

Puerto Rico

Triple-S PPO Plan - Medical Coverages

Triple-S, Inc.: Pre-Medicare: 787-774-6060; Medicare: 787-774-6060; www.ssspr.com

For Dow active Employees and Retirees living in Puerto Rico, a Preferred Provider Organization (PPO) called the Triple-S PPO is available. The coverages shown are for In-Network Services. This plan is available ONLY for Employees and Retirees living in Puerto Rico. Please contact Triple-S for further details.

	Pre-Medicare Eligible	Medicare Eligible
Individual Annual Deductible	\$100	Triple-S pay \$162*
Family Annual Deductible	\$300	Not applicable
Individual Out-of-Pocket Maximum Per Year	\$2,000	None
Family Out-of-Pocket Maximum Per Year	\$6,000	None
Inpatient Hospital	\$200 Copay per admission	Plan pays \$1,132 for 1st 60 days, \$283/day for days 61-90, \$566/day for 91st day & after, while using 60 lifetime reserve days. All costs for each day beyond 150 days, Triple-S will pay the 90% up to a maximum of 365 per lifetime.*
Outpatient Surgery: Hospital	Covered at 100%	Medicare covers 80%; plan covers 20%
Physician Services: Office Visit	\$15 PCP, \$20 specialist	Medicare covers 80%; plan covers 20%
Chiropractic Benefit and Maximum	Not covered	Coverage extended only to treatment by means of manual manipulation of the spine to correct a subluxation. All other services furnished or ordered by chiropractor are not covered.
Emergency Room	\$50/illness or accident (waived if admitted)	Medicare covers 80%; plan covers 20%
Outpatient X-Ray	Covered at 75%	Medicare covers 80%; plan covers 20%
Outpatient Lab	Covered at 75%	Medicare covers 80%; plan covers 20%
Allergy Injections	Not covered	Medicare covers 80%; plan covers 20%
Allergy Serum	Not covered	Medicare covers 80%; plan covers 20%
Durable Medical Equipment and Maximum	Covered at 75%, no maximum	Medicare covers 80%; plan covers 20%
Home Health Care	25% Copay (post-hospital services)	Covered at 100%
Mental Health: Inpatient Benefit	\$200 Copay per admission; covered subject to medical necessity (Mental Health Parity Act of 2008)	Plan pays \$1,132 for 1st 60 days, \$283/day for days 61-90, \$566/day for 91st day & after, while using 60 lifetime reserve days. All costs for each day beyond 150 days, Triple-S will pay the 90% up to a maximum of 365 per lifetime.*
Mental Health: Outpatient Benefit	\$200 Copay, covered subject to medical necessity (Mental Health Parity Act of 2008)	Medicare covers 60%; plan covers 40%
Substance Abuse: Inpatient Benefit	\$200 Copay; covered subject to medical necessity (Mental Health Parity Act of 2008)	Plan pays \$1,132 for 1st 60 days, \$283/day for days 61-90, \$566/day for 91st day & after, while using 60 lifetime reserve days. All costs for each day beyond 150 days, Triple-S will pay the 90% up to a maximum of 365 per lifetime.*
Substance Abuse: Outpatient Benefit	\$15 Copay; covered subject to medical necessity (Mental Health Parity Act of 2008)	Medicare covers 50%; plan covers 50%
Prescription Coverage: Generic Drug Coinsurance	\$5 Copay, 30-day supply	\$5 Copay, 30-day supply
Prescription Coverage: Brand-Name Drug Coinsurance	\$10 pref form, \$15 nonpref form Copay, 20% min, \$15 Generic or brand nonform Copay, 30-day supply (open formulary)	\$10 pref formulary/\$15 nonpref formulary Copay/20% minimum; \$15 Generic or brand nonformulary (open formulary); 30-day supply
Prescription Coverage: Mail Order Coinsurance	\$10 Generic, \$20 pref form, \$30 nonpref form Copay, 20% min, \$45 Generic or brand nonform Copay; 90-day supply	\$10 Generic/\$20 pref formulary/\$30 nonpref formulary Copay/20% minimum; \$45 Generic or brand nonform Copay; 90-day supply

*2011 information. 2012 information is not available.