

Pocket

Gladys Pagán - (787) 549-3456

Representante Autorizada Triple-S



TRIPLE-S SALUD



BlueCross BlueShield of Puerto Rico

| BENEFICIOS | CON CONSULTA DEL PCP DENTRO DE LA RED POCKET | SIN CONSULTA DENTRO DE LA RED POCKET | SIN CONSULTA EN LA RED DE PROVEEDORES |
|--|--|--|--|
| Desembolso Máximo Anual para Beneficios Médicos y Medicamentos Recetados (Combinados) | | | |
| Individual | | | \$6,350 |
| Familiar | | | \$12,700 |
| Servicios Ambulatorios | | | |
| Generalista (PCP) | \$0 | N/A | N/A |
| Especialista | \$0 | \$20 | \$20 |
| Subespecialista | \$0 | \$25 | \$25 |
| Nutricionista | \$0 | \$20 | \$20 |
| Quiropráctico | \$0 | \$10 | 50% |
| Facilidad Ambulatoria | | \$50 | 50% |
| Equipo Médico Duradero (DME) | | 50% | 50% |
| Servicios Preventivos | | \$0 | \$0 |
| Laboratorios, Rayos-X y Pruebas Especializadas | | | |
| Laboratorio | | 35% | |
| Rayos x | | 35% | |
| Sonogramas, CT, MRI | | 35% | |
| Servicios de Emergencia/ Urgencia | | | |
| Servicios de Urgencia | | \$15 | \$15 |
| Recomendado por Teleconsulta | | \$75 | \$75 |
| Servicios de Emergencias: Accidente/Enfermedad | | \$100 | \$100 |
| Hospitalización | | | |
| Parcial (incluyendo Salud Mental) | | \$50 | \$100 |
| Completa (incluyendo Salud Mental) | | \$50 | \$300 |
| Facilidad de Enfermería especializada | | \$100 | 50% |
| Asistencia Quirúrgica | | No Cubierto | No Cubierto |
| Servicios en Estados Unidos en casos de emergencias o cuando no haya un servicios en PR con precertificación | | 60% | 60% |
| Visión | | | |
| Examen de Refracción (Visión de Adultos y Niños) | | \$0 | \$0 |
| Visión Pediátrica (lentes de corrección visual o marco para lentes de corrección visual) | | \$0 para espejuelos pediátricos (for pediatric eyeglasses) | \$0 para espejuelos pediátricos (for pediatric eyeglasses) |
| Espejuelos o Lentes de Contacto para Adultos | | Hasta un máximo de \$75 | Hasta un máximo de \$75 |
| Cubierta Dental | | | |
| Diagnóstico y Preventivo | \$0 | \$0 | \$0 |
| Cubierta de Farmacia | | | |
| Lista de Medicamentos | | Supreme 2022 | |
| Deducible anual | | \$50 por persona | |
| Primer Nivel de Cubierta | | \$500 por persona | |
| Genericos | | \$5 | |
| Marca Preferidos | | 40% | |
| Marca No Preferidos | | 50% | |
| Productos Especializados Preferidos | | 60% | |
| Productos Especializados No Preferidos | | 60% | |
| Medicamentos Fuera del Recetario (OTC) | | \$0 (Programa OTCTS) | |
| Coaseguro para todos los medicamentos luego del primer nivel de cubierta | | 95% | |
| Otros Servicios | | | |
| TeleConsulta MD | | \$0 | |
| Triple-S Natural (Medicina Alternativa) | | \$15 | |
| Asistencia en el Hogar-Contigo Mamá | | Cubierto | |

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PRIMA MENSUAL 2022

| EDAD | PRIMA MÉDICA | PRIMA MÉDICA con Dental Ampliado | PRIMA MÉDICA con Seguro de Vida | PRIMA MÉDICA con Dental Ampliado y Seguro de Vida |
|----------|--------------|----------------------------------|---------------------------------|---|
| 0-20 | \$81.50 | \$88.03 | \$83.25 | \$89.78 |
| 21 | \$128.35 | \$134.88 | \$130.10 | \$136.63 |
| 22 | \$128.35 | \$134.88 | \$130.10 | \$136.63 |
| 23 | \$128.35 | \$134.88 | \$130.10 | \$136.63 |
| 24 | \$128.35 | \$134.88 | \$130.10 | \$136.63 |
| 25 | \$128.86 | \$135.39 | \$130.61 | \$137.14 |
| 26 | \$131.43 | \$137.96 | \$133.18 | \$139.71 |
| 27 | \$134.51 | \$141.04 | \$136.26 | \$142.79 |
| 28 | \$139.52 | \$146.05 | \$141.27 | \$147.80 |
| 29 | \$143.63 | \$150.16 | \$145.38 | \$151.91 |
| 30 | \$145.68 | \$152.21 | \$147.43 | \$153.96 |
| 31 | \$148.76 | \$155.29 | \$150.51 | \$157.04 |
| 32 | \$151.84 | \$158.37 | \$153.59 | \$160.12 |
| 33 | \$153.76 | \$160.29 | \$155.51 | \$162.04 |
| 34 | \$155.82 | \$162.35 | \$157.57 | \$164.10 |
| 35 | \$156.85 | \$163.38 | \$158.60 | \$165.13 |
| 36 | \$157.87 | \$164.40 | \$159.62 | \$166.15 |
| 37 | \$158.90 | \$165.43 | \$160.65 | \$167.18 |
| 38 | \$159.93 | \$166.46 | \$161.68 | \$168.21 |
| 39 | \$161.98 | \$168.51 | \$163.73 | \$170.26 |
| 40 | \$164.03 | \$170.56 | \$165.78 | \$172.31 |
| 41 | \$167.11 | \$173.64 | \$168.86 | \$175.39 |
| 42 | \$170.07 | \$176.60 | \$171.82 | \$178.35 |
| 43 | \$174.17 | \$180.70 | \$175.92 | \$182.45 |
| 44 | \$179.31 | \$185.84 | \$181.06 | \$187.59 |
| 45 | \$185.34 | \$191.87 | \$187.09 | \$193.62 |
| 46 | \$192.53 | \$199.06 | \$194.28 | \$200.81 |
| 47 | \$200.61 | \$207.14 | \$202.36 | \$208.89 |
| 48 | \$209.85 | \$216.38 | \$211.60 | \$218.13 |
| 49 | \$218.97 | \$225.50 | \$220.72 | \$227.25 |
| 50 | \$229.24 | \$235.77 | \$230.99 | \$237.52 |
| 51 | \$239.38 | \$245.91 | \$241.13 | \$247.66 |
| 52 | \$250.54 | \$257.07 | \$252.29 | \$258.82 |
| 53 | \$261.84 | \$268.37 | \$263.59 | \$270.12 |
| 54 | \$274.03 | \$280.56 | \$275.78 | \$282.31 |
| 55 | \$286.22 | \$292.75 | \$287.97 | \$294.50 |
| 56 | \$299.44 | \$305.97 | \$301.19 | \$307.72 |
| 57 | \$312.79 | \$319.32 | \$314.54 | \$321.07 |
| 58 | \$327.04 | \$333.57 | \$328.79 | \$335.32 |
| 59 | \$334.10 | \$340.63 | \$335.85 | \$342.38 |
| 60 | \$348.35 | \$354.88 | \$350.10 | \$356.63 |
| 61 | \$360.67 | \$367.20 | \$362.42 | \$368.95 |
| 62 | \$368.75 | \$375.28 | \$370.50 | \$377.03 |
| 63 | \$378.89 | \$385.42 | \$380.64 | \$387.17 |
| 64 o más | \$385.05 | \$391.58 | \$386.80 | \$393.33 |