



SUMMARY OF BENEFITS OF THE HEALTH PLAN 2021

Leidos, Inc.

ENJOY THE BENEFITS
OF BEING PART OF A

**GREAT
NETWORK**

TRIPLE-S SALUD 
BlueCross BlueShield of Puerto Rico

SUMMARY OF BENEFITS

HOSPITAL SERVICES

- Regular Admissions including mental health
- Partial Admissions due to mental conditions

SURGICAL SERVICES

- Medical visits including consults with specialists and sub-specialists
- Surgery and anesthesia administration
- Lithotripsy (requires preauthorization)

AMBULATORY SERVICES

- Unlimited visits to the offices of general practitioners, specialists and sub-specialists
- Nutritionist
- Ambulatory surgery
- Respiratory therapy
- Physical therapy, chiropractic manipulations
- Chemotherapy, Radiotherapy and Cobalt
- Allergy tests
- Emergency room services

DIAGNOSTIC TESTS

- Clinical Lab Services and X-Rays
- Specialized tests like: Sonograms, CT Scan, MRI, Gastrointestinal Endoscopies, Electroencephalograms, Electromyography, Nuclear Medicine and Invasive and Noninvasive Cardiovascular Tests
- Pet Scan and Pet CT

MATERNITY

- Pre and Post Natal Services
- Preventive care visits for the baby
- Specialized tests

OTHER SERVICES

- Preventive services such as:
 - Cervical cancer screening
 - Gestational diabetes
 - Mammography screening
 - FDA approved generic contraceptives. Requires a prescription.
 - Others
- Vaccines for children, adolescents, and adults recommended by the United States Preventive Service Task Force will be covered according to the immunization schedules of the Puerto Rico Department of Health and the Center for Disease Control.

- Dialysis and hemodialysis services during the first 90 days from the date the insured is first eligible for this policy or the date the first dialysis or hemodialysis is done.
- Post-hospital services: Home Health Care and Skilled Nursing Care Unit.
- Medical equipment

MAJOR MEDICAL

- To receive services not available in Puerto Rico in the United States you need a preauthorization, except in case of an emergency. Preauthorized services are covered through our Blue Cross Blue Shield (BCBS) network and will be paid directly to the participating provider, subject to the initial deductible and coinsurance of this coverage. Non-participating providers in the United States are covered only in emergencies.
- Covers services such as: cardiac rehabilitation, prosthetic devices and implants, orthotic devices, surgical assistance, sports medicine, allergy vaccines, among others.

ORGAN AND TISSUE TRANSPLANT

- You can receive services in the facilities selected by Triple-S Salud in and outside of Puerto Rico.
- You need a precertification for each stage of the transplant: pre-transplant, transplant and post-transplant.
- Some covered transplants are: heart, heart-lung, lung (unilateral or bilateral), liver, pancreas-kidney, kidney, bone marrow among others.

PHARMACY

- The supply of medicines will be of up to 15 days for acute medicines and 30 days for maintenance medications. Includes 5 repetitions for maintenance medications.
- Maintenance medications can be obtained by one of three methods:
 - 90-day supply thru Prescription Thru Mail Program*
 - 90-day supply thru select pharmacies*
 - 30-day supply at your preferred hired pharmacy

*The conditions that qualify for 90-day supply are: Hypertension, Diabetes (insulin and oral tablets), Thyroid, Cholesterol, Epilepsy (Anticonvulsants), Estrogen, Alzheimer's (not applying the patches), Parkinson's, Osteoporosis and Prostate, among others. Other maintenance medications can be requested monthly at your preferred pharmacy.

Services

Deductibles, copays and coinsurance

Basic Coverage

Maximum Out of Pocket for medical, pharmacy and hospital services given by participating providers *

*Non-essential benefits, services not covered or given by providers outside our network aren't eligible for the accumulation of maximum out of pocket.

\$6,350 Individual
\$12,700 Family

Preventive

Preventive Services (including those for females)	\$0
Preventive Immunization (Vaccines)	\$0
Immunizations (Vaccines) for Respiratory Syncytial Virus	20%
Sterilization and Vasectomy	\$0

Medical Visits

General Practitioner	\$10
Specialist (including psychologist and psychiatrist)	\$20
Subspecialist	\$20
Nutritionist	Up to 4 visits per policy year. Covered by reimbursement up to \$20 per visit.
Chiropractor	\$7

Test

Labs	25%
X-Rays	25%
Specialized Tests	25%
Allergy tests	\$0, up to 50 tests per policy year.
Lithotripsy	\$0

Ambulatory

Ambulatory Surgery	\$125
--------------------	-------

Therapy

Physical Therapy	\$7, up to 15 therapies per policy year.
Chiropractor Manipulations	\$7, up to 15 manipulations per policy year.
Respiratory Therapy	\$5, up to 20 therapies per policy year.

Emergency Room

Accident	\$0
Illness	\$65
Recommended by Teleconsulta	\$25
Urgent Care	\$35 illness/ \$0 accident

Hospitalization

Regular (including Mental Health)	\$125
-----------------------------------	-------

Other

Home Health Care	25%
Durable Medical Equipment	25%
Services in United States	Covered under Major Medical Program subject to preauthorization except in emergency cases.
Services by Non-Participating Providers in Puerto Rico	Covered by reimbursement according to Triple-S' established fees for participating providers, after applicable copayment or coinsurance.

Leidos, Inc. (Effective Date 01/01/2021)

Services	Deductibles, copays and coinsurance
Pharmacy Coverage	
<p>Rule of Generic Mandatory Medication</p> <p>OTC Triple-S list</p> <p>Generic</p> <p>Brand Medication</p> <p>Specialized Medication</p> <p>Oral Chemotherapy Drug</p> <p>90 Day Supply for Maintenance Medications (by Mail or Pharmacy)</p> <p>Generic</p> <p>Brand Medication</p>	<p>If the plan member prefers a brand name drug instead of a generic, the plan member will pay the brand name drug copay plus the difference between the cost of the brand name drug and the generic. DAW allow. Preferred Drug List apply.</p> <p style="text-align: right;">\$0</p> <p style="text-align: right;">\$10</p> <p style="text-align: right;">25% minimum \$15</p> <p style="text-align: right;">30%</p> <p style="text-align: right;">10%</p> <p style="text-align: right;">\$20</p> <p style="text-align: right;">20% minimum \$40</p>
Major Medical	
Implants, Surgical Assistance	20%
Organ and Tissue Transplant	
Covered	
Other Benefits	
<p>Employee Assistance Program (EAP) for Mental Health Services</p> <p>Chemotherapy</p> <p>Radiotherapy</p> <p>Triple-S Natural (alternative medicine)</p>	<p style="text-align: center;">up to 10 visits per policy year</p> <p style="text-align: center;">10%</p> <p style="text-align: center;">10%</p> <p style="text-align: center;">\$15, up to 6 visits per policy year.</p>

This is a brief informational summary and does not replace or modify the policy. We urge you to review the Certificate of Benefits (Policy) so that you know in detail the benefits, limitations and exclusions of the cover.