

# TRIPLE-S DIRECTO 2021

EDAD	BRONCE (PPO)			
	Prima Médica	Prima Médica con Dental Ampliado	Prima Médica con Seguro de Vida	Prima Médica con Dental Ampliado y Seguro de Vida
0-20	\$77.02	\$83.31	\$78.77	\$85.06
21	\$121.30	\$127.59	\$123.05	\$129.34
22	\$121.30	\$127.59	\$123.05	\$129.34
23	\$121.30	\$127.59	\$123.05	\$129.34
24	\$121.30	\$127.59	\$123.05	\$129.34
25	\$121.78	\$128.07	\$123.53	\$129.82
26	\$124.21	\$130.50	\$125.96	\$132.25
27	\$127.12	\$133.41	\$128.87	\$135.16
28	\$131.85	\$138.14	\$133.60	\$139.89
29	\$135.73	\$142.02	\$137.48	\$143.77
30	\$137.67	\$143.96	\$139.42	\$145.71
31	\$140.58	\$146.87	\$142.33	\$148.62
32	\$143.50	\$149.79	\$145.25	\$151.54
33	\$145.31	\$151.60	\$147.06	\$153.35
34	\$147.26	\$153.55	\$149.01	\$155.30
35	\$148.23	\$154.52	\$149.98	\$156.27
36	\$149.20	\$155.49	\$150.95	\$157.24
37	\$150.17	\$156.46	\$151.92	\$158.21
38	\$151.14	\$157.43	\$152.89	\$159.18
39	\$153.08	\$159.37	\$154.83	\$161.12
40	\$155.02	\$161.31	\$156.77	\$163.06
41	\$157.93	\$164.22	\$159.68	\$165.97
42	\$160.72	\$167.01	\$162.47	\$168.76
43	\$164.60	\$170.89	\$166.35	\$172.64
44	\$169.45	\$175.74	\$171.20	\$177.49
45	\$175.15	\$181.44	\$176.90	\$183.19
46	\$181.95	\$188.24	\$183.70	\$189.99
47	\$189.59	\$195.88	\$191.34	\$197.63
48	\$198.32	\$204.61	\$200.07	\$206.36
49	\$206.93	\$213.22	\$208.68	\$214.97
50	\$216.64	\$222.93	\$218.39	\$224.68
51	\$226.22	\$232.51	\$227.97	\$234.26
52	\$236.77	\$243.06	\$238.52	\$244.81
53	\$247.45	\$253.74	\$249.20	\$255.49
54	\$258.97	\$265.26	\$260.72	\$267.01
55	\$270.49	\$276.78	\$272.24	\$278.53
56	\$282.99	\$289.28	\$284.74	\$291.03
57	\$295.60	\$301.89	\$297.35	\$303.64
58	\$309.07	\$315.36	\$310.82	\$317.11
59	\$315.74	\$322.03	\$317.49	\$323.78
60	\$329.20	\$335.49	\$330.95	\$337.24
61	\$340.85	\$347.14	\$342.60	\$348.89
62	\$348.49	\$354.78	\$350.24	\$356.53
63	\$358.07	\$364.36	\$359.82	\$366.11
64 o más	\$363.89	\$370.18	\$365.64	\$371.93

# TRIPLE-S DIRECTO 2021

EDAD	PLATA 1 (PPO)			
	Prima Médica	Prima Médica con Dental Ampliado	Prima Médica con Seguro de Vida	Prima Médica con Dental Ampliado y Seguro de Vida
0-20	\$85.73	\$92.02	\$87.48	\$93.77
21	\$135.01	\$141.30	\$136.76	\$143.05
22	\$135.01	\$141.30	\$136.76	\$143.05
23	\$135.01	\$141.30	\$136.76	\$143.05
24	\$135.01	\$141.30	\$136.76	\$143.05
25	\$135.55	\$141.84	\$137.30	\$143.59
26	\$138.25	\$144.54	\$140.00	\$146.29
27	\$141.49	\$147.78	\$143.24	\$149.53
28	\$146.75	\$153.04	\$148.50	\$154.79
29	\$151.07	\$157.36	\$152.82	\$159.11
30	\$153.23	\$159.52	\$154.98	\$161.27
31	\$156.47	\$162.76	\$158.22	\$164.51
32	\$159.71	\$166.00	\$161.46	\$167.75
33	\$161.74	\$168.03	\$163.49	\$169.78
34	\$163.90	\$170.19	\$165.65	\$171.94
35	\$164.98	\$171.27	\$166.73	\$173.02
36	\$166.06	\$172.35	\$167.81	\$174.10
37	\$167.14	\$173.43	\$168.89	\$175.18
38	\$168.22	\$174.51	\$169.97	\$176.26
39	\$170.38	\$176.67	\$172.13	\$178.42
40	\$172.54	\$178.83	\$174.29	\$180.58
41	\$175.78	\$182.07	\$177.53	\$183.82
42	\$178.88	\$185.17	\$180.63	\$186.92
43	\$183.20	\$189.49	\$184.95	\$191.24
44	\$188.60	\$194.89	\$190.35	\$196.64
45	\$194.95	\$201.24	\$196.70	\$202.99
46	\$202.51	\$208.80	\$204.26	\$210.55
47	\$211.01	\$217.30	\$212.76	\$219.05
48	\$220.74	\$227.03	\$222.49	\$228.78
49	\$230.32	\$236.61	\$232.07	\$238.36
50	\$241.12	\$247.41	\$242.87	\$249.16
51	\$251.79	\$258.08	\$253.54	\$259.83
52	\$263.53	\$269.82	\$265.28	\$271.57
53	\$275.41	\$281.70	\$277.16	\$283.45
54	\$288.24	\$294.53	\$289.99	\$296.28
55	\$301.06	\$307.35	\$302.81	\$309.10
56	\$314.97	\$321.26	\$316.72	\$323.01
57	\$329.01	\$335.30	\$330.76	\$337.05
58	\$344.00	\$350.29	\$345.75	\$352.04
59	\$351.42	\$357.71	\$353.17	\$359.46
60	\$366.41	\$372.70	\$368.16	\$374.45
61	\$379.37	\$385.66	\$381.12	\$387.41
62	\$387.87	\$394.16	\$389.62	\$395.91
63	\$398.54	\$404.83	\$400.29	\$406.58
64 o más	\$405.02	\$411.31	\$406.77	\$413.06

# TRIPLE-S DIRECTO 2021

EDAD	PLATA 2 (PPO)			
	Prima Médica	Prima Médica con Dental Ampliado	Prima Médica con Seguro de Vida	Prima Médica con Dental Ampliado y Seguro de Vida
0-20	\$90.14	\$96.43	\$91.89	\$98.18
21	\$141.96	\$148.25	\$143.71	\$150.00
22	\$141.96	\$148.25	\$143.71	\$150.00
23	\$141.96	\$148.25	\$143.71	\$150.00
24	\$141.96	\$148.25	\$143.71	\$150.00
25	\$142.52	\$148.81	\$144.27	\$150.56
26	\$145.36	\$151.65	\$147.11	\$153.40
27	\$148.77	\$155.06	\$150.52	\$156.81
28	\$154.31	\$160.60	\$156.06	\$162.35
29	\$158.85	\$165.14	\$160.60	\$166.89
30	\$161.12	\$167.41	\$162.87	\$169.16
31	\$164.53	\$170.82	\$166.28	\$172.57
32	\$167.93	\$174.22	\$169.68	\$175.97
33	\$170.06	\$176.35	\$171.81	\$178.10
34	\$172.34	\$178.63	\$174.09	\$180.38
35	\$173.47	\$179.76	\$175.22	\$181.51
36	\$174.61	\$180.90	\$176.36	\$182.65
37	\$175.74	\$182.03	\$177.49	\$183.78
38	\$176.88	\$183.17	\$178.63	\$184.92
39	\$179.15	\$185.44	\$180.90	\$187.19
40	\$181.42	\$187.71	\$183.17	\$189.46
41	\$184.83	\$191.12	\$186.58	\$192.87
42	\$188.09	\$194.38	\$189.84	\$196.13
43	\$192.64	\$198.93	\$194.39	\$200.68
44	\$198.31	\$204.60	\$200.06	\$206.35
45	\$204.99	\$211.28	\$206.74	\$213.03
46	\$212.93	\$219.22	\$214.68	\$220.97
47	\$221.88	\$228.17	\$223.63	\$229.92
48	\$232.10	\$238.39	\$233.85	\$240.14
49	\$242.18	\$248.47	\$243.93	\$250.22
50	\$253.53	\$259.82	\$255.28	\$261.57
51	\$264.75	\$271.04	\$266.50	\$272.79
52	\$277.10	\$283.39	\$278.85	\$285.14
53	\$289.59	\$295.88	\$291.34	\$297.63
54	\$303.08	\$309.37	\$304.83	\$311.12
55	\$316.56	\$322.85	\$318.31	\$324.60
56	\$331.18	\$337.47	\$332.93	\$339.22
57	\$345.95	\$352.24	\$347.70	\$353.99
58	\$361.71	\$368.00	\$363.46	\$369.75
59	\$369.51	\$375.80	\$371.26	\$377.55
60	\$385.27	\$391.56	\$387.02	\$393.31
61	\$398.90	\$405.19	\$400.65	\$406.94
62	\$407.84	\$414.13	\$409.59	\$415.88
63	\$419.06	\$425.35	\$420.81	\$427.10
64 o más	\$425.87	\$432.16	\$427.62	\$433.91

# TRIPLE-S DIRECTO 2021

EDAD	ORO (PPO)			
	Prima Médica	Prima Médica con Dental Ampliado	Prima Médica con Seguro de Vida	Prima Médica con Dental Ampliado y Seguro de Vida
0-20	\$100.57	\$106.86	\$102.32	\$108.61
21	\$158.38	\$164.67	\$160.13	\$166.42
22	\$158.38	\$164.67	\$160.13	\$166.42
23	\$158.38	\$164.67	\$160.13	\$166.42
24	\$158.38	\$164.67	\$160.13	\$166.42
25	\$159.01	\$165.30	\$160.76	\$167.05
26	\$162.18	\$168.47	\$163.93	\$170.22
27	\$165.98	\$172.27	\$167.73	\$174.02
28	\$172.16	\$178.45	\$173.91	\$180.20
29	\$177.23	\$183.52	\$178.98	\$185.27
30	\$179.76	\$186.05	\$181.51	\$187.80
31	\$183.56	\$189.85	\$185.31	\$191.60
32	\$187.36	\$193.65	\$189.11	\$195.40
33	\$189.74	\$196.03	\$191.49	\$197.78
34	\$192.27	\$198.56	\$194.02	\$200.31
35	\$193.54	\$199.83	\$195.29	\$201.58
36	\$194.81	\$201.10	\$196.56	\$202.85
37	\$196.07	\$202.36	\$197.82	\$204.11
38	\$197.34	\$203.63	\$199.09	\$205.38
39	\$199.88	\$206.17	\$201.63	\$207.92
40	\$202.41	\$208.70	\$204.16	\$210.45
41	\$206.21	\$212.50	\$207.96	\$214.25
42	\$209.85	\$216.14	\$211.60	\$217.89
43	\$214.92	\$221.21	\$216.67	\$222.96
44	\$221.26	\$227.55	\$223.01	\$229.30
45	\$228.70	\$234.99	\$230.45	\$236.74
46	\$237.57	\$243.86	\$239.32	\$245.61
47	\$247.55	\$253.84	\$249.30	\$255.59
48	\$258.95	\$265.24	\$260.70	\$266.99
49	\$270.20	\$276.49	\$271.95	\$278.24
50	\$282.87	\$289.16	\$284.62	\$290.91
51	\$295.38	\$301.67	\$297.13	\$303.42
52	\$309.16	\$315.45	\$310.91	\$317.20
53	\$323.09	\$329.38	\$324.84	\$331.13
54	\$338.14	\$344.43	\$339.89	\$346.18
55	\$353.19	\$359.48	\$354.94	\$361.23
56	\$369.50	\$375.79	\$371.25	\$377.54
57	\$385.97	\$392.26	\$387.72	\$394.01
58	\$403.55	\$409.84	\$405.30	\$411.59
59	\$412.26	\$418.55	\$414.01	\$420.30
60	\$429.84	\$436.13	\$431.59	\$437.88
61	\$445.05	\$451.34	\$446.80	\$453.09
62	\$455.02	\$461.31	\$456.77	\$463.06
63	\$467.54	\$473.83	\$469.29	\$475.58
64 o más	\$475.14	\$481.43	\$476.89	\$483.18

BENEFICIOS	BRONCE	PLATA 1	PLATA 2	ORO
<b>Desembolso Máximo Anual para Beneficios Médicos y Medicamentos Recetados (Combinados)</b>				
Individual	\$6,350	\$6,350	\$6,350	\$6,350
Familiar	\$12,700	\$12,700	\$12,700	\$12,700
<b>Servicios Ambulatorios</b>				
Generalista	\$0 SALUS/\$10	\$0 SALUS/\$15	\$0 SALUS/\$5	\$0 SALUS/\$5
Especialista	\$0 SALUS/\$20	\$0 SALUS/\$20	\$0 SALUS/\$15	\$0 SALUS/\$10
Subespecialista	\$0 SALUS/\$20	\$0 SALUS/\$20	\$0 SALUS/\$15	\$0 SALUS/\$15
Nutricionista	\$0 SALUS/\$5	\$0 SALUS/\$5	\$0 SALUS/\$5	\$0 SALUS/\$5
Quiropráctico	\$15	\$15	\$15	\$15
Facilidad Ambulatoria	60%	50%	\$200	\$150
Equipo Médico Duradero (DME)	60%	50%	50%	40%
<b>Servicios Preventivos</b>				
Servicios Preventivos	\$0	\$0	\$0	\$0
<b>Laboratorios, Rayos X y Pruebas Especializadas</b>				
Laboratorios	40%	45%	35%	30%
Rayos X	\$0 SALUS/60%	\$0 SALUS/45%	\$0 SALUS/40%	\$0 SALUS/30%
Sonogramas, CT, MRI	60%	50%	40%	35%
<b>Servicios de Emergencia y Urgencia</b>				
Servicios de Urgencias	\$15	\$15	\$15	\$15
Servicios de Emergencias: Accidente/Enfermedad	45%	\$100	\$50	\$75
Recomendado por TeleConsulta	45%	\$50	\$25	\$50
<b>Hospitalización</b>				
Parcial (incluyendo Salud Mental)	20%/40%	\$50/\$100	\$50/\$100	\$50/\$100
Completa (incluyendo Salud Mental)	\$300/\$900	\$300/\$650	\$150/\$500	\$150/\$500
Facilidad de Enfermería especializada	60%	50%	\$200	\$150
<b>Asistencia Quirúrgica</b>				
Asistencia Quirúrgica	60%	50%	50%	50%
<b>Servicios en Estados Unidos</b>				
Servicios en Estados Unidos en casos de emergencias o cuando no haya un servicio en PR con precertificación	65%	50%	50%	50%
<b>Visión</b>				
Examen de Refracción (Visión de Adultos y Niños)	\$0	\$0	\$0	\$0
Visión Pediátrica (lentes de corrección visual o marco para lentes de corrección visual)	\$0 para espejuelos pediátricos	\$0 para espejuelos pediátricos	\$0 para espejuelos pediátricos	\$0 para espejuelos pediátricos
Espejuelos o Lentes de Contacto para Adultos	Hasta un máximo de \$50	Hasta un máximo de \$50	Hasta un máximo de \$50	Hasta un máximo de \$50
<b>Cubierta Dental</b>				
Diagnóstico y Preventivo	\$0	\$0	\$0	\$0
<b>Cubierta de Farmacia</b>				
Lista de Medicamentos	Supreme 2021	Supreme 2021	Supreme 2021	Supreme 2021
Deducible anual	N/A	\$100 por persona	N/A	\$50 por persona
Primer Nivel de Cubierta	N/A	\$500 por persona	N/A	\$700 por persona
Genéricos	\$5	\$5	\$5	\$5
Marca Preferidos	95%	40%	95%	25%
Marca No Preferidos	95%	40%	95%	25%
Productos Especializados Preferidos	95%	50%	95%	40%
Productos Especializados No Preferidos	95%	50%	95%	50%
Medicamentos Fuera del Recetario (OTC)	\$0 (Programa OTC TS)	\$0 (Programa OTC TS)	\$0 (Programa OTC TS)	\$0 (Programa OTC TS)
Coaseguro para todos los medicamentos luego del primer nivel de cubierta	N/A	90%	N/A	90%
<b>Otros Servicios</b>				
TeleConsulta MD	\$10	\$10	\$10	\$10
Triple-S Natural (Medicina Alternativa)	\$15	\$15	\$15	\$15

Más de **13,000** proveedores de salud alrededor de la isla.