

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.

CONTACT US

FOR MORE INFORMATION ABOUT CARE PLUS MEDIGAP

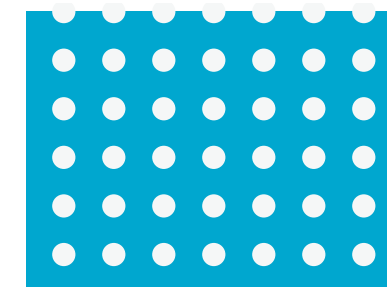
787.774.6060 • 787.792.1370 TTY (hearing impaired)
Monday to Friday from 7:30 a.m. to 8:00 p.m.
Saturdays from 9:00 a.m. to 6:00 p.m.
Sundays from 11:00 a.m. to 5:00 p.m.
www.ssspr.com

FOR MORE INFORMATION ABOUT MEDICARE

1-800-Medicare (1-800-633-4227)
1-877-486-2048 TTY/TDD (hearing impaired)
24 hours, 7 days
www.medicare.gov



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 because 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, 1-800-981-3241 toll free, (TTY/TDD) 787-792-1370 or 1-866-215-1999 toll free. If you are a federal employee or retiree, call 787-774-6081, 1-800-716-6081 toll free. If you are a postal employee or retiree call 787-474-5219, 1-833-201-9256 toll free. For federal or postal employee or retiree (TTY/TDD) 787-792-1370 or 1-866-215-1999 toll free. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 787-774-6060, 1-800-981-3241 libre de costo, (TTY/TDD) 787-792-1370 o 1-866-215-1999 libre de costo. Si es empleado o retirado federal llame al 787-774-6081, 1-800-716-6081 libre de costo. Si es empleado o retirado postal llame al 787-474-5219, 1-833-201-9256 libre de costo. Para empleados y retirados federales y postales (TTY/TDD) 787-792-1370 o 1-866-215-1999 libre de costo. Independent licensee of BlueCross BlueShield Association. MP01-2022 TSS-MKT-5703-2024-B



CARE PLUS Medigap

2025 ORIGINAL MEDICARE SUPPLEMENT POLICY

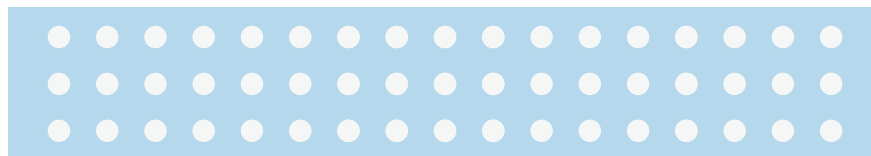


CARE PLUS Medigap

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 \$1,676	\$0	\$0	\$1,676	\$1,676	\$1,676
First 60 days	100%	\$0	\$0	\$0	\$0
Days 61 to 90	All minus \$419 per day	\$419 per day	\$419 per day	\$419 per day	\$419 per day
Days 91 and after:					
• While the 60 lifetime reserve days are being used	All minus \$838 per day	\$838 per day	\$838 per day	\$838 per day	\$838 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 \$209.50 per day	\$0	\$0	Up to \$209.50 per day	Up to \$209.50 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 \$257	\$0	\$0	\$0	\$257	\$0
Coinsurance	80%	20%	20%	20%	20%
BLOOD					
First 3 pints	\$0	100%	100%	100%	100%