2026
Health Plan Benefit Summary

Important Dates

Open Enrollment	Policy effective
June 1 to June 12 2026	August 1, 2026

Medical Coverage

TRIPLE-S SALUD

Description	Copayments/Coinsurance
Maximum Out of Pocket (MOOP)	$6,350 ind. / $12,700 fam.
Hospitalization (Preferred/Not Preferred)	$50/$100
Ambulatory Surgery Facility	$50
Emergency Room Urgent Care Facility Sickness Accident Teleconsulta	 $15 $50 $0 $25
Office (generalist / specialist / sub-specialist)	$10/ $12/ $15
Salus Clinics: Laboratories, Radiology & Imaging	$0
Chiropractic Manipulation (first visit / manipulation)	$15/ $7 (maximum 15 manipulation)
Laboratory, X Ray, Specialized Radiology and Diagnostic Tests	30%
Physical Therapy/ Respiratory Therapy	$7/$5
Mayor Medical	20% coinsurance per person or family
Vision - Eyeglasses or Contact Lenses up to:	$150 per insured per policy year
EAP	Evaluation and treatment includes up to (10) per insured per policy year.
Triple-S Natural	$15.00 up to six (6) visits per policy year.
Life Insurance	$10,000 and AD&D Life Insurance benefit includes natural death, accidental death and dismemberment.

Pharmacy

Description	Co payments /Coinsurance
Generics	$10
Preferred Brand Non-Preferred Brand	$20 minimum $20 $50 minimum $20
Specialty Preferred Specialty Non-Preferred Specialty	 50% maximum $200 50% maximum $250
(OTC) Over the Counter	$0
90 days Generics	$20
90 days Preferred Brand 90 days Non-Preferred Brand	$40 $100

Step Therapy:
Dispensing Rule:
If the plan member prefers, or the physician prescribes, a brand name drug instead of a generic, even when the physician writes original or do not substitute in the prescription, the plan member will pay the brand name drug copay plus the difference between the cost of the brand name drug and the generic.

Dental

Description	Copayments/Coinsurance
Basic, preventive, diagnostic and restorative services	0%
endodontic services and oral surgery	20%
Prosthodontic (services up to $1,000.00 per policy year)	20%
Periodontic (services up to $1,000.00 per policy year)	50%

Important: In the event of a discrepancy between the benefits mentioned in this document and the policy, the benefits according to the policy will prevail. Please refer to your Certificate of Benefits for more details about your coverage.