

New benefits and changes for Federal Employees and Annuitants in Triple-S Salud FEHB:

FEHB Benefits	Triple-S FEHB 2014	Triple-S FEHB 2015
Preventive Care Centers	Benefit not available.	There are multiple Preventive Care Centers in Puerto Rico, where federal policyholders and dependents over 21 years of age, can schedule a visit for preventive care services with \$0 copay . Please refer to our Provider Directory at www.ssspr.com for the Preventive Care Centers list and contact information.
Lab Tests	\$0 copay for blood tests and urinalysis	\$7.50 copay for all diagnostic blood tests and/or urinalysis in the same medical order. However, laboratory tests under the preventive care benefit will be covered at a 100%.
Eye Glasses or Contact Lenses	Benefit not available.	One (1) pair of eye glasses or contact lenses are covered for dependents up to 21 years of age per policy year, at participating providers only (Walmart and JCPenney) .
Prescription Drug Benefits	<p>Tier 1 (Generic drugs): \$5.00 per unit or refill. As an incentive to use generic drugs, copay was waived for a period of 12 months, when you switch from a brand-name drug to a generic drug in the following therapeutic classes: anti-hypertensive, anti-diabetic, anti-depressive, hyperlipidemia and chronic heart failure.</p> <p>Tier 2 (Preferred brand name drugs): \$12.00 per unit or refill</p> <p>Tier 3 (Non-Preferred brand name drugs): 20% or \$15, whichever is higher, \$100 maximum out of pocket per unit or refill.</p> <p>Tier 4 (Specialty/ biotech drugs): 25% or \$175, whichever is lowest, for unit or refill, with an annual maximum out-of-pocket \$3,000. dispensed thru Axiom or CVS Caremark.</p>	<p>Tier 1 (Generic drugs): \$0 copay for all covered generic drugs.</p> <p>Tier 2 (Preferred brand name drugs): \$20.00 copay per unit or refill</p> <p>Tier 3 (Non-Preferred brand name drugs): 20% or \$20, whichever is higher, \$125 maximum out of pocket per unit or refill.</p> <p>Tier 4 (Preferred Specialty drugs): 25% or \$200, whichever is lowest, for a 30 day supply dispensed thru Axiom or CVS Caremark.</p> <p>Tier 5 (Non- Preferred Specialty drugs): 30% or \$300, whichever is lowest, for a 30 day supply dispensed thru Axiom or CVS Caremark</p>
Annual Out-of-Pocket Maximum	The annual out-of-pocket maximum is \$6,350 Self only and \$12,700 Self and Family for covered medical services. There is a separate annual out-of-pocket maximum for Tier 4: Specialty drugs of \$3,000 per person.	The annual out-of-pocket maximum is \$6,600 Self only and \$13,200 Self and Family for covered medical services and prescription drug benefits.
Premiums FEHB	Your share of the non-Postal premium for Self only or Self and Family increased for enrollees in Puerto Rico and did not change in the U. S. Virgin Islands.	Your share of the non-Postal and Postal premiums for Self only or Self and Family has increased for enrollees in Puerto Rico and the U. S. Virgin Islands.

For more information about your benefits with Triple-S Salud FEHB, you can access our website: www.ssspr.com/federal. You may also contact our Customer Service Center (787)774-6081 or toll free 1-800-981-3241.