

Puerto Rico-Based Employees ...

Here are a couple of things you should know before you read the benefit highlights document.

Your medical, vision and dental benefits are provided through Triple-S Insurance. As a result, your benefits differ from those described in the enclosed benefits highlight document.

Your plan coverage is shown below.

PLAN FEATURES	
Out-of-Pocket Maximum	Individual: \$6,350; Family: \$12,700
Hospital	Preferred: \$75; Non-Preferred: \$200
Emergency Room	Accident: \$75; Sickness: \$75; Nurseline \$25
Office Visits	\$5/\$15/\$15
Laboratory	In-Network: 20%; Out-of-Network: 30%
X-rays	In-Network: 20%; Out-of-Network: 30%
Diagnostic Tests (CT, MRI, MRA, PET scan)	In-Network: 20%; Out-of-Network: 30% (MRI/CT — up to 2 per region, per policy year; PET scan/CT — 1 per policy year)
Major Medical and OT	
Without Deductible	20% coinsurance
Organ Transplant	Maximum benefit: \$2,000,000 per lifetime
Pharmacy Benefits	
Retail	Generic: \$5
	Preferred Brand: \$30; Non-Preferred Brand: 30%
	Preferred and Non-Preferred Specialized Drugs: 40%
Mail Order 90 Days/Retail 90 Days	Generic: \$10
	Preferred Brand: \$60; Non-Preferred Brand: 23%
OTC (Over the Counter)	\$0
Dental	
Diagnostic/Preventive	0%
Prosthesis including removable	50% coinsurance (maximum benefit \$1,000 per policy year)
Endodontics, Oral Surgery	20%
Orthodontia	100% (reimbursable up to a maximum of \$1,000 per lifetime)