LLEVA TU SALUD

A OTRO NIVEL

RESUMEN DE BENEFICIOS Y PRIMAS 2025

TRIPLE-S SALUD

PARA USO INTERNO

PARA USO INTERNO

TRIPLE-S DIRECTO BRONCE

(PPO)

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$86.87	$4.34	$93.66	$4.68	$88.62	$4.43	$95.41	$4.77
21	$136.80	$6.84	$143.59	$7.18	$138.55	$6.93	$145.34	$7.27
22	$136.80	$6.84	$143.59	$7.18	$138.55	$6.93	$145.34	$7.27
23	$136.80	$6.84	$143.59	$7.18	$138.55	$6.93	$145.34	$7.27
24	$136.80	$6.84	$143.59	$7.18	$138.55	$6.93	$145.34	$7.27
25	$137.35	$6.87	$144.14	$7.21	$139.10	$6.96	$145.89	$7.29
26	$140.09	$7.00	$146.88	$7.34	$141.84	$7.09	$148.63	$7.43
27	$143.37	$7.17	$150.16	$7.51	$145.12	$7.26	$151.91	$7.60
28	$148.71	$7.44	$155.50	$7.78	$150.46	$7.52	$157.25	$7.86
29	$153.08	$7.65	$159.87	$7.99	$154.83	$7.74	$161.62	$8.08
30	$155.27	$7.76	$162.06	$8.10	$157.02	$7.85	$163.81	$8.19
31	$158.56	$7.93	$165.35	$8.27	$160.31	$8.02	$167.10	$8.36
32	$161.84	$8.09	$168.63	$8.43	$163.59	$8.18	$170.38	$8.52
33	$163.89	$8.19	$170.68	$8.53	$165.64	$8.28	$172.43	$8.62
34	$166.08	$8.30	$172.87	$8.64	$167.83	$8.39	$174.62	$8.73
35	$167.17	$8.36	$173.96	$8.70	$168.92	$8.45	$175.71	$8.79
36	$168.27	$8.41	$175.06	$8.75	$170.02	$8.50	$176.81	$8.84
37	$169.36	$8.47	$176.15	$8.81	$171.11	$8.56	$177.90	$8.90
38	$170.46	$8.52	$177.25	$8.86	$172.21	$8.61	$179.00	$8.95
39	$172.65	$8.63	$179.44	$8.97	$174.40	$8.72	$181.19	$9.06
40	$174.84	$8.74	$181.63	$9.08	$176.59	$8.83	$183.38	$9.17
41	$178.12	$8.91	$184.91	$9.25	$179.87	$8.99	$186.66	$9.33
42	$181.27	$9.06	$188.06	$9.40	$183.02	$9.15	$189.81	$9.49
43	$185.64	$9.28	$192.43	$9.62	$187.39	$9.37	$194.18	$9.71
44	$191.12	$9.56	$197.91	$9.90	$192.87	$9.64	$199.66	$9.98
45	$197.55	$9.88	$204.34	$10.22	$199.30	$9.97	$206.09	$10.30
46	$205.21	$10.26	$212.00	$10.60	$206.96	$10.35	$213.75	$10.69
47	$213.82	$10.69	$220.61	$11.03	$215.57	$10.78	$222.36	$11.12
48	$223.67	$11.18	$230.46	$11.52	$225.42	$11.27	$232.21	$11.61
49	$233.39	$11.67	$240.18	$12.01	$235.14	$11.76	$241.93	$12.10
50	$244.33	$12.22	$251.12	$12.56	$246.08	$12.30	$252.87	$12.64
51	$255.14	$12.76	$261.93	$13.10	$256.89	$12.84	$263.68	$13.18
52	$267.04	$13.35	$273.83	$13.69	$268.79	$13.44	$275.58	$13.78
53	$279.08	$13.95	$285.87	$14.29	$280.83	$14.04	$287.62	$14.38
54	$292.08	$14.60	$298.87	$14.94	$293.83	$14.69	$300.62	$15.03
55	$305.07	$15.25	$311.86	$15.59	$306.82	$15.34	$313.61	$15.68
56	$319.16	$15.96	$325.95	$16.30	$320.91	$16.05	$327.70	$16.39
57	$333.39	$16.67	$340.18	$17.01	$335.14	$16.76	$341.93	$17.10
58	$348.58	$17.43	$355.37	$17.77	$350.33	$17.52	$357.12	$17.86
59	$356.10	$17.81	$362.89	$18.14	$357.85	$17.89	$364.64	$18.23
60	$371.29	$18.56	$378.08	$18.90	$373.04	$18.65	$379.83	$18.99
61	$384.42	$19.22	$391.21	$19.56	$386.17	$19.31	$392.96	$19.65
62	$393.04	$19.65	$399.83	$19.99	$394.79	$19.74	$401.58	$20.08
63	$403.85	$20.19	$410.64	$20.53	$405.60	$20.28	$412.39	$20.62
64 o más	$410.41	$20.52	$417.20	$20.86	$412.16	$20.61	$418.95	$20.95

TRIPLE-S DIRECTO BRONCE

(PPO)

TARIFAS USO DE TABACO

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$86.87	$4.34	$93.66	$4.68	$88.62	$4.43	$95.41	$4.77
21	$150.48	$7.52	$157.27	$7.86	$152.23	$7.61	$159.02	$7.95
22	$150.48	$7.52	$157.27	$7.86	$152.23	$7.61	$159.02	$7.95
23	$150.48	$7.52	$157.27	$7.86	$152.23	$7.61	$159.02	$7.95
24	$150.48	$7.52	$157.27	$7.86	$152.23	$7.61	$159.02	$7.95
25	$151.09	$7.55	$157.88	$7.89	$152.84	$7.64	$159.63	$7.98
26	$154.80	$7.74	$161.59	$8.08	$156.55	$7.83	$163.34	$8.17
27	$159.14	$7.96	$165.93	$8.30	$160.89	$8.04	$167.68	$8.38
28	$165.81	$8.29	$172.60	$8.63	$167.56	$8.38	$174.35	$8.72
29	$171.45	$8.57	$178.24	$8.91	$173.20	$8.66	$179.99	$9.00
30	$174.68	$8.73	$181.47	$9.07	$176.43	$8.82	$183.22	$9.16
31	$179.17	$8.96	$185.96	$9.30	$180.92	$9.05	$187.71	$9.39
32	$183.69	$9.18	$190.48	$9.52	$185.44	$9.27	$192.23	$9.61
33	$186.83	$9.34	$193.62	$9.68	$188.58	$9.43	$195.37	$9.77
34	$190.16	$9.51	$196.95	$9.85	$191.91	$9.60	$198.70	$9.94
35	$192.25	$9.61	$199.04	$9.95	$194.00	$9.70	$200.79	$10.04
36	$194.35	$9.72	$201.14	$10.06	$196.10	$9.81	$202.89	$10.14
37	$196.46	$9.82	$203.25	$10.16	$198.21	$9.91	$205.00	$10.25
38	$198.59	$9.93	$205.38	$10.27	$200.34	$10.02	$207.13	$10.36
39	$202.00	$10.10	$208.79	$10.44	$203.75	$10.19	$210.54	$10.53
40	$205.44	$10.27	$212.23	$10.61	$207.19	$10.36	$213.98	$10.70
41	$210.18	$10.51	$216.97	$10.85	$211.93	$10.60	$218.72	$10.94
42	$214.80	$10.74	$221.59	$11.08	$216.55	$10.83	$223.34	$11.17
43	$220.91	$11.05	$227.70	$11.39	$222.66	$11.13	$229.45	$11.47
44	$228.39	$11.42	$235.18	$11.76	$230.14	$11.51	$236.93	$11.85
45	$237.06	$11.85	$243.85	$12.19	$238.81	$11.94	$245.60	$12.28
46	$246.25	$12.31	$253.04	$12.65	$248.00	$12.40	$254.79	$12.74
47	$256.58	$12.83	$263.37	$13.17	$258.33	$12.92	$265.12	$13.26
48	$268.40	$13.42	$275.19	$13.76	$270.15	$13.51	$276.94	$13.85
49	$280.07	$14.00	$286.86	$14.34	$281.82	$14.09	$288.61	$14.43
50	$293.20	$14.66	$299.99	$15.00	$294.95	$14.75	$301.74	$15.09
51	$306.17	$15.31	$312.96	$15.65	$307.92	$15.40	$314.71	$15.74
52	$320.45	$16.02	$327.24	$16.36	$322.20	$16.11	$328.99	$16.45
53	$334.90	$16.75	$341.69	$17.08	$336.65	$16.83	$343.44	$17.17
54	$350.50	$17.53	$357.29	$17.86	$352.25	$17.61	$359.04	$17.95
55	$366.08	$18.30	$372.87	$18.64	$367.83	$18.39	$374.62	$18.73
56	$382.99	$19.15	$389.78	$19.49	$384.74	$19.24	$391.53	$19.58
57	$400.07	$20.00	$406.86	$20.34	$401.82	$20.09	$408.61	$20.43
58	$418.30	$20.92	$425.09	$21.25	$420.05	$21.00	$426.84	$21.34
59	$427.32	$21.37	$434.11	$21.71	$429.07	$21.45	$435.86	$21.79
60	$445.55	$22.28	$452.34	$22.62	$447.30	$22.37	$454.09	$22.70
61	$461.30	$23.07	$468.09	$23.40	$463.05	$23.15	$469.84	$23.49
62	$471.65	$23.58	$478.44	$23.92	$473.40	$23.67	$480.19	$24.01
63	$484.62	$24.23	$491.41	$24.57	$486.37	$24.32	$493.16	$24.66
64 o más	$492.49	$24.62	$499.28	$24.96	$494.24	$24.71	$501.03	$25.05

TRIPLE-S DIRECTO PLATA

(PPO)

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$107.94	$5.40	$114.73	$5.74	$109.69	$5.48	$116.48	$5.82
21	$169.99	$8.50	$176.78	$8.84	$171.74	$8.59	$178.53	$8.93
22	$169.99	$8.50	$176.78	$8.84	$171.74	$8.59	$178.53	$8.93
23	$169.99	$8.50	$176.78	$8.84	$171.74	$8.59	$178.53	$8.93
24	$169.99	$8.50	$176.78	$8.84	$171.74	$8.59	$178.53	$8.93
25	$170.67	$8.53	$177.46	$8.87	$172.42	$8.62	$179.21	$8.96
26	$174.07	$8.70	$180.86	$9.04	$175.82	$8.79	$182.61	$9.13
27	$178.15	$8.91	$184.94	$9.25	$179.90	$9.00	$186.69	$9.33
28	$184.77	$9.24	$191.56	$9.58	$186.52	$9.33	$193.31	$9.67
29	$190.21	$9.51	$197.00	$9.85	$191.96	$9.60	$198.75	$9.94
30	$192.93	$9.65	$199.72	$9.99	$194.68	$9.73	$201.47	$10.07
31	$197.01	$9.85	$203.80	$10.19	$198.76	$9.94	$205.55	$10.28
32	$201.09	$10.05	$207.88	$10.39	$202.84	$10.14	$209.63	$10.48
33	$203.64	$10.18	$210.43	$10.52	$205.39	$10.27	$212.18	$10.61
34	$206.36	$10.32	$213.15	$10.66	$208.11	$10.41	$214.90	$10.75
35	$207.72	$10.39	$214.51	$10.73	$209.47	$10.47	$216.26	$10.81
36	$209.08	$10.45	$215.87	$10.79	$210.83	$10.54	$217.62	$10.88
37	$210.44	$10.52	$217.23	$10.86	$212.19	$10.61	$218.98	$10.95
38	$211.80	$10.59	$218.59	$10.93	$213.55	$10.68	$220.34	$11.02
39	$214.52	$10.73	$221.31	$11.07	$216.27	$10.81	$223.06	$11.15
40	$217.24	$10.86	$224.03	$11.20	$218.99	$10.95	$225.78	$11.29
41	$221.32	$11.07	$228.11	$11.41	$223.07	$11.15	$229.86	$11.49
42	$225.23	$11.26	$232.02	$11.60	$226.98	$11.35	$233.77	$11.69
43	$230.67	$11.53	$237.46	$11.87	$232.42	$11.62	$239.21	$11.96
44	$237.47	$11.87	$244.26	$12.21	$239.22	$11.96	$246.01	$12.30
45	$245.46	$12.27	$252.25	$12.61	$247.21	$12.36	$254.00	$12.70
46	$254.98	$12.75	$261.77	$13.09	$256.73	$12.84	$263.52	$13.18
47	$265.69	$13.28	$272.48	$13.62	$267.44	$13.37	$274.23	$13.71
48	$277.93	$13.90	$284.72	$14.24	$279.68	$13.98	$286.47	$14.32
49	$290.00	$14.50	$296.79	$14.84	$291.75	$14.59	$298.54	$14.93
50	$303.59	$15.18	$310.38	$15.52	$305.34	$15.27	$312.13	$15.61
51	$317.02	$15.85	$323.81	$16.19	$318.77	$15.94	$325.56	$16.28
52	$331.81	$16.59	$338.60	$16.93	$333.56	$16.68	$340.35	$17.02
53	$346.77	$17.34	$353.56	$17.68	$348.52	$17.43	$355.31	$17.77
54	$362.92	$18.15	$369.71	$18.49	$364.67	$18.23	$371.46	$18.57
55	$379.07	$18.95	$385.86	$19.29	$380.82	$19.04	$387.61	$19.38
56	$396.58	$19.83	$403.37	$20.17	$398.33	$19.92	$405.12	$20.26
57	$414.26	$20.71	$421.05	$21.05	$416.01	$20.80	$422.80	$21.14
58	$433.12	$21.66	$439.91	$22.00	$434.87	$21.74	$441.66	$22.08
59	$442.47	$22.12	$449.26	$22.46	$444.22	$22.21	$451.01	$22.55
60	$461.34	$23.07	$468.13	$23.41	$463.09	$23.15	$469.88	$23.49
61	$477.66	$23.88	$484.45	$24.22	$479.41	$23.97	$486.20	$24.31
62	$488.37	$24.42	$495.16	$24.76	$490.12	$24.51	$496.91	$24.85
63	$501.80	$25.09	$508.59	$25.43	$503.55	$25.18	$510.34	$25.52
64 o más	$509.96	$25.50	$516.75	$25.84	$511.71	$25.59	$518.50	$25.93

TRIPLE-S DIRECTO PLATA

(PPO)

TARIFAS USO DE TABACO

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$107.94	$5.40	$114.73	$5.74	$109.69	$5.48	$116.48	$5.82
21	$186.99	$9.35	$193.78	$9.69	$188.74	$9.44	$195.53	$9.78
22	$186.99	$9.35	$193.78	$9.69	$188.74	$9.44	$195.53	$9.78
23	$186.99	$9.35	$193.78	$9.69	$188.74	$9.44	$195.53	$9.78
24	$186.99	$9.35	$193.78	$9.69	$188.74	$9.44	$195.53	$9.78
25	$187.74	$9.39	$194.53	$9.73	$189.49	$9.47	$196.28	$9.81
26	$192.35	$9.62	$199.14	$9.96	$194.10	$9.71	$200.89	$10.04
27	$197.75	$9.89	$204.54	$10.23	$199.50	$9.98	$206.29	$10.31
28	$206.02	$10.30	$212.81	$10.64	$207.77	$10.39	$214.56	$10.73
29	$213.04	$10.65	$219.83	$10.99	$214.79	$10.74	$221.58	$11.08
30	$217.05	$10.85	$223.84	$11.19	$218.80	$10.94	$225.59	$11.28
31	$222.62	$11.13	$229.41	$11.47	$224.37	$11.22	$231.16	$11.56
32	$228.24	$11.41	$235.03	$11.75	$229.99	$11.50	$236.78	$11.84
33	$232.15	$11.61	$238.94	$11.95	$233.90	$11.70	$240.69	$12.03
34	$236.28	$11.81	$243.07	$12.15	$238.03	$11.90	$244.82	$12.24
35	$238.88	$11.94	$245.67	$12.28	$240.63	$12.03	$247.42	$12.37
36	$241.49	$12.07	$248.28	$12.41	$243.24	$12.16	$250.03	$12.50
37	$244.11	$12.21	$250.90	$12.55	$245.86	$12.29	$252.65	$12.63
38	$246.75	$12.34	$253.54	$12.68	$248.50	$12.43	$255.29	$12.76
39	$250.99	$12.55	$257.78	$12.89	$252.74	$12.64	$259.53	$12.98
40	$255.26	$12.76	$262.05	$13.10	$257.01	$12.85	$263.80	$13.19
41	$261.16	$13.06	$267.95	$13.40	$262.91	$13.15	$269.70	$13.49
42	$266.90	$13.35	$273.69	$13.68	$268.65	$13.43	$275.44	$13.77
43	$274.50	$13.73	$281.29	$14.06	$276.25	$13.81	$283.04	$14.15
44	$283.78	$14.19	$290.57	$14.53	$285.53	$14.28	$292.32	$14.62
45	$294.55	$14.73	$301.34	$15.07	$296.30	$14.82	$303.09	$15.15
46	$305.98	$15.30	$312.77	$15.64	$307.73	$15.39	$314.52	$15.73
47	$318.83	$15.94	$325.62	$16.28	$320.58	$16.03	$327.37	$16.37
48	$333.52	$16.68	$340.31	$17.02	$335.27	$16.76	$342.06	$17.10
49	$348.00	$17.40	$354.79	$17.74	$349.75	$17.49	$356.54	$17.83
50	$364.31	$18.22	$371.10	$18.56	$366.06	$18.30	$372.85	$18.64
51	$380.42	$19.02	$387.21	$19.36	$382.17	$19.11	$388.96	$19.45
52	$398.17	$19.91	$404.96	$20.25	$399.92	$20.00	$406.71	$20.34
53	$416.12	$20.81	$422.91	$21.15	$417.87	$20.89	$424.66	$21.23
54	$435.50	$21.78	$442.29	$22.11	$437.25	$21.86	$444.04	$22.20
55	$454.88	$22.74	$461.67	$23.08	$456.63	$22.83	$463.42	$23.17
56	$475.90	$23.80	$482.69	$24.13	$477.65	$23.88	$484.44	$24.22
57	$497.11	$24.86	$503.90	$25.20	$498.86	$24.94	$505.65	$25.28
58	$519.74	$25.99	$526.53	$26.33	$521.49	$26.07	$528.28	$26.41
59	$530.96	$26.55	$537.75	$26.89	$532.71	$26.64	$539.50	$26.98
60	$553.61	$27.68	$560.40	$28.02	$555.36	$27.77	$562.15	$28.11
61	$573.19	$28.66	$579.98	$29.00	$574.94	$28.75	$581.73	$29.09
62	$586.04	$29.30	$592.83	$29.64	$587.79	$29.39	$594.58	$29.73
63	$602.16	$30.11	$608.95	$30.45	$603.91	$30.20	$610.70	$30.54
64 o más	$611.95	$30.60	$618.74	$30.94	$613.70	$30.69	$620.49	$31.02

Pocket PLATA (POS)

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$90.22	$4.51	$97.01	$4.85	$91.97	$4.60	$98.76	$4.94
21	$142.08	$7.10	$148.87	$7.44	$143.83	$7.19	$150.62	$7.53
22	$142.08	$7.10	$148.87	$7.44	$143.83	$7.19	$150.62	$7.53
23	$142.08	$7.10	$148.87	$7.44	$143.83	$7.19	$150.62	$7.53
24	$142.08	$7.10	$148.87	$7.44	$143.83	$7.19	$150.62	$7.53
25	$142.64	$7.13	$149.43	$7.47	$144.39	$7.22	$151.18	$7.56
26	$145.49	$7.27	$152.28	$7.61	$147.24	$7.36	$154.03	$7.70
27	$148.90	$7.45	$155.69	$7.78	$150.65	$7.53	$157.44	$7.87
28	$154.44	$7.72	$161.23	$8.06	$156.19	$7.81	$162.98	$8.15
29	$158.98	$7.95	$165.77	$8.29	$160.73	$8.04	$167.52	$8.38
30	$161.26	$8.06	$168.05	$8.40	$163.01	$8.15	$169.80	$8.49
31	$164.67	$8.23	$171.46	$8.57	$166.42	$8.32	$173.21	$8.66
32	$168.08	$8.40	$174.87	$8.74	$169.83	$8.49	$176.62	$8.83
33	$170.21	$8.51	$177.00	$8.85	$171.96	$8.60	$178.75	$8.94
34	$172.48	$8.62	$179.27	$8.96	$174.23	$8.71	$181.02	$9.05
35	$173.62	$8.68	$180.41	$9.02	$175.37	$8.77	$182.16	$9.11
36	$174.75	$8.74	$181.54	$9.08	$176.50	$8.83	$183.29	$9.16
37	$175.89	$8.79	$182.68	$9.13	$177.64	$8.88	$184.43	$9.22
38	$177.03	$8.85	$183.82	$9.19	$178.78	$8.94	$185.57	$9.28
39	$179.30	$8.97	$186.09	$9.30	$181.05	$9.05	$187.84	$9.39
40	$181.57	$9.08	$188.36	$9.42	$183.32	$9.17	$190.11	$9.51
41	$184.98	$9.25	$191.77	$9.59	$186.73	$9.34	$193.52	$9.68
42	$188.25	$9.41	$195.04	$9.75	$190.00	$9.50	$196.79	$9.84
43	$192.80	$9.64	$199.59	$9.98	$194.55	$9.73	$201.34	$10.07
44	$198.48	$9.92	$205.27	$10.26	$200.23	$10.01	$207.02	$10.35
45	$205.16	$10.26	$211.95	$10.60	$206.91	$10.35	$213.70	$10.69
46	$213.11	$10.66	$219.90	$11.00	$214.86	$10.74	$221.65	$11.08
47	$222.06	$11.10	$228.85	$11.44	$223.81	$11.19	$230.60	$11.53
48	$232.29	$11.61	$239.08	$11.95	$234.04	$11.70	$240.83	$12.04
49	$242.38	$12.12	$249.17	$12.46	$244.13	$12.21	$250.92	$12.55
50	$253.75	$12.69	$260.54	$13.03	$255.50	$12.78	$262.29	$13.11
51	$264.97	$13.25	$271.76	$13.59	$266.72	$13.34	$273.51	$13.68
52	$277.33	$13.87	$284.12	$14.21	$279.08	$13.95	$285.87	$14.29
53	$289.83	$14.49	$296.62	$14.83	$291.58	$14.58	$298.37	$14.92
54	$303.33	$15.17	$310.12	$15.51	$305.08	$15.25	$311.87	$15.59
55	$316.83	$15.84	$323.62	$16.18	$318.58	$15.93	$325.37	$16.27
56	$331.46	$16.57	$338.25	$16.91	$333.21	$16.66	$340.00	$17.00
57	$346.24	$17.31	$353.03	$17.65	$347.99	$17.40	$354.78	$17.74
58	$362.01	$18.10	$368.80	$18.44	$363.76	$18.19	$370.55	$18.53
59	$369.82	$18.49	$376.61	$18.83	$371.57	$18.58	$378.36	$18.92
60	$385.59	$19.28	$392.38	$19.62	$387.34	$19.37	$394.13	$19.71
61	$399.23	$19.96	$406.02	$20.30	$400.98	$20.05	$407.77	$20.39
62	$408.18	$20.41	$414.97	$20.75	$409.93	$20.50	$416.72	$20.84
63	$419.41	$20.97	$426.20	$21.31	$421.16	$21.06	$427.95	$21.40
64 o más	$426.23	$21.31	$433.02	$21.65	$427.98	$21.40	$434.77	$21.74

Pocket PLATA (POS)

TARIFAS USO DE TABACO

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$90.22	$4.51	$97.01	$4.85	$91.97	$4.60	$98.76	$4.94
21	$156.29	$7.81	$163.08	$8.15	$158.04	$7.90	$164.83	$8.24
22	$156.29	$7.81	$163.08	$8.15	$158.04	$7.90	$164.83	$8.24
23	$156.29	$7.81	$163.08	$8.15	$158.04	$7.90	$164.83	$8.24
24	$156.29	$7.81	$163.08	$8.15	$158.04	$7.90	$164.83	$8.24
25	$156.90	$7.85	$163.69	$8.18	$158.65	$7.93	$165.44	$8.27
26	$160.77	$8.04	$167.56	$8.38	$162.52	$8.13	$169.31	$8.47
27	$165.28	$8.26	$172.07	$8.60	$167.03	$8.35	$173.82	$8.69
28	$172.20	$8.61	$178.99	$8.95	$173.95	$8.70	$180.74	$9.04
29	$178.06	$8.90	$184.85	$9.24	$179.81	$8.99	$186.60	$9.33
30	$181.42	$9.07	$188.21	$9.41	$183.17	$9.16	$189.96	$9.50
31	$186.08	$9.30	$192.87	$9.64	$187.83	$9.39	$194.62	$9.73
32	$190.77	$9.54	$197.56	$9.88	$192.52	$9.63	$199.31	$9.97
33	$194.04	$9.70	$200.83	$10.04	$195.79	$9.79	$202.58	$10.13
34	$197.49	$9.87	$204.28	$10.21	$199.24	$9.96	$206.03	$10.30
35	$199.66	$9.98	$206.45	$10.32	$201.41	$10.07	$208.20	$10.41
36	$201.84	$10.09	$208.63	$10.43	$203.59	$10.18	$210.38	$10.52
37	$204.03	$10.20	$210.82	$10.54	$205.78	$10.29	$212.57	$10.63
38	$206.24	$10.31	$213.03	$10.65	$207.99	$10.40	$214.78	$10.74
39	$209.78	$10.49	$216.57	$10.83	$211.53	$10.58	$218.32	$10.92
40	$213.34	$10.67	$220.13	$11.01	$215.09	$10.75	$221.88	$11.09
41	$218.28	$10.91	$225.07	$11.25	$220.03	$11.00	$226.82	$11.34
42	$223.08	$11.15	$229.87	$11.49	$224.83	$11.24	$231.62	$11.58
43	$229.43	$11.47	$236.22	$11.81	$231.18	$11.56	$237.97	$11.90
44	$237.18	$11.86	$243.97	$12.20	$238.93	$11.95	$245.72	$12.29
45	$246.19	$12.31	$252.98	$12.65	$247.94	$12.40	$254.73	$12.74
46	$255.73	$12.79	$262.52	$13.13	$257.48	$12.87	$264.27	$13.21
47	$266.47	$13.32	$273.26	$13.66	$268.22	$13.41	$275.01	$13.75
48	$278.75	$13.94	$285.54	$14.28	$280.50	$14.03	$287.29	$14.36
49	$290.86	$14.54	$297.65	$14.88	$292.61	$14.63	$299.40	$14.97
50	$304.50	$15.23	$311.29	$15.56	$306.25	$15.31	$313.04	$15.65
51	$317.96	$15.90	$324.75	$16.24	$319.71	$15.99	$326.50	$16.33
52	$332.80	$16.64	$339.59	$16.98	$334.55	$16.73	$341.34	$17.07
53	$347.80	$17.39	$354.59	$17.73	$349.55	$17.48	$356.34	$17.82
54	$364.00	$18.20	$370.79	$18.54	$365.75	$18.29	$372.54	$18.63
55	$380.20	$19.01	$386.99	$19.35	$381.95	$19.10	$388.74	$19.44
56	$397.75	$19.89	$404.54	$20.23	$399.50	$19.98	$406.29	$20.31
57	$415.49	$20.77	$422.28	$21.11	$417.24	$20.86	$424.03	$21.20
58	$434.41	$21.72	$441.20	$22.06	$436.16	$21.81	$442.95	$22.15
59	$443.78	$22.19	$450.57	$22.53	$445.53	$22.28	$452.32	$22.62
60	$462.71	$23.14	$469.50	$23.48	$464.46	$23.22	$471.25	$23.56
61	$479.08	$23.95	$485.87	$24.29	$480.83	$24.04	$487.62	$24.38
62	$489.82	$24.49	$496.61	$24.83	$491.57	$24.58	$498.36	$24.92
63	$503.29	$25.16	$510.08	$25.50	$505.04	$25.25	$511.83	$25.59
64 o más	$511.48	$25.57	$518.27	$25.91	$513.23	$25.66	$520.02	$26.00

Pocket ORO (POS)

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$111.82	$5.59	$118.61	$5.93	$113.57	$5.68	$120.36	$6.02
21	$176.10	$8.81	$182.89	$9.14	$177.85	$8.89	$184.64	$9.23
22	$176.10	$8.81	$182.89	$9.14	$177.85	$8.89	$184.64	$9.23
23	$176.10	$8.81	$182.89	$9.14	$177.85	$8.89	$184.64	$9.23
24	$176.10	$8.81	$182.89	$9.14	$177.85	$8.89	$184.64	$9.23
25	$176.80	$8.84	$183.59	$9.18	$178.55	$8.93	$185.34	$9.27
26	$180.32	$9.02	$187.11	$9.36	$182.07	$9.10	$188.86	$9.44
27	$184.55	$9.23	$191.34	$9.57	$186.30	$9.32	$193.09	$9.65
28	$191.42	$9.57	$198.21	$9.91	$193.17	$9.66	$199.96	$10.00
29	$197.05	$9.85	$203.84	$10.19	$198.80	$9.94	$205.59	$10.28
30	$199.87	$9.99	$206.66	$10.33	$201.62	$10.08	$208.41	$10.42
31	$204.10	$10.21	$210.89	$10.54	$205.85	$10.29	$212.64	$10.63
32	$208.32	$10.42	$215.11	$10.76	$210.07	$10.50	$216.86	$10.84
33	$210.96	$10.55	$217.75	$10.89	$212.71	$10.64	$219.50	$10.98
34	$213.78	$10.69	$220.57	$11.03	$215.53	$10.78	$222.32	$11.12
35	$215.19	$10.76	$221.98	$11.10	$216.94	$10.85	$223.73	$11.19
36	$216.60	$10.83	$223.39	$11.17	$218.35	$10.92	$225.14	$11.26
37	$218.01	$10.90	$224.80	$11.24	$219.76	$10.99	$226.55	$11.33
38	$219.42	$10.97	$226.21	$11.31	$221.17	$11.06	$227.96	$11.40
39	$222.23	$11.11	$229.02	$11.45	$223.98	$11.20	$230.77	$11.54
40	$225.05	$11.25	$231.84	$11.59	$226.80	$11.34	$233.59	$11.68
41	$229.28	$11.46	$236.07	$11.80	$231.03	$11.55	$237.82	$11.89
42	$233.33	$11.67	$240.12	$12.01	$235.08	$11.75	$241.87	$12.09
43	$238.96	$11.95	$245.75	$12.29	$240.71	$12.04	$247.50	$12.38
44	$246.01	$12.30	$252.80	$12.64	$247.76	$12.39	$254.55	$12.73
45	$254.28	$12.71	$261.07	$13.05	$256.03	$12.80	$262.82	$13.14
46	$264.14	$13.21	$270.93	$13.55	$265.89	$13.29	$272.68	$13.63
47	$275.24	$13.76	$282.03	$14.10	$276.99	$13.85	$283.78	$14.19
48	$287.92	$14.40	$294.71	$14.74	$289.67	$14.48	$296.46	$14.82
49	$300.42	$15.02	$307.21	$15.36	$302.17	$15.11	$308.96	$15.45
50	$314.51	$15.73	$321.30	$16.07	$316.26	$15.81	$323.05	$16.15
51	$328.42	$16.42	$335.21	$16.76	$330.17	$16.51	$336.96	$16.85
52	$343.74	$17.19	$350.53	$17.53	$345.49	$17.27	$352.28	$17.61
53	$359.24	$17.96	$366.03	$18.30	$360.99	$18.05	$367.78	$18.39
54	$375.97	$18.80	$382.76	$19.14	$377.72	$18.89	$384.51	$19.23
55	$392.69	$19.63	$399.48	$19.97	$394.44	$19.72	$401.23	$20.06
56	$410.83	$20.54	$417.62	$20.88	$412.58	$20.63	$419.37	$20.97
57	$429.15	$21.46	$435.94	$21.80	$430.90	$21.55	$437.69	$21.88
58	$448.69	$22.43	$455.48	$22.77	$450.44	$22.52	$457.23	$22.86
59	$458.38	$22.92	$465.17	$23.26	$460.13	$23.01	$466.92	$23.35
60	$477.93	$23.90	$484.72	$24.24	$479.68	$23.98	$486.47	$24.32
61	$494.83	$24.74	$501.62	$25.08	$496.58	$24.83	$503.37	$25.17
62	$505.92	$25.30	$512.71	$25.64	$507.67	$25.38	$514.46	$25.72
63	$519.84	$25.99	$526.63	$26.33	$521.59	$26.08	$528.38	$26.42
64 o más	$528.29	$26.41	$535.08	$26.75	$530.04	$26.50	$536.83	$26.84

Pocket ORO (POS)

TARIFAS USO DE TABACO

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$111.82	$5.59	$118.61	$5.93	$113.57	$5.68	$120.36	$6.02
21	$193.71	$9.69	$200.50	$10.03	$195.46	$9.77	$202.25	$10.11
22	$193.71	$9.69	$200.50	$10.03	$195.46	$9.77	$202.25	$10.11
23	$193.71	$9.69	$200.50	$10.03	$195.46	$9.77	$202.25	$10.11
24	$193.71	$9.69	$200.50	$10.03	$195.46	$9.77	$202.25	$10.11
25	$194.48	$9.72	$201.27	$10.06	$196.23	$9.81	$203.02	$10.15
26	$199.25	$9.96	$206.04	$10.30	$201.00	$10.05	$207.79	$10.39
27	$204.85	$10.24	$211.64	$10.58	$206.60	$10.33	$213.39	$10.67
28	$213.43	$10.67	$220.22	$11.01	$215.18	$10.76	$221.97	$11.10
29	$220.70	$11.04	$227.49	$11.37	$222.45	$11.12	$229.24	$11.46
30	$224.85	$11.24	$231.64	$11.58	$226.60	$11.33	$233.39	$11.67
31	$230.63	$11.53	$237.42	$11.87	$232.38	$11.62	$239.17	$11.96
32	$236.44	$11.82	$243.23	$12.16	$238.19	$11.91	$244.98	$12.25
33	$240.49	$12.02	$247.28	$12.36	$242.24	$12.11	$249.03	$12.45
34	$244.78	$12.24	$251.57	$12.58	$246.53	$12.33	$253.32	$12.67
35	$247.47	$12.37	$254.26	$12.71	$249.22	$12.46	$256.01	$12.80
36	$250.17	$12.51	$256.96	$12.85	$251.92	$12.60	$258.71	$12.94
37	$252.89	$12.64	$259.68	$12.98	$254.64	$12.73	$261.43	$13.07
38	$255.62	$12.78	$262.41	$13.12	$257.37	$12.87	$264.16	$13.21
39	$260.01	$13.00	$266.80	$13.34	$261.76	$13.09	$268.55	$13.43
40	$264.43	$13.22	$271.22	$13.56	$266.18	$13.31	$272.97	$13.65
41	$270.55	$13.53	$277.34	$13.87	$272.30	$13.62	$279.09	$13.95
42	$276.50	$13.83	$283.29	$14.16	$278.25	$13.91	$285.04	$14.25
43	$284.36	$14.22	$291.15	$14.56	$286.11	$14.31	$292.90	$14.65
44	$293.98	$14.70	$300.77	$15.04	$295.73	$14.79	$302.52	$15.13
45	$305.14	$15.26	$311.93	$15.60	$306.89	$15.34	$313.68	$15.68
46	$316.97	$15.85	$323.76	$16.19	$318.72	$15.94	$325.51	$16.28
47	$330.29	$16.51	$337.08	$16.85	$332.04	$16.60	$338.83	$16.94
48	$345.50	$17.28	$352.29	$17.61	$347.25	$17.36	$354.04	$17.70
49	$360.50	$18.03	$367.29	$18.36	$362.25	$18.11	$369.04	$18.45
50	$377.41	$18.87	$384.20	$19.21	$379.16	$18.96	$385.95	$19.30
51	$394.10	$19.71	$400.89	$20.04	$395.85	$19.79	$402.64	$20.13
52	$412.49	$20.62	$419.28	$20.96	$414.24	$20.71	$421.03	$21.05
53	$431.09	$21.55	$437.88	$21.89	$432.84	$21.64	$439.63	$21.98
54	$451.16	$22.56	$457.95	$22.90	$452.91	$22.65	$459.70	$22.99
55	$471.23	$23.56	$478.02	$23.90	$472.98	$23.65	$479.77	$23.99
56	$493.00	$24.65	$499.79	$24.99	$494.75	$24.74	$501.54	$25.08
57	$514.98	$25.75	$521.77	$26.09	$516.73	$25.84	$523.52	$26.18
58	$538.43	$26.92	$545.22	$27.26	$540.18	$27.01	$546.97	$27.35
59	$550.06	$27.50	$556.85	$27.84	$551.81	$27.59	$558.60	$27.93
60	$573.52	$28.68	$580.31	$29.02	$575.27	$28.76	$582.06	$29.10
61	$593.80	$29.69	$600.59	$30.03	$595.55	$29.78	$602.34	$30.12
62	$607.10	$30.36	$613.89	$30.69	$608.85	$30.44	$615.64	$30.78
63	$623.81	$31.19	$630.60	$31.53	$625.56	$31.28	$632.35	$31.62
64 o más	$633.95	$31.70	$640.74	$32.04	$635.70	$31.79	$642.49	$32.12

RESUMEN DE DESEMBOLSO MÁXIMO Y COSTOS COMPARTIDOS

BENEFICIOS TRIPLE-S DIRECTO	BRONCE	PLATA
Periodo de Espera (fuera del Periodo Anual de Suscripción)	30 días servicios preventivos • 90 días otros servicios • No aplica para servicios de emergencia	
Red de Proveedores	Blue Select Network	Blue Select Network
Red de Laboratorios Clínicos, Radiología e Imágenes	Blue Select Network	Blue Select Network
Deducible Anual de Farmacia (individual/familiar) para medicamentos recetados	No aplica deducible	No aplica deducible
Deducible Anual para servicios Médicos (no aplica a servicios preventivos)	$75 por asegurado/ $150 familiar	No aplica deducible
Máximo de Desembolso Anual (Combinado)	$6,350 ind. / $12,700 fam.	$6,350 ind. / $12,700 fam.
Visitas a Generalistas o Médicos de Cabecera (PCP) (Generalista, Médicos de familia, Pediatras, Internistas y Ginecólogos. Oncólogos conforme la ley 79-2020.)	$0 SALUS / $10	$0
Especialistas (Optómetra, podiatra y audiólogo)	$0 SALUS/$25	$0 SALUS/$15
Subespecialista	$0 SALUS/$30	$0 SALUS/ $25
Nutricionista	$0 SALUS / $5	$0 SALUS / $5
Servicios médicos en el hogar por médicos	$15	$15
Laboratorios	$0 SALUS/60%	$0 SALUS/35%
Rayos X	$0 SALUS/60%	$0 SALUS/40%
Pruebas diagnósticas	75%	40%
Pruebas diagnósticas, especializadas e imágenes	$0 SALUS / 75%	$0 SALUS / 45%
Pruebas cardiovasculares invasivas y litotricia	75%	65%
Sala de Emergencia		
Accidente / Enfermedad	$50/$100	$50/$100
Facilidad de Cuidado Urgente	$15	$15
Terapias respiratorias	40% por terapia	$10
Terapias físicas	60% por terapia	$15
Visitas a quiroprácticos	$15	$15
Manipulaciones de quiroprácticos	60% por terapia	$15
Prueba de refracción	$0	$0
Facilidad ambulatoria	60%	$200
Cirugías ambulatorias	75%	65%
Facilidad de Enfermería Diestra	60%	$200
Cuidados de Salud en el Hogar	60%	40%
Admisión a hospital	$500	$350
Cirugías en hospital	40%	$0
Cirugía bariátrica	60%, 1 por vida. 12 meses periodo de espera	50%, 1 por vida. 12 meses periodo de espera
Asistente quirúrgico	60%	50%
Equipo Médico Duradero	75%	50%
Servicios de ventilador mecánico y enfermería especializada con conocimiento en terapia respiratoria o especialistas en terapia respiratoria con conocimiento en enfermería, insumos involucrados en el manejo de equipos tecnológicos, terapia física y ocupacional.	40%	30%
Salud Mental / Abuso de Sustancias		
Hospitalización Parcial	20%	$50
Tratamiento Residencial	60%	$200
Visitas psiquiátricas	$25	$15
Visitas psicológicas	$0 SALUS/$25	$0 SALUS/$15

RESUMEN DE DESEMBOLSO MÁXIMO Y COSTOS COMPARTIDOS

BENEFICIOS TRIPLE-S DIRECTO	BRONCE	PLATA
Visitas Colaterales	$25	$15
Evaluaciones y pruebas psicológicas	$10	$10
Terapia de grupo	$25	$15
Servicios en EE.UU. (para servicios de emergencia o no disponibles en P.R.)	65%	50%
Servicios en EE.UU. (Salas de Urgencia en el estado de Florida en las Clínicas de Urgencia Sanitas)	$50	$50
Quimioterapia, Radioterapia y cobalto (admitido en hospital o ambulatorio)	50%	30%
Otros medicamentos inyectables administrados en una facilidad ambulatoria y que son requeridos por ley, conforme con la Ley núm. 62 del 16 de abril de 2024.	95%	90%
Diálisis admitido en hospital y ambulatorio	40%	25%
Visión	$0 espejuelos pediátricos*; $75 espejuelos para adultos	$0 espejuelos pediátricos*; $75 espejuelos para adultos
Dental	$0	$0
Triple-S Natural (Terapias Alternativas)	$15	$15
TeleConsulta MD (Telemedicina)	$0	$0
Synagis	40%	30%
Perfil biofísico	60%	50%
Formulario de Medicamentos	Select 2025	Select 2025
Red de Farmacia	Better Value	Better Value
Quimioterapia Oral	50%	30%
Primer nivel de cubierta - aplica nivel de coaseguro	No aplica primer nivel de cubierta	No aplica primer nivel de cubierta
Nivel 1 (genéricos preferidos)	$10	$10
Nivel 2 (marca preferida)	95%	90%
Nivel 3 (marca no preferida)	95%	90%
Nivel 4 (especializados preferidos)	95%	90%
Nivel 5 (especializados no preferidos) y medicamentos por proceso de excepción	95%	90%
Coaseguro luego del primer nivel de cubierta	No aplica primer nivel de cubierta	No aplica primer nivel de cubierta
Dental Opcional	DI-05 / Opcional 2025	DI-05 / Opcional 2025
Programa de Bienestar	Cubierto	Cubierto
Contigo Mamá - programa para embarazadas. Ofrece apoyo a domicilio para el posparto 12 o 16 hrs (4 hrs por día).	Cubierto	Cubierto
Seguro de Asistencia al Viajero ($10,000)	Cubierto	Cubierto
Natural Fit - gimnasio, entrenador personal, yoga, acupuntura, masajes terapéuticos o reflexología	$20 mensuales a través de reembolso al completar HRA y visita preventiva anual	No cubierto

*Dentro de la colección contratada.

RESUMEN DE DESEMBOLSO MÁXIMO Y COSTOS COMPARTIDOS

BENEFICIOS Pocket DE TRIPLE-S	PLATA	ORO
Periodo de Espera (fuera del Periodo Anual de Suscripción)	30 días servicios preventivos • 90 días otros servicios • No aplica para servicios de emergencia	
Red de Proveedores	Red Pocket / Blue Select Network	Red Pocket / Blue Select Network
Red de Laboratorios Clínicos, Radiología e Imágenes	Blue Select Network	Blue Select Network
Deducible Anual de Farmacia (individual/familiar) para medicamentos recetados	No aplica deducible	No aplica deducible
Deducible Anual para servicios Médicos (no aplica a servicios preventivos)	No aplica deducible	No aplica deducible
Máximo de Desembolso Anual (Combinado)	$6,350-$12,700	$6,350-$12,700
Visitas a Generalistas o Médicos de Cabecera (PCP) (Generalista, Médicos de familia, Pediatras, Internistas y Ginecólogos. Oncólogos conforme la ley 79-2020.)	$0	$0
Especialistas (Optómetra, podiatra y audiólogo)	$0 SALUS Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10	$0 SALUS Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10
Subespecialista	$0 SALUS Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $25 Red Blue Select Network: $25	$0 SALUS Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $25 Red Blue Select Network: $25
Nutricionista	$0 SALUS / $5	$0 SALUS / $5
Servicios médicos en el hogar por médicos	Red Pocket Network: $10	Red Pocket Network: $10
Laboratorios	$0 SALUS Red Blue Select Network: 30%	$0 SALUS Red Blue Select Network: 30%
Rayos X	$0 SALUS Red Blue Select Network: 40%	$0 SALUS Red Blue Select Network: 30%
Pruebas diagnósticas	Red Pocket Network con Consulta: 25% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: 25% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%
Pruebas diagnósticas, especializadas e imágenes	$0 SALUS Red Blue Select Network: 50%	$0 SALUS Red Blue Select Network: 35%
Pruebas cardiovasculares invasivas y litotricia	Red Pocket Network con Consulta: 25% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: 25% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%
Sala de Emergencia		
Accidente / Enfermedad	$40 accidente - $100 enfermedad	$25 accidente - $80 enfermedad
Facilidad de Cuidado Urgente	$15	$15
Terapias respiratorias	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%
Terapias físicas	Red Pocket Network con Consulta: $10 Red Pocket Network sin Consulta: $18 Red Blue Select Network: $18	Red Pocket Network con Consulta: $10 Red Pocket Network sin Consulta: $18 Red Blue Select Network: $18

BENEFICIOS Pocket DE TRIPLE-S	PLATA	ORO
Visitas a quiroprácticos	Red Pocket Network con Consulta: $10 Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: $10 Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%
Manipulaciones a quiroprácticos	Red Pocket Network con Consulta: $10 Red Pocket Network sin Consulta: $18 Red Blue Select Network: $18	Red Pocket Network con Consulta: $10 Red Pocket Network sin Consulta: $18 Red Blue Select Network: $18
Prueba de Refracción	$0	$0
Facilidad ambulatoria	Red Pocket Network con Consulta: 50% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: $50 Red Pocket Network sin Consulta: 45% Red Blue Select Network: 45%
Cirugías Ambulatorias	Red Pocket Network con Consulta: 60% Red Pocket Network sin Consulta: 60% Red Blue Select Network: 60%	Red Pocket Network con Consulta: $50 Red Pocket Network sin Consulta: 45% Red Blue Select Network: 45%
Facilidad de Enfermería Diestra	Red Pocket Network con Consulta: $100 Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: $100 Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%
Cuidados de Salud en el Hogar	Red Pocket Network con Consulta: 20% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: 20% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%
Admisión a Hospital	$300	$200
Cirugías en hospital	Red Pocket Network: $50 Red Blue Select Network: $50	Red Pocket Network: $50 Red Blue Select Network: $50
Cirugía bariátrica	Red Pocket Network: $50 Red Blue Select Network: 50% 1 por vida. 12 meses periodo de espera	Red Pocket Network: 40% Red Blue Select Network: 40% 1 por vida. 12 meses periodo de espera
Asistente quirúrgico	No cubierto	No cubierto
Equipo Médico Duradero	Red Pocket Network: 50% Red Blue Select Network: 50%	Red Pocket Network: 50% Red Blue Select Network: 50%
Servicios de Ventilador Mecánico y enfermería especializada con conocimiento en terapia respiratoria o especialistas en terapia respiratoria con conocimiento en enfermería, insumos involucrados en el manejo de equipos tecnológicos, terapia física y ocupacional.	Red Pocket Network: 50% Red Blue Select Network: 50%	Red Pocket Network: 50% Red Blue Select Network: 50%
Salud Mental / Abuso de Sustancias		
Hospitalización Parcial	$45	$45
Tratamiento Residencial	Red Pocket Network: $100 Red Blue Select Network: 50%	Red Pocket Network: $100 Red Blue Select Network: 50%
Visitas psiquiátricas	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10
Visitas psicológicas	$0 SALUS Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10	$0 SALUS Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10

RESUMEN DE DESEMBOLSO MÁXIMO Y COSTOS COMPARTIDOS

BENEFICIOS Pocket DE TRIPLE-S	PLATA	ORO
Visitas Colaterales	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10
Evaluaciones y pruebas psicológicas	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $20 Red Blue Select Network: $20	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $20 Red Blue Select Network: $20
Terapia de grupo	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10	Red Pocket Network con Consulta: $0 Red Pocket Network sin Consulta: $10 Red Blue Select Network: $10
Servicios en EE.UU. (para servicios de emergencia o no disponibles en P.R.)	60%	50%
Servicios en EE.UU. (Salas de Urgencia en el estado de Florida en las Clínicas de Urgencia Sanitas)	$50	$50
Quimioterapia, Radioterapia y cobalto (admitido en hospital o ambulatorio)	30%	30%
Otros medicamentos inyectables administrados en una facilidad ambulatoria y que son requeridos por ley, conforme con la Ley núm. 62 del 16 de abril de 2024.	80%	75%
Diálisis admitido en hospital y ambulatorio	Red Pocket Network con Consulta: 20% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: 20% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%
Visión	$0 para espejuelos pediátricos*, $75 espejuelos para adultos	$0 para espejuelos pediátricos*, $75 espejuelos para adultos
Dental	$0	$0
Triple-S Natural (Terapias Alternativas)	$15	$15
TeleConsulta MD (Telemedicina)	$0 Sin límite	$0 Sin límite
Synagis	Red Pocket Network con Consulta: 30% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: 30% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%
Perfil biofísico	Red Pocket Network con Consulta: 30% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%	Red Pocket Network con Consulta: 30% Red Pocket Network sin Consulta: 50% Red Blue Select Network: 50%
Formulario de Medicamentos	Select 2025	Select 2025
Red de Farmacia	Better Value	Better Value
Quimioterapia Oral	30%	30%
Primer nivel de cubierta - aplica nivel de coaseguro	$1,000 per persona	$2,000 por persona
Nivel 1 (genéricos preferidos)	$10 ($0 Triple-S en casa)	$5 ($0 Triple-S en casa)
Nivel 2 (marca preferida)	60% min $20	35% min $20
Nivel 3 (marca no preferida)	60% min $25	50% min $30
Nivel 4 (especializados preferidos)	80%	75%
Nivel 5 (especializados no preferidos) y medicamentos por proceso de excepción	80%	75%
Coaseguro luego del primer nivel de cubierta	90%	80%
Contigo Mamá - programa para embarazadas. Ofrece apoyo a domicilio para el posparto 12 o 16 hrs (4 hrs por día).	Cubierto	Cubierto
Programa de Bienestar	Cubierto	Cubierto

*Dentro de la red contratada.

BENEFICIOS Pocket DE TRIPLE-S	PLATA	ORO
Dental Opcional	DI-05 / Opcional 2025	DI-05 / Opcional 2025
Seguro de Asistencia al Viajero ($10,000)	Cubierto	Cubierto
Natural Fit - gimnasio, entrenador personal, yoga, acupuntura, masajes terapéuticos o reflexología	$20 mensuales a través de reembolso al completar HRA y visita preventiva anual	No cubierto

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