SUMMARY OF BENEFITS 2027

January 1, 2027 –December 31, 2027

This Summary of Benefits contains information on the following Triple-S Salud plan:

Triple-S Óptimo PSHB

The benefit information provided is a summary of what we cover and what you pay. It does not list every service we cover or list every limitation or exclusion. To get a complete list of covered services, request the **Evidence of Coverage** by visiting our website 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 through Friday 7:30am to 8:00pm (AST), Saturday 9:00am to 6:00pm (AST), Sunday 11:00am to 5:00pm (AST).

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

Premiums and Benefits	Triple-S Óptimo PSHB
Monthly Plan Premium	Your coverage is provided through a contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium.
Deductible	This plan has no deductible.

Medicare Part D prescription drug benefits under the *Triple-S Óptimo PSHB plan are sponsored by the Blue Cross Blue Shield Association under its Medicare contract S2135*

Stage 1: Initial Coverage Stage

What you pay until the total amount for the prescription drugs you have filled reaches $2,400.

In-network Retail Pharmacy	
Tier 1 – Generics	$2.00 up to a 30-day supply $4.00 for up to a 90-day supply
Tier 2 – Preferred brand name	$20.00 up to a 30-day supply $40.00 for up to a 90-day supply
Tier 3 – Non-preferred brand name	20% | Max: $125 up to a 30-day supply 20% | Max: $375 for up to a 90-day supply
Tier 4 – Specialty drugs	25% | 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% | Max: $375 for up to a 90-day supply

Stage 2: Catastrophic Coverage Stage

You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,400.01 limit for the calendar year. During this stage, the plan will pay all the costs for your Part D covered drugs. You pay nothing.