



YOUR HEALTH PLAN GUIDE 2024
US VIRGIN ISLANDS



FEDERAL EMPLOYEE AND RETIREE





We stand by you

Our mission is to enable healthy lives. That's why we care for your physical, mental, and emotional health. We want you to be well cared for, from prevention to the care of a health condition or a possible hospitalization.

This guide will help you learn how your plan works and all the services Triple-S offers. Check it out and take advantage of everything we offer.



BlueCross BlueShield
of Puerto Rico

DEAR FEDERAL MEMBER

Your well-being is our plan, that is why we offer you more benefits that are right for you and your family. Check out the **NEW** benefits we have for you effective January 1, 2024.

✓ **\$0 COPAY** on **thyroid** test.*

✓ **\$0 COPAY** on **Prostate Specific Antigen (PSA)** test.*

✓ **\$0 COPAY** in **digital breast tomosynthesis bilateral screening**.

✓ **URGENT CARE** - **\$50 copay at Sanitas Medical Centers** for urgent care if you travel to Florida, USA.

✓ **INFERTILITY COVERAGE extended** to cover infertility treatments and procedures, without a lifetime maximum, subject to preauthorization and through reimbursement.

For more details on the changes to your benefits, please review Section 2 of your FEHB 2024 Policy. You can also visit www.ssspr.com/federal to get your full FEHB 2024 policy or for more information.

**We stand by you every step of the way.
Thank you for trusting us with your health!**

*Once a year, as part of your preventive services. Additional tests: \$1 copay.



TeleConsulta

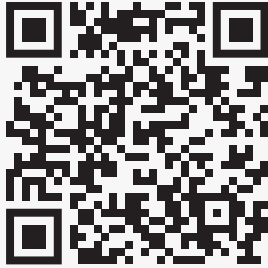
Not feeling well and don't know what to do?

Our nursing professionals are available 24/7 over the phone to guide you on how to manage your health concerns and recommend next steps.



Call
1.800.255.4375

(the number is also
on your health plan card)



Mi TRIPLE-S App

Download Mi Triple-S App and enjoy what it offers you:

- Access your digital plan card
- Make payments
- Review the history of services received



Mi TRIPLE-S web

Access www.mitriples.com to view:

- History of medical and ER visits
- Hospitalizations
- Medications
- Existing conditions for you and your underage dependents

You can also:

- Make payments
- Access educational modules

Sign up today at
mitriples.com





**We go the extra mile
to take care of you**



For more information

787.706.2552
1.800.981.4860

Monday to Friday
8:00 a.m. to 4:30 p.m.



manejocasos@ssspr.com

Clinical Care Programs

We have a group of experts available to you, including nurses, health educators, social workers, and nutritionists focused on your well-being. They evaluate your health, social, and nutritional needs to develop a healthcare plan based on your needs. They also help you schedule your services, appointments, coordinate educational activities, and help you manage health conditions such as diabetes, asthma, heart failure, obesity, mental health, hypertension, and chronic obstructive pulmonary disease (COPD).



We offer an educational program to promote women's integral health through activities that promote prevention.

Educational interventions include videos and special events, among others.



Healthy women are vital for healthy families and societies.



mitriples.com



Educational program for pregnant women

Our program offers virtual workshops on prenatal care, childbirth, and breastfeeding. We provide you telephone counseling with a clinical management specialist.

Includes:



- Breast pump



- Glucometer and arterial pressure monitor for high-risk pregnancies

**Prenatal and
postpartum
visits**

**\$0
copay**



For more information
or to register email us at
contigomama@ssspr.com





CONTIGO RELAX

Educational program focused on mental and behavioral health for all ages. The content includes videos, presentations, and events.

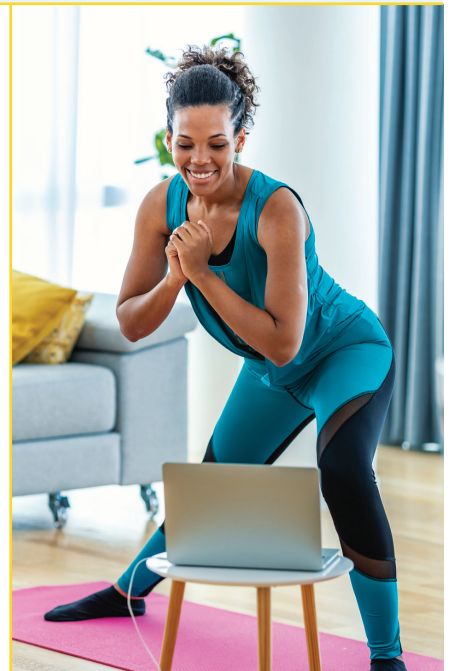
mitriples.com



CONTIGO -FIT-

We offer a virtual program of functional exercises. The program works with a personal trainer to help you boost your physical activity and set up monthly routines.

The program is available to members who complete the required education modules. Once completed, you will receive questionnaires from nutritionists who will qualify you for the program.



Sign up for
mitriples.com



We offer confidential assistance with health professionals who can help you and your family in the following areas:

- Emotional, financial, and legal advice
- Interpersonal and marital relationships
- Drug and alcohol dependency
- Poor motivation and anguish
- Work-related stress and management counseling, among others
- Consulting, clinical psychologists, and psychotherapy services by industrial psychologists



Available 24/7
in case of a crisis
1.800.660.4896



www.fhcsaludmental.com



The Importance of the Annual Preventive Checkup



Why is it essential to visit the doctor every year?

A routine annual visit helps detect problems before these get complicated and keeps you up to date with your preventive tests.



It's always a good time to start taking better care of ourselves.

PREVENTIVE TESTS

They vary by age, medical history, and gender:

- Physical exam
- Blood pressure monitoring
- Weight and body mass index (BMI) evaluation
- Visit to ophthalmologist for the funduscopy and glaucoma examination
- Lab tests for cholesterol and glucose, among others
- Bone density
- Vaccines
- Depression screening
- Sexually transmitted infections tests
- Cancer tests:
 - Colorectal
 - Pap smear and mammogram for women
 - PSA (Prostate Specific Antigen) for men

The importance of having a Primary Care Physician (PCP)

The PCP's main role is to help you lead a healthy lifestyle and prevent diseases. This medical professional helps you manage your care, assess the urgency of your health problems, and guide you to the next steps you should take.

Primary Care Physician

- Knows your health conditions
- Assess your needs
- Prescribes your medications
- Prescribes diagnostic tests in advance
- Tells you which specialist you need to see



We all benefit from having a primary care physician

Primary care physicians:

- Generalists
- Family doctor
- Internist
- Pediatrician, if the patient is a minor

Where Should I Go: Emergency Room or Urgent Care Center?

Save time and money.

Visit an urgent care center when you need quick medical attention, but your life is not in danger.

URGENT CARE CENTER



Cough



Headache or dizziness



Ear infection



Dehydration



Sprains or minor fractures



Bronchitis



Nausea or indigestion

EMERGENCIES



High Fever



Chest pain



Asthma



Broken bones



Hemorrhage



Seizures or loss of consciousness



Loss of vision

Refer to the Provider Directory for the full list of Urgent Care Centers in US Virgin Islands.

If a person requires treatment for an emergency condition, they should seek immediate care in a hospital emergency room or a nearest emergency room facility or call the 9-1-1 System.

New!



**Urgent care
in Florida**



If you travel to Florida and need medical attention, visit a Sanitas Medical Center urgent care facility.

Urgent care centers available in:

MIAMI

- Sanitas Doral Urgent Care
- Sanitas Miami Lakes Urgent Care
- Sanitas Kendall Urgent Care

ORLANDO

- Sanitas East Colonial Urgent Care
- Sanitas Ocoee Urgent Care
- Sanitas Kissimmee Urgent Care

BROWARD & PALM BEACH

- Sanitas Plantation Urgent Care
- Sanitas Lauderdale Lakes Urgent Care
- Sanitas Lake Worth Urgent Care

TAMPA

- Sanitas Tampa Urgent Care



844.665.4827
mysanitas.com



Travel relaxed with all the benefits The Blue Card Program has to offer

Through our affiliation with BlueCross BlueShield, you can access health care services with your Triple-S Salud card when you travel to the United States.

You may use the BlueCross BlueShield network of participating providers, available throughout the United States, for:

- Medical emergencies
- Treatments not available in PR*
- Full-time college students**
- Temporary Duty Assignment (TDY) of up to 3 months***

FOLLOW THESE STEPS

To find program providers, you may call 1-800-810-BLUE (2583) or visit <http://provider.bcbs.com/>.

Visit a participating healthcare provider in the BCBS network and show your insurance card.

The provider will verify your eligibility, policy deductibles, coinsurance, and conditions. The provider will then bill their local BlueCross BlueShield.

You will pay the deductible and coinsurance corresponding to your benefit in the United States.

The BCBS plan in the area the service was provided will pay the provider and send Triple-S Salud the insurance claim electronically.

Triple-S Salud will reimburse the BCBS plan.

* Requires Preauthorization ** Requires a certificate from the university *** Only available for main insured member

PROVIDERS OF THE PROGRAM



1.800.810.BLUE
(2583)



<http://provider.bcbs.com/>

Coordination of Benefits

Important information if you have more than one health plan



Make sure to fill out the attached Service Coordination form.

* For detailed information about Coordination of Benefits refer to section 9 of your FEHB Brochure.

What is coordination of benefits?

- Avoid payments in excess when two or more health plan policies cover health care.
- This also applies to any reimbursement request you have made where you could recover the whole or the maximum possible cost of the care received.

How do I pay the deductibles and coinsurances?

Traditional Medicare

Triple-S Salud pays the deductibles and coinsurances applied by Medicare, subject to our payment policy.

Triple-S Salud with another Triple-S Salud plan or an external private plan

The payment of deductibles and coinsurances applied to the primary plan, will be assumed by the secondary plan when this payment does not exceeds the net payment amount that would have been made as if it were your primary plan. The payment policy applies.

Preserving benefits

Payment for the secondary takes as its basis the comparison of the net payment of your primary with the net payment of your secondary plan as if the latter is primary.

Who pays first?

See table on next page.

Coordination with Government Health Plan

The government health plan will always be secondary to any other insurance, without exceptions. The employer plan will always be the primary.

COORDINATION OF BENEFITS

	Primary	Secondary	Tertiary
Dependent / Nondependent	Where you are the policy main holder	Where you are a dependent	
Birthdays	First birthday of the year or oldest policy (in case both birthdays are on the same day)	Second birthday of the year	
Custody	Who has custody of the child	Spouse of custodian	Parent without custody
Active/inactive (main holder)	Active Employee insurance	Retired employee insurance	
Active/inactive (as a dependent)	Retired employee insurance	Active Employee insurance	
Active/inactive (retired as a dependent) and Medicare	Active Employee insurance	Medicare	Retired employee insurance
Antiquity	Oldest policy	Newest policy	

Federal Employee with part A and B of Medicare*	Primary	Secondary
Age (older than 65 years)		
Retiree	Medicare	Triple-S
Active Employee	Triple-S	Medicare
Disability		
Federal employee receiving disability benefits for six months or more	Medicare	Triple-S
End Stage Renal Disease		
Have Medicare solely based on end stage renal disease (ESRD) and: 1. Is within the first 30-months of eligibility for or entitlement to Medicare due to ESRD (30-month coordination period)	Triple-S	Medicare
2. Is beyond the 30-month coordination period and you or a family member are still entitled to Medicare due to ESRD	Medicare	Triple-S

I. Información sobre el Suscriptor - Subscriber Information

NOMBRE / Name _____ APELLIDO PATERNO / Lastname _____ APELLIDO MATERNO / Surname _____

NUMERO DE CONTRATO / Contract Number

Su cubierta de seguro médico/dental contiene una cláusula de Coordinación de Beneficios. El procesamiento de las reclamaciones bajo su seguro médico/dental podría depender de su contestación. *Your health/dental insurance policy contains a Coordination of Benefits provision. Processing of claims submitted under your insurance policy may be dependent upon your response.*

POR FAVOR, COMPLETE Y DEVUELVA ESTE FORMULARIO DENTRO DE LOS PRÓXIMOS QUINCE (15) DÍAS.
Please, fill and return this form within fifteen (15) days.

¿Usted o algún miembro de su familia que está actualmente cubierto por el plan de salud tiene cubierta bajo otro seguro médico, dental, farmacia o Medicare?
Are you or any member of your family that is currently covered by your health insurance also covered by another plan, dental plan, pharmacy insurance or Medicare?

- NO _____ **Si marcó "NO", favor de firmar y devolver el formulario.**
If "NO" was checked, please sign and return this form to us.
- Sí / Yes _____ **Si marcó "Sí", favor de completar las siguientes secciones:**
If "YES" was checked, please complete the following sections:
- Cambio/Update _____ **Si marcó "Cambio", favor de indicar el plan, la efectividad y/o cancelación del mismo.**
If "Update" was checked, please indicate health plan, efectivity date and cancelation date.

II. Información sobre el otro seguro - Information about other insurance

NOMBRE DE LA OTRA COMPAÑÍA SEGURO/ Name of other Insurance Company _____ NÚMERO PÓLIZA/ Policy Number _____ NÚMERO CONTRATO/ Contract Number _____

TIPO DE PLAN/Plan Type

Plan Salud Grupal
 Póliza Individual (Pago Directo)/Individual Policy
 ELA
 Plan Empleados Federales/FEHBP
 Medicare A o B
 Medicare Parte D
 Medicare Advantage
 TriCare
 MI SALUD/Government Health Plan
 Otro/Other _____

COVERAGE/Cubiertas

Hospital
 Médico Quirúrgico/Medical-Surgical
 Ambulatoria/Ambulatory
 Maternidad/Maternity
 Dental
 Farmacia/Pharmacy
 Gastos Médicos Mayores/Major Medical
 Complementaria/Complementary

FECHA APERTURA/Open Date

MES/Mo DÍA/Day AÑO/Year

FECHA CANCELACIÓN/Cancelation Date

MES/Mo DÍA/Day AÑO/Year

DIRECCIÓN DEL OTRO SEGURO MÉDICO / Other Insurance Address _____

TELÉFONO / Phone () _____ - _____
 FACSIMIL / Fax () _____ - _____

NOMBRE SUSCRIPTOR/ Subscriber Name _____ APELLIDO PATERNO / Last Name _____ APELLIDO MATERNO / Surname _____

ESTATUS DEL SUSCRIPTOR/Subscriber Status

- Empleado Activo/Actively Working
- Inactivo/Inactive
- Retirado desde/Retired Since: _____ - _____
 MES/Mo DÍA/Day AÑO/Year
- COBRA desde/COBRA Since: _____ - _____
 MES/Mo DÍA/Day AÑO/Year

NÚM. DE SEGURO SOCIAL/Social Security No.

FECHA NACIMIENTO/Date of Birth

MES/Mo DÍA/Day AÑO/Year

PATRONO DEL OTRO SEGURO/ Other Insurance Employer _____

DIRECCIÓN / Address _____

TELÉFONO / Phone () _____ - _____

III. Información sobre dependientes en el otro seguro - Information about dependents on other insurance

NOMBRE Y APELLIDOS/ Name, Last and Surnames	FECHA NACIMIENTO/Date of Birth	SEGURO SOCIAL/ Social Security	SEXO/Sex	PARENTESCO CON SUSCRIPTOR/ Relationship with subscriber's insured
1 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	M <input type="radio"/> F <input type="radio"/>	_____
2 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	M <input type="radio"/> F <input type="radio"/>	_____
3 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	M <input type="radio"/> F <input type="radio"/>	_____
4 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	M <input type="radio"/> F <input type="radio"/>	_____
5 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	M <input type="radio"/> F <input type="radio"/>	_____

Utilice otro formulario para añadir dependientes adicionales. *Use another form to include additional dependents*

Incluya la información de Medicare al dorso
Include Medicare information on reverse

Favor de firmar al dorso
Please, sign on reverse of form

IV. Divorciados, separados o con custodia - *Divorced, separated, or with custody*

Complete esta sección si usted es divorciado(a), separado(a) o tiene custodia de algún menor dependiente bajo seguro médico sin importar que duplique información incluida en la Sección II de este formulario. Complete this section if you are divorced, separated, or have custody of any dependent child under your health insurance contract. Please, complete this section even if some of the information is already included in Section II of this form.

1	NOMBRE Y APELLIDOS/ Name, Last and Surnames	FECHA NACIMIENTO/Date of Birth	SEGURO SOCIAL/ Social Security	SEXO/Sex	PARENTESCO CON ASEGURADO DE SUSCRIPTOR Relationship with subscriber's insured
		MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>	
2		MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>	
		MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>	
3		MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>	
		MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>	
4		MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>	
		MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>	

INFORMACIÓN DEL SEGURO QUE PROVEE CUBIERTA A LOS MENORES DEPENDIENTES/ Information of the Health Insurance providing minor's coverage:

NOMBRE DE LA OTRA COMPAÑÍA SEGURO/ Name of other Insurance Company	NÚMERO PÓLIZA/ Policy Number	NÚMERO CONTRATO/ Contract Number
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TIPO DE PLAN/Plan Type <input type="radio"/> Plan Salud Grupal <input type="radio"/> Póliza Individual (Pago Directo)/Individual Policy <input type="radio"/> ELA <input type="radio"/> Plan Empleados Federales/FEHBP <input type="radio"/> Medicare A o B <input type="radio"/> Medicare Parte D <input type="radio"/> Medicare Advantage <input type="radio"/> TriCare <input type="radio"/> MI SALUD/Government Health Plan <input type="radio"/> Otro/Other _____	COVERAGE/Cubiertas <input type="radio"/> Hospital <input type="radio"/> Médico Quirúrgico/Medical-Surgical <input type="radio"/> Ambulatoria/Ambulatory <input type="radio"/> Maternidad/Maternity <input type="radio"/> Dental <input type="radio"/> Farmacia/Pharmacy <input type="radio"/> Gastos Médicos Mayores/Major Medical <input type="radio"/> Complementaria/Complementary	FECHA APERTURA/Open Date	FECHA CANCELACIÓN/Cancelation Date
		MES/Mo DÍA/Day AÑO/Year	MES/Mo DÍA/Day AÑO/Year
DIRECCIÓN DEL OTRO PLAN MÉDICO / Other Insurance Address			
TELÉFONO / Phone () _____ - _____			
FACSIMIL / Fax () _____ - _____			

INDIVIDUO RESPONSABLE DEL SEGURO DE LOS MENORES DEPENDIENTES/ Individual responsible for minor's coverage:

NOMBRE Y APELLIDOS/ Name, Last and Surnames	FECHA NACIMIENTO/Date of Birth	SEGURO SOCIAL/ Social Security	SEXO/Sex	PARENTESCO CON MENOR(ES) Relationship with minor(s)
	MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>	

V. Información sobre Medicare - *Medicare Information*

Complete la siguiente información para cada asegurado bajo su contrato de plan de salud que tenga cubierta de Medicare. Complete the following information for each member on your health plan contract is also covered by Medicare

1	NOMBRE Y APELLIDOS DE BENEFICIARIO DE MEDICARE Name, Last and Surname of Medicare Beneficiary	FECHA NACIMIENTO/Date of Birth	SEGURO SOCIAL/ Social Security	SEXO/Sex	FECHA DE EFECTIVIDAD/Effective Date PARTE A/Part A	PARTE B/Part B
		MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>		
RAZÓN PARA CUBIERTA DE MEDICARE (MARQUE TODAS LAS QUE APLIQUEN) Reason for Medicare coverage (Check all that apply)					NÚMERO MEDICARE / Medicare Claim Number	
<input type="radio"/> Edad/Age (65) <input type="radio"/> Incapacidad/Disability <input type="radio"/> Fallo Renal Crónico/End-Stage-Renal disease <input type="radio"/> Dependiente/Dependent					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2	NOMBRE Y APELLIDOS DE BENEFICIARIO DE MEDICARE Name, Last and Surname of Medicare Beneficiary	FECHA NACIMIENTO/Date of Birth	SEGURO SOCIAL/ Social Security	SEXO/Sex	FECHA DE EFECTIVIDAD/Effective Date PARTE A/Part A	PARTE B/Part B
		MES/Mo DÍA/Day AÑO/Year		M <input type="radio"/> F <input type="radio"/>		
RAZÓN PARA CUBIERTA DE MEDICARE (MARQUE TODAS LAS QUE APLIQUEN) Reason for Medicare coverage (Check all that apply)					NÚMERO MEDICARE / Medicare Claim Number	
<input type="radio"/> Edad/Age (65) <input type="radio"/> Incapacidad/Disability <input type="radio"/> Fallo Renal Crónico/End-Stage-Renal disease <input type="radio"/> Dependiente/Dependent					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

VI. Certificación- *Certification*

Certifico que la información antes provista es correcta y veraz. Reconozco además que proveer información falsa o incorrecta podría conllevar no sólo la cancelación de mi seguro médico con TRIPLE-S SALUD, así como las disposiciones aplicables de las leyes contra el fraude. I hereby certify that the information provided hereinabove is accurate and true. I further recognize that providing false or inaccurate information may lead to the cancellation of my health insurance and to filling of criminal charges under the antifraud statutes.

Devuelva el formulario
Completado a:
Return the completed form to

Departamento de Operaciones de Servicio
TRIPLE-S SALUD
PO Box 363628
San Juan, PR 00936-3628

Su Firma / Your Signature

Fecha / Date



EFFECTIVE 01/01/24

HEALTH PLAN PREMIUMS

US VIRGIN ISLANDS		PREMIUM RATE			
TYPE OF ENROLLMENT	ENROLLMENT CODE	BIWEEKLY		MONTHLY	
		GOVERNMENT SHARE	YOUR SHARE	GOVERNMENT SHARE	YOUR SHARE
<i>High Option Self Only</i>	851	\$225.74	\$75.25	\$489.11	\$163.04
<i>High Option Self Plus One</i>	853	\$506.86	\$168.95	\$1,098.20	\$366.06
<i>High Option Self and Family</i>	852	\$516.95	\$172.32	\$1,120.07	\$373.35

Service

Copays and Coinsurances

Basic Coverage

Maximum Out of Pocket (MOOP) for medical, pharmacy and hospital services given by participating providers* * non-essential benefits, services not covered or given by providers outside our network aren't eligible for the Out of Pocket minimum.	\$6,600 Self Only \$13,200 Self Plus One & Self and Family
Immunizations (Vaccines)	\$0
Medical Visits	
General Practitioner	\$7.50
Specialist	\$7.50
Sub-specialist	\$7.50
Nutritionist	\$0 Up to 6 visits per year
Chiropractor	\$0 1 Initial and 1 follow up
Maternity Care	
Prenatal and postnatal care visits (if enrolled in Maternal Program)	\$0
Prenatal care and postnatal care	\$7.50
Delivery	\$0
Electric Breast Pump (Coordinated with the Maternal Program)	\$0
Therapies	
Chiropractic Manipulations	\$0 Up to 20 manipulations per year
Physical Therapy	\$10
Respiratory Therapy	\$10
Tests	
Labs	\$1.00 per diagnostic test
Imaging Studies (X-rays, Sonograms, MRI, MRA, CT Scan)	\$0
Digital breast tomosynthesis bilateral screening	\$0
Allergy tests	\$10
Mental Health	
Group Therapy	\$7.50
Collateral Visits	\$7.50
Psychiatrists, Psychologists and Clinical Social Workers Visits	\$7.50
Hospitalization Partial Hospitalization	\$0.00, you may coordinate services with FHC 1-800-660-4896
Hospitalizations	
Regular & Partial	\$0
Skilled Nursing Facility	\$0
Emergency Services	
Emergency room at a hospital	\$25
Recommended by Teleconsulta	\$10
Urgent Care Centers	\$10
Sanitas Medical Centers in Florida	\$50
Ambulatory Surgery	\$25
Lithotripsy	\$0

Services

Copays and Coinsurances

Basic Coverage cont.

Other	
Durable Medical Equipment	25% with Pre-authorization
Services by Non-Participating Providers in Puerto Rico and USVI.	10%

Services in United States

We cover emergencies or services that we have pre-authorized. When you receive covered services outside the service area that are neither emergency nor precertified, we will reimburse 90% of Triple-S Salud established fees. For more information, please refer to Section 1 of your brochure.

Pharmacy**30 Day Supply (Retail Pharmacy)**

Tier 1: Generic prescription drugs	\$2.00 for unit or refill
Tier 2: Preferred brand prescription drug	\$20 for unit or refill
Tier 3: Non-preferred brand name drugs	20% or \$20, whichever is higher \$125 maximum out of pocket for unit or refill
Tier 4: Preferred Specialty/biotech drugs	25% or \$200, whichever is the lowest for unit or refill
Tier 5: Non-Preferred Specialty/biotech drugs	30% or \$300, whichever is the lowest for unit or refill

The antihypertensives, antidiabetics (except insulins), antihyperlipidemics (only statins), and Naxolone medications will be covered at 100%.

90 Day Supply and Mail Order

Tier 1: Generic prescription drugs	\$4.00 for unit or refill
Tier 2: Preferred brand prescription drug	\$40 for unit or refill
Tier 3: Non-preferred brand name drugs	20% or \$60, whichever is higher \$375.00 maximum out of pocket for unit or refill

Vision

Glasses or Contact Lenses up to 21 years of age	Covered up to a maximum benefit of \$109
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Dental

Preventive Cleaning (adults and children, one every 6 months)	\$0
Periapical and bitewing X-rays	\$0
Panoramic X-Ray (one group every 3 years)	30%
Amalgam restorations, Endodontics, Restorative and Oral Surgery	30%

Organ and Tissue Transplant

Solid organ transplants, tandem blood and marrow stem cell transplant, mini transplants (preauthorization by plan required)	\$0
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Other Benefits

Chemotherapy	\$10
Radiotherapy	\$10

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