



SMALL GROUP HEALTH INSURANCE POLICY Between
MAPFRE LIFE INSURANCE COMPANY OF PUERTO RICO
and

BENEFIT SPECIFICATIONS

| ELIGIBILITY | |
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| [Class A] | [Option 1] |
| Employee Eligibility | |
| Waiting Period | Shall not exceed [90] days from date of employment |
| Employee whose employment commences prior to the Policy Effective Date | Will become eligible for insurance on the Policy Effective Date, provided that he is Actively At Work |
| Actively at work for less than the waiting period | Will become eligible [on the Policy Effective Date] [the first day of the month coincident with or next following the date he completes the waiting period] |
| Employee whose employment commences on or after policy effective date | Will become eligible [on his date of Employment] [the first day of the month coincident with or next following the date he completes the waiting period] |
| Termination of Coverage by Cease of Employment | Coverage will terminate [the date he ceases to be employed by the Employer] [the end of the month when he ceases to be employed by the Employer] |

| MEDICAL BENEFITS | COPAYMENT, COINSURANCE AND DEDUCTIBLES |
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| Maximum Out of Pocket | |
| Individual Contract | \$6,350.00 |
| Family Contract | \$12,700.00 |
| Hospital Stay | |
| Per confinement (with pre-certification) | [\$75.00] |
| Bariatric Surgery Procedure – with pre-certification | [\$75.00] |
| Surgical Assistance | [0%] |
| Lithotripsy | [25%] |
| Hospital Stay in a Non-Participating Hospital | |
| Room and Board | \$175.00 of reimbursement per day |
| Intensive Care | \$200.00 of reimbursement per day |
| Outpatient Surgical Facility | |
| With pre-certification | [\$75.00] |
| Lithotripsy | [25%] |
| Outpatient Surgical Benefits | |
| Surgical Benefit | [0%] |
| Vasectomy | [25%] |
| Intra-articular injections | [25%] |
| Gastrointestinal endoscopies and colonoscopies | [25%] |
| Laparoscopy | [25%] |
| Cancer Treatment | |
| Radiation and cobalt treatment | [25%] |
| Chemotherapy | [25%] |
| Emergency Room Services | |
| Accident | [\$40.00] |
| Sickness | [\$40.00] |
| Maternity Care | |
| Room and Board | [\$75.00] |
| Prenatal Care Office Visits | [\$10.00] |
| Postnatal Care Office Visits | [\$10.00] |
| Biophysical profile | [25%] |
| Laboratory and X-ray | |
| Laboratory | [25%] |
| X-ray | [25%] |
| Physiotherapy | |

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| Maximum treatment per Policy Year Copayment | 20 therapies under a combined limit [\$7.00] | |
| Respiratory Therapy | | |
| Maximum treatment per Policy Year Copayment | [20] therapies [\$7.00] | |
| Professional Medical Service | | |
| General Practitioner | [\$5.00] | |
| Specialist | [\$10.00] | |
| Sub-specialist | [\$10.00] | |
| Psychiatrist | [\$10.00] | |
| Psychologist | [\$10.00] | |
| Group Therapy | [\$10.00] | |
| Collateral Visits | [\$10.00] | |
| Podiatrist | [\$10.00] | |
| Chiropractor | [\$10.00] | |
| Audiologist | [\$10.00] | |
| Optometrist | [\$10.00] | |
| Diagnostic Procedures | | |
| Procedure | Limit | Coinsurance |
| Sonograms non obstetric | 1 per anatomical region per policy year | [25%] |
| Computerized tomography | 1 per anatomical region per policy year | [25%] |
| Magnetic resonance Imaging (MRI) | 1 per anatomical region per policy year | [25%] |
| Magnetic resonance angiogram (MRA) | Unlimited | [25%] |
| Invasive and non-Invasive cardiovascular test | Unlimited | [25%] |
| Diagnostic medicine tests | Unlimited | [25%] |
| Diagnostic nuclear tests | Unlimited | [25%] |
| Polysomnography (sleep study) | 1 per lifetime | [25%] |
| Major Medical Benefits | | |
| Co-insurance Amount | [20%] | |
| Diabetes Treatment | | |
| Lancets and Strips | \$15.00 | |
| Blood Glucose Monitor | \$15.00 | |
| Portable Insulin Pump | 20% | |
| Other Benefits | | |
| Skilled Nursing Facility | [0%] | |
| Durable Medical Equipment | [20%] | |
| Home Health Care | [20%] | |
| Emergency services in the US | [\$75.00] | |
| Services in the United States of America of cases | [20%] | |

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| where equipment, treatment and facilities not available in Puerto Rico are required Ambulance | Up to \$80.00 by reimbursement |
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PRESCRIPTION BENEFIT MANAGEMENT (PBM)

Drug Plan – [PBM]
Maximum Allowable Cost (MAC) Plan – [A]
Managed Drug Limitations (MDL) – Yes
Step Therapy Program – Yes
Preferred Drug List – Yes

Plan Administrator [Prescription Benefit Management]

Retail

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|--------------------------------|-------------------------------|
| Bio-Equivalent Drugs (Generic) | [\$ 5.00] |
| Preferred | [\$10.00] |
| Non Preferred | [\$25.00] |
| Specialty Drugs | [20%] [maximum of [\$200.00]] |
| Over The Counter Drug (OTC) | \$1.00 |
| Oral Chemotherapy (For Cancer) | [25%] |

Mail Order – 90 Days

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|--------------------------------|-----------|
| Bio-Equivalent Drugs (Generic) | [\$ 5.00] |
| Preferred | [\$10.00] |
| Non Preferred | [\$25.00] |

Retail – 90 Days

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|--------------------------------|-----------|
| Bio-Equivalent Drugs (Generic) | [\$ 5.00] |
| Preferred | [\$10.00] |
| Non Preferred | [\$25.00] |

BENEFITS COVERED BY LAW

AUTISM SERVICES

Benefits for Autism included but not limited to genetics, neurology, immunology, gastroenterology and nutrition, speech and language therapy, psychology, occupational and physical therapy and include medical visits and tests medically referred. They will be covered according to medical needs established by a physician and as required by law.

We will provide treatment of hyperbaric oxygenation therapies for people with autism when recommended by a medical practitioner and treatment is permitted by federal laws and regulations; and other related purposes. Subject to Pre-certification.

RIGHTS CANCER PATIENTS AND SURVIVORS

We will provide any treatment that is agreed upon and/or within the terms and conditions of health signed by the parties, except upon medical advice to those ends. Treatments include hospitalization, diagnostics and medicines to any patient diagnosed with cancer. Coverage will also be provided for cancer survivor's treatment, frequent monitoring for the permanent physical and emotional well-being of the insured.

We will provide extended coverage for the payment of breast cancer screening and testing such as visits to specialists, clinical breast exams, mammograms, digital mammograms, magnetic resonance mammography and breast ultrasounds, and treatment including, but not limited to, mastectomy (including males), breast reconstruction after mastectomy, reconstructive surgery of the other breast to achieve symmetry, breast prosthesis, treatment for physical complications at all stages of mastectomy, including lymphedema (swelling that sometimes occurs after breast cancer treatment),

any reconstructive surgery after mastectomy that may be needed for the physical and emotional recovery of the enrollee.

WOMEN'S HEALTH CARE

Charge will be paid for insureds:

- a. any reconstructive surgery after mastectomy that may be needed for the physical and emotional recovery of the patient.
- b. Breast ultrasound (sono-mammography, digital mammography and Magnetic Resonance mammography)
- c. surgery and reconstruction of the other breast to produce a symmetrical appearance.
- d. breast prosthesis.
- e. physical complications that arise at any stage of mastectomy procedure including lymphedema.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

AIDS will be treated like any other illness. Treatments are limited to the territory of Puerto Rico under the Basic Health Benefit.

MENTAL AND NERVOUS CONDITIONS & SUBSTANCE ABUSE

Mental and nervous & substance abuse conditions will be treated like any other illness as per Mental Health and Parity Act. There shall be no distinction between a mental disorder and any other medical condition in terms of the access to the services that persons shall need. In addition, the policy or contract may not include any limitations on visits to a psychiatrist, collateral visits, group therapy and residential treatments.

Hospital services are covered up to 365 days. Two days of partial hospitalization are equivalent to 1 day of regular hospitalization.

PATIENTS WITH DIABETES MELLITUS TYPE I

In accordance with law 177 August 13, 2016, and subject to applicable copayments and coinsurances, Insured Persons under twenty (21) years of age diagnosed with diabetes mellitus type I by a specialist in pediatric endocrinology or endocrinology, will be provided with a glucose monitor every three (3) years and a minimum of one hundred fifty (150) strips and a one hundred fifty (150) lancets each month. Whenever there is a justification submitted and ordered by the endocrinologist coverage will be provided for a glucometer brand.

Also, Insured Persons under twenty (21) years of age diagnosed with Diabetes Mellitus will receive coverage (1) per lifetime portable insulin infusion pump subject to the established qualifying criteria set by the Centers for Medicare & Medicaid Services as a therapy and evaluation of the Medical Affairs Department. For the insulin infusion pump, the selection of

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the brand of this device will be determined by the endocrinologist based on the age of the insured, the level of physical activity of the insured, and the insured's and or caregiver's knowledge regarding the condition.

PHNYLKETONURIA FREE AMINO ACID PREPARATION

Coverage is provided for patients diagnosed with the genetic disorder known as phenylketonuria (PKU) without exclusions of insured's age.

DOWN SYNDROME

Down Syndrome: With respect to persons with down syndrome the policy will cover tests, not limited to, genetics, neurology, immunology, gastroenterology and nutrition. We will also include visits and tests referred by a physician, and therapeutic services with a remediative approach to independent living or assisted living for adults over 21 years of age.

MAPFRE Life will not rescind, refuse, deny coverage or services if an insured is diagnosed with Down Syndrome.

PREVENTIVE SERVICES

When an insured individual receives any of the following preventive services from a participating provider, MAPFRE Life will provide coverage that includes basic annual medical evaluation without cost-sharing beyond the premium originally established for this policy. Each child shall receive an annual medical evaluation at the beginning of the school year. Said medical evaluation must include physical and mental evaluation, oral hygiene, hearing and visual test, as well as periodic test recommended by the American Academy of Pediatrics.

Preventive services might be changed from time to time by federal rules and regulations. For the most recent list of preventive services applicable to this policy, the insured can access the following link: <https://www.healthcare.gov/coverage/preventive-care-benefits/>

| COVERED PREVENTIVE SERVICES FOR ADULT | |
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| Benefit | Limits |
| Abdominal Aortic Aneurysm | One-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked. |
| Alcohol Misuse | Screening and counseling. The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. |

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| Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication | The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years. |
| Colorectal Cancer | The USPSTF recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, colonoscopy or serology test, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary. |
| Depression screening for Adults | The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. |
| Diabetes screening | The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer, or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. |
| Falls prevention in older adults: vitamin D | The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls. |
| Healthy Diet and Physical Activity counseling to prevent Cardiovascular Disease: Adults with Cardiovascular Risk factors | The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. |
| Hepatitis B screening: Nonpregnant Adolescents and Adults | The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. |
| Hepatitis C virus infection screening: adults | The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965. |
| High Blood Pressure screening | Screening for high blood pressure in adults age 18 years and older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment. |
| HIV Screening: nonpregnant adolescents and adults | Clinicians screening for HIV infection in adolescents and adults ages 15 to 65 Years. Younger adolescents and older adults who are at increased risk should also be screened. As required by Law 45-2016 one HIV test a year as part of the routine studies for any medical evaluation, except for pregnant women to which apply the requirements of the USPSTF. |
| Immunization | Vaccines for adults-doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella. Catch ups must be covered. |

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| Lung cancer screening | The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults' ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. |
| Obesity screening and counseling: adults | The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions. |
| Sexually Transmitted Infection (STI) Counseling | The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. |
| Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive medication. | The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years. |
| Syphilis screening: nonpregnant persons | The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection. |
| Tobacco Smoking cessation and Medication: nonpregnant adults | The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drugs Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco. For those who uses tobacco cessation products, this plan cover the dispatch of FDA approved medication for smoke cessation for 90 consecutive days in one intent and until 2 intents per year. The recommendation does not established any difference on the medication for smoke cessation tier. If the formulary include the drug no cost sharing can be applied regardless the specific tier. |
| Tuberculosis screening: adults | The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk. |
| Unhealthy alcohol use: adults | The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. |

| COVERED PREVENTIVE SERVICES FOR WOMEN, INCLUDING PREGNANT | |
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| Benefit | Limits |

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| Bacteriuria screening: pregnant women | Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks of gestation or at the first prenatal visit, if later. |
| BRCA Risk Assessment | The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. |
| Breast Cancer Preventive Medication | The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene. |
| Breast Cancer Screening | The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older. The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. |
| Breastfeeding | Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs access to breastfeeding equipment and supplies, in conjunction with each birth. No monetary limits apply. Breastfeeding equipment and supplies cannot be provided through reimbursement or in the optional Major Medical coverage. |
| Cervical Cancer Screening | The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). |
| Chlamydia Screening | Screening for chlamydial infection in all pregnant women ages 24 and younger and in older pregnant women who are at increased risk. Screening for chlamydial infection in all sexually active, nonpregnat young women ages 24 and younger and in nonpregnat women who are at increased risk. |
| Contraception | All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity as prescribed. Any device insertion and removal of contraceptive methods is covered. Contraceptives methods cannot be provided through reimbursement. The Health Insurance Code of Puerto Rico, neither the federal applicable law, established any difference in contraceptive tiers. If the formulary include the contraceptive no cost sharing can be applied regardless the specific tier. |

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| Intimate Partner Violence Screening: Women of childbearing age | The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. |
| Folic Acid | The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800pg) of folic acid. |
| Gestational Diabetes Mellitus | Screening for gestational diabetes in asymptomatic pregnant women after 24 weeks of gestation and at the first visit for pregnant women identified to be at high risk for diabetes. |
| Gonorrhea Screening | The USPSTF recommends screening for gonorrhea in sexually active women age (24) years and younger and in older women who are at increased risk for infection. |
| Hepatitis B Screening: Pregnant women | Screening for pregnant women at their first prenatal visit. |
| Human Immunodeficiency Virus (HIV) Screening: Pregnant women | Clinicians should screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. Regarding pregnant women, all insurers are required to cover, and will not impose cost-sharing requirements with regard to the following test included in the most recent recommendations of the USPSTF: <ol style="list-style-type: none"> 1) A first HIV test during the first trimester of pregnancy at the first prenatal visit, and 2) A second test during the third trimester of pregnancy (between the 28 and 34 weeks of pregnancy). |
| Osteoporosis Screening | Screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65 year old white woman who has no additional risk factors. |
| Osteoporosis screening: postmenopausal women younger than 65 years at increased risk of osteoporosis | The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. |
| Osteoporosis screening: women 65 years and older | The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older. |
| Perinatal depression: counseling and intervention | The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. |
| Preeclampsia prevention: aspirin | The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia. |
| Preeclampsia: Screening | The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurement throughout pregnancy. |

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| Rh Incompatibility screening | Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. Also, repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative. |
| Syphilis screening: pregnant women | Early screening for syphilis infection in all pregnant women. |
| Tobacco Smoking cessation: Pregnant women | The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco and provide behavioral interventions for cessation in pregnant women who use tobacco. |
| Well-woman visits | Well-woman preventive care visit annually (depending on the woman's health status, health needs and other risk factors) for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care. This well-woman visit should, where appropriate, include other preventive services listed. If the clinician determines that a patient requires additional well-woman visits, the additional visits must be provided without cost sharing. |

| COVERED PREVENTIVE SERVICES FOR CHILDREN | |
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| Benefit | Limits |
| Alcohol Misuse | Screening and counseling. The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. |
| Anemia / Iron | Perform risk assessment or screening as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics (Iron chapter). Supplements of iron for children ages 4 months to 21 years at risk for anemia. |
| Autism Spectrum Disorder Screening | Screening for children at 12 and 36 months. |
| Behavioral | Assessment for children of all ages. Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years. |
| Cervical Dysplasia | Screening for sexually active females. |
| Hypothyroidism screening: newborns | Screening for congenital hypothyroidism in newborns. |
| Dental Caries prevention: infants and children up to 5 years | The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. |
| Depression screening: adolescents | The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up. |

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| Developmental Surveillance | Screening and | Screening for children under age 3, and surveillance throughout childhood |
| Dyslipidemia | | Screening for children at higher risk of lipid disorders. Ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 16 years. |
| Gonorrhea newborns | prophylactic medication: | The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum. |
| Hearing | | Screening for hearing loss all newborn infants. |
| Height, Weight and Body Mass Index | | Measurements for children. Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years. |
| Hemoglobinopathies screening: newborn | | Screening for sickle cell disease in newborns. |
| Immunization | | Vaccines for children from birth to age 21, doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenza type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Respiratory Syncytial virus (RSV). Catch ups must be covered. HPV vaccination beginning at age 9 years for children and youth with any history of sexual abuse or assault who have not initiated or complete the 3 doses series (AICP recommendation). |
| Medical History | | For all children throughout development Ages: 0 to 21 years. |
| Obesity screening: children and adolescents | | The USPSTF recommends that clinicians screen children age 6 years and older and for obesity and offer them, or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. |
| Oral Health | | Risk assessment for young children. Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years. |
| Phenylketonuria (PKU) screening: newborns | | Screening for Phenylketonuria in newborns. |
| Skin Cancer behavioral counseling | | The USPSTF recommends counseling young adults, adolescents children, and parents of young children about minimizing their exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce risk of skin cancer. |
| Tobacco use: children and adolescents | | The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents. |
| Tabaco, Alcohol or Drug Use | | Screening children 11 to 21 years of age. |
| Tuberculosis | | Testing for children at higher risk of tuberculosis. Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years. 11 to 14 years, 15 to 21 years. |

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| Vision screening: children | The USPSTF recommends vision screening for all children at least once in all children between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors. |
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ESSENTIAL HEALTH BENEFITS

Essential Health Benefits include the most commonly used health service. There are no annual or lifetime limits on these benefits and the cost sharing counts towards the Maximum Out of Pocket (MOOP).

| BENEFIT | LIMITS OR EXCLUSIONS |
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| Air ambulance | Covered, No limits. Out of area air ambulance coverage is not covered. |
| Allergy tests | (50) Test per policy year per enrollee ¹ . Vaccines not covered. |
| Bariatric Surgery | Subject to preauthorization. It must be covered the payment of (1) of the types of the bariatric surgery per member for life in Puerto Rico, if the services are available. The types of bariatric surgery that may be covered are the following: gastric bypass, adjustable band or sleeve gastrectomy. Coverage is available only to a diagnostic of morbid obesity. Morbid obesity means is the excess fat in the body determined by a body mass index (BMI) greater or equal to 35. The insured and dependents may have to meet a waiting period of 12 months before the benefit is covered, unless the physician certifies that the patient's life is in imminent danger. The facility must have accreditation form the Joint Commission and one of two entities the American College of Surgeon or the American Society for Metabolic and Bariatric Surgery. Surgeries to remove excess skin (commonly known as flaps) are not covered, unless the physician certifies that it is necessary to remove excess skin, since it affects the functionality of a limb or body part. |
| Biophysical profile | (1) Procedure per pregnancy. |
| Chiropractic Care | (20) Physical therapies or manipulations covered under a combined limit per policy year per enrollee. |
| Contraceptive methods | Covered, No limits. |
| Cryo-surgery of the uterus | (1) procedure per year per enrollee. |
| Delivery and All Inpatient Services for Maternity Care | Delivery of baby (48) hour minimum length for vaginal delivery and (96) for cesarean delivery. Covered for main enrollee, spouse and dependent daughter. |
| Dental Check-Up for Children | Dental checkup and cleanings (2) per policy year per member (every (6) months); bitewings and periapicals no more than one set every 3 years. |

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| Diagnostic Test (X-Ray and Lab Work) | No Limits. The reproduction of X-Rays must be covered. Laboratories related to infertility problems are covered as long as the same are laboratories covered in the policy. |
| Dialysis and hemodialysis | <p>(90) Days. Services related to any type of dialysis or hemodialysis, as well as services for any complication that may arise and their corresponding hospital or medical-surgical services. Will be covered for the first (90) days from: a) the date in which the member became eligible for the policy during the first time or, b) the date in which he/she received the first dialysis and hemodialysis. This will apply when subsequent dialysis or hemodialysis are related to the same clinical conditions.</p> <p>These services must be covered for inpatient and outpatient services.</p> |
| Durable Medical Equipment | Covered with a preauthorization from plan rental or purchase or oxygen and necessary equipment for its administration/wheelchair/hospital bed. Mechanical respirators and ventilators are covered without limits as required by Law No. 62 of May 4, 2015 to member's patients under age of (21) and those who have started treatment as minors and meet (21) years and who received medical services or receive home care will continue to receive these services after (21) years of age. Coverage include also the following benefits: technological equipment necessary to enable the insured to stay alive; at least one daily shift of (8) hours of skilled nursing services with expertise in respiratory therapy or respiratory therapy specialists with expertise in nursing; supply that involve the management of the technological equipment; physical and occupational therapy. All of the preceding subject to having the need established by a doctor's order and according to the written home care plan for the insured. |
| Emergency Room Services | <p>No Limits. No preauthorization or waiting period required. Emergency services for out-network providers cannot be covered through reimbursement.</p> <p>Limitations indicating that the emergency service must be received during the first 24 hours are not accepted.</p> <p>Carrier with emergency telephone lines that offers waiver or a lower copayment or coinsurance if the member calls to such line cannot make any difference between an in-network or out-network provider.</p> |
| Emergency Transportation/Ambulance | Services requested through the 9-1-1 Emergency System, covered and paid directly to the provider. Other transportation services (i.e. transportation between institutions) covered by reimbursement up to \$80 per trip. |
| Eye Glasses for Children | (1) pair of glasses (lenses and frames per year per member), supplemented using FEDVIP. Low Vision coverage - Glasses for member until age (21). (1) pair per policy year per member within the contracted collection, including high-powered glasses to policyholders with significant loss of vision, but do not have totally blind. Also covers one item per year per member, visual aids (prescription lenses, telescopes single or double lens) to policyholders up to age (21) with significant loss of vision, but do not have totally blind. Services related to Eye glasses cannot be provided through reimbursement, discounts or allowance. |

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| Gastrointestinal endoscopies | Covered, No Limits. |
| Generic Drugs | Subject to a Drug List, Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit. |
| Habilitation Services | (20) Physical therapies or manipulations covered under a combined limit per year. Services limited to physical therapies, except for those covered under home health care benefit. |
| Home Health Care Services | (40) physical, occupational and speech therapy under a combined limit per policy year per member. Covered only if they begin 14 days after members discharge from hospital of at least (3) days and if they are provided for the same condition by he/she was admitted. |
| Imaging (CT/PET Scans, MRIs) | For PET & PET/CT, (1) Per policy year per enrollee. For MRI & CT, (1) per anatomical region per policy year per enrollee. |
| Inpatient Hospital Services (e.g., Hospital Stay) | Excludes services for personal comfort and or custodial services. Hospitalizations for services or procedures that may be performed in an outpatient services are not covered. |
| Inpatient Physician and Surgical Services | Covered, No Limits. |
| Intra-articular injections | (12) Injections per policy year per member, up to (2) daily injections. |
| Invasive cardiovascular, non-invasive cardiovascular procedures and tests | Electromyograms covered up to (2) procedures per year per enrollee. |
| Lithotripsy | Covered, No limits |
| Mental/Behavioral Health Inpatient Services | Residential treatment outside service area is not covered. No limit in accordance to the Mental Health Parity Act. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. |
| Mental/Behavioral Health Outpatient Services | No limit in accordance to the Mental Health Parity Act. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. |
| MRA | Covered, No limits. |
| Nerve conduction velocity tests | (2) Procedures per policy year per enrollee. |
| Neurological tests and procedures | Covered, No limits. |

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| Non-Preferred Brand Drugs | <p>Subject to a Drug List, Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist.</p> <p>Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.</p> |
| Nuclear medicine tests | Covered, No Limits. |
| Nutritionist services | (4) Per policy year per enrollee. Limited to morbid, renal and diabetes conditions. Covered by reimbursement up to \$20 per visit. |
| Oral, Intravenously, Injectable or Intrathecal chemotherapy | <p>Covered, No Limits. Antineoplastic agents cannot be excluded from the basic coverage.</p> <p>These services must be covered for inpatient and outpatient services.</p> |
| Orthognatic surgery | Expenses related for materials are excluded. |
| Other Practitioner Office Visit (Nurse, Physician Assistant) | Non physician professionals or doctors in odontology including nurse and physician assistant except those required by local law such as: podiatrist, audiologist, optometrist, clinical psychologists and chiropractors. |
| Out of area coverage (US) | Services are covered for emergency cases or cases that required equipment, treatment and facilities not available in Puerto Rico. Services are subject to preauthorization from the plan except for an emergency. Elective treatments, not considered as an emergency, are not covered by this policy. Rates to be paid are the usual and customary (UCR) rate of the geographical area in which the services are provided. |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | Services rendered in an outpatient facility that may be performed in physician's office are not covered. |
| Outpatient Rehabilitation Services | (20) Physical therapies or manipulations covered under a combined limit per policy year per enrollee. Services not covered include occupational, speech and language therapies, prosthetics and implants, orthopedics and orthotic devices, cardiac rehabilitation. Occupational, speech and language therapies must be covered for autism condition and for home health care services. Services limited to physical therapies, except for those covered under home health care benefit. |

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| Outpatient Surgery Physician/Surgical Services | Excludes: Cosmetic surgery, oral surgery that is dental in origin except those as a result of an accident, mammoplasty (except those required for patients after a breast cancer mastectomy), septoplasty, blepharoplasty, rinoseptoplasty, procedures to re-establish the ability to procreate, organ transplant procedures, other than the specified in the transplant services benefit (other organ transplant may be covered as an optional benefit), induced abortion, experimental procedures, skin tags removal, ptosis repair, nail excisions, scalenotomy, Lasik and other surgical procedures to correct refractive defects, surgical assistance services, intravenous analgesia services or analgesia administered through inhalation at the physician or dentist's office, services for the treatment of the temporomandibular articulation syndrome, excision of granulomas or radicular cysts originated by infection in the tooth pulp; services to correct the vertical dimension or occlusion, removal of exostosis (mandibular or maxillary). |
| Polysomnography | (1) Type of test per lifetime per enrollee. |
| Preferred Brand Drugs | Subject to a Drug List, Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribed by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be managed through a specialty limit. |
| Prenatal and Postnatal Care | Covered for mainholder, spouse and dependent daughter. |
| Preventive Care/Screening/Immunization | Preventive care that meets recommendations described below, as established by the USPSTF. |
| Primary Care Visit to Treat an Injury or Illness | Covered, No Limits. |
| Radiation therapy | Covered, No Limits. These services must be covered for inpatient and outpatient services. |
| Routine Dental Services (Adult) | Dental checkup and cleaning (2) per policy year per member (every (6) months); bitewings and periapicals no more than one set every (3) years. (Optional coverage; Orthodontic, Periodontics, Endodontic, prosthetic dental services, Full mouth reconstructions, Fluoride treatment covered to members under age (19) and Root canal only to anterior and posterior teeth.) |
| Routine Eye Exam (Adult) | Refraction exam is covered (1) per year, per member. |
| Routine Eye Exam for Children | (1) Visit per year supplemented using FEDVIP. |
| Routine Foot Care | Covered, No Limits. We will cover routine foot care if they are performed as a necessary and integral part of other covered services, such as diagnosis and treatment of diabetic ulcers, wounds, and infections. However, the following services are normally considered routine and not covered by us: a) Orthopedic shoes and other supportive devices for the feet, unless it is an integral part of a leg brace and its expense is included as part of the cost of the brace. Coverage of therapeutic shoes and inserts for |

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| | <p>insured diagnostic with diabetes will be available, if needed. b) Treatment of flat foot; c) The trimming, cutting, clipping, or debriding of nails; and d) Other hygienic and preventive maintenance care, such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of either ambulatory or bedfast patients, and any other service performed in the absence of localized illness, injury, or symptoms involving the foot.</p> |
| Skilled Nursing Facility | <p>Covered only if they begin (14) days after member's discharge from hospital of at least (3) days and if they are provided for the same condition by he/she was admitted. Maximum of (120) days.</p> |
| Specialist Visit | <p>Covered, No Limits.</p> |
| Specialty Drugs | <p>Subject to a Drug List, Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist.</p> <p>Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.</p> |
| Sterilization | <p>Covered, No Limits.</p> |
| Substance Abuse Disorder Inpatient Services | <p>No limits in accordance to the Mental Health Parity Act. Include Detox and Residential treatment services. Residential treatment outside service area is not covered. Partial are included: (2) partial hospital days equivalent to (1) regular day. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. Expenses for services resulting from the administration of an employer drug detection program are not covered. However, after the enrollee's participation in any treatment related to a positive outcome in the employer drug detention program, he/she is eligible for treatment under the contract. Language indicating that the emergency services must be received during the first 24 hours is not accepted. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.</p> |
| Substance Abuse Disorder Outpatient Services | <p>No limits in accordance to the Mental Health Parity Act. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. Expenses for services resulting from the administration of an employer drug detection program are not covered. However, after the enrollee's participation in any treatment related to a positive outcome in the employer drug detention program, he/she is eligible for treatment under the contract. Language indicating that the emergency services must be received during the first 24 hours is not accepted. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.</p> |

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| Transplant Services | Benefit covers skin, bone and corneal transplants. Coverage extends to charges directly related to the transplant service, including care prior to surgery, post-surgery care and treatment in respect of immunosuppressive drugs. Services are covered only through participating providers. Pre authorization is required. This benefit will be covered 100% in Puerto Rico and should not be available through reimbursement. |
| Tympanometry | (1) Per policy year per enrollee. |
| Urgent Care Centers or Facilities | No Limits. No preauthorization or waiting period required. |

SERVICES IN HOSPITALS AND OTHER FACILITIES

Benefits covered by this policy will be paid according to the rates negotiated by MAPFRE Life with participating providers. Maximum daily allowance for Room and Board and Hospital Extras will be the contracted fee less the co-payment amount.

For services rendered by a non-participating provider the Insured Person will be required to pay the full amount to the provider for any treatment, services or supplies. MAPFRE Life will reimburse the Insured Person the amount that would have been paid if the treatment, services or supplies had been provided by a participating provider, less any applicable deductible, co-pay or co-insurance amount, and subject to any specified maximums shown in the **Benefit Specifications** table.

MAPFRE Life will cover, subject to policy conditions, the following services:

1. charges made by a local Hospital for:
 - a. Room and Board, subject to the Maximum Duration (Hospital services up to 365 days);
 - b. Hospital Extras; and
 - c. semi private room. If the insured chooses a private room, then he/she will be responsible for any payment difference between medical cost billed and the contracted rates.
2. charges made by Extended Care Facility, if confinement:
 - a. is certified by a Physician; and
 - b. follows and is for the same cause as the Hospital confinement;
3. charges made by Emergency Room Services;
4. charges made by a Licensed local professional ambulance service for taking the Insured Person to or from a Hospital or an Extended Care Facility;
5. Anesthesia and hospitalization in dental procedures.
 MAPFRE Life will provide coverage for services of general anesthesia, hospitalization and dental services, and may not exclude or deny coverage for general anesthesia to be administered by an anesthesiologist and hospitalization services in the following cases:
 - a. when a pediatric dentist, oral or maxillofacial surgeon member of the medical faculty of a hospital, licensed by the Government of Puerto Rico, according to the Act No. 75 of August 8, 1925, as amended, determines the status or condition of the patient is

significantly complex according to the criteria established by the American Academy of Pediatric Dentistry.

- b. When is the patient by reason of age, impairment or disability unable to resist or tolerate pain, or cooperate with the treatment indicated in dental procedures;
- c. when the infant, child, adolescent or person with physical or mental impairment has a medical condition in which it is essential to carry out the dental treatment under general anesthesia in an outpatient surgical facility or in a hospital, and that otherwise could represent a significant risk to the patient's health;
- d. when local anesthesia is ineffective or contraindicated because of an acute infection, anatomic variation or allergic condition;
- e. when the patient is an infant, child, adolescent, person with physical or mental impairment, and is in a state of fear or anxiety that prevents carrying out the dental treatment under the procedures of traditional use of dental treatment and their condition is of such magnitude that postponing or deferring treatment would result in pain, infection, loss of teeth or dental disease;
- f. When a patient has received extensive and severe dental trauma where the use of local anesthesia compromises the quality of services or would be ineffective to manage pain and apprehension.

MAPFRE Life requires preauthorization to provide the general anesthesia and hospitalization services coverage, as determined by a pediatric dentist, oral or maxillofacial surgeon, and will approve or deny it within two (2) days from the date the enrollee submits all the documents required by us. The required documents shall be:

(a) the insured's diagnosis; (b) the insured's medical condition; and (c) the reasons that justify for the insured to receive general anesthesia to perform the dental treatment.

LIMITATIONS

MAPFRE Life will not pay for any charges under this benefit which:

1. are excluded by the General Limitations shown under the GENERAL PROVISIONS section;
2. result from any sickness or bodily injury arising out of or in the course of the Insured Person's employment;
3. are incurred for fees for Physicians, dentists or private duty nurses;
4. are incurred for vasectomy in hospital facility;
5. are incurred for well-baby care (except newborn infants);
6. are incurred for personal comfort items;
7. are incurred for the treatment of Temporalmandibular Joint Dysfunction.

SURGICAL BENEFITS

MAPFRE Life will pay participating providers in accordance with negotiated rates for charges related to surgical and anesthetic procedures, including surgeon, assistant surgeon and anesthesiologist.

LIMITATIONS

MAPFRE Life will not pay for any charges which:

1. are excluded by the General Limitations shown under the GENERAL PROVISIONS section;
2. result from any sickness or bodily injury arising out of or in the course of the Insured Person's employment;
3. are incurred for the treatment of Temporalmandibular Joint Dysfunction;
4. plastic, oral, maxillofacial, mammoplasty or gastroplasty procedures with cosmetic or esthetic purposes and any services for weight control and liposuction treatment or care, unless it is reconstructive surgery to restore tissue damaged by disease, including reconstruction of the breast after mastectomy, or accidental bodily injury, or surgery to correct an anomaly, including an oral defect of a newborn child;
5. adult circumcision;
6. tuboplasty, vasovasostomy, and any procedure or service for the purpose of fertility;
7. acne surgery and/or treatment, unless is medically necessary;
8. AIDS treatment outside the territorial limits of Puerto Rico;
9. prescription drugs, nonprescription drugs, dietary and other supplements, articles, and supplies provided on an outpatient basis and not specifically as covered services under this policy;
10. any and all services or treatments not specifically described as covered benefits, unless is resulting from legislative or regulatory requirements of any government identity.
11. vasectomy in hospital facility.

MAPFRE Life will limit the following procedures, with the coinsurance established in the **Benefits Specifications** table above:

1. vasectomy at physician's office
2. intra-articular injections;
3. endoscopies and colonoscopies gastrointestinal in ambulatory and hospital services;
4. laparoscopy, pre-authorization required;
5. radiation, chemotherapy and cobalt treatment.

MATERNITY BENEFIT

Charges incurred as a result of a normal pregnancy or any complications thereof will be paid on the same basis as any other illness under this Policy.

This benefit is available for the Insured, a female spouse or eligible female dependent.

Prenatal care will be paid the same as an office visit. Postnatal care for the insured, spouse or eligible female dependent and the eligible newborn child will be covered.

In compliance with Act; 248 of August 15, 1999. Post-partum care in a hospital facility will be provided for a mother and a newborn child, subject to the following minimum limits:

- Normal delivery - 48 hours
- Cesarean delivery - 96 hours

For the purposes of Maternity Benefit, an assistant provider is:

- a pediatrician or any other physician who provides medical attention to a newborn child;
- an obstetrician, gynecologist or nurse who provides medical attention to the mother.

Any decision to shorten the minimum hospital stay must be determined by the assistant provider in agreement with the patient. If a mother and newborn child are released from the hospital in less than the minimum hospital stay provided for above, but in agreement with the assistant providers' guidelines, coverage will be provided for a follow-up visit during the next 48 hours following the discharge.

NEWBORN CHILD CARE

A newborn child is insured from birth for injury, including accidents or illness. The following benefits are considered to be eligible charges for a newborn child and will be paid on the same basis as any other illness under this Policy:

- routine nursery charges in the Hospital;
- Physician care in the Hospital;
- circumcision
- auditory brainstem response and otoacoustic emissions testing;

PROFESSIONAL MEDICAL SERVICES

This benefit covers the services per office visit, with no limits on the number of visits, including consultation. The co-payment is waived for in-Hospital services.

Medical care benefits covered by this policy will be paid according to the rates negotiated by MAPFRE Life with participating providers.

LIMITATIONS

MAPFRE Life will not pay for any charges which:

1. are excluded by the General Limitations shown under the GENERAL PROVISIONS section;
2. result from any sickness or bodily injury arising out of or in the course of the Insured Person's employment;
3. are for the cost or fitting of eye-glasses or hearing aids;
4. exceed 1 visit for eye refractions every year;

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5. are for AIDS treatment outside the territorial limits of Puerto Rico;
6. are for drugs or medicine, or medical supplies, except for those covered under the prescription benefit and essential health benefits or drugs approved as a medical exception as provided in Section PRESCRIPTION BENEFIT MANAGEMENT (PBM);
7. are for medical care or services given by a resident Physician of any Hospital;
8. are for medical care or services not given by or in the presence of the attending Physician;
9. are for any course of treatment or study relative to a specific condition which is not within the Physician's scope of medicine; or
10. are incurred for the treatment of Temporal-mandibular Joint Dysfunction.

DIAGNOSTIC, LABORATORY AND X-RAY BENEFIT

The benefit of diagnostic test, laboratory and x-ray will be paid according to the rates negotiated by MAPFRE Life with participating providers. The amount paid by the insured covers the production and interpretation of diagnostic tests, x-ray and laboratory procedures. The co-payment or coinsurance is waived for in-Hospital services.

For the amount payable by the Insured Person on these ambulatory services please refer to the **Benefits Specifications** table.

LIMITATIONS

MAPFRE Life will not pay for any charges which:

1. are excluded by the General Limitations shown under the GENERAL PROVISIONS section;
2. result from any sickness or bodily injury arising out of or in the course of the Insured Person's employment;
3. are for any course of treatment or study for any condition outside of the Physician's scope of medicine; or
4. are incurred for the treatment of Temporal-mandibular Joint Dysfunction.

MAJOR MEDICAL COVERAGE

This benefit is supplementary to any other group health benefits of the Employer.

ELIGIBLE CHARGES

MAPFRE LIFE will pay benefits for Major Medical charges provided that they are:

1. incurred as a result of sickness or injury,
 2. Medically Necessary and
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3. given by or ordered by a Physician.

These benefits will be paid according to the rates negotiated by MAPFRE LIFE with participating hospitals and providers. In cases where there are no contractual agreements with a provider, MAPFRE Life will pay Reasonable and Customary Charges applying in Puerto Rico. The eligible charges are:

1. artificial limbs
2. prosthesis
3. drugs dispensed and administered in a medical office

LIMITATIONS

MAPFRE Life will not pay for any charges under Major Medical Benefit which:

1. are excluded by the General Limitations shown under the GENERAL PROVISIONS section;
2. result from any sickness or bodily injury arising out of or in the course of the Insured Person's employment;
3. are for eye refractions, or for the cost or fitting of eye-glasses and hearing aids for adults;
4. exceed 1 visit for eye refractions every year;
5. are for dental care or services other than Hospital charges. However, MAPFRE Life will pay benefits for charges by a dentist for:
 - a. the repair or replacement of vital, natural teeth; and
 - b. the setting of a fractured or dislocated jaw;when required as result of a direct accidental blow to the mouth, (and not as a result of an object placed in the mouth), occurring while the person is insured under this benefit. Charges must be incurred within 90 days of the date of the Accident. The 90 day limit will not apply if:
 - a. MAPFRE Life receives a detailed treatment plan from the dentist within 60 days of the date of injury; and
 - b. MAPFRE Life approves such plan.
6. are for well-baby care unless otherwise stated in this policy;
7. are incurred for personal comfort items;
8. are incurred for the treatment of Temporal Mandibular Joint Dysfunction;
9. charges incurred for AIDS treatment.

PRESCRIPTION BENEFIT MANAGEMENT (PBM)

MAPFRE Life provides this benefit for the payment of drugs, medicines and insulin purchased by an Insured Person, provided that such drugs and medicines require a Physician's prescription and are dispensed by a Licensed pharmacist. In addition, the drug has to be approved by the Food and Drug Administration (FDA) for at least an indication and the drug is recognized for treatment of illness, injury, or condition in question in one of the standard

reference compendia or literature generally accepted. MAPFRE Life will cover medically necessary services associated to the administration of the prescribed medication.

For those who use products to cease use of tobacco, this plan covers smoking cessation medications approved by the FDA for 90 consecutive days in an attempt and up to two (2) attempts to year.

This plan covers medications to reduce risk of breast cancer, such as tamoxifen or raloxifene for women who are at increased risk of breast cancer and at low risk of adverse reaction to these prescribed drugs. In addition, the plan will cover buprenorphine, according to Act 140 of 2010.

Documentation on how to submit a request for an exception, lists of drugs covered, and Maximum Allowable Costs applicable is available upon request, by calling the numbers provided in this policy. For the access of the list of medications or prescription drugs/formulary, the insured can access the following link: <https://ww4.mapfrepr.com/CustomerInquiry/Pages/Request/HFRequest.aspx?lang=es>

The list of medications will only be edited if the change is due to security reasons, the drug manufacturer cannot provide it or has withdrawn it from the market, or if the change involves the inclusion of new prescription drugs to the formulary. If any change is made to the list or formulary, you will be notified 30 days before the change will be effective.

THE PBM CARD

MAPFRE Life has contracted with a PBM to administer this benefit. MAPFRE Life will provide the Employer with a current PBM member pharmacy listing. MAPFRE Life will issue an identification (ID) card to each insured person to use in any member pharmacy. The ID card will indicate that the Employee and his Dependents are insured and that only these persons are entitled to use the ID card. The ID card remains the property of MAPFRE Life at all times. MAPFRE Life reserves the right to terminate the insurance of any Employee whose ID card has been misused or with respect to which any false, fraudulent or fictitious claim has been filed.

When an Employee's insurance under this benefit terminates, or his Dependents' insurance hereunder terminates, the Employee must return the ID card to the Employer. In the event that this Policy or this benefit is cancelled, all Employees will return the ID cards to the Employer. It is the responsibility of the Employer to recall all cards required to be returned and to return such cards to MAPFRE Life.

The Employer agrees to reimburse MAPFRE Life for any claims paid by MAPFRE Life as a result of charges incurred after the date an Insured Person's insurance under this benefit has been terminated.

THE PBM PLAN

Retail and 90-Day Supply prescriptions benefits will be provided as follows:

1. Tier 1 (Generic drugs) - Features the lowest co-payment or coinsurance
2. Tier 2 (Preferred Brand Drugs) - Preferred brand-name products based on safety, efficacy and cost; It is Second lowest co-payment or coinsurance
3. Tier 3 (Non-Preferred Brand Drugs) - Brand-name drugs for which alternatives are available in Tier 1 or Tier 2; or not used typically as a first line of treatment; Higher co-payment or coinsurance
4. Tier 4 (Specialty Drugs) * - Medications classified by the PBM as those used for the treatment of complex and chronic conditions which require special dosing or administration. They are typically prescribed by a specialist and are more expensive than most medications; highest co-payment or coinsurance amount.

* 90-Day Supply (mail or retail) does not apply for Specialty Drugs

HOW THE PBM WORKS

An Insured Person may purchase a prescription or refill from a member pharmacy or a non-member pharmacy.

1. If the Insured Person purchases the prescription or refill from a member pharmacy, he must:
 - a. present his identification card;
 - b. sign the required claim voucher;
 - c. pay the Deductible amount shown in **the Benefits Description** table; and
 - d. pay the required Co-insurance or Copay amount shown in the **Benefits Description** table.

The deductible, co-insurance and/or copay apply to each prescription or refill. By signing the claim voucher, the Insured Person assigns the benefit to the PBM and no additional payment, other than the deductible, co-insurance and/or copay, is required for the prescription or refill.

2. If the Insured Person purchases the prescription or refill from a non-member pharmacy, he must pay the full amount of the prescription or refill to the pharmacy. The insured Employee may then submit a claim for reimbursement to PBM, including the official receipt for the prescription. PBM will reimburse the insured Employee the lesser of:
 - a. the amount charged for the prescription or refill, less any deductible, co-insurance and/or copay; or
 - b. the amount which would have been covered if the prescription or refill had been purchased at a member pharmacy.

LIMITATIONS / EXCLUSIONS

MAPFRE Life will not cover the following:

1. charges which are excluded by the General Limitations shown under the GENERAL PROVISIONS - section;

2. charges for drugs or medicines which do not require a Physician's prescription, except insulin that it is covered;
3. charges for biological serum, blood or blood plasma, cosmetics, dietary supplements, health or beauty aids;
4. charges for immunizing agents or vitamins not included in the A or B recommendations lists of the U.S. Preventive Services Task Force (USPSTF), by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices and the Puerto Rico Health Department Immunization Practices Advisory Committee;
5. charges for therapeutic devices or appliances, including hypodermic needles, syringes, support garments;
6. charges for prescription drugs which may be obtained without charge under local, state or federal programs;
7. charges for drugs labelled "Caution - limited by Federal Law to investigational use" or experimental drugs;
8. charges for drugs or medicines, in whole or part, to be taken by, or administered to, an Insured Person in a Physician's office or during confinement in a rest home, Hospital, sanitarium, Extended Care Facility, convalescent Hospital, nursing home or similar institution;
9. charges for prescription refills which exceed the number of refills specified by the Physician;
10. charges for any drugs or medicines which are dispensed more than one year following the date they were prescribed by the Physician;
11. infertility/fertility medication;
12. charges for any drug not listed in the current American Druggist Blue Book or Red Book, including any supplements to such publications;
13. any charge for the treatment of Temporal-mandibular Joint Dysfunction; and
14. charges for any quantity of drugs or medicines dispensed which exceed:
 - a. a 15 day supply for a non-maintenance drug or medicine; or
 - b. a 90 day supply for maintenance drugs or medicines via mail order or "Retail 90";
15. prescription drug exceed 180 days: When the history of the Insured so requires, insofar as it does not jeopardize its health, and at the discretion of the healthcare provider, such healthcare provider may prescribe refills for maintenance drugs up to a term that shall not exceed one hundred eighty (180) days, subject to the limitations of this Group Policy.

CONTACT INFORMATION

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