medicare beneficiary and			
<ul> <li>This Plan was the primary payor before eligibility due to ESRD (for 30 month coordination period)</li> </ul>		✓	
<ul> <li>Medicare was the primary payor before eligibility due to ESRD</li> </ul>	~		
3) Have Temporary Continuation of Coverage (TCC) and			
Medicare based on age and disability	✓		
<ul> <li>Medicare based on ESRD (for the 30 month coordination period)</li> </ul>		✓	
<ul> <li>Medicare based on ESRD (after the 30 month coordination period)</li> </ul>	✓		
C. When either you or a covered family member are eligible for Medicare solely due to disabi	lity and you		
1) Have FEHB coverage on your own as an active employee or through a family member who is an active employee		✓	
2) Have FEHB coverage on your own as an annuitant or through a family member who is an annuitant	✓		
D. When you are covered under the FEHB Spouse Equity provision as a former spouse	✓		

<sup>\*</sup>Workers' Compensation is primary for claims related to your condition under Workers' Compensation.

## **NOTICE**

Informing individuals about nondiscrimination and accessibility requirements and nondiscrimination statement: **Discrimination Is Against The Law.** 

**Triple S Salud, Inc.** complies with applicable federal civil rights laws and does not discriminate, exclude people or treat individuals differently because of race, color, national origin, age, disability, or sex.

TRIPLE-S SALUD BlueCross BlueShield of Puerto Rico

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 2. Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact a customer a Service Representative.

If you believe that Triple S Salud, Inc. has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

#### **Service Representative**

P.O. Box 11320, San Juan, PR 00922-9905 Telephone: (787) 774-6081 or 1-800-716-6081 TTY: (787) 792-1370 or 1-866-215-1999 TSACompliance@sssadvantage.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Service Representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically, through the Office of Civil Rights Portal available at <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a> or by mail or phone at: 200 Independence Ave, SW Room 509F, HHH Building, Washington, D.C. 20201

Telephone: 1-800-368-1019,

TDD: 1-800-537-7697

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 787-774-6081, libre de costo 1-800-716-6081; (TTY/TDD) 787-792-1370; libre de costo 1-866-215-1999.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 787-774-6081, Toll Free 1-800-716-6081; (TTY/TDD) 787-792-1370; Toll-Free 1-866-215-1999.



