

MUNICIPIO DE PONCE
Benefits
Effective Date: 07/01/2025 - 06/30/2025

This document is for illustrative purposes only. It must be validated with the proposals before being shared with the client.

| | | Current Benefit Rates | 2025 Benefits & Rate | | | | | |
|--------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------|-----------------------|-----------------------------------|-----------------------------------|
| Service | Description | First Medical | First Medical | First Medical Rev. 4/10/25 | MCS | MCS NO MOOP | MENONITA | MENONITA |
| MOOP | \$6,350 Ind / \$12,700 Fam (medical & drugs) | YES | YES | YES | YES | NO | YES | YES |
| Office Visits | Generalist | \$12 | \$12 | \$12 | \$12 | \$12 | \$12 | \$12 |
| | Specialist | \$18 | \$18 | \$18 | \$18 | \$18 | \$18 | \$18 |
| | Sub-Specialist | \$20 | \$20 | \$20 | \$20 | \$20 | \$20 | \$20 |
| Diagnostic Tests | Special Network | NO | NO | NO | NO | NO | NO | NO |
| | Laboratories | 40% | 40% | 40% | 40% | 40% | 40% | 40% |
| | X-Rays | 40% | 40% | 40% | 40% | 40% | 40% | 40% |
| | Specialized Diagnostic Tests | 40% | 40% | 40% | 40% | 40% | 40% | 40% |
| Therapies | Respiratory / Physical | \$10 / \$10 | \$10 / \$10 | \$10 / \$10 | \$10 / \$10 | \$10 / \$10 | \$10 / \$10 | \$10 / \$10 |
| Hospital | Preferred / Non Preferred | \$250 / \$0 MP | \$250 / \$0 MP | \$250 / \$0 MP | \$250 | \$250 | \$0 / \$250 | \$0 / \$250 |
| Ambulatory Service | Copay | 20% | 20% | 20% | \$250 | \$250 | 20% | 20% |
| Urgent Care | Copay | - | - | - | \$60 | \$60 | N/A | N/A |
| Emergency | Sickness | \$75 / \$25 MP | \$75 / \$25 MP | \$75 / \$25 MP | \$75 | \$75 | \$75 / \$25 | \$75 / \$25 |
| | Accident | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Medical Drug Component | Medical Drug Component | - | - | - | 40% | 40% | N/A | N/A |
| Cancer Therapies | Chemo / Radio | 20% | 20% | 20% | 20% | 20% | 20% | 20% |
| Drugs | Special Network | YES | YES | YES | NO | NO | YES | YES |
| | Formulary | FMDL 2024-02 | FMDL 2025-02 | FMDL 2025-02 | PDL B - I | PDL B - I | PSM STANDARD | PSM STANDARD |
| | Upfront Deductible | \$75 | \$75 | \$75 | \$75 | \$75 | \$75 | \$75 |
| | Preferred Generics | 10% MIN \$10 IN 15% MIN \$15 OON | 10% MIN \$10 IN 15% MIN \$15 OON | 10% MIN \$10 IN 15% MIN \$15 OON | 10% MIN \$10 | 10% MIN \$10 | 10% MIN \$15 | 10% MIN \$15 |
| | Non Preferred Generics | 10% MIN \$10 IN 15% MIN \$15 OON | 10% MIN \$10 IN 15% MIN \$15 OON | 10% MIN \$10 IN 15% MIN \$15 OON | 10% MIN \$10 | 10% MIN \$10 | 10% MIN \$15 | 10% MIN \$15 |
| | Preferred Brand | 30% MIN \$10 IN 35% MIN \$15 OON | 30% MIN \$10 IN 35% MIN \$15 OON | 30% MIN \$10 IN 35% MIN \$15 OON | 30% MIN \$10 | 30% MIN \$10 | 30% MIN \$15 | 30% MIN \$15 |
| | Non Preferred Brand | 35% MIN \$20 IN 35% MIN \$20 OON | 35% MIN \$20 IN 35% MIN \$20 OON | 35% MIN \$20 IN 35% MIN \$20 OON | 30% MIN \$20 | 30% MIN \$20 | 35% MIN \$20 | 35% MIN \$20 |
| | Preferred Specialty | 40% Formulary Only | 40% Formulary Only | 40% Formulary Only | 40% | 40% | 40% | 40% |
| | Non Preferred Specialty | - | - | - | 40% | 40% | 40% | 40% |
| | Benefit Level | \$1,750 | \$1,750 | \$1,750 | \$1,750 | \$1,750 | \$1,750 | \$1,750 |
| | After Benefit Level | 60% | 60% | 60% | 60% | 60% | 60% | 60% |
| | Step Therapy | YES | YES | YES | NO | NO | YES | YES |
| Dental | Annual Maximum | \$750 | \$750 | \$750 | \$750 | \$750 | \$750 | \$750 |
| | Diagnostic & Preventive | MINOR 0% / ADULT 10% | MINOR 0% / ADULT 10% | MINOR 0% / ADULT 10% | 0% | 0% | 20% | 20% |
| | Restorative | MINOR 20% / MAJOR 40% | MINOR 20% / MAJOR 40% | MINOR 20% / MAJOR 40% | 20% | 20% | MINOR 20% / MAJOR 40% | MINOR 20% / MAJOR 40% |
| | Endodontic | - | - | - | NOT COVERED | NOT COVERED | - | - |
| | Prosthodontic | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | 40% | 40% |
| | Periodontic | - | - | - | NOT COVERED | NOT COVERED | - | - |
| | Orthodontic | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED | NOT COVERED |
| Vision | Coverage | PLATINO II | PLATINO II | PLATINO II | \$100 PER POLICY YEAR | \$100 PER POLICY YEAR | \$150 PER POLICY YEAR | \$150 PER POLICY YEAR |
| Life Insurance | Benefit | OPTIONAL - NOT INCLUDED IN RATES | OPTIONAL - NOT INCLUDED IN RATES | OPTIONAL - NOT INCLUDED IN RATES | \$10,000 | \$10,000 | OPTIONAL NOT INCLUDED IN RATES | OPTIONAL NOT INCLUDED IN RATES |
| EAP | Coverage | NOT INCLUDED | NOT INCLUDED | NOT INCLUDED | INCLUDED | INCLUDED | NOT INCLUDED | NOT INCLUDED |
| Rate | Employee | \$ 187.00 | \$ 196.35 | \$ 187.00 | \$ 228.85 | \$ 217.77 | \$ 190.00 | \$ 185.00 |
| | Couple | \$ 439.00 | \$ 460.95 | \$ 439.00 | \$ 533.62 | \$ 507.79 | \$ 445.00 | \$ 433.00 |
| | Family | \$ 566.00 | \$ 594.30 | \$ 566.00 | \$ 687.20 | \$ 653.95 | \$ 573.00 | \$ 559.00 |
| Annual Premium Estimate | | \$2,399,964 | \$2,519,962 | \$2,399,964 | \$2,932,136 | \$2,790,188 | \$2,436,792 | \$2,373,036 |
| Premium PEPM | | \$218.10 | \$229.00 | \$218.10 | \$266.46 | \$253.56 | \$221.45 | \$215.65 |
| Increase / Decrease vs Current Rates | | N/A | 5.0% | 0.0% | 22.2% | 16.3% | 1.5% | -1.1% |