RESUMEN DE BENEFICIOS Y PRIMAS 2026

PARA USO INTERNO

TRIPLE-S SALUD

ESTAMOS CONTIGO

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	$89.56	$4.48	$96.35	$4.82	$91.31	$4.57	$98.10	$4.91
21	$141.05	$7.05	$147.84	$7.39	$142.80	$7.14	$149.59	$7.48
22	$141.05	$7.05	$147.84	$7.39	$142.80	$7.14	$149.59	$7.48
23	$141.05	$7.05	$147.84	$7.39	$142.80	$7.14	$149.59	$7.48
24	$141.05	$7.05	$147.84	$7.39	$142.80	$7.14	$149.59	$7.48
25	$141.61	$7.08	$148.40	$7.42	$143.36	$7.17	$150.15	$7.51
26	$144.43	$7.22	$151.22	$7.56	$146.18	$7.31	$152.97	$7.65
27	$147.82	$7.39	$154.61	$7.73	$149.57	$7.48	$156.36	$7.82
28	$153.32	$7.67	$160.11	$8.01	$155.07	$7.75	$161.86	$8.09
29	$157.83	$7.89	$164.62	$8.23	$159.58	$7.98	$166.37	$8.32
30	$160.09	$8.00	$166.88	$8.34	$161.84	$8.09	$168.63	$8.43
31	$163.47	$8.17	$170.26	$8.51	$165.22	$8.26	$172.01	$8.60
32	$166.86	$8.34	$173.65	$8.68	$168.61	$8.43	$175.40	$8.77
33	$168.97	$8.45	$175.76	$8.79	$170.72	$8.54	$177.51	$8.88
34	$171.23	$8.56	$178.02	$8.90	$172.98	$8.65	$179.77	$8.99
35	$172.36	$8.62	$179.15	$8.96	$174.11	$8.71	$180.90	$9.05
36	$173.49	$8.67	$180.28	$9.01	$175.24	$8.76	$182.03	$9.10
37	$174.62	$8.73	$181.41	$9.07	$176.37	$8.82	$183.16	$9.16
38	$175.74	$8.79	$182.53	$9.13	$177.49	$8.87	$184.28	$9.21
39	$178.00	$8.90	$184.79	$9.24	$179.75	$8.99	$186.54	$9.33
40	$180.26	$9.01	$187.05	$9.35	$182.01	$9.10	$188.80	$9.44
41	$183.64	$9.18	$190.43	$9.52	$185.39	$9.27	$192.18	$9.61
42	$186.89	$9.34	$193.68	$9.68	$188.64	$9.43	$195.43	$9.77
43	$191.40	$9.57	$198.19	$9.91	$193.15	$9.66	$199.94	$10.00
44	$197.04	$9.85	$203.83	$10.19	$198.79	$9.94	$205.58	$10.28
45	$203.67	$10.18	$210.46	$10.52	$205.42	$10.27	$212.21	$10.61
46	$211.57	$10.58	$218.36	$10.92	$213.32	$10.67	$220.11	$11.01
47	$220.46	$11.02	$227.25	$11.36	$222.21	$11.11	$229.00	$11.45
48	$230.61	$11.53	$237.40	$11.87	$232.36	$11.62	$239.15	$11.96
49	$240.63	$12.03	$247.42	$12.37	$242.38	$12.12	$249.17	$12.46
50	$251.91	$12.60	$258.70	$12.94	$253.66	$12.68	$260.45	$13.02
51	$263.05	$13.15	$269.84	$13.49	$264.80	$13.24	$271.59	$13.58
52	$275.32	$13.77	$282.11	$14.11	$277.07	$13.85	$283.86	$14.19
53	$287.74	$14.39	$294.53	$14.73	$289.49	$14.47	$296.28	$14.81
54	$301.13	$15.06	$307.92	$15.40	$302.88	$15.14	$309.67	$15.48
55	$314.53	$15.73	$321.32	$16.07	$316.28	$15.81	$323.07	$16.15
56	$329.06	$16.45	$335.85	$16.79	$330.81	$16.54	$337.60	$16.88
57	$343.73	$17.19	$350.52	$17.53	$345.48	$17.27	$352.27	$17.61
58	$359.39	$17.97	$366.18	$18.31	$361.14	$18.06	$367.93	$18.40
59	$367.14	$18.36	$373.93	$18.70	$368.89	$18.44	$375.68	$18.78
60	$382.80	$19.14	$389.59	$19.48	$384.55	$19.23	$391.34	$19.57
61	$396.34	$19.82	$403.13	$20.16	$398.09	$19.90	$404.88	$20.24
62	$405.23	$20.26	$412.02	$20.60	$406.98	$20.35	$413.77	$20.69
63	$416.37	$20.82	$423.16	$21.16	$418.12	$20.91	$424.91	$21.25
64 o más	$423.14	$21.16	$429.93	$21.50	$424.89	$21.24	$431.68	$21.58

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	$89.56	$4.48	$96.35	$4.82	$91.31	$4.57	$98.10	$4.91
21	$155.16	$7.76	$161.95	$8.10	$156.91	$7.85	$163.70	$8.19
22	$155.16	$7.76	$161.95	$8.10	$156.91	$7.85	$163.70	$8.19
23	$155.16	$7.76	$161.95	$8.10	$156.91	$7.85	$163.70	$8.19
24	$155.16	$7.76	$161.95	$8.10	$156.91	$7.85	$163.70	$8.19
25	$155.77	$7.79	$162.56	$8.13	$157.52	$7.88	$164.31	$8.22
26	$159.60	$7.98	$166.39	$8.32	$161.35	$8.07	$168.14	$8.41
27	$164.08	$8.20	$170.87	$8.54	$165.83	$8.29	$172.62	$8.63
28	$170.95	$8.55	$177.74	$8.89	$172.70	$8.64	$179.49	$8.97
29	$176.77	$8.84	$183.56	$9.18	$178.52	$8.93	$185.31	$9.27
30	$180.10	$9.01	$186.89	$9.34	$181.85	$9.09	$188.64	$9.43
31	$184.72	$9.24	$191.51	$9.58	$186.47	$9.32	$193.26	$9.66
32	$189.39	$9.47	$196.18	$9.81	$191.14	$9.56	$197.93	$9.90
33	$192.63	$9.63	$199.42	$9.97	$194.38	$9.72	$201.17	$10.06
34	$196.06	$9.80	$202.85	$10.14	$197.81	$9.89	$204.60	$10.23
35	$198.21	$9.91	$205.00	$10.25	$199.96	$10.00	$206.75	$10.34
36	$200.38	$10.02	$207.17	$10.36	$202.13	$10.11	$208.92	$10.45
37	$202.56	$10.13	$209.35	$10.47	$204.31	$10.22	$211.10	$10.56
38	$204.74	$10.24	$211.53	$10.58	$206.49	$10.32	$213.28	$10.66
39	$208.26	$10.41	$215.05	$10.75	$210.01	$10.50	$216.80	$10.84
40	$211.81	$10.59	$218.60	$10.93	$213.56	$10.68	$220.35	$11.02
41	$216.70	$10.84	$223.49	$11.17	$218.45	$10.92	$225.24	$11.26
42	$221.46	$11.07	$228.25	$11.41	$223.21	$11.16	$230.00	$11.50
43	$227.77	$11.39	$234.56	$11.73	$229.52	$11.48	$236.31	$11.82
44	$235.46	$11.77	$242.25	$12.11	$237.21	$11.86	$244.00	$12.20
45	$244.40	$12.22	$251.19	$12.56	$246.15	$12.31	$252.94	$12.65
46	$253.88	$12.69	$260.67	$13.03	$255.63	$12.78	$262.42	$13.12
47	$264.55	$13.23	$271.34	$13.57	$266.30	$13.32	$273.09	$13.65
48	$276.73	$13.84	$283.52	$14.18	$278.48	$13.92	$285.27	$14.26
49	$288.76	$14.44	$295.55	$14.78	$290.51	$14.53	$297.30	$14.87
50	$302.29	$15.11	$309.08	$15.45	$304.04	$15.20	$310.83	$15.54
51	$315.66	$15.78	$322.45	$16.12	$317.41	$15.87	$324.20	$16.21
52	$330.38	$16.52	$337.17	$16.86	$332.13	$16.61	$338.92	$16.95
53	$345.29	$17.26	$352.08	$17.60	$347.04	$17.35	$353.83	$17.69
54	$361.36	$18.07	$368.15	$18.41	$363.11	$18.16	$369.90	$18.50
55	$377.44	$18.87	$384.23	$19.21	$379.19	$18.96	$385.98	$19.30
56	$394.87	$19.74	$401.66	$20.08	$396.62	$19.83	$403.41	$20.17
57	$412.48	$20.62	$419.27	$20.96	$414.23	$20.71	$421.02	$21.05
58	$431.27	$21.56	$438.06	$21.90	$433.02	$21.65	$439.81	$21.99
59	$440.57	$22.03	$447.36	$22.37	$442.32	$22.12	$449.11	$22.46
60	$459.36	$22.97	$466.15	$23.31	$461.11	$23.06	$467.90	$23.40
61	$475.61	$23.78	$482.40	$24.12	$477.36	$23.87	$484.15	$24.21
62	$486.28	$24.31	$493.07	$24.65	$488.03	$24.40	$494.82	$24.74
63	$499.64	$24.98	$506.43	$25.32	$501.39	$25.07	$508.18	$25.41
64 o más	$507.77	$25.39	$514.56	$25.73	$509.52	$25.48	$516.31	$25.82

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	$113.23	$5.66	$120.02	$6.00	$114.98	$5.75	$121.77	$6.09
21	$178.32	$8.92	$185.11	$9.26	$180.07	$9.00	$186.86	$9.34
22	$178.32	$8.92	$185.11	$9.26	$180.07	$9.00	$186.86	$9.34
23	$178.32	$8.92	$185.11	$9.26	$180.07	$9.00	$186.86	$9.34
24	$178.32	$8.92	$185.11	$9.26	$180.07	$9.00	$186.86	$9.34
25	$179.03	$8.95	$185.82	$9.29	$180.78	$9.04	$187.57	$9.38
26	$182.60	$9.13	$189.39	$9.47	$184.35	$9.22	$191.14	$9.56
27	$186.88	$9.34	$193.67	$9.68	$188.63	$9.43	$195.42	$9.77
28	$193.83	$9.69	$200.62	$10.03	$195.58	$9.78	$202.37	$10.12
29	$199.54	$9.98	$206.33	$10.32	$201.29	$10.06	$208.08	$10.40
30	$202.39	$10.12	$209.18	$10.46	$204.14	$10.21	$210.93	$10.55
31	$206.67	$10.33	$213.46	$10.67	$208.42	$10.42	$215.21	$10.76
32	$210.95	$10.55	$217.74	$10.89	$212.70	$10.64	$219.49	$10.97
33	$213.63	$10.68	$220.42	$11.02	$215.38	$10.77	$222.17	$11.11
34	$216.48	$10.82	$223.27	$11.16	$218.23	$10.91	$225.02	$11.25
35	$217.91	$10.90	$224.70	$11.24	$219.66	$10.98	$226.45	$11.32
36	$219.33	$10.97	$226.12	$11.31	$221.08	$11.05	$227.87	$11.39
37	$220.76	$11.04	$227.55	$11.38	$222.51	$11.13	$229.30	$11.47
38	$222.19	$11.11	$228.98	$11.45	$223.94	$11.20	$230.73	$11.54
39	$225.04	$11.25	$231.83	$11.59	$226.79	$11.34	$233.58	$11.68
40	$227.89	$11.39	$234.68	$11.73	$229.64	$11.48	$236.43	$11.82
41	$232.17	$11.61	$238.96	$11.95	$233.92	$11.70	$240.71	$12.04
42	$236.27	$11.81	$243.06	$12.15	$238.02	$11.90	$244.81	$12.24
43	$241.98	$12.10	$248.77	$12.44	$243.73	$12.19	$250.52	$12.53
44	$249.11	$12.46	$255.90	$12.80	$250.86	$12.54	$257.65	$12.88
45	$257.49	$12.87	$264.28	$13.21	$259.24	$12.96	$266.03	$13.30
46	$267.48	$13.37	$274.27	$13.71	$269.23	$13.46	$276.02	$13.80
47	$278.71	$13.94	$285.50	$14.28	$280.46	$14.02	$287.25	$14.36
48	$291.55	$14.58	$298.34	$14.92	$293.30	$14.67	$300.09	$15.00
49	$304.21	$15.21	$311.00	$15.55	$305.96	$15.30	$312.75	$15.64
50	$318.48	$15.92	$325.27	$16.26	$320.23	$16.01	$327.02	$16.35
51	$332.57	$16.63	$339.36	$16.97	$334.32	$16.72	$341.11	$17.06
52	$348.08	$17.40	$354.87	$17.74	$349.83	$17.49	$356.62	$17.83
53	$363.77	$18.19	$370.56	$18.53	$365.52	$18.28	$372.31	$18.62
54	$380.71	$19.04	$387.50	$19.38	$382.46	$19.12	$389.25	$19.46
55	$397.65	$19.88	$404.44	$20.22	$399.40	$19.97	$406.19	$20.31
56	$416.02	$20.80	$422.81	$21.14	$417.77	$20.89	$424.56	$21.23
57	$434.57	$21.73	$441.36	$22.07	$436.32	$21.82	$443.11	$22.16
58	$454.36	$22.72	$461.15	$23.06	$456.11	$22.81	$462.90	$23.15
59	$464.17	$23.21	$470.96	$23.55	$465.92	$23.30	$472.71	$23.64
60	$483.96	$24.20	$490.75	$24.54	$485.71	$24.29	$492.50	$24.63
61	$501.08	$25.05	$507.87	$25.39	$502.83	$25.14	$509.62	$25.48
62	$512.31	$25.62	$519.10	$25.96	$514.06	$25.70	$520.85	$26.04
63	$526.40	$26.32	$533.19	$26.66	$528.15	$26.41	$534.94	$26.75
64 o más	$534.96	$26.75	$541.75	$27.09	$536.71	$26.84	$543.50	$27.18

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	$113.23	$5.66	$120.02	$6.00	$114.98	$5.75	$121.77	$6.09
21	$196.15	$9.81	$202.94	$10.15	$197.90	$9.90	$204.69	$10.23
22	$196.15	$9.81	$202.94	$10.15	$197.90	$9.90	$204.69	$10.23
23	$196.15	$9.81	$202.94	$10.15	$197.90	$9.90	$204.69	$10.23
24	$196.15	$9.81	$202.94	$10.15	$197.90	$9.90	$204.69	$10.23
25	$196.93	$9.85	$203.72	$10.19	$198.68	$9.93	$205.47	$10.27
26	$201.77	$10.09	$208.56	$10.43	$203.52	$10.18	$210.31	$10.52
27	$207.44	$10.37	$214.23	$10.71	$209.19	$10.46	$215.98	$10.80
28	$216.12	$10.81	$222.91	$11.15	$217.87	$10.89	$224.66	$11.23
29	$223.48	$11.17	$230.27	$11.51	$225.23	$11.26	$232.02	$11.60
30	$227.69	$11.38	$234.48	$11.72	$229.44	$11.47	$236.23	$11.81
31	$233.54	$11.68	$240.33	$12.02	$235.29	$11.76	$242.08	$12.10
32	$239.43	$11.97	$246.22	$12.31	$241.18	$12.06	$247.97	$12.40
33	$243.54	$12.18	$250.33	$12.52	$245.29	$12.26	$252.08	$12.60
34	$247.87	$12.39	$254.66	$12.73	$249.62	$12.48	$256.41	$12.82
35	$250.60	$12.53	$257.39	$12.87	$252.35	$12.62	$259.14	$12.96
36	$253.33	$12.67	$260.12	$13.01	$255.08	$12.75	$261.87	$13.09
37	$256.08	$12.80	$262.87	$13.14	$257.83	$12.89	$264.62	$13.23
38	$258.85	$12.94	$265.64	$13.28	$260.60	$13.03	$267.39	$13.37
39	$263.30	$13.17	$270.09	$13.50	$265.05	$13.25	$271.84	$13.59
40	$267.77	$13.39	$274.56	$13.73	$269.52	$13.48	$276.31	$13.82
41	$273.96	$13.70	$280.75	$14.04	$275.71	$13.79	$282.50	$14.13
42	$279.98	$14.00	$286.77	$14.34	$281.73	$14.09	$288.52	$14.43
43	$287.96	$14.40	$294.75	$14.74	$289.71	$14.49	$296.50	$14.83
44	$297.69	$14.88	$304.48	$15.22	$299.44	$14.97	$306.23	$15.31
45	$308.99	$15.45	$315.78	$15.79	$310.74	$15.54	$317.53	$15.88
46	$320.98	$16.05	$327.77	$16.39	$322.73	$16.14	$329.52	$16.48
47	$334.45	$16.72	$341.24	$17.06	$336.20	$16.81	$342.99	$17.15
48	$349.86	$17.49	$356.65	$17.83	$351.61	$17.58	$358.40	$17.92
49	$365.05	$18.25	$371.84	$18.59	$366.80	$18.34	$373.59	$18.68
50	$382.18	$19.11	$388.97	$19.45	$383.93	$19.20	$390.72	$19.54
51	$399.08	$19.95	$405.87	$20.29	$400.83	$20.04	$407.62	$20.38
52	$417.70	$20.89	$424.49	$21.22	$419.45	$20.97	$426.24	$21.31
53	$436.52	$21.83	$443.31	$22.17	$438.27	$21.91	$445.06	$22.25
54	$456.85	$22.84	$463.64	$23.18	$458.60	$22.93	$465.39	$23.27
55	$477.18	$23.86	$483.97	$24.20	$478.93	$23.95	$485.72	$24.29
56	$499.22	$24.96	$506.01	$25.30	$500.97	$25.05	$507.76	$25.39
57	$521.48	$26.07	$528.27	$26.41	$523.23	$26.16	$530.02	$26.50
58	$545.23	$27.26	$552.02	$27.60	$546.98	$27.35	$553.77	$27.69
59	$557.00	$27.85	$563.79	$28.19	$558.75	$27.94	$565.54	$28.28
60	$580.75	$29.04	$587.54	$29.38	$582.50	$29.13	$589.29	$29.46
61	$601.30	$30.07	$608.09	$30.40	$603.05	$30.15	$609.84	$30.49
62	$614.77	$30.74	$621.56	$31.08	$616.52	$30.83	$623.31	$31.17
63	$631.68	$31.58	$638.47	$31.92	$633.43	$31.67	$640.22	$32.01
64 o más	$641.95	$32.10	$648.74	$32.44	$643.70	$32.19	$650.49	$32.52

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	$97.54	$4.88	$104.33	$5.22	$99.29	$4.96	$106.08	$5.30
21	$153.61	$7.68	$160.40	$8.02	$155.36	$7.77	$162.15	$8.11
22	$153.61	$7.68	$160.40	$8.02	$155.36	$7.77	$162.15	$8.11
23	$153.61	$7.68	$160.40	$8.02	$155.36	$7.77	$162.15	$8.11
24	$153.61	$7.68	$160.40	$8.02	$155.36	$7.77	$162.15	$8.11
25	$154.23	$7.71	$161.02	$8.05	$155.98	$7.80	$162.77	$8.14
26	$157.30	$7.87	$164.09	$8.20	$159.05	$7.95	$165.84	$8.29
27	$160.99	$8.05	$167.78	$8.39	$162.74	$8.14	$169.53	$8.48
28	$166.98	$8.35	$173.77	$8.69	$168.73	$8.44	$175.52	$8.78
29	$171.89	$8.59	$178.68	$8.93	$173.64	$8.68	$180.43	$9.02
30	$174.35	$8.72	$181.14	$9.06	$176.10	$8.81	$182.89	$9.14
31	$178.04	$8.90	$184.83	$9.24	$179.79	$8.99	$186.58	$9.33
32	$181.72	$9.09	$188.51	$9.43	$183.47	$9.17	$190.26	$9.51
33	$184.03	$9.20	$190.82	$9.54	$185.78	$9.29	$192.57	$9.63
34	$186.49	$9.32	$193.28	$9.66	$188.24	$9.41	$195.03	$9.75
35	$187.71	$9.39	$194.50	$9.73	$189.46	$9.47	$196.25	$9.81
36	$188.94	$9.45	$195.73	$9.79	$190.69	$9.53	$197.48	$9.87
37	$190.17	$9.51	$196.96	$9.85	$191.92	$9.60	$198.71	$9.94
38	$191.40	$9.57	$198.19	$9.91	$193.15	$9.66	$199.94	$10.00
39	$193.86	$9.69	$200.65	$10.03	$195.61	$9.78	$202.40	$10.12
40	$196.32	$9.82	$203.11	$10.16	$198.07	$9.90	$204.86	$10.24
41	$200.00	$10.00	$206.79	$10.34	$201.75	$10.09	$208.54	$10.43
42	$203.54	$10.18	$210.33	$10.52	$205.29	$10.26	$212.08	$10.60
43	$208.45	$10.42	$215.24	$10.76	$210.20	$10.51	$216.99	$10.85
44	$214.60	$10.73	$221.39	$11.07	$216.35	$10.82	$223.14	$11.16
45	$221.82	$11.09	$228.61	$11.43	$223.57	$11.18	$230.36	$11.52
46	$230.42	$11.52	$237.21	$11.86	$232.17	$11.61	$238.96	$11.95
47	$240.10	$12.01	$246.89	$12.34	$241.85	$12.09	$248.64	$12.43
48	$251.16	$12.56	$257.95	$12.90	$252.91	$12.65	$259.70	$12.99
49	$262.06	$13.10	$268.85	$13.44	$263.81	$13.19	$270.60	$13.53
50	$274.35	$13.72	$281.14	$14.06	$276.10	$13.81	$282.89	$14.14
51	$286.49	$14.32	$293.28	$14.66	$288.24	$14.41	$295.03	$14.75
52	$299.85	$14.99	$306.64	$15.33	$301.60	$15.08	$308.39	$15.42
53	$313.37	$15.67	$320.16	$16.01	$315.12	$15.76	$321.91	$16.10
54	$327.96	$16.40	$334.75	$16.74	$329.71	$16.49	$336.50	$16.83
55	$342.56	$17.13	$349.35	$17.47	$344.31	$17.22	$351.10	$17.56
56	$358.38	$17.92	$365.17	$18.26	$360.13	$18.01	$366.92	$18.35
57	$374.35	$18.72	$381.14	$19.06	$376.10	$18.81	$382.89	$19.14
58	$391.40	$19.57	$398.19	$19.91	$393.15	$19.66	$399.94	$20.00
59	$399.85	$19.99	$406.64	$20.33	$401.60	$20.08	$408.39	$20.42
60	$416.90	$20.85	$423.69	$21.18	$418.65	$20.93	$425.44	$21.27
61	$431.65	$21.58	$438.44	$21.92	$433.40	$21.67	$440.19	$22.01
62	$441.33	$22.07	$448.12	$22.41	$443.08	$22.15	$449.87	$22.49
63	$453.46	$22.67	$460.25	$23.01	$455.21	$22.76	$462.00	$23.10
64 o más	$460.84	$23.04	$467.63	$23.38	$462.59	$23.13	$469.38	$23.47

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	$97.54	$4.88	$104.33	$5.22	$99.29	$4.96	$106.08	$5.30
21	$168.97	$8.45	$175.76	$8.79	$170.72	$8.54	$177.51	$8.88
22	$168.97	$8.45	$175.76	$8.79	$170.72	$8.54	$177.51	$8.88
23	$168.97	$8.45	$175.76	$8.79	$170.72	$8.54	$177.51	$8.88
24	$168.97	$8.45	$175.76	$8.79	$170.72	$8.54	$177.51	$8.88
25	$169.65	$8.48	$176.44	$8.82	$171.40	$8.57	$178.19	$8.91
26	$173.82	$8.69	$180.61	$9.03	$175.57	$8.78	$182.36	$9.12
27	$178.70	$8.94	$185.49	$9.27	$180.45	$9.02	$187.24	$9.36
28	$186.18	$9.31	$192.97	$9.65	$187.93	$9.40	$194.72	$9.74
29	$192.52	$9.63	$199.31	$9.97	$194.27	$9.71	$201.06	$10.05
30	$196.14	$9.81	$202.93	$10.15	$197.89	$9.89	$204.68	$10.23
31	$201.19	$10.06	$207.98	$10.40	$202.94	$10.15	$209.73	$10.49
32	$206.25	$10.31	$213.04	$10.65	$208.00	$10.40	$214.79	$10.74
33	$209.79	$10.49	$216.58	$10.83	$211.54	$10.58	$218.33	$10.92
34	$213.53	$10.68	$220.32	$11.02	$215.28	$10.76	$222.07	$11.10
35	$215.87	$10.79	$222.66	$11.13	$217.62	$10.88	$224.41	$11.22
36	$218.23	$10.91	$225.02	$11.25	$219.98	$11.00	$226.77	$11.34
37	$220.60	$11.03	$227.39	$11.37	$222.35	$11.12	$229.14	$11.46
38	$222.98	$11.15	$229.77	$11.49	$224.73	$11.24	$231.52	$11.58
39	$226.82	$11.34	$233.61	$11.68	$228.57	$11.43	$235.36	$11.77
40	$230.68	$11.53	$237.47	$11.87	$232.43	$11.62	$239.22	$11.96
41	$236.00	$11.80	$242.79	$12.14	$237.75	$11.89	$244.54	$12.23
42	$241.19	$12.06	$247.98	$12.40	$242.94	$12.15	$249.73	$12.49
43	$248.06	$12.40	$254.85	$12.74	$249.81	$12.49	$256.60	$12.83
44	$256.45	$12.82	$263.24	$13.16	$258.20	$12.91	$264.99	$13.25
45	$266.18	$13.31	$272.97	$13.65	$267.93	$13.40	$274.72	$13.74
46	$276.50	$13.83	$283.29	$14.16	$278.25	$13.91	$285.04	$14.25
47	$288.12	$14.41	$294.91	$14.75	$289.87	$14.49	$296.66	$14.83
48	$301.39	$15.07	$308.18	$15.41	$303.14	$15.16	$309.93	$15.50
49	$314.47	$15.72	$321.26	$16.06	$316.22	$15.81	$323.01	$16.15
50	$329.22	$16.46	$336.01	$16.80	$330.97	$16.55	$337.76	$16.89
51	$343.79	$17.19	$350.58	$17.53	$345.54	$17.28	$352.33	$17.62
52	$359.82	$17.99	$366.61	$18.33	$361.57	$18.08	$368.36	$18.42
53	$376.04	$18.80	$382.83	$19.14	$377.79	$18.89	$384.58	$19.23
54	$393.55	$19.68	$400.34	$20.02	$395.30	$19.77	$402.09	$20.10
55	$411.07	$20.55	$417.86	$20.89	$412.82	$20.64	$419.61	$20.98
56	$430.06	$21.50	$436.85	$21.84	$431.81	$21.59	$438.60	$21.93
57	$449.22	$22.46	$456.01	$22.80	$450.97	$22.55	$457.76	$22.89
58	$469.68	$23.48	$476.47	$23.82	$471.43	$23.57	$478.22	$23.91
59	$479.82	$23.99	$486.61	$24.33	$481.57	$24.08	$488.36	$24.42
60	$500.28	$25.01	$507.07	$25.35	$502.03	$25.10	$508.82	$25.44
61	$517.98	$25.90	$524.77	$26.24	$519.73	$25.99	$526.52	$26.33
62	$529.60	$26.48	$536.39	$26.82	$531.35	$26.57	$538.14	$26.91
63	$544.15	$27.21	$550.94	$27.55	$545.90	$27.30	$552.69	$27.63
64 o más	$553.01	$27.65	$559.80	$27.99	$554.76	$27.74	$561.55	$28.08

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	$122.92	$6.15	$129.71	$6.49	$124.67	$6.23	$131.46	$6.57
21	$193.57	$9.68	$200.36	$10.02	$195.32	$9.77	$202.11	$10.11
22	$193.57	$9.68	$200.36	$10.02	$195.32	$9.77	$202.11	$10.11
23	$193.57	$9.68	$200.36	$10.02	$195.32	$9.77	$202.11	$10.11
24	$193.57	$9.68	$200.36	$10.02	$195.32	$9.77	$202.11	$10.11
25	$194.35	$9.72	$201.14	$10.06	$196.10	$9.81	$202.89	$10.14
26	$198.22	$9.91	$205.01	$10.25	$199.97	$10.00	$206.76	$10.34
27	$202.86	$10.14	$209.65	$10.48	$204.61	$10.23	$211.40	$10.57
28	$210.41	$10.52	$217.20	$10.86	$212.16	$10.61	$218.95	$10.95
29	$216.61	$10.83	$223.40	$11.17	$218.36	$10.92	$225.15	$11.26
30	$219.70	$10.99	$226.49	$11.32	$221.45	$11.07	$228.24	$11.41
31	$224.35	$11.22	$231.14	$11.56	$226.10	$11.31	$232.89	$11.64
32	$229.00	$11.45	$235.79	$11.79	$230.75	$11.54	$237.54	$11.88
33	$231.90	$11.60	$238.69	$11.93	$233.65	$11.68	$240.44	$12.02
34	$235.00	$11.75	$241.79	$12.09	$236.75	$11.84	$243.54	$12.18
35	$236.55	$11.83	$243.34	$12.17	$238.30	$11.92	$245.09	$12.25
36	$238.09	$11.90	$244.88	$12.24	$239.84	$11.99	$246.63	$12.33
37	$239.64	$11.98	$246.43	$12.32	$241.39	$12.07	$248.18	$12.41
38	$241.19	$12.06	$247.98	$12.40	$242.94	$12.15	$249.73	$12.49
39	$244.29	$12.21	$251.08	$12.55	$246.04	$12.30	$252.83	$12.64
40	$247.39	$12.37	$254.18	$12.71	$249.14	$12.46	$255.93	$12.80
41	$252.03	$12.60	$258.82	$12.94	$253.78	$12.69	$260.57	$13.03
42	$256.48	$12.82	$263.27	$13.16	$258.23	$12.91	$265.02	$13.25
43	$262.68	$13.13	$269.47	$13.47	$264.43	$13.22	$271.22	$13.56
44	$270.42	$13.52	$277.21	$13.86	$272.17	$13.61	$278.96	$13.95
45	$279.52	$13.98	$286.31	$14.32	$281.27	$14.06	$288.06	$14.40
46	$290.36	$14.52	$297.15	$14.86	$292.11	$14.61	$298.90	$14.95
47	$302.55	$15.13	$309.34	$15.47	$304.30	$15.22	$311.09	$15.55
48	$316.49	$15.82	$323.28	$16.16	$318.24	$15.91	$325.03	$16.25
49	$330.23	$16.51	$337.02	$16.85	$331.98	$16.60	$338.77	$16.94
50	$345.72	$17.29	$352.51	$17.63	$347.47	$17.37	$354.26	$17.71
51	$361.01	$18.05	$367.80	$18.39	$362.76	$18.14	$369.55	$18.48
52	$377.85	$18.89	$384.64	$19.23	$379.60	$18.98	$386.39	$19.32
53	$394.89	$19.74	$401.68	$20.08	$396.64	$19.83	$403.43	$20.17
54	$413.28	$20.66	$420.07	$21.00	$415.03	$20.75	$421.82	$21.09
55	$431.67	$21.58	$438.46	$21.92	$433.42	$21.67	$440.21	$22.01
56	$451.60	$22.58	$458.39	$22.92	$453.35	$22.67	$460.14	$23.01
57	$471.74	$23.59	$478.53	$23.93	$473.49	$23.67	$480.28	$24.01
58	$493.22	$24.66	$500.01	$25.00	$494.97	$24.75	$501.76	$25.09
59	$503.87	$25.19	$510.66	$25.53	$505.62	$25.28	$512.41	$25.62
60	$525.35	$26.27	$532.14	$26.61	$527.10	$26.36	$533.89	$26.69
61	$543.94	$27.20	$550.73	$27.54	$545.69	$27.28	$552.48	$27.62
62	$556.13	$27.81	$562.92	$28.15	$557.88	$27.89	$564.67	$28.23
63	$571.42	$28.57	$578.21	$28.91	$573.17	$28.66	$579.96	$29.00
64 o más	$580.72	$29.04	$587.51	$29.38	$582.47	$29.12	$589.26	$29.46

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	$122.92	$6.15	$129.71	$6.49	$124.67	$6.23	$131.46	$6.57
21	$212.93	$10.65	$219.72	$10.99	$214.68	$10.73	$221.47	$11.07
22	$212.93	$10.65	$219.72	$10.99	$214.68	$10.73	$221.47	$11.07
23	$212.93	$10.65	$219.72	$10.99	$214.68	$10.73	$221.47	$11.07
24	$212.93	$10.65	$219.72	$10.99	$214.68	$10.73	$221.47	$11.07
25	$213.79	$10.69	$220.58	$11.03	$215.54	$10.78	$222.33	$11.12
26	$219.03	$10.95	$225.82	$11.29	$220.78	$11.04	$227.57	$11.38
27	$225.17	$11.26	$231.96	$11.60	$226.92	$11.35	$233.71	$11.69
28	$234.61	$11.73	$241.40	$12.07	$236.36	$11.82	$243.15	$12.16
29	$242.60	$12.13	$249.39	$12.47	$244.35	$12.22	$251.14	$12.56
30	$247.16	$12.36	$253.95	$12.70	$248.91	$12.45	$255.70	$12.79
31	$253.52	$12.68	$260.31	$13.02	$255.27	$12.76	$262.06	$13.10
32	$259.92	$13.00	$266.71	$13.34	$261.67	$13.08	$268.46	$13.42
33	$264.37	$13.22	$271.16	$13.56	$266.12	$13.31	$272.91	$13.65
34	$269.08	$13.45	$275.87	$13.79	$270.83	$13.54	$277.62	$13.88
35	$272.03	$13.60	$278.82	$13.94	$273.78	$13.69	$280.57	$14.03
36	$274.99	$13.75	$281.78	$14.09	$276.74	$13.84	$283.53	$14.18
37	$277.98	$13.90	$284.77	$14.24	$279.73	$13.99	$286.52	$14.33
38	$280.99	$14.05	$287.78	$14.39	$282.74	$14.14	$289.53	$14.48
39	$285.82	$14.29	$292.61	$14.63	$287.57	$14.38	$294.36	$14.72
40	$290.68	$14.53	$297.47	$14.87	$292.43	$14.62	$299.22	$14.96
41	$297.40	$14.87	$304.19	$15.21	$299.15	$14.96	$305.94	$15.30
42	$303.93	$15.20	$310.72	$15.54	$305.68	$15.28	$312.47	$15.62
43	$312.59	$15.63	$319.38	$15.97	$314.34	$15.72	$321.13	$16.06
44	$323.15	$16.16	$329.94	$16.50	$324.90	$16.25	$331.69	$16.58
45	$335.42	$16.77	$342.21	$17.11	$337.17	$16.86	$343.96	$17.20
46	$348.43	$17.42	$355.22	$17.76	$350.18	$17.51	$356.97	$17.85
47	$363.06	$18.15	$369.85	$18.49	$364.81	$18.24	$371.60	$18.58
48	$379.79	$18.99	$386.58	$19.33	$381.54	$19.08	$388.33	$19.42
49	$396.28	$19.81	$403.07	$20.15	$398.03	$19.90	$404.82	$20.24
50	$414.86	$20.74	$421.65	$21.08	$416.61	$20.83	$423.40	$21.17
51	$433.21	$21.66	$440.00	$22.00	$434.96	$21.75	$441.75	$22.09
52	$453.42	$22.67	$460.21	$23.01	$455.17	$22.76	$461.96	$23.10
53	$473.87	$23.69	$480.66	$24.03	$475.62	$23.78	$482.41	$24.12
54	$495.94	$24.80	$502.73	$25.14	$497.69	$24.88	$504.48	$25.22
55	$518.00	$25.90	$524.79	$26.24	$519.75	$25.99	$526.54	$26.33
56	$541.92	$27.10	$548.71	$27.44	$543.67	$27.18	$550.46	$27.52
57	$566.09	$28.30	$572.88	$28.64	$567.84	$28.39	$574.63	$28.73
58	$591.86	$29.59	$598.65	$29.93	$593.61	$29.68	$600.40	$30.02
59	$604.64	$30.23	$611.43	$30.57	$606.39	$30.32	$613.18	$30.66
60	$630.42	$31.52	$637.21	$31.86	$632.17	$31.61	$638.96	$31.95
61	$652.73	$32.64	$659.52	$32.98	$654.48	$32.72	$661.27	$33.06
62	$667.36	$33.37	$674.15	$33.71	$669.11	$33.46	$675.90	$33.80
63	$685.70	$34.29	$692.49	$34.62	$687.45	$34.37	$694.24	$34.71
64 o más	$696.86	$34.84	$703.65	$35.18	$698.61	$34.93	$705.40	$35.27

PLANES METALES INDIVIDUALES 2026

BENEFICIOS	TRIPLE-S DIRECTO **BRONCE**	TRIPLE-S DIRECTO **PLATA**	Pocket DE TRIPLE-S **PLATA**	Pocket DE TRIPLE-S **ORO**
Desembolso Máximo Anual (MOOP) para Beneficios Médicos y Medicamentos Recetados (Combinados)				
Individual	$6,350	$6,350	$6,350	$6,350
Familiar	$12,700	$12,700	$12,700	$12,700
Cubierta Básica				
Deducible anual - Individual	$75	$0	$0	$0
Deducible anual - Familiar	$150	$0	$0	$0
Servicios Ambulatorios				
Generalista/PCP	$0 SALUS / $10	$0	$0	$0
Especialista	$0 SALUS / $25	$0 SALUS / $15	$0 SALUS $0 Red Pocket Network con Consulta / $10	$0 SALUS $0 Red Pocket Network con Consulta / $10
SubEspecialista	$0 SALUS / $30	$0 SALUS / $25	$0 SALUS $0 Red Pocket Network con Consulta / $25	$0 SALUS $0 Red Pocket Network con Consulta / $25
Nutricionista	$0 SALUS / $5	$0 SALUS / $5	$0 SALUS / $5	$0 SALUS / $5
Equipo Médico Duradero	75%	50%	50% Red Pocket Network / 50%	50% Red Pocket Network / 50%
Servicios Preventivos				
Servicios e Inmunizaciones Preventivos	$0	$0	$0	$0
Laboratorios, Rayos X y Pruebas Especializadas				
Laboratorio	$0 SALUS / 60%	$0 SALUS / 35%	$0 SALUS / 30%	$0 SALUS / 30%
Rayos X	$0 SALUS / 60%	$0 SALUS / 40%	$0 SALUS / 40%	$0 SALUS / 30%
Sonogramas, CT, MRI	$0 SALUS / 75%	$0 SALUS / 45%	$0 SALUS / 50%	$0 SALUS / 35%
Servicios de Emergencia / Urgencia				
Sala de Urgencia	$0 SALUS / $15	$0 SALUS / $15	$0 SALUS / $15	$0 SALUS / $15
Sala de Emergencia: Accidente/Enfermedad	$50 / $100	$50 / $100	$40 / $100	$25 / $80
Hospitalización / Facilidades				
Hospitalización Parcial	20%	0%	20%	20%
Completa (incluyendo Salud Mental)	$500	$350	$300	$200
Asistencia Quirúrgica	60%	50%	N/A	N/A
Facilidad de Enfermería Especializada	60%	$200	$100 Red Pocket Network / 50%	$100 Red Pocket Network / 50%
Facilidad de Cirugía Ambulatoria	60%	$200	50%	45%
Servicios en Estados Unidos				
Servicios en Estados Unidos en casos de emergencia o cuando no haya un servicio en PR con pre-certificación	65%	50%	60%	50%
Servicios en Estados Unidos - Sanitas	$50	$50	$50	$50

PLANES METALES INDIVIDUALES 2026

BENEFICIOS	TRIPLE-S DIRECTO **BRONCE**	TRIPLE-S DIRECTO **PLATA**	Pocket DE TRIPLE-S **PLATA**	Pocket DE TRIPLE-S **ORO**
Visión				
Examen de Refracción (adultos y niños)	$0	$0	$0	$0
Visión Pediátrica (lentes de correción visual o marcos (frames) para lentes de corrección visual)	$0	$0	$0	$0
Espejuelos o lentes de contacto para asegurados de 21 años o más	$75 Por Reembolso	$75 Por Reembolso	$75 Por Reembolso	$75 Por Reembolso
Cubierta Dental				
Diagnóstico y Preventivo	$0	$0	$0	$0
Cubierta de Farmacia				
Lista de Medicamentos	Select 2026	Select 2026	Select 2026	Select 2026
Deducible anual	$0	$0	$0	$0
Primer Nivel de Cubierta	N/A	N/A	$1000 por persona	$2000 por persona
Genéricos	$10	$10	$10 ($0 Triple-S en casa)	$5 ($0 Triple-S en casa)
Marca Preferidos	95%	90%	60% mín $20	35% mín $20
Marca No Preferidos	95%	90%	60% mín $25	50% mín $30
Productos Especializados Preferidos	95%	90%	80%	75%
Productos Especializados No Preferidos	95%	90%	80%	75%
Medicamentos Fuera del Recetario (Programa OTC de Triple-S Salud)	$1	$1	$1	$1
Coaseguro para todos los medicamentos luego del primer nivel de cubierta	N/A	N/A	90%	80%
Otros Servicios				
TeleConsulta MD®	$0	$0	$0	$0
Triple-S Natural (Medicina Alternativa)	$15	$15	$15	$15
Contigo Mamá -programa para embarazadas. Ofrece 12 o 16 horas de apoyo a domicilio para el posparto (4 horas por día)	Cubierto	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	$20 mensuales a través de reembolso al completar HRA y visita preventiva anual	No cubierto
Seguro de Asistencia al Viajero ($10,000)	Cubierto	Cubierto	Cubierto	Cubierto
Dental Opcional	DI-05 / Opcional 2026	DI-05 / Opcional 2026	DI-05 / Opcional 2026	DI-05 / Opcional 2026

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TRIPLE-S SALUD
ESTAMOS CONTIGO