2027



Dental Endorsement

For individual metal plans

TRIPLE-S SALUD

ESTAMOS CONTIGO

Triple-S Salud
1441 Ave. Roosevelt, San Juan, Puerto Rico
Independent licensee of Blue Cross Blue Shield Association

Dental Endorsement for Individual Metal Plans 2027

Applicable to Triple-S Directo 1/2027, Pocket de Triple-S 1/2027 & Uno de Triple S 1/2027

This endorsement is part of the policy to which it is attached, and it is issued in consideration of the corresponding additional premium payments in advance. It is subject to the policy terms and conditions not in conflict with the terms and conditions of this endorsement and is issued in accordance with the payment policies established by Triple-S Salud.

This document features the benefits which are provided by this dental endorsement for you and your eligible dependents.

We encourage you to read this document thoroughly and keep it close for future reference, and that you talk with your dentist about the policies established by Triple S Salud for covered services.

Signed on behalf of Triple-S Salud, by its President & Chief Executive Officer.



President & Chief Executive Officer of Triple S Management Office

Please keep this document in a safe place so you may refer to the benefits described in this endorsement as part of your Health Care Plan.

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Section 1: Definitions

1. **COINSURANCE:** Percent of the established fees that the member pays directly to the dentist when receiving services, according to the Summary of Coinsurance presented at the end of this endorsement.

2. **DENTIST:** An odontologist legally authorized to practice the profession of dentist.

3. **FEE SCHEDULE:** The fees established by Triple-S Salud for the services covered under this endorsement. Both the participating dentist and the member agree to accept these fees as the total payment for each service covered under the dental endorsement. These fees are subject to the terms and conditions stated in this endorsement.

4. **MAXIMUM BENEFIT:** Maximum limit of benefit amounts per lifetime or policy year.

5. **NON-PARTICIPATING DENTIST:** A dentist that has not signed a contract with Triple-S Salud to provide dental services.

6. **PARTICIPATING DENTIST:** A dentist with a regular license issued by the corresponding governmental entity, who is a bona-fide member of the College of Dental Surgeons of Puerto Rico and has signed a contract with Triple-S Salud to offer dental services.

7. **PERIODONTICS:** Branch of odontology related to the diagnosis and treatment of diseases in the gums and other tissues that help support the teeth.

8. **PREDETERMINATION OF BENEFITS:** Authorization of the treatment plan suggested by the dentist prior to the provision of services.

9. **TREATMENT PLAN:** A detailed report on dentist-recommended procedures to treat the dental needs of the member. This report can be found in the evaluation carried out by the same dentist.

Section 2: Covered Dental Services

Triple-S Salud dental coverage is designed to supplement your basic dental coverage. Please refer to the limitations and exclusions sections, which take precedence over the benefits described in this section. The covered benefits are subject to the payment policies established by Triple-S Salud. We encourage you to talk with your dentist about the applicable rules and limitations, as per the Participating Dentist's Manual, before receiving services.

This service requires predetermination and the corresponding coinsurance applies, as established in the Summary of Coinsurance found at the end of this endorsement.

DIAGNOSTIC, PREVENTIVE AND RESTORATIVE SERVICES

- Individual periapical and bitewing X-ray imaging. Panoramic X-ray imaging or complete series of radiographic images (full mouth)
- Occlusal X-ray images
- Pulp vitality test
- Comprehensive periodontal evaluation
- Fixed space maintainers
- Recementation of space maintainers, inlays, crowns, post and core
- Post and core construction
- Amalgam (silver) and composite resin restorations for anterior and posterior teeth
- Fissure sealants in permanent posterior teeth
- Stainless steel crowns in deciduous teeth
- Provisional crown
- Protective (sedative) restoration
- Crown repair

ENDODONTIC

- Direct and indirect pulp capping
- Apicoectomy for anterior, bicuspid, and molar teeth
- Apexification
- Root canal treatment and retreatment for anterior, bicuspid, and molar teeth
- Pulpotomy

PERIODONTIC

- Periodontal maintenance
- Root planing
- Gingivectomy
- Bone surgery
- Bone grafting
- Provisional extracoronal splinting
- Scaling, presence of moderate to severe inflammation

Expenses for periodontic services require predetermination.

PROSTHETIC

- Partial and complete dentures
- Individual crowns for permanent teeth
- Fixed bridges
- Recementation of crowns and fixed bridges
- Adjustment and repair of crowns, fixed bridges, complete and partial dentures, including rebase/reline

ORAL SURGERY

- Simple and surgical extractions
- Excision of pericoronal gingiva
- Alveoloplasty
- Removal of exostosis
- Frenulectomy

ADJUNCTIVE GENERAL SERVICES

- Dental services are offered in a hospital or outpatient surgery center (hospital call)
- Desensitizer application
- Occlusal adjustment

Section 3: Limitations

This coverage has a maximum benefit of $1,000 per person, per policy year for all covered services, except for diagnostic and preventive services.

DIAGNOSTIC, PREVENTIVE AND RESTORATIVE SERVICES

- The complete series or panoramic X-rays are covered, no more than one every three (3) policy years per member, and they are mutually exclusive.
- Fissure sealants are covered for minors under the age of 14, one per lifetime, per tooth, in permanent posterior teeth with unfilled occlusal surfaces.
- Amalgam (silver) and composite resin restorations are covered, one (1) every two
- (2) years per tooth and surface.
- Fixed space maintainers are covered for minors under the age of 14, one per quadrant or arch, per lifetime.
- The comprehensive periodontal evaluation will be considered for payment of one (1) per person insured by a Periodontist / Office of the same specialty. It can be repeated after 3 years have elapsed since the last comprehensive or periodic periodontal evaluation. Comprehensive periodontal evaluation does not require predetermination.

ENDODONTIC SERVICES

- Apicoectomies, treatments and canals retreatments are covered, one per lifetime, per tooth.

PERIODONTIC SERVICES

- Covered periodontic services are subject to predetermination.
- Periodontal maintenance is covered, one every six (6) months, after concluding active therapy.
- Root planing is covered, one service per quadrant, every two (2) years.
- Scaling is covered, once a year, as long as a minimum of 12 months has passed since the last periodontal maintenance or dental prophylaxis (D1110).
- Provisional extracoronal splinting is covered, up to one (1) per quadrant every three (3) years.

- Gingivoplasty and gingivectomy are covered, up to one (1) of the two services per quadrant every 3 years.
- The gingival flap includes root planing and is covered up to one (1) per quadrant every 3 years, while the apically positioned flap is covered, one per quadrant, per lifetime.
- Bone surgery, one (1) per quadrant every 3 years.
- Bone grafts, one (1) per tooth, per lifetime, and tissue membranes, one (1) per quadrant every 3 years
- Free tissue graft is covered, one (1) per tooth, per lifetime

PROSTHETIC SERVICES

- Fixed crowns and bridges are covered up to one (1) every 5 years per tooth or area, subject to Triple-S Salud's service predetermination. To cover a fixed bridge, natural teeth must be present on both sides of the edentulous area.
- Fixed and removable prosthesis are limited to one every 5 years.

ORAL SURGERY

- Removal of torus palatinus, up to one (1) per maxillary arch every 5 years
- Removal of lateral exostosis and removal of torus mandibularis, up to one (1) per quadrant, every 5 years

ADJUNCTIVE GENERAL SERVICES

- The hospital call service is covered one every 6 months per insured for dental services that are performed in the operating room under general anesthesia in a hospital or in an outpatient surgery center where the health condition and circumstances of the patient do not allow services to be performed. in the dental office and that general anesthesia is considered the last alternative.

Section 4: Predetermination Of Services

When the member uses services from participating dentists, they will be in charge of requesting Triple-S Salud a predetermination for the services that require one, before offering them.

Section 5: Indemnity to the Insured Person

If a member receives covered services from a non-participating dentist in Puerto Rico or outside Puerto Rico, Triple-S Salud will reimburse the member the lesser amount between the cost incurred and the fee that would have been paid to a participating provider in Puerto Rico for the same service, based on the fees established by Triple S Salud, after deducting the applicable coinsurance. These services are subject to the limits set forth in this endorsement.

Section 6: Exclusions

Triple-S Salud will not pay for the following expenses or services, unless otherwise stated:

1. Any service that is not included as a covered service in the description of this coverage
2. Endodontic treatments for primary (deciduous) teeth
3. Root canal retreatment, in case of a resulting endodontic infection if the member did not get the tooth properly restored
4. Orthodontic services
5. Dental implants and all related services, except crowns over implants when a natural tooth is present on both sides of the edentulous area, which makes a conventional fixed bridge viable.
6. Permanent crowns for primary (deciduous) teeth
7. Services for aesthetic or cosmetic purposes
8. Preventive services provided by non-participating providers in Puerto Rico

Section 7: Individual Eligibility

The main insured and their direct insured dependents in the group policy, who are sixty-five (65) or older, may subscribe to the benefits of this dental coverage. The eligibility of optional dependents, if applicable, will end when they turn sixty-five (65).

Benefit Description	What You Should Pay
DIAGNOSTIC, PREVENTIVE AND RESTORATIVE	$0
ENDODONTIC	30%
PERIODONTIC	30%
PROSTHETIC	50%
ORAL SURGERY	30%
ADJUNCTIVE GENERAL SERVICES	$0

787.774.6060
787.792.1370
TTY (hearing impaired)

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.

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