



Health Plan Benefits

Provided by:



Effective Date: January 1, 2023

GENESCO welcomes you to the **2023** annual Open Enrollment period. **GENESCO** continues offering benefits that saves you money and improves the quality of life for you and your family.

Evaluate and obtain the benefits that you need and deserve. Do not loose the opportunity to enroll and obtain these benefits in 2023.

DISCOVER YOUR BENEFITS THROUGH THIS GUIDE:

Health Plan - Triple S Salud

Organ Transplants

Drugs Coverage

What do you need to do?

Review the information described in this guide. If you need to do changes, you must complete the corresponding form for each benefit and submit these to your Human Resources Department.

During the Open Enrollment Period, you can make changes to your benefits. Benefits will be effective on January 1, 2023. After the Open Enrollment Period you can make changes to your coverages only if there is a Qualifying Event. Contact your Human Resources Department to complete the applicable document.

- New baby born or adoption
- Spouse loses coverage because of termination of employment
- Changes in the employment status such a change from Part Time to Full Time employee
- Transfer of employment with different benefits
- Qualification for the Government Health Plan
- You or your spouse are eligible to Medicare

CHANGES DURING THE POLICY YEAR

The following events are qualifying events:

- Marriage, divorce or legal separation
- Death of spouse or dependent

If any of these events occur, please contact your Human Resources Office during the first 30 days after the event, otherwise, the change will not be allowed until the next open enrollment period.

TRIPLE S SALUD WELLNESS PROGRAMS

Asthma

This program allows you to know better your respiratory system and how to manage your asthma. The insured receives information through specialized in respiratory conditions nurses.

Triple S Prenatal

Through this program the insured receives information about the pre-natal care, nutrition, breast feeding and risks related to the pregnancy.

Triple S Diabetes

This program provides information and orientation about: what is the diabetes, the importance of the appropriate medical care and nutrition. In addition, the insured receives educative materials and information and will have the opportunity to speak with diabetes specialists.

Triple S Hipertension

This program consists on educative activities directed to provided the insures with controlled or uncontrolled High Blood Pressure.

Triple S Cardiac Failure

This program is for insureds over 19 years with cardiac failure. When the condition is severe, you will receive information on how to feel and get better.

OCPD Program

This program is for insureds over 40 year with Obstructive Cardio Pulmonary Disease. Health professionals help the participants to understand better his(her) condition and adopt healthy life styles to avoid complications.

For more
Information
regarding Triple S
Salud's Health
Programs please
contact us at
1-866-788-6770



HEALTH PLAN BENEFITS SUMMARY

HOSPITAL SERVICES

- Semiprivate Room
- Mental Health regular and partial hospitalizations will be covered according to medical recommendations

MEDICAL AND SURGICAL SERVICES

- Medical office visits including specialists consultations
- Surgeries and Anesthesia Services
- Lithotripsy (requires prior authorization)

AMBULATORY MEDICAL SERVICES

- Unlimited visits to general practitioners, specialists and sub specialists
- Psychiatric visits according to the medical necessity
- Ambulatory surgeries in the provider's office
- Respiratory therapies up to 20 per policy year
- Physical therapies up to 20 per policy year
- Chiropractic manipulations up to 20 per policy year
- Chemotherapy, Radiotherapy and Cobalt
- Emergency Room Services

DIAGNOSTIC PROCEDURES

- Clinical laboratories and X-Rays
- Diagnostic tests such as: Sonograms, CT & Pet Scans, MRI, Gastrointestinal Endoscopies, Electroencephalograms, Electromyographies, Nuclear Medicine and Cardiovascular invasive and non invasive tests

MATERNITY

- Well baby care
- Pre and post natal services
- Immunizations covered according to the immunizations itinerary recommended by the Puerto Rico HealthDepartment: DTaP, FLU, Hep A, Hep B, Hib, HPV, IPV, MCV, MMR, PCV, Pediarix, PPV, Rotavirus, Tdap, Tetanus Toxoid, Varivax, among others
- Specialized tests such as the Biophysical Profile and Amniocentesis, among others

OTHER SERVICES

- Hospital and medical services for the treatment of AIDS
- Dialysis and hemodialysis during the first 90 days after the first treatment
- Home Health Care and Skilled Nursing Facilities Equipo médico duradero
- Preventive services required by the following laws: Patient Protection and Affordable Care Act, Public Law No. 111-148 (PPACA) and the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152

EXTENDED COVERAGE IN THE UNITED STATES

Services under this coverage are paid by reimbursement to the insured, based on the contracted fees in Puerto Rico.

- Services provided in the United States require recertification, except if they are an Emergency. Services rendered by a Blue Cross Blue Shield (BCBS) provider will be paid directly to the provider after the initial deductible and coinsurance.

ORGAN AND TISSUE TRANSPLANT COVERAGE

These services are covered at the facilities contracted by Triple-S Salud in and out of Puerto Rico. Services will be covered at 100% of contracted fees without deductibles or coinsurance.

PHARMACY COVERAGE

The pharmacy coverage requires dispensing of the generic drug as the first option. If you decide to get the brand drug having a generic available, you will pay the generic copay plus the difference in cost between the brand and generic drug. A maximum of 15 days for acute condition drugs and 30 days for maintenance drugs is established. 5 refills of the maintenance drugs are allowed.

OTC DRUGS

Triple-S has added some Over the Counter - OTC drugs to your coverage with a \$0 copay. These options may result in great benefit for you and your family. To obtain an OTC drug through your coverage a prescription from your doctor indicating the OTC drug is required. Not all the OTC drugs are covered.

SUMMARY OF BENEFITS AND COPAYS

BENEFITS	COPAYS
Annual Maximum	This plan does not have an annual maximum
Hospital	\$50 copay
Ambulatory Surgery	100% Covered
Ambulatory Medical Services <ul style="list-style-type: none">General PractitionerSpecialistSub-specialist	\$5 copay \$10 copay \$10 copay
Laboratories, X Rays and Diagnostic and Nuclear Covered Tests	25% coinsurance
Physical Therapies	\$7 copay up to 20 sessions per policy year
Chiropractic Manipulations	\$7 copay up to 20 sessions per policy year
Respiratory Therapies	\$5 copay up to 20 sessions per policy year
Preventive immunizations required by the federal laws PPACA and HCERA	\$0 copay
Immunization for the Respiratory Syncityal Virus	20% coinsurance
Lithotrypsy	25% coinsurance, requires pre authorization
Emergency Room	\$50 copay for sickness / \$25 if referred by Teleconsulta \$50 copay for accidents/ \$25 if referred by Teleconsulta
Mental Health and Substance Abuse <ul style="list-style-type: none">Hospital AdmissionParcial Hospital AdmisiónOffice Visits	Covered as any other illness
Ground Ambulance	Up to \$80 per trip
Durable Medical Equipment	25% coinsurance, requires pre authorization

SUMMARY OF BENEFITS AND COPAYS

BENEFITS	COPAYS
Maternity Coverage Pre and Post Natal Visits Normal delivery or Cesarean Section	\$10 copay Covered at 100%, hospital copay applies
Cancer Treatment Chemotherapy, Cobalt and Radiotherapy	Radiotherapy - 25% coinsurance Chemotherapy - Covered at 100%
Extended Coverage in the United States	In case of an emergency or when the medical treatment needed is not provided in Puerto Rico and is pre approved by Triple-S services, will be covered with a 20% of copay in all services.
Non Participating Providers	Not covered except if there is no provider of a specific specialty contracted in the network.
Organ and Tissue Transplants	Covered at a 100%, requires pre authorization Maximum Benefit - \$1,000,000



PHARMACY COVERAGE



BENEFITS	COPAYS
Generic is the first Option	If you decide to get the brand drug when there is a generic available, you will pay the generic copay plus the difference in cost between the generic and the brand drug.
Generic	\$5.00 copay/90 day supply: \$10.00
Preferred Brand	\$10.00 copay/90 day supply: \$20.00
Brand	\$10.00 copay/90 day supply: 420.00
Specialty Drugs	25% coinsurance, minimum \$15.00
Specialized Drugs for Special Conditions	Available in Special Care Pharmacies. Correspondent copay or coinsurance applies.

**¡NUEVA
Aplicación Móvil!**

**Tu plan
de salud
tan cerca como
tu celular.
¡DISPONIBLE YA!**
Para iPhone y Android



- > **CHEQUEA TU PLAN**
Revisa de forma fácil y rápida tu cubierta y la de tus dependientes.
- > **TU TARJETA SIEMPRE CONTIGO**
Comparte por email tu tarjeta de salud y certificación de cubierta con tu médico en caso de que no tengas la tarjeta física.
*Solo el asegurado principal podrá enviar por email su tarjeta y la de sus dependientes.
- > **DIRECTORIO MÉDICO**
Encuentra al médico que necesitas en el directorio médico.
- > **CONTÁCTANOS**
Conoce la ubicación, teléfonos, email y horarios de todas las oficinas de Triple-S Salud alrededor de Puerto Rico.

PASOS A SEGUIR PARA INSTALAR LA APLICACIÓN

1 APLICACIÓN MÓVIL
En tu celular entra al App Store (iPhone) o Google Play (Android) y busca e instala la app "Triple-S Salud".

2 REGISTRO
Si ya estás registrado en el sitio web ssspr.com puedes utilizar la misma clave de acceso. Si no te has registrado, puedes hacerlo directamente desde de la aplicación móvil.

3 INICIO ("LOGIN")
Para ver tu tarjeta del plan y las de tus dependientes, abre la aplicación móvil y entra tu nombre de usuario y contraseña.

Si tienes sugerencias o dudas, o encuentras un error, compártelo vía email a:
web@ssspr.com

ssspr.com

Síguenos Grupo Triple-S

TRIPLE-S SALUD
Todo para protegerte BlueCross BlueShield of Puerto Rico

Actualmente esta aplicación está disponible solo para nuestros productos comerciales. No está disponible para los productos Medicare Advantage, ni el Plan de Salud del Gobierno.

Concesionario independiente de BlueCross BlueShield Association

IMPORTANT TELEPHONE

Teleconsulta	1-800-255-4375
Triple S Salud - Customer Services	787-774-6060 customerservice@ssspr.com TTY - 787-792-1370
Triple S Wellness	1-866-788-6770
Providers Directory	www.ssspr.com
Samantha Jackson, Benefits Coordinator Genesco, Inc.	615-317-8072 sjackson1@genesco.com
Erica Davis, Benefits Manager Genesco, Inc.	615-367-7273 edavis@genesco.com



This is only for reference purposes. For a complete and detailed information please refer to the Benefits Certificate and official documents of the plan. This summary provides a description of certain changes in the Health Plan and is used as a summary of material modifications in the services and as summary of covered benefits. You must keep this summary with your other plan documents. This coverage is subject to all the exclusions and limitations and all the terms and conditions of the health plan official documents. In case of a conflict between this document and the policy, the second and all the official plan documents will prevail. The insurance Company and the Employer have the right to make changes to the plan in any moment. Contact your Human Resources Department for any question regarding your benefits coverage.

