

WHAT BENEFITS DO YOU GET WITH THE CARE PLUS MEDIGAP POLICY¹ (MODEL A, B, C, and D)?

This is an insurance policy for eligible individuals. You will be able to enjoy the following benefits:

- It helps you cover any out-of-pocket costs not paid by Original Medicare, which means it covers the remaining 20% of reasonable Medicare-approved costs.
- You may visit any doctor in Puerto Rico and the United States as long as they are under contract with Original Medicare.
- You may visit specialists without need for a referral.
- It helps pay for services not covered under the Medicare Program, such as when you travel outside the U.S., up to a maximum benefit of \$50,000².

IT'S IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY

The policy is issued for a term of one (1) year. This policy is designed to extend the benefits offered by the Medicare Program.

Note: This summary offers a brief description of the most important features in your policy. This is not an insurance agreement, and the insurance is governed totally by the provisions in the policy, which offers detailed information about your rights and obligations as well as that of Triple-S Salud.

To obtain more information about Care Plus Medigap, visit any of our Service Centers or call 787-774-6060.

Our service representatives are available to help Monday to Friday, from 7:30 a.m. to 8:00 p.m.; Saturdays from 9:00 a.m. to 6:00 p.m., and Sundays from 11:00 a.m. to 5:00 p.m.

To learn more about Medicare, please call 1-800-Medicare (1-800-633-4227) or visit www.medicare.gov.

People with hearing and/or speech disabilities (TTY/TDD) may call 1-877-486-2048.

You may call 24 hours a day, 7 days a week.



¹ Original Medicare makes changes every year to the benefit limits and the deductibles or coinsurances. These changes will be updated and covered in the Model A, B, C, and D offered by Triple-S Salud. ² Covered in Model C and D; a \$250 deductible and a 20% coinsurance will apply. ³ Members who are eligible for Medicare before 2020. ⁴ Members who are eligible for Medicare starting in 2020. Triple-S Salud, Inc. cumple con las leyes federales aplicables de derechos civiles y no discrimina en base a raza, color, origen de nacionalidad, edad, discapacidad, o sexo. Triple-S Salud, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 787-774-6060, (TTY/TDD), 787-792-1370 or 1-866-215-1999. Free of charge 1-800-981-3241. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística llame al 787-774-6060, Libre de costo 1-800-981-3241. (TTY/TDD) al 787-792-1370 o 1-866-215-1999. MP 01-2020 TSS-PROD-1960-2020-B



Care Plus MEDIGAP

ORIGINAL MEDICARE SUPPLEMENT POLICY



Care Plus MEDIGAP

This is the name of our Original Medicare supplement policy, which is available to people enrolled with Medicare Parts A and B and may help pay some of the health care costs not covered by Original Medicare, such as coinsurances and deductibles.

Medicare establishes 10 types of supplement plans, and each plan is assigned a letter that corresponds to a specific basic level of benefits. Triple-S Salud offers Models A, B, C, and D. The coinsurances and deductibles covered under this policy will accumulate based on the charges accepted by Original Medicare.

The following chart allows you to compare some of the benefits, deductibles, and coinsurances covered by Medicare and the Care Plus Medigap policy (Model A, B, C, and D).



| BENEFITS | MEDICARE | CARE PLUS MEDIGAP Model A | CARE PLUS MEDIGAP Model B | CARE PLUS MEDIGAP Model C ³ | CARE PLUS MEDIGAP Model D ⁴ |
|--|----------------------------|---------------------------|---------------------------|--|--|
| HOSPITAL SERVICES | | | | | |
| Deductible \$1,484 | \$0 | \$0 | \$1,484 | \$1,484 | \$1,484 |
| First 60 days | 100% | \$0 | \$0 | \$0 | \$0 |
| Days 61 to 90 | All minus \$371 per day | \$371 per day | \$371 per day | \$371 per day | \$371 per day |
| Days 91 and after: | | | | | |
| • While the 60 lifetime reserve days are being used | All minus \$742 per day | \$742 per day | \$742 per day | \$742 per day | \$742 per day |
| • After using the lifetime reserve days: - 365 additional days | \$0 | 100% of eligible expenses | 100% of eligible expenses | 100% of eligible expenses | 100% of eligible expenses |
| SKILLED NURSING INSTITUTION | | | | | |
| Days 1 to 20 | 100% | \$0 | \$0 | \$0 | \$0 |
| Days 21 to 100 | All minus \$185.50 per day | \$0 | \$0 | Up to \$185.50 per day | Up to \$185.50 per day |
| Days 101 and beyond | \$0 | \$0 | \$0 | \$0 | \$0 |
| MEDICAL SERVICES OUT OF OR IN-HOSPITAL, AND OUTPATIENT TREATMENT , such as medical services, medical-surgical supplies and services for inpatients and outpatients, physical and speech therapy, diagnostic tests, durable medical equipment. | | | | | |
| Deductible \$203 | \$0 | \$0 | \$0 | \$203 | \$0 |
| Coinsurance | 80% | 20% | 20% | 20% | 20% |
| BLOOD | | | | | |
| First 3 pints | \$0 | 100% | 100% | 100% | 100% |