



2025 Summary of Benefits

Triple-S Optimo PSHB

Jan. 1, 2025 – Dec. 31, 2025

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please download the Evidence of Coverage at www.ssspr.com/postal or call **1-833-201-9256**. TTY users should call **toll-free 1-866-215-1999**. We are open **Monday – Friday 7:30am – 8:00pm (AST), Saturday 9:00am – 6:00pm (AST), Sunday 11:00am – 5:00pm (AST)** To enroll in Triple-S Optimo PSHB, you must be:

- A member of Triple-S Salud
- Enrolled in Medicare A and/or B
- Living in Puerto Rico or U.S. Virgin Islands

You must use pharmacies in our network to receive coverage. You can see a full list of pharmacies at www.ssspr.com/postal.

To learn more about Triple-S Optimo PSHB, call **1-833-201-9256**. TTY users should call **toll-free 1-866-215-1999**. We are open **Monday – Friday 7:30am – 8:00pm (AST), Saturday 9:00am – 6:00pm (AST), Sunday 11:00am – 5:00pm (AST)**. You can also visit our website at www.ssspr.com/postal.

*For coverage and costs of Original Medicare, look in the current “Medicare & You” handbook available at medicare.gov or by calling **1-800-MEDICARE** (1-800-633-4227) 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.*

S2135 TS PSHB SUMB807 Medicare prescription drug benefits under the *Triple-S Optimo PSHB plan* are sponsored by the Blue Cross Blue Shield Association under its Medicare contract S2135

Premiums and Benefits	Triple-S Optimo PSHB
Monthly Plan Premium	Included as part of your overall health plan premium
Deductible	No deductible for prescription drugs
Prescription Drug Annual Out-of-Pocket Maximum	\$2,000
In-network Retail Pharmacy	
Tier 1 – Generics	\$2.00 up to a 30-day supply \$2.00 up to a 60 day supply \$4.00 for a 61 to 90 day supply
Tier 2 – Preferred brand name	\$20.00 up to a 30 day supply \$20.00 up to a 60 day supply \$40.00 for a 61 to 90 day supply
Tier 3 – Non-preferred brand name	20% Min: \$20 Max: \$125 up to a 30-day supply 20% Min: \$20 Max: \$125 up to a 60-day supply 20% Min: \$60 Max: \$375 for a 61 to 90 day supply
Tier 4 – Specialty drugs	25% Min: N/A Max: \$200 up to a 30-day supply
Mail Service Pharmacy	
Tier 1 – Generics	\$4.00 for up to a 90-day supply
Tier 2 – Preferred brand name	\$40.00 for up to a 90-day supply
Tier 3 – Non-preferred brand name	20% Min: \$60 Max: \$375 for up to a 90-day supply