

GUÍA DE TU PLAN DE SALUD 2025 PUERTO RICO







POSTAL SERVICE EMPLOYEES & RETIREES







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.



DEAR FEDERAL MEMBER

Beginning January 2025, you will enjoy new and enhanced benefits for you and your family. We are pleased to share a summary of our changes for 2025! Count on us to be by your side with your healthcare needs! You can review further details in Section 2 of your 2025 PSHB brochure.

- ✓ We now cover one (1) preventive blood pressure monitor for high-risk members who complete the Hypertension Program.
- We have extended coverage for preventive colonoscopy from the age of 40. Previously, coverage started at age 50.
- ✓ We have extended coverage for preventive human papillomavirus (HPV) immunization to include ages 27 to 45 for high-risk members. Previously, human papillomavirus (HPV) immunization coverage was up to the age of 26.
- We now cover infertility treatments and procedures, with an annual maximum of \$15,000, subject to preauthorization and through reimbursement.

To get your 2025 PSHB Brochure or to learn more, visit our website at www.ssspr.com/postal.

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



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)

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.











Service is available only in Puerto Rico.





Order through the app, and we will deliver your prescribed medications and Over the Counter (OTC) items wherever you need them, for free!

- Buy medicines
- Send prescriptions online
- Order your OTC products without a prescription

Caregivers can now register and request to manage and order prescriptions and OTC products.

For more information

triplesencasa.com 1.888.525.4842

toll free

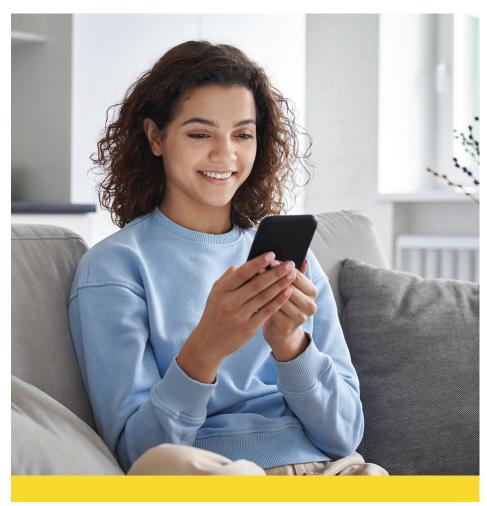








Download and sign up today!







787.706.2552 1.800.981.4860

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



manejocasos@ssspr.com



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

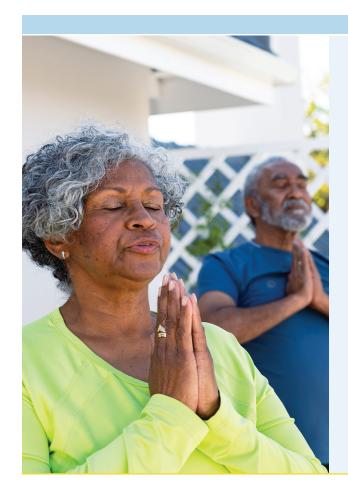


- In-home support: help with tasks such as light cleaning and meal preparation
 - -16 hours postpartum (4 hours x 4 days)
 - -16 hours prenatal for high-risk pregnancies (4 hours x 4 days)



 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



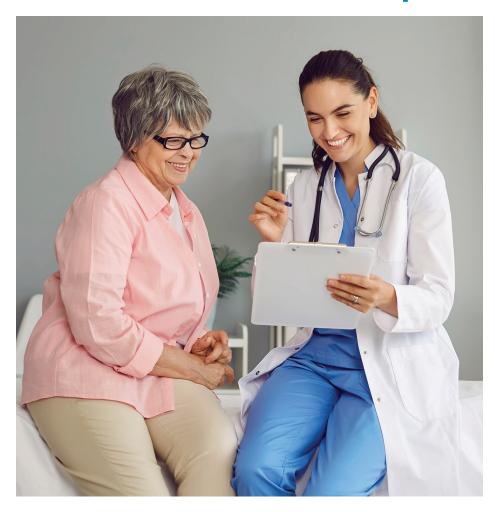
Available 24/7 in case of a crisis **1.800.660.4896**



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.

Prevention is the best medicine

Triple-S has **11 Preventive Care Centers** where members 21 years and over can get their yearly checkup in one visit. This way you prevent the development of a health condition or detect it in time to manage it properly.

ASSESSMENT

- Medical history
- Physical exam
- Depression screening
- Risk behaviors
- Counseling:
 - alcohol
 - smoking cessation
 - diet
 - nutrition
 - among others



Annual preventive checkup

in our centers



PREVENTIVE CARE

SALUS

Guaynabo, Carolina, Ponce and Hato Rey 787.789.1996 info@saluspr.com

Tiger Med

Caguas

787.646.2800, 787.286.2800 ext. 636, 246 & 641 ssspreventive@tigermedpr.com

Centro de Medicina y Cirugía Ambulatoria

San Sebastián

787.926.0000, 787.926.0001, 787.896.1850 ext. 255 coordinadora.spc2@cmcapr.com

Wellness Alliance

Guaynabo

787.708.6778 esmeralda@prevencionpr.com

787.708.6777 ext. 300 info@prevencionpr.com

Centro Preventivo de Ouebradillas

Quebradillas

787.239.3316, 787.926.0000, 787.926.0001 coordinadora.spc2@cmcapr.com

Servicios Preventivos de Mayagüez

Mayagüez

787.652.3609, 787.926.0000, 787.926.0001 coordinadora.spc3@cmcapr.com

Centro Preventivo de Arecibo

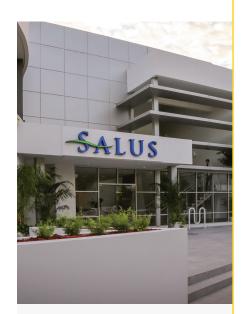
Arecibo

787.926.0000, 787.926.0001 ext. 201 & 245 coordinadora.spc2@cmcapr.com

APPOINTMENTS



Scan the QR Code to request an appointment.





HEALTH MADE EASIER

The network of Clinics offer you the flexibility to receive multiple primary medical services from more than 20 specialists and dentists in one location with a single electronic medical record. In addition, it offers preventive care programs, diagnostic testing services, and integrated programs that allow you to receive multiple services on the same day.



for GENERALISTS

APPOINTMENTS



787.789.1996



GUAYNABO

- Primary Care Physicians
- Pediatricians
- Specialists
- Dentists
- Imaging Center
- Laboratory
- Pharmacy
- Preventive care programs

Ave. Casa Linda #1, Carr. 177, Los Filtros, Km. 2.0, Bayamón (by the entrance of the American Military Academy)

PONCE

- Preventive care programs
- Médicos Primarios y Especialista

619 Av. La Ceiba, Ponce, 00717

CAROLINA

- Primary Care Physicians
- Specialists
- Imaging Center
- Laboratory
- Preventive care programs

Carr. 190, Km. 1.8, Sabana Abajo (by the entrance of the Ana G. Méndez University)

HATO REY

- Primary Care Physicians
- Specialists
- Imaging Center
- Laboratory
- Preventive care programs

400 Ave. FD Roosevelt Suite 101 and 103, San Juan (First floor of Clínica Las Américas en Hato Rey)

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

Health Up

Want to feel healthier and happier?

The Health Up program gives you the opportunity to receive health benefits at work and participate in activities specially designed for federal employees. Our goal is to provide you with a holistic and accessible care to help you reach your health and wellness goals.

Check with your agency's AGENCY BENEFIT OFFICER (ABO) for program details. If you are a retiree, watch for our email notifications.



- Health Conferences
- Mental health seminars with FHC
- New employee orientations
- Retirement Seminars
- Health Clinics
- Healthy Breaks
- among others



Cuidando de ti

We bring your annual preventive exams directly to you.

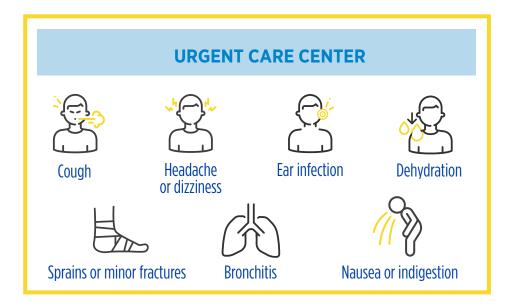
Our exclusive preventive model consists of preventive lab tests, and vaccines, among others; all in your workplace, on the same day.

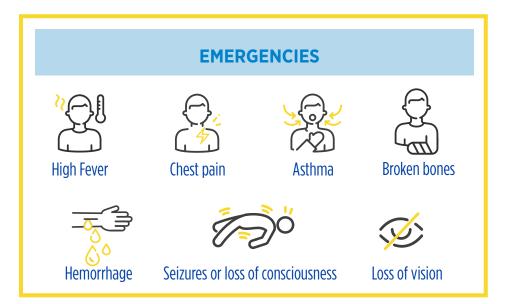
Once all the results are ready, we coordinate with your agency and the medical staff to discuss the results for each member on-site. Tests are free of copay, according to your benefits.

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.



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 Läkes Urgent Care
- Sanitas Lake Worth Urgent Care

TAMPA

Sanitas Tampa Urgent Care



844.665.4827 mysanitas.com



In Triple-S, we are here to help you.

Contact us at your convenience.

Service Centers

MAIN OFFICE

1441 Ave. F.D. Roosevelt San Juan

PLAZA LAS AMÉRICAS

2nd Level

PLAZA CAROLINA

2nd Level

ARECIBO

Caribbean Cinemas Building Suite 101

CAGUAS

Angora Building Luis Muñoz Marín Ave.

MAYAGÜEZ

114 road, km 1.1 Castillo Community

PONCE

2760 Maruca Ave.

Service Call Centers



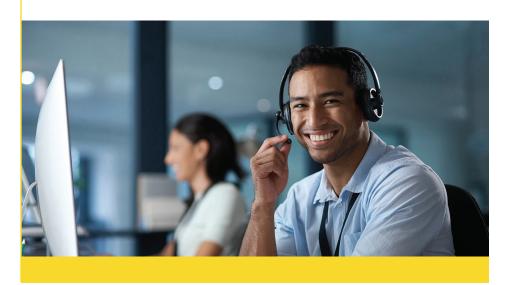
787,774,6081

Toll Free: 1-800-716-6081 TTY / TDD: 787-792-1370 TTY Toll Free: 1-866-215-1999



SERVICE HOURS (AST):

Monday to Friday from 7:30 a.m. to 8 p.m. Saturday from 9 a.m. to 6 p.m. Sunday from 11a.m. to 5 p.m.





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.

	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



dependents

Formulario de Coordinación de Beneficios

Coordination of Benefits Form

I. Información so	bre el Suscriptor - Subscriber Infe	ormation		
	•		NUMERO DE CONTRATO / Octobre de Nu	
NOMBRE / Name	APELLIDO PATERNO / Lastname	APELLIDO MATERNO / Surname	NUMERO DE CONTRATO / Contract Nu	mber
	lico/dental contiene una cláusula de Coordin ón. Your health/dental insurance policy contain ponse.			
POR FAVOR,	COMPLETE Y DEVUELVA EST Please, fill and re	E FORMULARIO DENTRO eturn this form within fifte		ICE (15) DÍAS.
	nbro de su familia que está actualmente cub mber of your family that is currently covered by			
O NO —	If "NO" was checked, pl	or de firmar y devolver el for lease sign and return this form to	us.	
○ SÍ / Yes	If "YES" was checked, p	de completar las siguientes please complete the following sec	tions:	l miama
O Cambio/		d, please indicate health plan, efe	efectividad y/o cancelación de ctivity date and cancelation date.	el mismo.
II. Información so	bre el otro seguro - Information a	bout other insurance		
NOMBRE DE LA OTRA COMPA	ÑÍA SEGURO/ Name of other Insurance Company	NÚMERO PÓLIZA/ Policy Number	NÚMERO CONTRATO/	Contract Number
TIPO DE PLA	N/Plan Type CO	OVERAGE/Cubiertas	FECHA APERTURA/Open Date FEC	CHA CANCELACIÓN/Cancelation Date
O Plan Salud Grupal	O Hospital			
O Póliza Individual (Pago O ELA	Directo)/Individual Policy O Médico Qui	rúrgico/Medical-Surgical	MES/Mo DÍA/Day AÑO/Year ME	S/Mo DÍA/Day AÑO/Year
O Plan Empleados Federa	ales/FEHBP O Ambulatoria	a/Ambulatory	DIRECCIÓN DEL OTRO SEGURO MÉDIC	O / Other Insurance Address
Medicare A o B	O Maternidad	/Maternity		
Medicare Parte D Medicare Advantage	O Dental			
O TriCare	O Farmacia/P	harmacy		
MI SALUD/Government	Health Plan Gastos Méd	dicos Mayores/Major Medical		
O Otro/Other	O Complement	ntaria/Complementary	TELÉFONO / Phone ()	
			FACSÍMIL / Fax ()	
		ADELLIDO MATERNO (O	PATRONO DEL OTRO SEGURO/ Other In	surance Employer
NOMBRE SUSCRIPTOR/ Subsc	riber Name APELLIDO PATERNO / Last Name	APELLIDO MATERNO / Surname		
ESTATUS DEL SUSCRIPTOR/S	NÚI	II. DE SEGURO SOCIAL/Social Security No.		
Empleado Activo/Actively	Working		DIRECCIÓN / Address	
O Inactivo/Inactive		HA NACIMIENTO/Date of Birth		
Retirado desde/Retired S	ince:			
O COBRA desde/COBRA S	Since: MES/Mo DÍA/Day AÑO/Year	S/Mo DÍA/Day AÑO/Year	TELÉFONO / Phone ()	
III. Información so	bre dependientes en el otro se	guro - Information about depe		
NOMBRE Y APELLIDOS/ Name,	Last and Surnames FECHA NAC	SIMIENTO/Date of Birth SEGURO SOCIAL/ S		CO CON SUSCRIPTOR p with subscriber's insured
2	MES/Mo	DÍA/Day AÑO/Year	M O F O	
3	MES/Mo I	DÍA/Day AÑO/Year	M O F O	
4	MES/Mo	DÍA/Day AÑO/Year	M O F O	
5	MES/Mo I	DÍA/Day AÑO/Year	M O F O	
	para añadir dependientes MES/Mo I	DÍA/Day AÑO/Year		

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

IV. Divorciados, separados o co	on custodia - Divorced, separated, of	r with custody
		ente bajo seguro médicosin importar que duplique información
Please, complete this section even if some of the informa-		custody of any dependent child under your health insurance contract
NOMBRE Y APELLIDOS/ Name, Last and Surnames	FECHA NACIMIENTODate of Birth SEGURO SOC	PARENTESCO CON ASEGURADO DE SUSCRIPTI IAL/ Social Security SEXO/Sex Relationship with suscriber's insured
1	TEGINA NACIMIENTODATE OF BITTAL	MO
		F Ŏ
2	MES/Mo DÍA/Day AÑO/Year	M (
2		F O
	MES/Mo DÍA/Day AÑO/Year	
3		M O
	MES/Mo DÍA/Day AÑO/Year	
4		M
		F Ŏ
INFORMACIÓN DEL SECURO QUE REQUEE CI	MES/Mo DÍA/Day AÑO/Year	SI Information of the Health Insurance providing minor's coverage:
INFORMACION DEL SEGURO QUE PROVEE CO	UBIERTA A LOS MENORES DEFENDIENTE	Information of the Health Insurance providing millions coverage.
NOMBRE DE LA OTRA COMPAÑÍA SEGURO/ Name of other In	NÚMERO PÓLIZA/ Policy Number	NÚMERO CONTRATO/ Contract Number
TIPO DE PLAN/Plan Type	COVERAGE/Cubiertas	FECHA APERTURAOpen Date FECHA CANCELACIÓNCancelation Dat
O Plan Salud Grupal	O Hospital	
O Póliza Individual (Pago Directo)/Individual Policy O ELA	Médico Quirúrgico/Medical-Surgical	MES/Mo DÍA/Day AÑO/Year MES/Mo DÍA/Day AÑO/Year
O Plan Empleados Federales/FEHBP	O Ambulatoria/Ambulatory	DIRECCIÓN DEL OTRO PLAN MÉDICO / Other Insurance Address
O Medicare A o B	O Maternidad/Maternity	DIRECTION DEL CTRO FEAN MEDICO / Citiel Insulance Address
Medicare Parte D	O Dental	
O Medicare Advantage	O Farmacia/Pharmacy	
O TriCare	O Gastos Médicos Mayores/Major Medical	
MI SALUD/Government Health Plan Otro/Other		TELÉFONO / Phone () —
O otro/otrier	O Complementaria/Complementary	FACSÍMIL / Fax () —
NOMBRE Y APELLIDOS/ Name, Last and Surnames	MES/Mo DÍA/Day AÑO/Year	CIAL/ Social Security SEXO/Sex Relationship with minor(s) F O
V. Información sobre Medicare	- Medicare Information	
Complete la siguiente información para cada asegura each member on your health plan contract is also covere		cubierta de Medicare. Complete the following information for
NOMBRE Y APELLIDOS DE BENEFICIARIO DE MEDICARE		FECHA DE EFECTIVIDAD/Effective Date
Name, Last and Surname of Medicare Beneficiary	FECHA NACIMIENTODate of Birth SEGURO SOCIAL/	Social Security SEXO/Sex PARTE A/Part A PARTE B/Part B
		F O
	MES/Mo DÍA/Day AÑO/Year	NÚMERO MEDICARE / Medicare Claim Number
RAZÓN PARA CUBIERTA DE MEDICARE (MARQUE TODAS LAS QUE APL Reason for Medicare coverage (Check all that apply) O Edad/Age (65) O Incapacidad/Disability O Fallo	o Renal Crónico/End-Stage-Renal disease 🔾 Deper	
		<u> </u>
NOMBRE Y APELLIDOS DE BENEFICIARIO DE MEDICARE Name, Last and Surname of Medicare Beneficiary	FECHA NACIMIENTODate of Birth SEGURO SOCIAL/	FECHA DE EFECTIVIDAD/Effective Date Social Security SEXO/Sex PARTE A/Part A PARTE B/Part B
		M Q
	MES/Mo DÍA/Day AÑO/Year	F O
RAZÓN PARA CUBIERTA DE MEDICARE (MARQUE TODAS LAS QUE APL		NÚMERO MEDICARE / Medicare Claim Number
Reason for Medicare coverage (Check all that apply) O Edad/Age (65) Incapacidad/Disability O Fallo	o Renal Crónico/End-Stage-Renal disease O Deper	ndiente/Dependent
VI. Certificación- certification		
		demás que proveer información falsa o incorrecta
		ALUD, así como las disposiciones aplicables de las
leyes contra et traude. I hereby certify that the information may lead to the cancellation of my health in	e information provided hereinabove is accurate and insurance and to filling of criminal charges under the s	true. I further recognize that providing false or inaccurate antifraud statutes.
	De	vuelva el formulario Departamento de Operaciones de Servicio
	Co	mpletado a: TRIPLE-S SALUD
	Rei	PO Box 363628 San Juan, PR 00936-3628
Su Firma / Your Signature	Fecha / Date	



EFFECTIVE 01/01/24

HEALTH PLAN PREMIUMS

PUERTO RICO		PREMIUM RATE			
TYPE OF	ENROLLMENT	BIWEEKLY		MONTHLY	
ENROLLMENT	CODE	GOVERNMENT SHARE	YOUR SHARE	GOVERNMENT SHARE	YOUR SHARE
High Option Self Only	891	\$153.83	\$51.28	\$331.31	\$111.10
High Option Self Plus One	893	\$345.41	\$115.13	\$748.38	\$249.46
High Option Self and Family	892	\$352.28	\$117.43	\$763.28	\$254.43

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 Sub-specialist Telemedicine Nutritionist Chiropractor	\$0 \$7.50 \$7.50 \$7.50 \$0 Unlimited consults \$0 Up to 6 visits per year \$0 1 Initial and 1 follow up
Maternity Care Prenatal and postnatal care visits (if enrolled in Maternal Program) Prenatal care and postnatal care Delivery Electric Breast Pump	\$0 \$7.50 \$0 \$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 Psychiatrists, Psychologists and Clinical Social Workers Visits Hospitalization Partial Hospitalization	\$7.50 \$7.50 \$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 Recommended by Teleconsulta	\$25 \$10
Urgent Care Centers	\$10
Sanitas Medical Centers in Florida Ambulatory Surgery Lithotripsy	\$50 \$25 \$0

EFFECTIVE 01/01/25	SUMMARY OF BENEFITS
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% 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 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
	20% or \$60, whichever is higher
Tier 3: Non-preferred brand name drugs	\$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
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.



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