

RESUMEN DE BENEFICIOS Y PRIMAS 2024



**El plan
tan multitasker
como tú**

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	\$80.33	\$4.02	\$87.12	\$4.36	\$82.08	\$4.10	\$88.87	\$4.44
21	\$126.51	\$6.33	\$133.30	\$6.67	\$128.26	\$6.41	\$135.05	\$6.75
22	\$126.51	\$6.33	\$133.30	\$6.67	\$128.26	\$6.41	\$135.05	\$6.75
23	\$126.51	\$6.33	\$133.30	\$6.67	\$128.26	\$6.41	\$135.05	\$6.75
24	\$126.51	\$6.33	\$133.30	\$6.67	\$128.26	\$6.41	\$135.05	\$6.75
25	\$127.01	\$6.35	\$133.80	\$6.69	\$128.76	\$6.44	\$135.55	\$6.78
26	\$129.54	\$6.48	\$136.33	\$6.82	\$131.29	\$6.56	\$138.08	\$6.90
27	\$132.58	\$6.63	\$139.37	\$6.97	\$134.33	\$6.72	\$141.12	\$7.06
28	\$137.51	\$6.88	\$144.30	\$7.22	\$139.26	\$6.96	\$146.05	\$7.30
29	\$141.56	\$7.08	\$148.35	\$7.42	\$143.31	\$7.17	\$150.10	\$7.51
30	\$143.59	\$7.18	\$150.38	\$7.52	\$145.34	\$7.27	\$152.13	\$7.61
31	\$146.62	\$7.33	\$153.41	\$7.67	\$148.37	\$7.42	\$155.16	\$7.76
32	\$149.66	\$7.48	\$156.45	\$7.82	\$151.41	\$7.57	\$158.20	\$7.91
33	\$151.56	\$7.58	\$158.35	\$7.92	\$153.31	\$7.67	\$160.10	\$8.01
34	\$153.58	\$7.68	\$160.37	\$8.02	\$155.33	\$7.77	\$162.12	\$8.11
35	\$154.59	\$7.73	\$161.38	\$8.07	\$156.34	\$7.82	\$163.13	\$8.16
36	\$155.60	\$7.78	\$162.39	\$8.12	\$157.35	\$7.87	\$164.14	\$8.21
37	\$156.62	\$7.83	\$163.41	\$8.17	\$158.37	\$7.92	\$165.16	\$8.26
38	\$157.63	\$7.88	\$164.42	\$8.22	\$159.38	\$7.97	\$166.17	\$8.31
39	\$159.65	\$7.98	\$166.44	\$8.32	\$161.40	\$8.07	\$168.19	\$8.41
40	\$161.68	\$8.08	\$168.47	\$8.42	\$163.43	\$8.17	\$170.22	\$8.51
41	\$164.71	\$8.24	\$171.50	\$8.58	\$166.46	\$8.32	\$173.25	\$8.66
42	\$167.62	\$8.38	\$174.41	\$8.72	\$169.37	\$8.47	\$176.16	\$8.81
43	\$171.67	\$8.58	\$178.46	\$8.92	\$173.42	\$8.67	\$180.21	\$9.01
44	\$176.73	\$8.84	\$183.52	\$9.18	\$178.48	\$8.92	\$185.27	\$9.26
45	\$182.68	\$9.13	\$189.47	\$9.47	\$184.43	\$9.22	\$191.22	\$9.56
46	\$189.76	\$9.49	\$196.55	\$9.83	\$191.51	\$9.58	\$198.30	\$9.92
47	\$197.73	\$9.89	\$204.52	\$10.23	\$199.48	\$9.97	\$206.27	\$10.31
48	\$206.84	\$10.34	\$213.63	\$10.68	\$208.59	\$10.43	\$215.38	\$10.77
49	\$215.82	\$10.79	\$222.61	\$11.13	\$217.57	\$10.88	\$224.36	\$11.22
50	\$225.94	\$11.30	\$232.73	\$11.64	\$227.69	\$11.38	\$234.48	\$11.72
51	\$235.94	\$11.80	\$242.73	\$12.14	\$237.69	\$11.88	\$244.48	\$12.22
52	\$246.94	\$12.35	\$253.73	\$12.69	\$248.69	\$12.43	\$255.48	\$12.77
53	\$258.08	\$12.90	\$264.87	\$13.24	\$259.83	\$12.99	\$266.62	\$13.33
54	\$270.09	\$13.50	\$276.88	\$13.84	\$271.84	\$13.59	\$278.63	\$13.93
55	\$282.11	\$14.11	\$288.90	\$14.45	\$283.86	\$14.19	\$290.65	\$14.53
56	\$295.14	\$14.76	\$301.93	\$15.10	\$296.89	\$14.84	\$303.68	\$15.18
57	\$308.30	\$15.42	\$315.09	\$15.75	\$310.05	\$15.50	\$316.84	\$15.84
58	\$322.34	\$16.12	\$329.13	\$16.46	\$324.09	\$16.20	\$330.88	\$16.54
59	\$329.30	\$16.47	\$336.09	\$16.80	\$331.05	\$16.55	\$337.84	\$16.89
60	\$343.34	\$17.17	\$350.13	\$17.51	\$345.09	\$17.25	\$351.88	\$17.59
61	\$355.49	\$17.77	\$362.28	\$18.11	\$357.24	\$17.86	\$364.03	\$18.20
62	\$363.46	\$18.17	\$370.25	\$18.51	\$365.21	\$18.26	\$372.00	\$18.60
63	\$373.45	\$18.67	\$380.24	\$19.01	\$375.20	\$18.76	\$381.99	\$19.10
64 o más	\$379.52	\$18.98	\$386.31	\$19.32	\$381.27	\$19.06	\$388.06	\$19.40

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	\$80.33	\$4.02	\$87.12	\$4.36	\$82.08	\$4.10	\$88.87	\$4.44
21	\$139.16	\$6.96	\$145.95	\$7.30	\$140.91	\$7.05	\$147.70	\$7.39
22	\$139.16	\$6.96	\$145.95	\$7.30	\$140.91	\$7.05	\$147.70	\$7.39
23	\$139.16	\$6.96	\$145.95	\$7.30	\$140.91	\$7.05	\$147.70	\$7.39
24	\$139.16	\$6.96	\$145.95	\$7.30	\$140.91	\$7.05	\$147.70	\$7.39
25	\$139.71	\$6.99	\$146.50	\$7.33	\$141.46	\$7.07	\$148.25	\$7.41
26	\$143.14	\$7.16	\$149.93	\$7.50	\$144.89	\$7.24	\$151.68	\$7.58
27	\$147.16	\$7.36	\$153.95	\$7.70	\$148.91	\$7.45	\$155.70	\$7.79
28	\$153.32	\$7.67	\$160.11	\$8.01	\$155.07	\$7.75	\$161.86	\$8.09
29	\$158.55	\$7.93	\$165.34	\$8.27	\$160.30	\$8.02	\$167.09	\$8.35
30	\$161.54	\$8.08	\$168.33	\$8.42	\$163.29	\$8.16	\$170.08	\$8.50
31	\$165.68	\$8.28	\$172.47	\$8.62	\$167.43	\$8.37	\$174.22	\$8.71
32	\$169.86	\$8.49	\$176.65	\$8.83	\$171.61	\$8.58	\$178.40	\$8.92
33	\$172.78	\$8.64	\$179.57	\$8.98	\$174.53	\$8.73	\$181.32	\$9.07
34	\$175.85	\$8.79	\$182.64	\$9.13	\$177.60	\$8.88	\$184.39	\$9.22
35	\$177.78	\$8.89	\$184.57	\$9.23	\$179.53	\$8.98	\$186.32	\$9.32
36	\$179.72	\$8.99	\$186.51	\$9.33	\$181.47	\$9.07	\$188.26	\$9.41
37	\$181.68	\$9.08	\$188.47	\$9.42	\$183.43	\$9.17	\$190.22	\$9.51
38	\$183.64	\$9.18	\$190.43	\$9.52	\$185.39	\$9.27	\$192.18	\$9.61
39	\$186.79	\$9.34	\$193.58	\$9.68	\$188.54	\$9.43	\$195.33	\$9.77
40	\$189.97	\$9.50	\$196.76	\$9.84	\$191.72	\$9.59	\$198.51	\$9.93
41	\$194.36	\$9.72	\$201.15	\$10.06	\$196.11	\$9.81	\$202.90	\$10.15
42	\$198.63	\$9.93	\$205.42	\$10.27	\$200.38	\$10.02	\$207.17	\$10.36
43	\$204.29	\$10.21	\$211.08	\$10.55	\$206.04	\$10.30	\$212.83	\$10.64
44	\$211.19	\$10.56	\$217.98	\$10.90	\$212.94	\$10.65	\$219.73	\$10.99
45	\$219.22	\$10.96	\$226.01	\$11.30	\$220.97	\$11.05	\$227.76	\$11.39
46	\$227.71	\$11.39	\$234.50	\$11.73	\$229.46	\$11.47	\$236.25	\$11.81
47	\$237.28	\$11.86	\$244.07	\$12.20	\$239.03	\$11.95	\$245.82	\$12.29
48	\$248.21	\$12.41	\$255.00	\$12.75	\$249.96	\$12.50	\$256.75	\$12.84
49	\$258.98	\$12.95	\$265.77	\$13.29	\$260.73	\$13.04	\$267.52	\$13.38
50	\$271.13	\$13.56	\$277.92	\$13.90	\$272.88	\$13.64	\$279.67	\$13.98
51	\$283.13	\$14.16	\$289.92	\$14.50	\$284.88	\$14.24	\$291.67	\$14.58
52	\$296.33	\$14.82	\$303.12	\$15.16	\$298.08	\$14.90	\$304.87	\$15.24
53	\$309.70	\$15.49	\$316.49	\$15.82	\$311.45	\$15.57	\$318.24	\$15.91
54	\$324.11	\$16.21	\$330.90	\$16.55	\$325.86	\$16.29	\$332.65	\$16.63
55	\$338.53	\$16.93	\$345.32	\$17.27	\$340.28	\$17.01	\$347.07	\$17.35
56	\$354.17	\$17.71	\$360.96	\$18.05	\$355.92	\$17.80	\$362.71	\$18.14
57	\$369.96	\$18.50	\$376.75	\$18.84	\$371.71	\$18.59	\$378.50	\$18.93
58	\$386.81	\$19.34	\$393.60	\$19.68	\$388.56	\$19.43	\$395.35	\$19.77
59	\$395.16	\$19.76	\$401.95	\$20.10	\$396.91	\$19.85	\$403.70	\$20.19
60	\$412.01	\$20.60	\$418.80	\$20.94	\$413.76	\$20.69	\$420.55	\$21.03
61	\$426.59	\$21.33	\$433.38	\$21.67	\$428.34	\$21.42	\$435.13	\$21.76
62	\$436.15	\$21.81	\$442.94	\$22.15	\$437.90	\$21.90	\$444.69	\$22.23
63	\$448.14	\$22.41	\$454.93	\$22.75	\$449.89	\$22.49	\$456.68	\$22.83
64 o más	\$455.42	\$22.77	\$462.21	\$23.11	\$457.17	\$22.86	\$463.96	\$23.20

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	\$103.49	\$5.17	\$110.28	\$5.51	\$105.24	\$5.26	\$112.03	\$5.60
21	\$162.98	\$8.15	\$169.77	\$8.49	\$164.73	\$8.24	\$171.52	\$8.58
22	\$162.98	\$8.15	\$169.77	\$8.49	\$164.73	\$8.24	\$171.52	\$8.58
23	\$162.98	\$8.15	\$169.77	\$8.49	\$164.73	\$8.24	\$171.52	\$8.58
24	\$162.98	\$8.15	\$169.77	\$8.49	\$164.73	\$8.24	\$171.52	\$8.58
25	\$163.63	\$8.18	\$170.42	\$8.52	\$165.38	\$8.27	\$172.17	\$8.61
26	\$166.89	\$8.34	\$173.68	\$8.68	\$168.64	\$8.43	\$175.43	\$8.77
27	\$170.80	\$8.54	\$177.59	\$8.88	\$172.55	\$8.63	\$179.34	\$8.97
28	\$177.16	\$8.86	\$183.95	\$9.20	\$178.91	\$8.95	\$185.70	\$9.29
29	\$182.37	\$9.12	\$189.16	\$9.46	\$184.12	\$9.21	\$190.91	\$9.55
30	\$184.98	\$9.25	\$191.77	\$9.59	\$186.73	\$9.34	\$193.52	\$9.68
31	\$188.89	\$9.44	\$195.68	\$9.78	\$190.64	\$9.53	\$197.43	\$9.87
32	\$192.80	\$9.64	\$199.59	\$9.98	\$194.55	\$9.73	\$201.34	\$10.07
33	\$195.25	\$9.76	\$202.04	\$10.10	\$197.00	\$9.85	\$203.79	\$10.19
34	\$197.85	\$9.89	\$204.64	\$10.23	\$199.60	\$9.98	\$206.39	\$10.32
35	\$199.16	\$9.96	\$205.95	\$10.30	\$200.91	\$10.05	\$207.70	\$10.39
36	\$200.46	\$10.02	\$207.25	\$10.36	\$202.21	\$10.11	\$209.00	\$10.45
37	\$201.76	\$10.09	\$208.55	\$10.43	\$203.51	\$10.18	\$210.30	\$10.52
38	\$203.07	\$10.15	\$209.86	\$10.49	\$204.82	\$10.24	\$211.61	\$10.58
39	\$205.68	\$10.28	\$212.47	\$10.62	\$207.43	\$10.37	\$214.22	\$10.71
40	\$208.28	\$10.41	\$215.07	\$10.75	\$210.03	\$10.50	\$216.82	\$10.84
41	\$212.20	\$10.61	\$218.99	\$10.95	\$213.95	\$10.70	\$220.74	\$11.04
42	\$215.94	\$10.80	\$222.73	\$11.14	\$217.69	\$10.88	\$224.48	\$11.22
43	\$221.16	\$11.06	\$227.95	\$11.40	\$222.91	\$11.15	\$229.70	\$11.49
44	\$227.68	\$11.38	\$234.47	\$11.72	\$229.43	\$11.47	\$236.22	\$11.81
45	\$235.34	\$11.77	\$242.13	\$12.11	\$237.09	\$11.85	\$243.88	\$12.19
46	\$244.46	\$12.22	\$251.25	\$12.56	\$246.21	\$12.31	\$253.00	\$12.65
47	\$254.73	\$12.74	\$261.52	\$13.08	\$256.48	\$12.82	\$263.27	\$13.16
48	\$266.47	\$13.32	\$273.26	\$13.66	\$268.22	\$13.41	\$275.01	\$13.75
49	\$278.04	\$13.90	\$284.83	\$14.24	\$279.79	\$13.99	\$286.58	\$14.33
50	\$291.08	\$14.55	\$297.87	\$14.89	\$292.83	\$14.64	\$299.62	\$14.98
51	\$303.95	\$15.20	\$310.74	\$15.54	\$305.70	\$15.29	\$312.49	\$15.62
52	\$318.13	\$15.91	\$324.92	\$16.25	\$319.88	\$15.99	\$326.67	\$16.33
53	\$332.47	\$16.62	\$339.26	\$16.96	\$334.22	\$16.71	\$341.01	\$17.05
54	\$347.95	\$17.40	\$354.74	\$17.74	\$349.70	\$17.49	\$356.49	\$17.82
55	\$363.44	\$18.17	\$370.23	\$18.51	\$365.19	\$18.26	\$371.98	\$18.60
56	\$380.22	\$19.01	\$387.01	\$19.35	\$381.97	\$19.10	\$388.76	\$19.44
57	\$397.17	\$19.86	\$403.96	\$20.20	\$398.92	\$19.95	\$405.71	\$20.29
58	\$415.26	\$20.76	\$422.05	\$21.10	\$417.01	\$20.85	\$423.80	\$21.19
59	\$424.23	\$21.21	\$431.02	\$21.55	\$425.98	\$21.30	\$432.77	\$21.64
60	\$442.32	\$22.12	\$449.11	\$22.46	\$444.07	\$22.20	\$450.86	\$22.54
61	\$457.96	\$22.90	\$464.75	\$23.24	\$459.71	\$22.99	\$466.50	\$23.33
62	\$468.23	\$23.41	\$475.02	\$23.75	\$469.98	\$23.50	\$476.77	\$23.84
63	\$481.11	\$24.06	\$487.90	\$24.40	\$482.86	\$24.14	\$489.65	\$24.48
64 o más	\$488.93	\$24.45	\$495.72	\$24.79	\$490.68	\$24.53	\$497.47	\$24.87

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	\$103.49	\$5.17	\$110.28	\$5.51	\$105.24	\$5.26	\$112.03	\$5.60
21	\$179.28	\$8.96	\$186.07	\$9.30	\$181.03	\$9.05	\$187.82	\$9.39
22	\$179.28	\$8.96	\$186.07	\$9.30	\$181.03	\$9.05	\$187.82	\$9.39
23	\$179.28	\$8.96	\$186.07	\$9.30	\$181.03	\$9.05	\$187.82	\$9.39
24	\$179.28	\$8.96	\$186.07	\$9.30	\$181.03	\$9.05	\$187.82	\$9.39
25	\$179.99	\$9.00	\$186.78	\$9.34	\$181.74	\$9.09	\$188.53	\$9.43
26	\$184.41	\$9.22	\$191.20	\$9.56	\$186.16	\$9.31	\$192.95	\$9.65
27	\$189.59	\$9.48	\$196.38	\$9.82	\$191.34	\$9.57	\$198.13	\$9.91
28	\$197.53	\$9.88	\$204.32	\$10.22	\$199.28	\$9.96	\$206.07	\$10.30
29	\$204.25	\$10.21	\$211.04	\$10.55	\$206.00	\$10.30	\$212.79	\$10.64
30	\$208.10	\$10.41	\$214.89	\$10.74	\$209.85	\$10.49	\$216.64	\$10.83
31	\$213.45	\$10.67	\$220.24	\$11.01	\$215.20	\$10.76	\$221.99	\$11.10
32	\$218.83	\$10.94	\$225.62	\$11.28	\$220.58	\$11.03	\$227.37	\$11.37
33	\$222.59	\$11.13	\$229.38	\$11.47	\$224.34	\$11.22	\$231.13	\$11.56
34	\$226.54	\$11.33	\$233.33	\$11.67	\$228.29	\$11.41	\$235.08	\$11.75
35	\$229.03	\$11.45	\$235.82	\$11.79	\$230.78	\$11.54	\$237.57	\$11.88
36	\$231.53	\$11.58	\$238.32	\$11.92	\$233.28	\$11.66	\$240.07	\$12.00
37	\$234.04	\$11.70	\$240.83	\$12.04	\$235.79	\$11.79	\$242.58	\$12.13
38	\$236.58	\$11.83	\$243.37	\$12.17	\$238.33	\$11.92	\$245.12	\$12.26
39	\$240.65	\$12.03	\$247.44	\$12.37	\$242.40	\$12.12	\$249.19	\$12.46
40	\$244.73	\$12.24	\$251.52	\$12.58	\$246.48	\$12.32	\$253.27	\$12.66
41	\$250.40	\$12.52	\$257.19	\$12.86	\$252.15	\$12.61	\$258.94	\$12.95
42	\$255.89	\$12.79	\$262.68	\$13.13	\$257.64	\$12.88	\$264.43	\$13.22
43	\$263.18	\$13.16	\$269.97	\$13.50	\$264.93	\$13.25	\$271.72	\$13.59
44	\$272.08	\$13.60	\$278.87	\$13.94	\$273.83	\$13.69	\$280.62	\$14.03
45	\$282.41	\$14.12	\$289.20	\$14.46	\$284.16	\$14.21	\$290.95	\$14.55
46	\$293.35	\$14.67	\$300.14	\$15.01	\$295.10	\$14.76	\$301.89	\$15.09
47	\$305.68	\$15.28	\$312.47	\$15.62	\$307.43	\$15.37	\$314.22	\$15.71
48	\$319.76	\$15.99	\$326.55	\$16.33	\$321.51	\$16.08	\$328.30	\$16.42
49	\$333.65	\$16.68	\$340.44	\$17.02	\$335.40	\$16.77	\$342.19	\$17.11
50	\$349.30	\$17.47	\$356.09	\$17.80	\$351.05	\$17.55	\$357.84	\$17.89
51	\$364.74	\$18.24	\$371.53	\$18.58	\$366.49	\$18.32	\$373.28	\$18.66
52	\$381.76	\$19.09	\$388.55	\$19.43	\$383.51	\$19.18	\$390.30	\$19.52
53	\$398.96	\$19.95	\$405.75	\$20.29	\$400.71	\$20.04	\$407.50	\$20.38
54	\$417.54	\$20.88	\$424.33	\$21.22	\$419.29	\$20.96	\$426.08	\$21.30
55	\$436.13	\$21.81	\$442.92	\$22.15	\$437.88	\$21.89	\$444.67	\$22.23
56	\$456.26	\$22.81	\$463.05	\$23.15	\$458.01	\$22.90	\$464.80	\$23.24
57	\$476.60	\$23.83	\$483.39	\$24.17	\$478.35	\$23.92	\$485.14	\$24.26
58	\$498.31	\$24.92	\$505.10	\$25.26	\$500.06	\$25.00	\$506.85	\$25.34
59	\$509.08	\$25.45	\$515.87	\$25.79	\$510.83	\$25.54	\$517.62	\$25.88
60	\$530.78	\$26.54	\$537.57	\$26.88	\$532.53	\$26.63	\$539.32	\$26.97
61	\$549.55	\$27.48	\$556.34	\$27.82	\$551.30	\$27.57	\$558.09	\$27.90
62	\$561.88	\$28.09	\$568.67	\$28.43	\$563.63	\$28.18	\$570.42	\$28.52
63	\$577.33	\$28.87	\$584.12	\$29.21	\$579.08	\$28.95	\$585.87	\$29.29
64 o más	\$586.72	\$29.34	\$593.51	\$29.68	\$588.47	\$29.42	\$595.26	\$29.76

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	\$75.67	\$3.78	\$82.46	\$4.12	\$77.42	\$3.87	\$84.21	\$4.21
21	\$119.16	\$5.96	\$125.95	\$6.30	\$120.91	\$6.05	\$127.70	\$6.39
22	\$119.16	\$5.96	\$125.95	\$6.30	\$120.91	\$6.05	\$127.70	\$6.39
23	\$119.16	\$5.96	\$125.95	\$6.30	\$120.91	\$6.05	\$127.70	\$6.39
24	\$119.16	\$5.96	\$125.95	\$6.30	\$120.91	\$6.05	\$127.70	\$6.39
25	\$119.64	\$5.98	\$126.43	\$6.32	\$121.39	\$6.07	\$128.18	\$6.41
26	\$122.02	\$6.10	\$128.81	\$6.44	\$123.77	\$6.19	\$130.56	\$6.53
27	\$124.88	\$6.24	\$131.67	\$6.58	\$126.63	\$6.33	\$133.42	\$6.67
28	\$129.53	\$6.48	\$136.32	\$6.82	\$131.28	\$6.56	\$138.07	\$6.90
29	\$133.34	\$6.67	\$140.13	\$7.01	\$135.09	\$6.75	\$141.88	\$7.09
30	\$135.25	\$6.76	\$142.04	\$7.10	\$137.00	\$6.85	\$143.79	\$7.19
31	\$138.11	\$6.91	\$144.90	\$7.25	\$139.86	\$6.99	\$146.65	\$7.33
32	\$140.97	\$7.05	\$147.76	\$7.39	\$142.72	\$7.14	\$149.51	\$7.48
33	\$142.76	\$7.14	\$149.55	\$7.48	\$144.51	\$7.23	\$151.30	\$7.57
34	\$144.66	\$7.23	\$151.45	\$7.57	\$146.41	\$7.32	\$153.20	\$7.66
35	\$145.62	\$7.28	\$152.41	\$7.62	\$147.37	\$7.37	\$154.16	\$7.71
36	\$146.57	\$7.33	\$153.36	\$7.67	\$148.32	\$7.42	\$155.11	\$7.76
37	\$147.52	\$7.38	\$154.31	\$7.72	\$149.27	\$7.46	\$156.06	\$7.80
38	\$148.48	\$7.42	\$155.27	\$7.76	\$150.23	\$7.51	\$157.02	\$7.85
39	\$150.38	\$7.52	\$157.17	\$7.86	\$152.13	\$7.61	\$158.92	\$7.95
40	\$152.29	\$7.61	\$159.08	\$7.95	\$154.04	\$7.70	\$160.83	\$8.04
41	\$155.15	\$7.76	\$161.94	\$8.10	\$156.90	\$7.85	\$163.69	\$8.18
42	\$157.89	\$7.89	\$164.68	\$8.23	\$159.64	\$7.98	\$166.43	\$8.32
43	\$161.70	\$8.09	\$168.49	\$8.42	\$163.45	\$8.17	\$170.24	\$8.51
44	\$166.47	\$8.32	\$173.26	\$8.66	\$168.22	\$8.41	\$175.01	\$8.75
45	\$172.07	\$8.60	\$178.86	\$8.94	\$173.82	\$8.69	\$180.61	\$9.03
46	\$178.74	\$8.94	\$185.53	\$9.28	\$180.49	\$9.02	\$187.28	\$9.36
47	\$186.25	\$9.31	\$193.04	\$9.65	\$188.00	\$9.40	\$194.79	\$9.74
48	\$194.83	\$9.74	\$201.62	\$10.08	\$196.58	\$9.83	\$203.37	\$10.17
49	\$203.29	\$10.16	\$210.08	\$10.50	\$205.04	\$10.25	\$211.83	\$10.59
50	\$212.82	\$10.64	\$219.61	\$10.98	\$214.57	\$10.73	\$221.36	\$11.07
51	\$222.24	\$11.11	\$229.03	\$11.45	\$223.99	\$11.20	\$230.78	\$11.54
52	\$232.60	\$11.63	\$239.39	\$11.97	\$234.35	\$11.72	\$241.14	\$12.06
53	\$243.09	\$12.15	\$249.88	\$12.49	\$244.84	\$12.24	\$251.63	\$12.58
54	\$254.41	\$12.72	\$261.20	\$13.06	\$256.16	\$12.81	\$262.95	\$13.15
55	\$265.73	\$13.29	\$272.52	\$13.63	\$267.48	\$13.37	\$274.27	\$13.71
56	\$278.00	\$13.90	\$284.79	\$14.24	\$279.75	\$13.99	\$286.54	\$14.33
57	\$290.40	\$14.52	\$297.19	\$14.86	\$292.15	\$14.61	\$298.94	\$14.95
58	\$303.62	\$15.18	\$310.41	\$15.52	\$305.37	\$15.27	\$312.16	\$15.61
59	\$310.18	\$15.51	\$316.97	\$15.85	\$311.93	\$15.60	\$318.72	\$15.94
60	\$323.40	\$16.17	\$330.19	\$16.51	\$325.15	\$16.26	\$331.94	\$16.60
61	\$334.84	\$16.74	\$341.63	\$17.08	\$336.59	\$16.83	\$343.38	\$17.17
62	\$342.35	\$17.12	\$349.14	\$17.46	\$344.10	\$17.21	\$350.89	\$17.54
63	\$351.77	\$17.59	\$358.56	\$17.93	\$353.52	\$17.68	\$360.31	\$18.02
64 o más	\$357.49	\$17.87	\$364.28	\$18.21	\$359.24	\$17.96	\$366.03	\$18.30

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	\$75.67	\$3.78	\$82.46	\$4.12	\$77.42	\$3.87	\$84.21	\$4.21
21	\$131.08	\$6.55	\$137.87	\$6.89	\$132.83	\$6.64	\$139.62	\$6.98
22	\$131.08	\$6.55	\$137.87	\$6.89	\$132.83	\$6.64	\$139.62	\$6.98
23	\$131.08	\$6.55	\$137.87	\$6.89	\$132.83	\$6.64	\$139.62	\$6.98
24	\$131.08	\$6.55	\$137.87	\$6.89	\$132.83	\$6.64	\$139.62	\$6.98
25	\$131.60	\$6.58	\$138.39	\$6.92	\$133.35	\$6.67	\$140.14	\$7.01
26	\$134.83	\$6.74	\$141.62	\$7.08	\$136.58	\$6.83	\$143.37	\$7.17
27	\$138.62	\$6.93	\$145.41	\$7.27	\$140.37	\$7.02	\$147.16	\$7.36
28	\$144.43	\$7.22	\$151.22	\$7.56	\$146.18	\$7.31	\$152.97	\$7.65
29	\$149.34	\$7.47	\$156.13	\$7.81	\$151.09	\$7.55	\$157.88	\$7.89
30	\$152.16	\$7.61	\$158.95	\$7.95	\$153.91	\$7.70	\$160.70	\$8.04
31	\$156.06	\$7.80	\$162.85	\$8.14	\$157.81	\$7.89	\$164.60	\$8.23
32	\$160.00	\$8.00	\$166.79	\$8.34	\$161.75	\$8.09	\$168.54	\$8.43
33	\$162.75	\$8.14	\$169.54	\$8.48	\$164.50	\$8.23	\$171.29	\$8.56
34	\$165.64	\$8.28	\$172.43	\$8.62	\$167.39	\$8.37	\$174.18	\$8.71
35	\$167.46	\$8.37	\$174.25	\$8.71	\$169.21	\$8.46	\$176.00	\$8.80
36	\$169.29	\$8.46	\$176.08	\$8.80	\$171.04	\$8.55	\$177.83	\$8.89
37	\$171.12	\$8.56	\$177.91	\$8.90	\$172.87	\$8.64	\$179.66	\$8.98
38	\$172.98	\$8.65	\$179.77	\$8.99	\$174.73	\$8.74	\$181.52	\$9.08
39	\$175.94	\$8.80	\$182.73	\$9.14	\$177.69	\$8.88	\$184.48	\$9.22
40	\$178.94	\$8.95	\$185.73	\$9.29	\$180.69	\$9.03	\$187.48	\$9.37
41	\$183.08	\$9.15	\$189.87	\$9.49	\$184.83	\$9.24	\$191.62	\$9.58
42	\$187.10	\$9.36	\$193.89	\$9.69	\$188.85	\$9.44	\$195.64	\$9.78
43	\$192.42	\$9.62	\$199.21	\$9.96	\$194.17	\$9.71	\$200.96	\$10.05
44	\$198.93	\$9.95	\$205.72	\$10.29	\$200.68	\$10.03	\$207.47	\$10.37
45	\$206.48	\$10.32	\$213.27	\$10.66	\$208.23	\$10.41	\$215.02	\$10.75
46	\$214.49	\$10.72	\$221.28	\$11.06	\$216.24	\$10.81	\$223.03	\$11.15
47	\$223.50	\$11.18	\$230.29	\$11.51	\$225.25	\$11.26	\$232.04	\$11.60
48	\$233.80	\$11.69	\$240.59	\$12.03	\$235.55	\$11.78	\$242.34	\$12.12
49	\$243.95	\$12.20	\$250.74	\$12.54	\$245.70	\$12.29	\$252.49	\$12.62
50	\$255.38	\$12.77	\$262.17	\$13.11	\$257.13	\$12.86	\$263.92	\$13.20
51	\$266.69	\$13.33	\$273.48	\$13.67	\$268.44	\$13.42	\$275.23	\$13.76
52	\$279.12	\$13.96	\$285.91	\$14.30	\$280.87	\$14.04	\$287.66	\$14.38
53	\$291.71	\$14.59	\$298.50	\$14.93	\$293.46	\$14.67	\$300.25	\$15.01
54	\$305.29	\$15.26	\$312.08	\$15.60	\$307.04	\$15.35	\$313.83	\$15.69
55	\$318.88	\$15.94	\$325.67	\$16.28	\$320.63	\$16.03	\$327.42	\$16.37
56	\$333.60	\$16.68	\$340.39	\$17.02	\$335.35	\$16.77	\$342.14	\$17.11
57	\$348.48	\$17.42	\$355.27	\$17.76	\$350.23	\$17.51	\$357.02	\$17.85
58	\$364.34	\$18.22	\$371.13	\$18.56	\$366.09	\$18.30	\$372.88	\$18.64
59	\$372.22	\$18.61	\$379.01	\$18.95	\$373.97	\$18.70	\$380.76	\$19.04
60	\$388.08	\$19.40	\$394.87	\$19.74	\$389.83	\$19.49	\$396.62	\$19.83
61	\$401.81	\$20.09	\$408.60	\$20.43	\$403.56	\$20.18	\$410.35	\$20.52
62	\$410.82	\$20.54	\$417.61	\$20.88	\$412.57	\$20.63	\$419.36	\$20.97
63	\$422.12	\$21.11	\$428.91	\$21.45	\$423.87	\$21.19	\$430.66	\$21.53
64 o más	\$428.99	\$21.45	\$435.78	\$21.79	\$430.74	\$21.54	\$437.53	\$21.88

TRIPLE-S DIRECTO ORO


(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	\$125.02	\$6.25	\$131.81	\$6.59	\$126.77	\$6.34	\$133.56	\$6.68
21	\$196.89	\$9.84	\$203.68	\$10.18	\$198.64	\$9.93	\$205.43	\$10.27
22	\$196.89	\$9.84	\$203.68	\$10.18	\$198.64	\$9.93	\$205.43	\$10.27
23	\$196.89	\$9.84	\$203.68	\$10.18	\$198.64	\$9.93	\$205.43	\$10.27
24	\$196.89	\$9.84	\$203.68	\$10.18	\$198.64	\$9.93	\$205.43	\$10.27
25	\$197.68	\$9.88	\$204.47	\$10.22	\$199.43	\$9.97	\$206.22	\$10.31
26	\$201.61	\$10.08	\$208.40	\$10.42	\$203.36	\$10.17	\$210.15	\$10.51
27	\$206.34	\$10.32	\$213.13	\$10.66	\$208.09	\$10.40	\$214.88	\$10.74
28	\$214.02	\$10.70	\$220.81	\$11.04	\$215.77	\$10.79	\$222.56	\$11.13
29	\$220.32	\$11.02	\$227.11	\$11.36	\$222.07	\$11.10	\$228.86	\$11.44
30	\$223.47	\$11.17	\$230.26	\$11.51	\$225.22	\$11.26	\$232.01	\$11.60
31	\$228.19	\$11.41	\$234.98	\$11.75	\$229.94	\$11.50	\$236.73	\$11.84
32	\$232.92	\$11.65	\$239.71	\$11.99	\$234.67	\$11.73	\$241.46	\$12.07
33	\$235.87	\$11.79	\$242.66	\$12.13	\$237.62	\$11.88	\$244.41	\$12.22
34	\$239.02	\$11.95	\$245.81	\$12.29	\$240.77	\$12.04	\$247.56	\$12.38
35	\$240.60	\$12.03	\$247.39	\$12.37	\$242.35	\$12.12	\$249.14	\$12.46
36	\$242.17	\$12.11	\$248.96	\$12.45	\$243.92	\$12.20	\$250.71	\$12.54
37	\$243.75	\$12.19	\$250.54	\$12.53	\$245.50	\$12.28	\$252.29	\$12.61
38	\$245.32	\$12.27	\$252.11	\$12.61	\$247.07	\$12.35	\$253.86	\$12.69
39	\$248.47	\$12.42	\$255.26	\$12.76	\$250.22	\$12.51	\$257.01	\$12.85
40	\$251.62	\$12.58	\$258.41	\$12.92	\$253.37	\$12.67	\$260.16	\$13.01
41	\$256.35	\$12.82	\$263.14	\$13.16	\$258.10	\$12.91	\$264.89	\$13.24
42	\$260.88	\$13.04	\$267.67	\$13.38	\$262.63	\$13.13	\$269.42	\$13.47
43	\$267.18	\$13.36	\$273.97	\$13.70	\$268.93	\$13.45	\$275.72	\$13.79
44	\$275.05	\$13.75	\$281.84	\$14.09	\$276.80	\$13.84	\$283.59	\$14.18
45	\$284.31	\$14.22	\$291.10	\$14.56	\$286.06	\$14.30	\$292.85	\$14.64
46	\$295.33	\$14.77	\$302.12	\$15.11	\$297.08	\$14.85	\$303.87	\$15.19
47	\$307.74	\$15.39	\$314.53	\$15.73	\$309.49	\$15.47	\$316.28	\$15.81
48	\$321.91	\$16.10	\$328.70	\$16.44	\$323.66	\$16.18	\$330.45	\$16.52
49	\$335.89	\$16.79	\$342.68	\$17.13	\$337.64	\$16.88	\$344.43	\$17.22
50	\$351.64	\$17.58	\$358.43	\$17.92	\$353.39	\$17.67	\$360.18	\$18.01
51	\$367.20	\$18.36	\$373.99	\$18.70	\$368.95	\$18.45	\$375.74	\$18.79
52	\$384.33	\$19.22	\$391.12	\$19.56	\$386.08	\$19.30	\$392.87	\$19.64
53	\$401.65	\$20.08	\$408.44	\$20.42	\$403.40	\$20.17	\$410.19	\$20.51
54	\$420.36	\$21.02	\$427.15	\$21.36	\$422.11	\$21.11	\$428.90	\$21.45
55	\$439.06	\$21.95	\$445.85	\$22.29	\$440.81	\$22.04	\$447.60	\$22.38
56	\$459.34	\$22.97	\$466.13	\$23.31	\$461.09	\$23.05	\$467.88	\$23.39
57	\$479.82	\$23.99	\$486.61	\$24.33	\$481.57	\$24.08	\$488.36	\$24.42
58	\$501.67	\$25.08	\$508.46	\$25.42	\$503.42	\$25.17	\$510.21	\$25.51
59	\$512.50	\$25.63	\$519.29	\$25.96	\$514.25	\$25.71	\$521.04	\$26.05
60	\$534.36	\$26.72	\$541.15	\$27.06	\$536.11	\$26.81	\$542.90	\$27.15
61	\$553.26	\$27.66	\$560.05	\$28.00	\$555.01	\$27.75	\$561.80	\$28.09
62	\$565.66	\$28.28	\$572.45	\$28.62	\$567.41	\$28.37	\$574.20	\$28.71
63	\$581.22	\$29.06	\$588.01	\$29.40	\$582.97	\$29.15	\$589.76	\$29.49
64 o más	\$590.67	\$29.53	\$597.46	\$29.87	\$592.42	\$29.62	\$599.21	\$29.96

ORO

(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	\$125.02	\$6.25	\$131.81	\$6.59	\$126.77	\$6.34	\$133.56	\$6.68
21	\$216.58	\$10.83	\$223.37	\$11.17	\$218.33	\$10.92	\$225.12	\$11.26
22	\$216.58	\$10.83	\$223.37	\$11.17	\$218.33	\$10.92	\$225.12	\$11.26
23	\$216.58	\$10.83	\$223.37	\$11.17	\$218.33	\$10.92	\$225.12	\$11.26
24	\$216.58	\$10.83	\$223.37	\$11.17	\$218.33	\$10.92	\$225.12	\$11.26
25	\$217.45	\$10.87	\$224.24	\$11.21	\$219.20	\$10.96	\$225.99	\$11.30
26	\$222.78	\$11.14	\$229.57	\$11.48	\$224.53	\$11.23	\$231.32	\$11.57
27	\$229.04	\$11.45	\$235.83	\$11.79	\$230.79	\$11.54	\$237.58	\$11.88
28	\$238.63	\$11.93	\$245.42	\$12.27	\$240.38	\$12.02	\$247.17	\$12.36
29	\$246.76	\$12.34	\$253.55	\$12.68	\$248.51	\$12.43	\$255.30	\$12.77
30	\$251.40	\$12.57	\$258.19	\$12.91	\$253.15	\$12.66	\$259.94	\$13.00
31	\$257.85	\$12.89	\$264.64	\$13.23	\$259.60	\$12.98	\$266.39	\$13.32
32	\$264.36	\$13.22	\$271.15	\$13.56	\$266.11	\$13.31	\$272.90	\$13.65
33	\$268.89	\$13.44	\$275.68	\$13.78	\$270.64	\$13.53	\$277.43	\$13.87
34	\$273.68	\$13.68	\$280.47	\$14.02	\$275.43	\$13.77	\$282.22	\$14.11
35	\$276.69	\$13.83	\$283.48	\$14.17	\$278.44	\$13.92	\$285.23	\$14.26
36	\$279.71	\$13.99	\$286.50	\$14.33	\$281.46	\$14.07	\$288.25	\$14.41
37	\$282.75	\$14.14	\$289.54	\$14.48	\$284.50	\$14.23	\$291.29	\$14.56
38	\$285.80	\$14.29	\$292.59	\$14.63	\$287.55	\$14.38	\$294.34	\$14.72
39	\$290.71	\$14.54	\$297.50	\$14.88	\$292.46	\$14.62	\$299.25	\$14.96
40	\$295.65	\$14.78	\$302.44	\$15.12	\$297.40	\$14.87	\$304.19	\$15.21
41	\$302.49	\$15.12	\$309.28	\$15.46	\$304.24	\$15.21	\$311.03	\$15.55
42	\$309.14	\$15.46	\$315.93	\$15.80	\$310.89	\$15.54	\$317.68	\$15.88
43	\$317.94	\$15.90	\$324.73	\$16.24	\$319.69	\$15.98	\$326.48	\$16.32
44	\$328.68	\$16.43	\$335.47	\$16.77	\$330.43	\$16.52	\$337.22	\$16.86
45	\$341.17	\$17.06	\$347.96	\$17.40	\$342.92	\$17.15	\$349.71	\$17.49
46	\$354.40	\$17.72	\$361.19	\$18.06	\$356.15	\$17.81	\$362.94	\$18.15
47	\$369.29	\$18.46	\$376.08	\$18.80	\$371.04	\$18.55	\$377.83	\$18.89
48	\$386.29	\$19.31	\$393.08	\$19.65	\$388.04	\$19.40	\$394.83	\$19.74
49	\$403.07	\$20.15	\$409.86	\$20.49	\$404.82	\$20.24	\$411.61	\$20.58
50	\$421.97	\$21.10	\$428.76	\$21.44	\$423.72	\$21.19	\$430.51	\$21.53
51	\$440.64	\$22.03	\$447.43	\$22.37	\$442.39	\$22.12	\$449.18	\$22.46
52	\$461.20	\$23.06	\$467.99	\$23.40	\$462.95	\$23.15	\$469.74	\$23.49
53	\$481.98	\$24.10	\$488.77	\$24.44	\$483.73	\$24.19	\$490.52	\$24.53
54	\$504.43	\$25.22	\$511.22	\$25.56	\$506.18	\$25.31	\$512.97	\$25.65
55	\$526.87	\$26.34	\$533.66	\$26.68	\$528.62	\$26.43	\$535.41	\$26.77
56	\$551.21	\$27.56	\$558.00	\$27.90	\$552.96	\$27.65	\$559.75	\$27.99
57	\$575.78	\$28.79	\$582.57	\$29.13	\$577.53	\$28.88	\$584.32	\$29.22
58	\$602.00	\$30.10	\$608.79	\$30.44	\$603.75	\$30.19	\$610.54	\$30.53
59	\$615.00	\$30.75	\$621.79	\$31.09	\$616.75	\$30.84	\$623.54	\$31.18
60	\$641.23	\$32.06	\$648.02	\$32.40	\$642.98	\$32.15	\$649.77	\$32.49
61	\$663.91	\$33.20	\$670.70	\$33.54	\$665.66	\$33.28	\$672.45	\$33.62
62	\$678.79	\$33.94	\$685.58	\$34.28	\$680.54	\$34.03	\$687.33	\$34.37
63	\$697.46	\$34.87	\$704.25	\$35.21	\$699.21	\$34.96	\$706.00	\$35.30
64 o más	\$708.80	\$35.44	\$715.59	\$35.78	\$710.55	\$35.53	\$717.34	\$35.87

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	\$88.26	\$4.41	\$95.05	\$4.75	\$90.01	\$4.50	\$96.80	\$4.84
21	\$138.98	\$6.95	\$145.77	\$7.29	\$140.73	\$7.04	\$147.52	\$7.38
22	\$138.98	\$6.95	\$145.77	\$7.29	\$140.73	\$7.04	\$147.52	\$7.38
23	\$138.98	\$6.95	\$145.77	\$7.29	\$140.73	\$7.04	\$147.52	\$7.38
24	\$138.98	\$6.95	\$145.77	\$7.29	\$140.73	\$7.04	\$147.52	\$7.38
25	\$139.54	\$6.98	\$146.33	\$7.32	\$141.29	\$7.06	\$148.08	\$7.40
26	\$142.32	\$7.12	\$149.11	\$7.46	\$144.07	\$7.20	\$150.86	\$7.54
27	\$145.66	\$7.28	\$152.45	\$7.62	\$147.41	\$7.37	\$154.20	\$7.71
28	\$151.08	\$7.55	\$157.87	\$7.89	\$152.83	\$7.64	\$159.62	\$7.98
29	\$155.52	\$7.78	\$162.31	\$8.12	\$157.27	\$7.86	\$164.06	\$8.20
30	\$157.75	\$7.89	\$164.54	\$8.23	\$159.50	\$7.98	\$166.29	\$8.31
31	\$161.08	\$8.05	\$167.87	\$8.39	\$162.83	\$8.14	\$169.62	\$8.48
32	\$164.42	\$8.22	\$171.21	\$8.56	\$166.17	\$8.31	\$172.96	\$8.65
33	\$166.50	\$8.33	\$173.29	\$8.66	\$168.25	\$8.41	\$175.04	\$8.75
34	\$168.73	\$8.44	\$175.52	\$8.78	\$170.48	\$8.52	\$177.27	\$8.86
35	\$169.84	\$8.49	\$176.63	\$8.83	\$171.59	\$8.58	\$178.38	\$8.92
36	\$170.95	\$8.55	\$177.74	\$8.89	\$172.70	\$8.64	\$179.49	\$8.97
37	\$172.06	\$8.60	\$178.85	\$8.94	\$173.81	\$8.69	\$180.60	\$9.03
38	\$173.17	\$8.66	\$179.96	\$9.00	\$174.92	\$8.75	\$181.71	\$9.09
39	\$175.40	\$8.77	\$182.19	\$9.11	\$177.15	\$8.86	\$183.94	\$9.20
40	\$177.62	\$8.88	\$184.41	\$9.22	\$179.37	\$8.97	\$186.16	\$9.31
41	\$180.96	\$9.05	\$187.75	\$9.39	\$182.71	\$9.14	\$189.50	\$9.48
42	\$184.15	\$9.21	\$190.94	\$9.55	\$185.90	\$9.30	\$192.69	\$9.63
43	\$188.60	\$9.43	\$195.39	\$9.77	\$190.35	\$9.52	\$197.14	\$9.86
44	\$194.16	\$9.71	\$200.95	\$10.05	\$195.91	\$9.80	\$202.70	\$10.14
45	\$200.69	\$10.03	\$207.48	\$10.37	\$202.44	\$10.12	\$209.23	\$10.46
46	\$208.48	\$10.42	\$215.27	\$10.76	\$210.23	\$10.51	\$217.02	\$10.85
47	\$217.23	\$10.86	\$224.02	\$11.20	\$218.98	\$10.95	\$225.77	\$11.29
48	\$227.24	\$11.36	\$234.03	\$11.70	\$228.99	\$11.45	\$235.78	\$11.79
49	\$237.11	\$11.86	\$243.90	\$12.20	\$238.86	\$11.94	\$245.65	\$12.28
50	\$248.23	\$12.41	\$255.02	\$12.75	\$249.98	\$12.50	\$256.77	\$12.84
51	\$259.21	\$12.96	\$266.00	\$13.30	\$260.96	\$13.05	\$267.75	\$13.39
52	\$271.30	\$13.57	\$278.09	\$13.90	\$273.05	\$13.65	\$279.84	\$13.99
53	\$283.53	\$14.18	\$290.32	\$14.52	\$285.28	\$14.26	\$292.07	\$14.60
54	\$296.73	\$14.84	\$303.52	\$15.18	\$298.48	\$14.92	\$305.27	\$15.26
55	\$309.94	\$15.50	\$316.73	\$15.84	\$311.69	\$15.58	\$318.48	\$15.92
56	\$324.25	\$16.21	\$331.04	\$16.55	\$326.00	\$16.30	\$332.79	\$16.64
57	\$338.71	\$16.94	\$345.50	\$17.28	\$340.46	\$17.02	\$347.25	\$17.36
58	\$354.13	\$17.71	\$360.92	\$18.05	\$355.88	\$17.79	\$362.67	\$18.13
59	\$361.78	\$18.09	\$368.57	\$18.43	\$363.53	\$18.18	\$370.32	\$18.52
60	\$377.20	\$18.86	\$383.99	\$19.20	\$378.95	\$18.95	\$385.74	\$19.29
61	\$390.55	\$19.53	\$397.34	\$19.87	\$392.30	\$19.62	\$399.09	\$19.95
62	\$399.30	\$19.97	\$406.09	\$20.30	\$401.05	\$20.05	\$407.84	\$20.39
63	\$410.28	\$20.51	\$417.07	\$20.85	\$412.03	\$20.60	\$418.82	\$20.94
64 o más	\$416.95	\$20.85	\$423.74	\$21.19	\$418.70	\$20.94	\$425.49	\$21.27

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	\$88.26	\$4.41	\$95.05	\$4.75	\$90.01	\$4.50	\$96.80	\$4.84
21	\$152.88	\$7.64	\$159.67	\$7.98	\$154.63	\$7.73	\$161.42	\$8.07
22	\$152.88	\$7.64	\$159.67	\$7.98	\$154.63	\$7.73	\$161.42	\$8.07
23	\$152.88	\$7.64	\$159.67	\$7.98	\$154.63	\$7.73	\$161.42	\$8.07
24	\$152.88	\$7.64	\$159.67	\$7.98	\$154.63	\$7.73	\$161.42	\$8.07
25	\$153.49	\$7.67	\$160.28	\$8.01	\$155.24	\$7.76	\$162.03	\$8.10
26	\$157.26	\$7.86	\$164.05	\$8.20	\$159.01	\$7.95	\$165.80	\$8.29
27	\$161.68	\$8.08	\$168.47	\$8.42	\$163.43	\$8.17	\$170.22	\$8.51
28	\$168.45	\$8.42	\$175.24	\$8.76	\$170.20	\$8.51	\$176.99	\$8.85
29	\$174.18	\$8.71	\$180.97	\$9.05	\$175.93	\$8.80	\$182.72	\$9.14
30	\$177.47	\$8.87	\$184.26	\$9.21	\$179.22	\$8.96	\$186.01	\$9.30
31	\$182.02	\$9.10	\$188.81	\$9.44	\$183.77	\$9.19	\$190.56	\$9.53
32	\$186.62	\$9.33	\$193.41	\$9.67	\$188.37	\$9.42	\$195.16	\$9.76
33	\$189.81	\$9.49	\$196.60	\$9.83	\$191.56	\$9.58	\$198.35	\$9.92
34	\$193.20	\$9.66	\$199.99	\$10.00	\$194.95	\$9.75	\$201.74	\$10.09
35	\$195.32	\$9.77	\$202.11	\$10.11	\$197.07	\$9.85	\$203.86	\$10.19
36	\$197.45	\$9.87	\$204.24	\$10.21	\$199.20	\$9.96	\$205.99	\$10.30
37	\$199.59	\$9.98	\$206.38	\$10.32	\$201.34	\$10.07	\$208.13	\$10.41
38	\$201.74	\$10.09	\$208.53	\$10.43	\$203.49	\$10.17	\$210.28	\$10.51
39	\$205.22	\$10.26	\$212.01	\$10.60	\$206.97	\$10.35	\$213.76	\$10.69
40	\$208.70	\$10.44	\$215.49	\$10.77	\$210.45	\$10.52	\$217.24	\$10.86
41	\$213.53	\$10.68	\$220.32	\$11.02	\$215.28	\$10.76	\$222.07	\$11.10
42	\$218.22	\$10.91	\$225.01	\$11.25	\$219.97	\$11.00	\$226.76	\$11.34
43	\$224.43	\$11.22	\$231.22	\$11.56	\$226.18	\$11.31	\$232.97	\$11.65
44	\$232.02	\$11.60	\$238.81	\$11.94	\$233.77	\$11.69	\$240.56	\$12.03
45	\$240.83	\$12.04	\$247.62	\$12.38	\$242.58	\$12.13	\$249.37	\$12.47
46	\$250.18	\$12.51	\$256.97	\$12.85	\$251.93	\$12.60	\$258.72	\$12.94
47	\$260.68	\$13.03	\$267.47	\$13.37	\$262.43	\$13.12	\$269.22	\$13.46
48	\$272.69	\$13.63	\$279.48	\$13.97	\$274.44	\$13.72	\$281.23	\$14.06
49	\$284.53	\$14.23	\$291.32	\$14.57	\$286.28	\$14.31	\$293.07	\$14.65
50	\$297.88	\$14.89	\$304.67	\$15.23	\$299.63	\$14.98	\$306.42	\$15.32
51	\$311.05	\$15.55	\$317.84	\$15.89	\$312.80	\$15.64	\$319.59	\$15.98
52	\$325.56	\$16.28	\$332.35	\$16.62	\$327.31	\$16.37	\$334.10	\$16.71
53	\$340.24	\$17.01	\$347.03	\$17.35	\$341.99	\$17.10	\$348.78	\$17.44
54	\$356.08	\$17.80	\$362.87	\$18.14	\$357.83	\$17.89	\$364.62	\$18.23
55	\$371.93	\$18.60	\$378.72	\$18.94	\$373.68	\$18.68	\$380.47	\$19.02
56	\$389.10	\$19.46	\$395.89	\$19.79	\$390.85	\$19.54	\$397.64	\$19.88
57	\$406.45	\$20.32	\$413.24	\$20.66	\$408.20	\$20.41	\$414.99	\$20.75
58	\$424.96	\$21.25	\$431.75	\$21.59	\$426.71	\$21.34	\$433.50	\$21.68
59	\$434.14	\$21.71	\$440.93	\$22.05	\$435.89	\$21.79	\$442.68	\$22.13
60	\$452.64	\$22.63	\$459.43	\$22.97	\$454.39	\$22.72	\$461.18	\$23.06
61	\$468.66	\$23.43	\$475.45	\$23.77	\$470.41	\$23.52	\$477.20	\$23.86
62	\$479.16	\$23.96	\$485.95	\$24.30	\$480.91	\$24.05	\$487.70	\$24.39
63	\$492.34	\$24.62	\$499.13	\$24.96	\$494.09	\$24.70	\$500.88	\$25.04
64 o más	\$500.34	\$25.02	\$507.13	\$25.36	\$502.09	\$25.10	\$508.88	\$25.44

RESUMEN DE DESEMBOLSO MÁXIMO Y COSTOS COMPARTIDOS

BENEFICIOS TRIPLE-S DIRECTO	BRONCE	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 Laboratorios Clínicos, Radiología e Imágenes	Selective	Selective	Selective
Deducible Anual de Farmacia (individual/familiar) para medicamentos recetados	N/A	\$20	\$25
Deducible Anual para servicios Médicos (no aplica a servicios preventivos)	\$75 por asegurado/ \$150 familiar	N/A	N/A
Máximo de Desembolso Anual (Combinado)	\$6,350 ind. / \$12,700 fam.	\$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 PPN/\$10	\$0 PPN/\$5	\$0 PPN/\$5
Especialistas (Optómetra, podiatra y audiólogo)	\$0 SALUS/\$20	\$0 SALUS/\$15	\$0 SALUS/\$12
Subespecialista	\$0 SALUS/\$25	\$0 SALUS/\$20	\$0 SALUS/\$18
Nutricionista	\$0 sin límite	\$0 SALUS/\$5 sin límite	\$0 SALUS/\$5 sin límite
Servicios médicos en el hogar por médicos	\$15	\$15	\$15
Laboratorios	50%	35%	30%
Rayos X	\$0 SALUS/60%	\$0 SALUS/40%	\$0 SALUS/30%
Pruebas diagnósticas, especializadas e imágenes	75%	40%	40%
Pruebas cardiovasculares invasivas y litotricia	60%	40%	35%
Sala de Emergencia			
Recomendado por TeleConsulta	El referido de TeleConsulta no tendrá un copago menor	El referido de TeleConsulta no tendrá un copago menor	El referido de TeleConsulta no tendrá un copago menor
Accidente / Enfermedad	\$50/\$100	\$50/\$100	\$40/\$100
Facilidad de Cuidado Urgente	\$15	\$15	\$15
Terapias respiratorias	40% por terapia	\$10	\$10
Terapias físicas	60% por terapia	\$15	\$15
Visitas a quiroprácticos	\$15	\$15	\$15
Manipulaciones a quiroprácticos	60% por terapia	\$15	\$15
Prueba de refracción	\$0	\$0	\$0
Facilidad ambulatoria	60%	\$200	\$100
Cirugías ambulatorias	60%	45%	35%
Facilidad de Enfermería Diestra	60%	\$200	\$150
Cuidados de Salud en el Hogar	60%	40%	30%
Admisión a hospital	\$300/\$900	\$200/\$700	\$150/\$600
Cirugías en hospital	40%	\$0	\$0
Cirugía bariátrica	60%, 1 por vida. 12 meses periodo de espera	50%, 1 por vida. 12 meses periodo de espera	40%, 1 por vida. 12 meses periodo de espera
Asistente quirúrgico	60%	50%	50%
Equipo Médico Duradero	75%	50%	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%	25%
Salud Mental / Abuso de Sustancias			
Hospitalización Parcial	20%/40%	\$50 PPN /\$100	\$50 PPN /\$100
Tratamiento Residencial	60%	\$200	\$150
Visitas psiquiátricas	\$20	\$15	\$12
Visitas psicológicas	\$0 SALUS/\$20	\$0 SALUS/\$15	\$0 SALUS/\$12
Visitas Colaterales	\$20	\$15	\$12

RESUMEN DE DESEMBOLSO MÁXIMO Y COSTOS COMPARTIDOS

BENEFICIOS	BRONCE	PLATA	ORO
Evaluaciones y pruebas psicológicas	\$10	\$10	\$10
Terapia de grupo	\$20	\$15	\$12
Servicios en EU (para servicios de emergencia o no disponibles en PR.)	65%	50%	50%
Servicios en EU (Salas de Urgencia en el estado de Florida en las Clínicas de Urgencia Sanitas)	\$50	\$50	\$50
Quimioterapia, Radioterapia y cobalto (admitido en hospital o ambulatorio)	40%	20%	30%
Medicamentos inyectables en oficina	Excluidos (excepto tratamientos de cáncer)	Excluidos (excepto tratamientos de cáncer)	Excluidos (excepto tratamientos de cáncer)
Diálisis admitido en hospital y ambulatorio	40%	25%	30%
Visión	\$0 espejuelos pediátricos*; \$75 espejuelos para adultos	\$0 espejuelos pediátricos*; \$75 espejuelos para adultos	\$0 espejuelos pediátricos*; \$75 espejuelos para adultos
Dental	\$0	\$0	\$0
Triple-S Natural (Terapias Alternativas)	\$15	\$15	\$15
TeleConsulta MD (Telemedicina)	\$0	\$0	\$0
Synagis	40%	30%	30%
Perfil biofísico	60%	50%	50%
Formulario de Medicamentos	Select 2024	Select 2024	Select 2024
Red de Farmacia	Better Value	Better Value	Better Value
Quimioterapia Oral	40%	20%	30%
Primer nivel de cubierta - aplica nivel de coaseguro	Sin límite	Sin límite	\$900 por persona
Nivel 1 (genéricos preferidos)	\$10	\$10	10% min \$7
Nivel 2 (marca preferida)	95%	95%	30% min \$20
Nivel 3 (marca no preferida)	95%	95%	30% min \$30
Nivel 4 (especializados preferidos)	95%	95%	75%
Nivel 5 (especializados no preferidos) y medicamentos por proceso de excepción	95%	95%	75%
Coaseguro luego del primer nivel de cubierta	N/A	N/A	90%
Dental Opcional	DI-05 / Opcional 2024	DI-05 / Opcional 2024	DI-05 / Opcional 2024
Programa de Bienestar	Cubierto	Cubierto	Cubierto
Contigo Mamá - programa para embarazadas. Ofrece apoyo a domicilio para el parto 12 o 16 hrs (4 hrs por día).	Cubierto	Cubierto	Cubierto
Seguro de Asistencia al Viajero (\$10,000)	Cubierto	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	No cubierto

*Dentro de la colección contratada.

RESUMEN DE DESEMBOLSO MÁXIMO Y COSTOS COMPARTIDOS

BENEFICIOS Pocket DE TRIPLE-S	PLATA			ORO		
	PCP	Con Consulta PCP/ Redes Preferidas	Red de Participantes y Proveedores de Triple-S Salud	PCP	Con Consulta PCP/ Redes Preferidas	Red de Participantes y Proveedores de Triple-S Salud
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 Laboratorios Clínicos, Radiología e Imágenes	Selective	Selective	Selective	Selective	Selective	Selective
Deducible Anual de Farmacia (individual/familiar) para medicamentos recetados		\$20			\$50	
Deducible Anual de para servicios Médicos (no aplica a servicios preventivos)		\$50			\$25	
Máximo de Desembolso Anual (Combinado)		\$6,350-\$12,700			\$6,350-\$12,700	
Visitas a Generalistas o Medicos de Cabecera (PCP) (Generalista, Médicos de familia, Pediatras, Internistas y Ginecólogos. Oncólogos conforme la ley 79-2020.)	\$0	N/A	N/A	\$0	N/A	N/A
Especialistas (Optómetra, podiatra y audiólogo)	N/A	\$0	\$18	N/A	\$0	\$12
Subespecialista	N/A	\$0	\$22	N/A	\$0	\$18
Nutricionista	N/A	\$0 sin límite	\$0 sin límite	N/A	\$0 sin límite	\$0 sin límite
Servicios médicos en el hogar por médicos	\$10	N/A	N/A	\$10	N/A	N/A
Laboratorios	N/A	35%	N/A	N/A	35%	N/A
Rayos-X	N/A	\$0 SALUS/40%	N/A	N/A	35%	N/A
Pruebas diagnósticas, especializadas e imágenes	N/A	40%	N/A	N/A	35%	N/A
Pruebas diagnósticas	N/A	25%	50%	N/A	25%	50%
Pruebas cardiovasculares invasivas y litotricia	N/A	25%	50%	N/A	25%	50%
Sala de Emergencia						
Recomendado por Teleconsulta		El referido de TeleConsulta no tendrá un copago menor			El referido de TeleConsulta no tendrá un copago menor	
Accidente / Enfermedad	N/A	\$40/\$100	\$40/\$100		\$25/\$80	\$25/\$80
Facilidad de Cuidado Urgente	N/A	\$15	\$15	N/A	\$15	\$15
Terapias respiratorias	N/A	\$0	50%	N/A	\$0	50%
Terapias físicas	N/A	\$10	\$18	N/A	\$10	\$18
Visitas a quiroprácticos	N/A	\$10	50%	N/A	\$10	50%
Manipulaciones a quiroprácticos	N/A	\$10	\$18	N/A	\$10	\$18
Prueba de Refracción	N/A	\$0	\$0	N/A	\$0	\$0
Facilidad ambulatoria	N/A	55%	55%	N/A	\$50	50%
Cirugías Ambulatorias	\$50	40%	40%	\$50	\$50	30%
Facilidad de Enfermería Diestra	N/A	\$100	50%	N/A	\$100	50%
Cuidados de Salud en el Hogar	N/A	20%	50%	N/A	20%	50%
Admisión a Hospital	N/A	\$250	\$700	N/A	\$100	\$400
Cirugías en hospital	N/A	\$50	\$50	N/A	\$50	\$50
Cirugía bariátrica	N/A	50% 1 por vida 12 meses periodo de espera	50% 1 por vida 12 meses periodo de espera	N/A	40%, 1 por vida. 12 meses periodo de espera	
Asistente quirúrgico	No cubierto	No cubierto	No cubierto	No cubierto	No cubierto	No cubierto
Equipo Médico Duradero	N/A	50%	50%	N/A	50%	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.	N/A	50%	50%	N/A	50%	50%
Salud Mental / Abuso de Sustancias						
Hospitalización Parcial	N/A	\$50	\$100	N/A	\$50	\$100

RESUMEN DE DESEMBOLSO MÁXIMO Y COSTOS COMPARTIDOS

BENEFICIOS Pocket DE TRIPLE-S	PLATA			ORO		
	PCP	Con Consulta PCP/ Redes Preferidas	Red de Participantes y Proveedores de Triple-S Salud	PCP	Con Consulta PCP/ Redes Preferidas	Red de Participantes y Proveedores de Triple-S Salud
Tratamiento Residencial	N/A	\$100	50%	N/A	\$100	50%
Visitas psiquiátricas	N/A	\$0	\$18	N/A	\$0	\$12
Visitas psicológicas	N/A	\$0	\$18	N/A	\$0	\$12
Visitas Colaterales	N/A	\$0	\$18	N/A	\$0	\$12
Evaluaciones y pruebas psicológicas	N/A	\$0	\$20	N/A	\$0	\$20
Terapia de grupo	N/A	\$0	\$18	N/A	\$0	\$12
Servicios en EU (para servicios de emergencia o no disponibles en PR)	N/A	60%	60%	N/A	50%	50%
Servicios en EU (Salas de Urgencia en el estado de Florida en las Clínicas de Urgencia Sanitas)	N/A		\$50	N/A		\$50
Quimioterapia, Radioterapia y cobalto (admitido en hospital o ambulatorio)	N/A	10%	10%	N/A	10%	10%
Medicamentos inyectables en oficina	Excluido (excepto tratamientos de cáncer)			Excluido (excepto tratamientos de cáncer)		
Diálisis admitido en hospital y ambulatorio		20%	50%		20%	50%
Visión	\$0 para espejuelos pediátricos*, \$75 espejuelos para adultos			\$0 para espejuelos pediátricos*, \$75 espejuelos para adultos		
Dental	\$0	\$0	\$0	\$0	\$0	\$0
Triple-S Natural (Terapias Alternativas)	N/A	\$15	\$15	N/A	\$15	\$15
TeleConsulta MD (Telemedicina)	\$0 Sin límite	\$0 Sin límite	\$0 Sin límite	\$0 Sin límite	\$0 Sin límite	\$0 Sin límite
Synagis	N/A	30%	50%	N/A	30%	50%
Perfil biofísico	N/A	30%	50%	N/A	30%	50%
Formulario de Medicamentos	Select 2024			Select 2024		
Red de Farmacia	Better Value			Better Value		
Quimioterapia Oral		10%			10%	
Primer nivel de cubierta - aplica nivel de coaseguro		\$600 per persona			\$700 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			40% 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%			95%	
Contigo Mamá - programa para embarazadas. Ofrece apoyo a domicilio para el posparto 12 o 16 hrs (4 hrs por día).	N/A	Cubierto			Cubierto	
Programa de Bienestar	N/A	Cubierto			Cubierto	
Dental Opcional		DI-05 / Opcional 2024			DI-05 / Opcional 2024	
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			\$20 mensuales a través de reembolso al completar HRA y visita preventiva anual	

*Dentro de la colección contratada

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