

Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by Triple-S Salud. All covered services are subject to medical necessity as determined by the plan. Please note all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

BASIC MEDICAL PLAN

	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE	
COWORKER	\$0
FAMILY	\$0
MAJOR MEDICAL	Individual \$100/Family \$300
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)	
COWORKER	\$6,350
FAMILY	\$12,700
MAJOR MEDICAL	Individual \$2,000/Family \$6,000
COPAYS/COINSURANCE	
SALUS CLINICS	No Charge
GENERALIST SERVICES	\$12
SPECIALIST SERVICES	\$15
DIAGNOSTIC TESTS	25%
HOSPITAL ADMISSION	\$100
OUTPATIENT	\$100
URGENT CARE	Accident \$25, Illness \$35
EMERGENCY ROOM	Sickness \$75, Accident \$50, Teleconsultation \$25

*After deductible