

	2024 Plan	2024 Plan	2024 Plan	2024 Plan	2024 Plan
	Bronze [6110*, 6130*]	Bronze 2 [6210*]	Silver [7110**, 7130**]	Silver 2 [7210**, 7230**]	Gold [8110***, 8130***, 8140***]
<b>Deductible and Maximum Out of Pocket (MOOP) expense</b>					
<b>Deductible anual para beneficios médicos</b>					
Individual	\$100 / member Only for hospital, ambulatory facility, specialized tests, laboratories and X Rays	\$500 / member Only for hospital, ambulatory facility, specialized tests, laboratories and X Rays	\$0	\$0	\$0
Family	\$200 / family Only for hospital, ambulatory facility, specialized tests, laboratories and X Rays	\$1,000 / family Only for hospital, ambulatory facility, specialized tests, laboratories and X Rays	\$0	\$0	\$0
<b>Annual Deductible for Prescription Drugs (Pharmacy)</b>					
Individual	\$0	\$25/per insured	\$0	\$50/per insured	\$0
Familiar	\$0	\$25/per insured	\$0	\$50/per insured	\$0
<b>Gasto máximo del bolsillo (MOOP) para beneficios médicos y medicamentos recetados</b>					
Individual	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350
Family	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700
<b>Essential Health Benefits</b>					
<b>Emergency and Urgent Services</b>					
Accident	\$50	\$50	\$40	\$40	\$40
Illness	\$85	\$85	\$100	\$100	\$100
<b>Urgent Care Services</b>					
Urgent Care Center	\$50	\$50	\$20	\$20	\$20
<b>Hospitalization</b>					
Hospitalization (including mental health) Nivel 1 (PPO)	\$300	\$300	\$200	\$200	\$150
Hospitalization (including mental health) Nivel 2 (PPO)	\$900	\$900	\$700	\$750	\$650
Partial Hospitalization (PPO)	\$200	\$200	\$100	\$100	\$50
Skilled Nursing Facility	70%	70%	30%	30%	25%
Surgical Assistance in Hospital	75%	75%	50%	50%	40%
<b>Ambulatory Services</b>					
General Practitioner, Psychiatrist, Psychologist, Family Physicians and Nutritionists (VIP)	\$0	\$0	\$0	\$0	\$0
General Practitioner, Psychiatrist, Psychologist, Family Physicians and Nutritionists (PPO)	\$0	\$0	\$0	\$0	\$0
Specialist includes: Podiatrist, Chiropractor (first visit), Audiologist and Optometrist (VIP)	\$15	\$15	\$12	\$12	\$10
Specialist includes: Podiatrist, Chiropractor (first visit), Audiologist and Optometrist (PPO)	\$18	\$18	\$15	\$15	\$13
Subspecialist (VIP)	\$22	\$22	\$18	\$18	\$16
Subspecialist (PPO)	\$25	\$25	\$20	\$20	\$18
Naturopathic Doctors	\$18	\$18	\$15	\$15	\$13
Ambulatory Facility	60%	60%	\$150	\$150	\$125
Diagnostic and medical procedures in Medical Office	75%	75%	50%	50%	40%
Diagnostic and medical procedures in Ambulatory Facilities	75%	75%	50%	50%	40%
Endoscopic procedures	75%	75%	45%	50%	40%
Chemotherapy, radiotherapy and drugs for chemotherapy preparation	50%	50%	25%	25%	25%
Dialysis and hemodialysis	20%	20%	10%	10%	10%
<b>Rehabilitation, Habilitation and Durable Medical Equipment</b>					
Physical Therapy (Includes: respiratory therapy and manipulations of chiropractors)	75%	75%	\$10	\$10	\$10
Home Health Care	75%	75%	50%	50%	40%
Durable Medical Equipment (DME)	75%	75%	50%	50%	40%
<b>Mental Health</b>					
Group Therapy	\$0	\$0	\$0	\$0	\$0
Collateral Visits	\$0	\$0	\$0	\$0	\$0
<b>Prescription Drugs (Pharmacy)</b>					
<b>First level of coverage (amount to apply the first level's copayments or coinsurances)</b>	Up to \$500	Up to \$400	Up to \$800	N/A	Up to \$900
<b>Second Level Coverage (after having exhausted first level drugs)</b>	90%	90%	90%	N/A	90%
Preferred Generic (First level)	15% min. \$10	15% min. \$10	\$5	\$10	\$5
Non-Preferred Generic (First level)	50%	50%	\$15	\$10	\$15

Preferred Brand (First level)	50%	50%	50% min \$25	89%	40% min \$20
Non-Preferred Brand (First level)	80%	80%	75%	89%	50% min \$30
Preferred Specialty Drugs (First level)	89%	89%	75%	89%	89%
Non-Preferred Specialty Drugs (First level)	89%	89%	75%	89%	89%
Over the Counter Drugs (OTC) – (First level)	\$1	\$1	\$1	\$1	\$1
<b>Mail Order Program</b>					
Preferred Generic (First level)	15% min. \$20	15% min. \$20	\$20	\$20	\$10
Non-Preferred Generic (First level)	50%	50%	\$20	\$20	\$30
Preferred Brand (First level)	89%	89%	50% min \$50	89%	40% min \$40
Non-Preferred Brand (First level)	89%	89%	89%	89%	50% min \$60
<b>Retail 90 day Drugs (Retail 90)</b>					
Preferred Generic (First level)	15% min. \$40	15% min. \$40	\$30	\$30	\$13
Non-Preferred Generic (First level)	50%	50%	\$30	\$30	\$38
Preferred Brand (First level)	89%	89%	50% min \$75	89%	40% min \$50
Non-Preferred Brand (First level)	89%	89%	89%	89%	50% min \$75
<b>Laboratories and X Rays Services</b>					
Laboratory	40%	40%	35%	35%	30%
X Rays (includes: nuclear medicine, cardiac diagnostic tests (stress test, echo cardio, and others)	60%	60%	30%	35%	30%
Specialized Tests (CT Scan, PET Scan, PET CT, MRI, SPECT)	75%	75%	45%	45%	40%
Molecular and/or Genetic tests	75%	75%	75%	75%	75%
<b>Preventive, Wellness and Chronic diseases management</b>					
Preventive Services (including women and Autism)	0%	0%	0%	0%	0%
Preventive Immunizations (Vaccines)	0%	0%	0%	0%	0%
Immunization (Vaccine) for Respiratory Syncytial Virus (RSV)	0%	0%	0%	0%	0%
<b>Pediatric Dental &amp; Vision Services</b>					
Pediatric Dental	0%	0%	0%	0%	0%
Pediatric Vision (Visual Correction Lenses or frames for Visual Correction)	0%	0%	0%	0%	0%
<b>Other Covered Services</b>					
Refraction exam (adults and children)	\$10	\$10	\$5	\$5	\$5
Air Ambulance in Puerto Rico	75%	75%	50%	50%	40%
Emergency Services in U.S.	75%	75%	50%	50%	40%
Services and Treatments Preauthorized not available in Puerto Rico (in U.S.)	75%	75%	50%	50%	40%
<b>Autism and Down Syndrome (treatments for autism conditions and Down Syndrome)</b>					
Neurological tests	60%	60%	30%	35%	30%
Neurological test (Specialized tests: CT Scan, PET CT, MRI, SPECT)	75%	75%	45%	45%	40%
Genetic tests	75%	75%	75%	75%	75%
Occupational therapy and speech and language therapy	75%	75%	\$10	\$10	\$10
Visits to psychiatrist and psychologist (autism only) (VIP)	\$0	\$0	\$0	\$0	\$0
Visits to psychiatrist and psychologist (autism only) (PPO)	\$0	\$0	\$0	\$0	\$0
Nutritionist (VIP)	\$0	\$0	\$0	\$0	\$0
Nutritionist (PPO)	\$0	\$0	\$0	\$0	\$0
Social Worker (VIP) (autism only)	\$15	\$15	\$12	\$12	\$10
Social Worker (PPO) (autism only)	\$18	\$18	\$15	\$20	\$13
<b>Bariatric Surgery Benefit for Morbid Obesity treatment</b>					
Bariatric Surgery Procedure	75%	75%	50%	50%	40%
<b>Programs included as part of your benefits</b>					
MCS Alivia	\$15	\$15	\$15	\$15	\$15
MCS Medilínea MD	\$0	\$0	\$0	\$0	\$0
<b>Dental Coverage ( in addition to Pediatric Dental)</b>					
Diagnostic and Preventive	0%	0%	0%	0%	0%
<b>Vision Coverage (in addition to Pediatric Vision)</b>					
\$100 Coverage per policy year per insured for vision services	0%	0%	0%	0%	0%

\*The Bronze 6110 product has a Dental Plan 100, included in the basic coverage. The Bronze 6130 product includes an optional Dental Plan 300 benefit and carries an additional premium cost.

\*\*The Bronze 6210 product has a Dental Plan 100, included in the basic coverage.

\*\*\*The Silver 7110 product has a Dental Plan 100, included in the basic coverage. The Silver 7130 product includes an optional Dental Plan 300 benefit and carries an additional premium cost.

\*\*\*\*The Silver 7210 product has a Dental Plan 100, included in the basic coverage. The Silver 7230 product includes an optional Dental Plan 300 Plan benefit and carries an additional premium cost.

\*\*\*\*\*The Gold 8110 product has a Dental Plan 100, included in the basic coverage. The Gold 8130 product includes an optional Dental Plan 300 benefit and carries an additional premium cost.

\*\*\*\*\*The Gold 8110 product has a Dental Plan 100, included in the basic coverage. The Gold 8140 product includes an optional Dental Plan 400 benefit and carries an additional premium cost.