# Pocket

TRIPLE-S SALUD
BlueCross BlueShield of Puerto Rico

| BENEFICIOS | CON CONSULTA DEL PCP DENTRO DE LA RED POCKET | SIN CONSULTA DENTRO DE LA RED POCKET | SIN CONSULTA EN LA RED DE PROVEEDORES |
|---|---|---|---|
| Desembolso Máximo Anual para Beneficios Médicos y Medicamentos Recetados (Combinados) | | | |
| Individual | | $6,350 | |
| Familiar | | $12,700 | |
| Servicios Ambulatorios | | | |
| Generalista (PCP) | $0 | N/A | N/A |
| Especialista | $0 | $20 | $20 |
| Subespecialista | $0 | $25 | $25 |
| Nutricionista | $0 | $20 | $20 |
| Quiropráctico | $0 | $10 | 50% |
| Facilidad Ambulatoria | | $50 | 50% |
| Equipo Médico Duradero (DME) | | 50% | 50% |
| Servicios Preventivos | | $0 | $0 |
| Laboratorios, Rayos-X y Pruebas Especializadas | | | |
| Laboratorio | | 35% | |
| Rayos x | | 35% | |
| Sonogramas, CT, MRI | | 35% | |
| Servicios de Emergencia/ Urgencia | | | |
| Servicios de Urgencia | | $15 | $15 |
| Recomendado por Teleconsulta | | $75 | $75 |
| Servicios de Emergencias: Accidente/Enfermedad | | $100 | $100 |
| Hospitalización | | | |
| Parcial (incluyendo Salud Mental) | | $50 | $100 |
| Completa (incluyendo Salud Mental) | | $50 | $300 |
| Facilidad de Enfermería especializada | | $100 | 50% |
| Asistencia Quirúrgica | | No Cubierto | No Cubierto |
| Servicios en Estados Unidos en casos de emergencias o cuando no haya un servicios en PR con precertificación | | 60% | 60% |
| Visión | | | |
| Examen de Refracción (Visión de Adultos y Niños) | | $0 | $0 |
| Visión Pediátrica (lentes de correción visual o marco para lentes de correción visual) | | $0 para espejuelos pediátricos (for pediatric eyeglasses) | $0 para espejuelos pediátricos (for pediatric eyeglasses) |
| Espejuelos o Lentes de Contacto para Adultos | | Hasta un máximo de $75 | Hasta un máximo de $75 |
| Cubierta Dental | | | |
| Diagnóstico y Preventivo | $0 | $0 | $0 |
| Cubierta de Farmacia | | | |
| Lista de Medicamentos | | Supreme 2022 | |
| Deducible annual | | $50 por persona | |
| Primer Nivel de Cubierta | | $500 por persona | |
| Genericos | | $5 | |
| Marca Preferidos | | 40% | |
| Marca No Preferidos | | 50% | |
| Productos Especializados Preferidos | | 60% | |
| Productos Especializados No Preferidos | | 60% | |
| Medicamentos Fuera del Recetario (OTC) | | $0 (Programa OTC TS) | |
| Coaseguro para todos los medicamentos luego del primer nivel de cubierta | | 95% | |
| Otros Servicios | | | |
| TeleConsulta MD | | $0 | |
| Triple-S Natural (Medicina Alternativa) | | $15 | |
| Asistencia en el Hogar-Contigo Mamá | | Cubierto | |

# Pocket PRIMA MENSUAL 2022

| EDAD | PRIMA MÉDICA | PRIMA MÉDICA con Dental Ampliado | PRIMA MÉDICA con Seguro de Vida | PRIMA MÉDICA con Dental Ampliado y Seguro de Vida |
|---|---|---|---|---|
| 0-20 | $81.50 | $88.03 | $83.25 | $89.78 |
| 21 | $128.35 | $134.88 | $130.10 | $136.63 |
| 22 | $128.35 | $134.88 | $130.10 | $136.63 |
| 23 | $128.35 | $134.88 | $130.10 | $136.63 |
| 24 | $128.35 | $134.88 | $130.10 | $136.63 |
| 25 | $128.86 | $135.39 | $130.61 | $137.14 |
| 26 | $131.43 | $137.96 | $133.18 | $139.71 |
| 27 | $134.51 | $141.04 | $136.26 | $142.79 |
| 28 | $139.52 | $146.05 | $141.27 | $147.80 |
| 29 | $143.63 | $150.16 | $145.38 | $151.91 |
| 30 | $145.68 | $152.21 | $147.43 | $153.96 |
| 31 | $148.76 | $155.29 | $150.51 | $157.04 |
| 32 | $151.84 | $158.37 | $153.59 | $160.12 |
| 33 | $153.76 | $160.29 | $155.51 | $162.04 |
| 34 | $155.82 | $162.35 | $157.57 | $164.10 |
| 35 | $156.85 | $163.38 | $158.60 | $165.13 |
| 36 | $157.87 | $164.40 | $159.62 | $166.15 |
| 37 | $158.90 | $165.43 | $160.65 | $167.18 |
| 38 | $159.93 | $166.46 | $161.68 | $168.21 |
| 39 | $161.98 | $168.51 | $163.73 | $170.26 |
| 40 | $164.03 | $170.56 | $165.78 | $172.31 |
| 41 | $167.11 | $173.64 | $168.86 | $175.39 |
| 42 | $170.07 | $176.60 | $171.82 | $178.35 |
| 43 | $174.17 | $180.70 | $175.92 | $182.45 |
| 44 | $179.31 | $185.84 | $181.06 | $187.59 |
| 45 | $185.34 | $191.87 | $187.09 | $193.62 |
| 46 | $192.53 | $199.06 | $194.28 | $200.81 |
| 47 | $200.61 | $207.14 | $202.36 | $208.89 |
| 48 | $209.85 | $216.38 | $211.60 | $218.13 |
| 49 | $218.97 | $225.50 | $220.72 | $227.25 |
| 50 | $229.24 | $235.77 | $230.99 | $237.52 |
| 51 | $239.38 | $245.91 | $241.13 | $247.66 |
| 52 | $250.54 | $257.07 | $252.29 | $258.82 |
| 53 | $261.84 | $268.37 | $263.59 | $270.12 |
| 54 | $274.03 | $280.56 | $275.78 | $282.31 |
| 55 | $286.22 | $292.75 | $287.97 | $294.50 |
| 56 | $299.44 | $305.97 | $301.19 | $307.72 |
| 57 | $312.79 | $319.32 | $314.54 | $321.07 |
| 58 | $327.04 | $333.57 | $328.79 | $335.32 |
| 59 | $334.10 | $340.63 | $335.85 | $342.38 |
| 60 | $348.35 | $354.88 | $350.10 | $356.63 |
| 61 | $360.67 | $367.20 | $362.42 | $368.95 |
| 62 | $368.75 | $375.28 | $370.50 | $377.03 |
| 63 | $378.89 | $385.42 | $380.64 | $387.17 |
| 64 o más | $385.05 | $391.58 | $386.80 | $393.33 |