YOUR HEALTH PLAN 2 0 2 6 GUIDE









 U S V I

 F E H B & P S H B







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.



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DEAR FEDERAL AND POSTAL MEMBER

Beginning January 2026, you will enjoy new and enhanced benefits for you and your family. We are pleased to share a summary of our changes for 2026! Count on us to be by your side with your healthcare needs! You can review further details in Section 2 of your 2026 FEHB and PSHB brochure.

- ✓ We now cover the cost of insulin pumps and supplies at no member cost share for patients with uncontrolled diabetes who require multiple daily injections of insulin and demonstrate fluctuations in glucose levels. To be eligible for the coverage of an insulin pump, you must enroll and participate in our Disease Management Program.
- ✓ We now cover the cost of diagnostic testing required for HIV PrEP with no cost shared.
- ✓ latrogenic infertility services are no longer subject to the \$15,000 annual maximum previously applied to infertility services. Check your policy for the definition of iatrogenic infertility.

To get your 2026 FEHB and PSHB Brochure or to learn more, visit our website at ssspr.com/federal and ssspr.com/postal.

Thank you for trusting your health to us! We are with you, every step of the way.

TeleConsulta MD

Virtual consultations with physicians, specialists, and psychologists.

Sign up for free today so you and your family can see a doctor online the next time you get sick. It is a great option when your doctor is not available.

- Simplifies the process of seeing a doctor.
- Receive prescriptions in your preferred pharmacy quickly and efficiently when you need them.

Doctors are just one click away!









Service is available only in Puerto Rico.

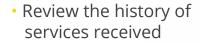


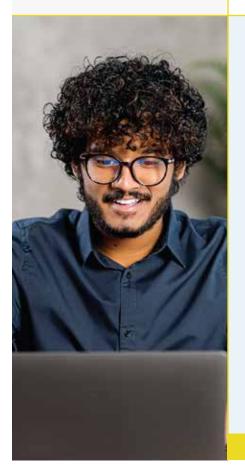


Download Mi Triple-S App and enjoy what it offers you:

• Access your digital plan card







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**







787.706.2552 1.800.981.4860

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



manejocasos@ssspr.com

SSS CONTIGO

We go the extra mile to take care of you

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).

SSS CONTIGO

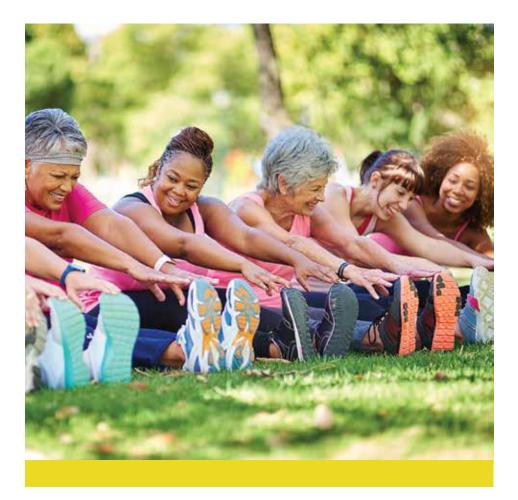


We offer an educational program to promote women's integral health through activities that promote prevention.

Educational interventions include videos and special events, among others.











Prenatal and postpartum visits





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



- In-home support: help with tasks such as light cleaning and meal preparation
 - -16 hours postpartum (4 hours x 4 days)
 - -16 hours prenatal for high-risk pregnancies (4 hours x 4 days)



 Glucometer and arterial pressure monitor for high-risk pregnancies







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

mitriples.com





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.









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



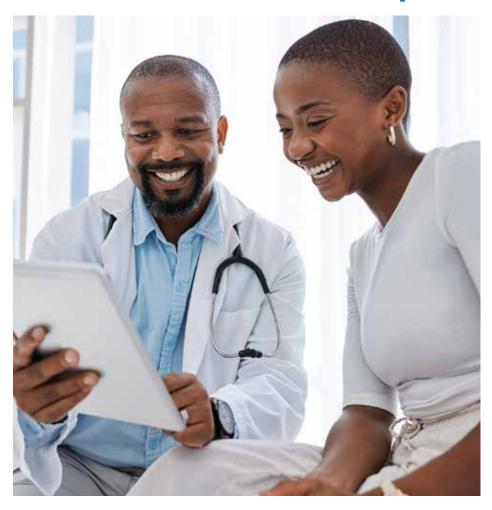
Available 24/7 in case of a crisis **1.800.660.4896**



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.



PREVENTIVE TESTS

They vary by age, medical history, and gender:

- Physical exam
- Blood pressure monitoring
- Weight and body mass index (BMI) evaluation
- 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

Some of these tests are performed at the doctor's discretion. Preventives that are covered are those identi ed by the United States Prevetive Services Task Force (USPSTF). Tests that are not identi ed by the USPSTF require copay. Please check your policy for more details.

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





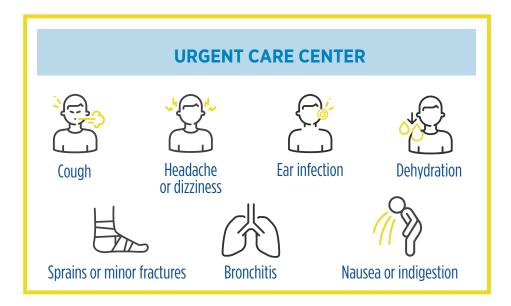
Primary care physicians:

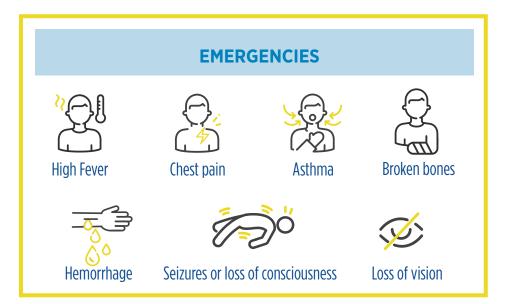
- Generalists
- Family doctor
- Internist
- Pediatrician, if the patient is a minor

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.





Refer to the Provider Directory for the full list of Urgent Care Centers in Puerto Rico.

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 Čare

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, under these specific conditions:

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

PROVIDERS OF THE PROGRAM



1.800.810.BLUE (2583)



http://provider.bcbs.com/

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 the employee (main holder) member

Coordination of Benefits

Important information if you have more than one health plan



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.

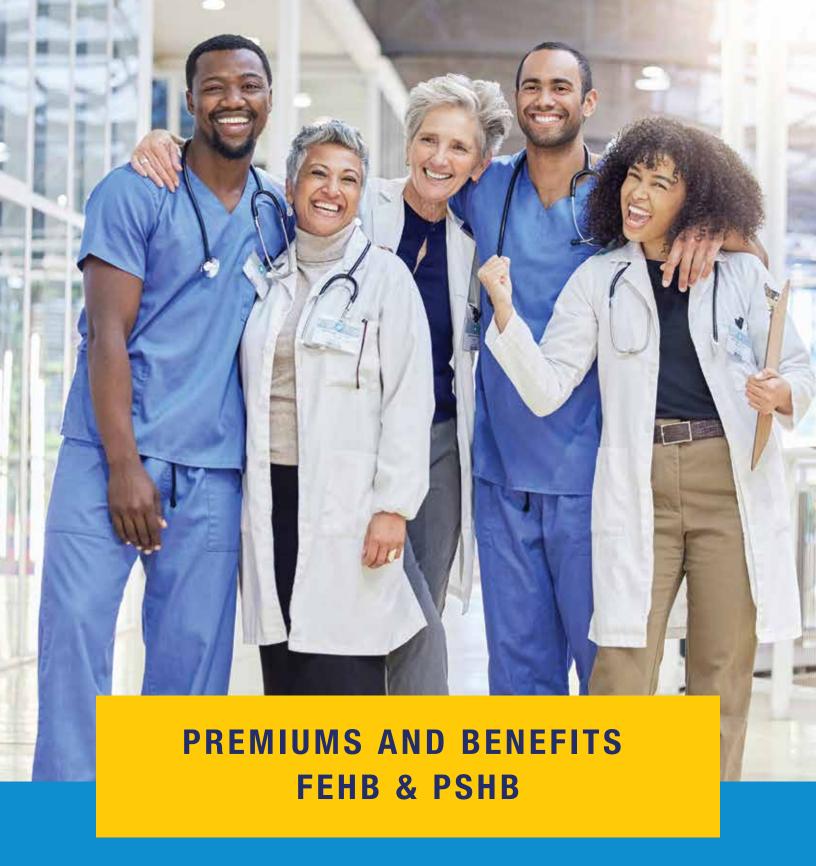


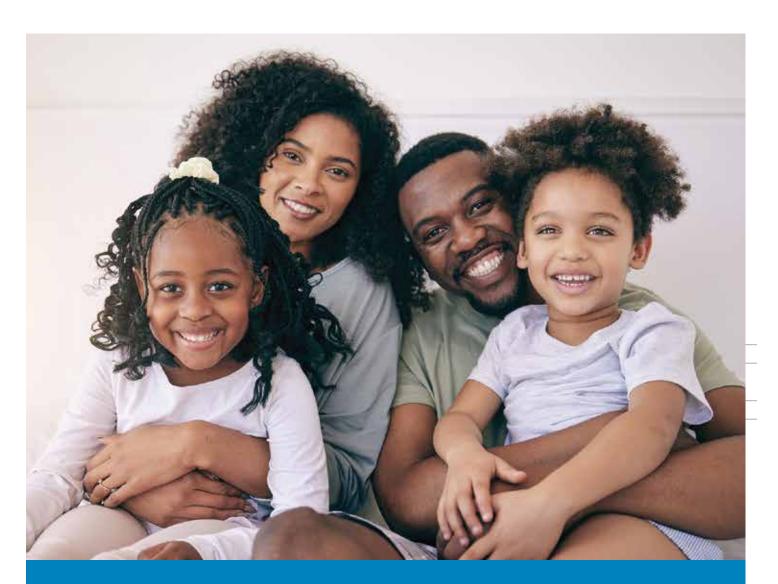
Make sure to fill out the attached Service Coordination form.

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

	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





PREMIUMS AND BENEFITS FOR FEHB INSUREDS

FEHB HEALTH PLAN PREMIUMS

EFFECTIVE 01/01/26

PUERTO RIC	0		PREMIL	JM RATE	
TYPE OF	ENROLLMENT	BIWE	EKLY	МОІ	NTHLY
ENROLLMENT	CODE	GOVERNMENT SHARE	YOUR SHARE	GOVERNMENT SHARE	YOUR SHARE
High Option Self Only	891	\$174.45	\$58.15	\$377.98	\$125.99
High Option Self Plus One	893	\$391.70	\$130.56	\$848.67	\$282.89
High Option Self and Family	892	\$399.49	\$133.16	\$865.56	\$288.52
APPLIES TO PUERTO RICO AND THE U.S. VIRGIN ISLANDS					

Service	Copays and Coinsurances
Basic Coverage	
Maximum Out of Pocket 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
Preventive Preventive Care Services at Participating Preventive Centers Immunizations (Vaccines)	\$0 \$0
Medical Visits	
General Practitioner in Salus Clinics General Practitioner Specialist	\$0 \$7.50 \$7.50
Sub-specialist	\$7.50
Telemedicine Nutritionist Chiropractor	\$0 Unlimited consults \$0 Up to 6 visits per year \$0 1 Initial and 1 follow up
·	ΦΟ ΓΙΠΙΙΙΙΙΑΙ ΑΠΙΙ ΤΙΟΠΟΨ UP
Maternity Care Prenatal and postnatal care visits (if enrolled in Maternal Program) Prenatal care and postnatal care	\$0 \$7.50
Delivery	\$0
Electric Breast Pump	\$0
Therapies Chiropractic Manipulations Physical Therapy Respiratory Therapy	\$0 Up to 20 manipulations per year \$10 \$10
Tests	
Labs Imaging Studies (X-rays, Sonograms, MRI, MRA,CT Scan) Allergy tests	\$1.00 per diagnostic test \$0 \$10
Mental Health Group Therapy Collateral Visits	\$7.50 \$7.50
Psychiatrists, Psychologists and Clinical Social Workers Visits Hospitalization Partial Hospitalization	\$7.50 \$0.00, you may coordinate services with FHC 1-800-660-4896
Hospitalizations Regular & Partial Skilled Nursing Facility	\$0 \$0
Emergency Services Emergency room at a hospital	\$25
Urgent Care Centers	\$10
Sanitas Urgent Care Medical Centers	\$50
Ambulatory Surgery Lithotripsy	\$25 \$0

EFFECTIVE 01/01/26	SUMMARY OF BENEFITS FEHB
Services	Copays and Coinsurances
Basic Coverage cont.	
Other	
Durable Medical Equipment	25% with Pre-authorization
Services by Non-Participating Providers in Puerto Rico	10%

Services in United States

We cover emergencies or services that we have pre-authorize. 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% up to \$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 following: antihypertensives, antidiabetics (except insulins), antihyperlipidemics (only st	atins), and Naxolone 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% up to \$375 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
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	30%
and Oral Surgery	
Organ and Tissue Transplant	
Solid organ transplants, tandem blood and marrow stem cell	\$0
transplant, mini transplants (preauthorization by plan required)	
Other Benefits	
Chemotherapy	\$10
Radiotherapy	\$10

This is a brief informational summary and does not replace or modify the policy. We urge you to review the Certificate of Benefits (Policy) so that you know in detail the benefits, limitations and exclusions of the cover.



PREMIUMS AND BENEFITS FOR PSHB INSUREDS

PSHB HEALTH PLAN PREMIUMS

EFFECTIVE 01/01/26

PUERTO RIC	0		PREMIL	JM RATE	
TYPE OF	ENROLLMENT	BIWE	EKLY	MO	NTHLY
ENROLLMENT	CODE	GOVERNMENT SHARE	YOUR SHARE	GOVERNMENT SHARE	YOUR SHARE
High Option Self Only	83A	\$169.61	\$56.53	\$367.48	\$122.49
High Option Self Plus One	83C	\$380.81	\$126.94	\$825.10	\$275.03
High Option Self and Family	83B	\$388.39	\$129.46	\$841.51	\$280.50
APPLIES TO PUERTO RICO AND THE U.S. VIRGIN ISLANDS					

Service	Copays and Coinsurances
Basic Coverage	
Maximum Out of Pocket 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
Preventive Preventive Care Services at Participating Preventive Centers	\$0
Immunizations (Vaccines)	\$0
Medical Visits General Practitioner in Salus Clinics General Practitioner	\$0 \$7.50
Specialist	\$7.50
Sub-specialist	\$7.50
Telemedicine	\$0 Unlimited consults
Nutritionist	\$0 Up to 6 visits per year
Chiropractor	\$0 1 Initial and 1 follow up
Maternity Care	40
Prenatal and postnatal care visits (if enrolled in Maternal Program)	\$0
Prenatal care and postnatal care Delivery	\$7.50 \$0
Electric Breast Pump	\$0
Therapies	40
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
Allergy tests	\$10
Mental Health	
Group Therapy	\$7.50
Collateral Visits	\$7.50
Psychiatrists, Psychologists and Clinical Social Workers Visits	\$7.50 \$0.00, you may coordinate services with FHC 1-800-660-4896
Hospitalization Partial Hospitalization	\$0.00, you may cooldinate services with Fric 1-800-800-4890
Hospitalizations	
Regular & Partial	\$0
Skilled Nursing Facility	\$0
Emergency Services Emergency room at a hospital	\$25
Urgent Care Centers	\$10
Sanitas Urgent Care Medical Centers	\$50
Ambulatory Surgery Lithotripsy	\$25 \$0

EFFECTIVE 01/01/26	SUMMARY OF BENEFITS PSHB
Services	Copays and Coinsurances
Basic Coverage cont.	
Other	
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Services by Non-Participating Providers in Puerto Rico	10%

Services in United States

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90 Day Supply and Mail Order		
Tier 1: Generic prescription drugs	\$4.00 for unit or refill	
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Tier 3: Non-preferred brand name drugs	20% up to \$375 maximum out of pocket for unit or refill	
PDP Pharmacy		
30 Day Supply		
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Tier 2: Preferred brand prescription drug	\$20 for unit or refill	
Tier 3: Non-preferred brand name drugs	20% up to \$125 maximum out of pocket for unit or refill	
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Tier 4: Specialty/biotech drugs	25% or \$200, whichever is the lowest for unit or refill	
Vision		
Glasses or Contact Lenses up to 21 years of age	Covered up to a maximum benefit of \$109	

EFFECTIVE 01/01/26	SUMMARY OF BENEFITS PSHB
Services	Copays and Coinsurances
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	30%
and Oral Surgery	
Organ and Tissue Transplant	
Solid organ transplants, tandem blood and marrow stem cell transplant, mini transplants (preauthorization by plan required)	\$0
Other Benefits	
Chemotherapy	\$10
Radiotherapy	\$10

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787-774-6081, Toll Free 1-800-716-6081; (TTY / TDD) 787-792-1370; Toll-Free 1-866-215-1999 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística llame al 787-774-6060, Libre de costo 1-800-981-3241. (TTY/TDD) al 787-792-1370 o 1-866-215-1999. Si es empleado o retirado federal llame al 787-774-6081, libre de costo 1-800-716-6081; (TTY / TDD) 787-792-1370; libre de costo 1-866-215-1999. Independent licensee of BlueCross BlueShield Association. TSS-MKT-6072-2025-B