Tu mejor versión

TIENE UN PLAN



Resumen de Beneficios y Primas 2027

PARA USO INTERNO

TRIPLE-S SALUD

ESTAMOS CONTIGO

PARA USO INTERNO

TRIPLE-S DIRECTO BRONCE

(EPO)

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$89.79	$4.49	$96.58	$4.83	$91.54	$4.58	$98.33	$4.92
21	$141.40	$7.07	$148.19	$7.41	$143.15	$7.16	$149.94	$7.50
22	$141.40	$7.07	$148.19	$7.41	$143.15	$7.16	$149.94	$7.50
23	$141.40	$7.07	$148.19	$7.41	$143.15	$7.16	$149.94	$7.50
24	$141.40	$7.07	$148.19	$7.41	$143.15	$7.16	$149.94	$7.50
25	$141.97	$7.10	$148.76	$7.44	$143.72	$7.19	$150.51	$7.53
26	$144.80	$7.24	$151.59	$7.58	$146.55	$7.33	$153.34	$7.67
27	$148.19	$7.41	$154.98	$7.75	$149.94	$7.50	$156.73	$7.84
28	$153.71	$7.69	$160.50	$8.03	$155.46	$7.77	$162.25	$8.11
29	$158.23	$7.91	$165.02	$8.25	$159.98	$8.00	$166.77	$8.34
30	$160.49	$8.02	$167.28	$8.36	$162.24	$8.11	$169.03	$8.45
31	$163.89	$8.19	$170.68	$8.53	$165.64	$8.28	$172.43	$8.62
32	$167.28	$8.36	$174.07	$8.70	$169.03	$8.45	$175.82	$8.79
33	$169.40	$8.47	$176.19	$8.81	$171.15	$8.56	$177.94	$8.90
34	$171.66	$8.58	$178.45	$8.92	$173.41	$8.67	$180.20	$9.01
35	$172.79	$8.64	$179.58	$8.98	$174.54	$8.73	$181.33	$9.07
36	$173.93	$8.70	$180.72	$9.04	$175.68	$8.78	$182.47	$9.12
37	$175.06	$8.75	$181.85	$9.09	$176.81	$8.84	$183.60	$9.18
38	$176.19	$8.81	$182.98	$9.15	$177.94	$8.90	$184.73	$9.24
39	$178.45	$8.92	$185.24	$9.26	$180.20	$9.01	$186.99	$9.35
40	$180.71	$9.04	$187.50	$9.38	$182.46	$9.12	$189.25	$9.46
41	$184.11	$9.21	$190.90	$9.55	$185.86	$9.29	$192.65	$9.63
42	$187.36	$9.37	$194.15	$9.71	$189.11	$9.46	$195.90	$9.80
43	$191.88	$9.59	$198.67	$9.93	$193.63	$9.68	$200.42	$10.02
44	$197.54	$9.88	$204.33	$10.22	$199.29	$9.96	$206.08	$10.30
45	$204.19	$10.21	$210.98	$10.55	$205.94	$10.30	$212.73	$10.64
46	$212.11	$10.61	$218.90	$10.95	$213.86	$10.69	$220.65	$11.03
47	$221.01	$11.05	$227.80	$11.39	$222.76	$11.14	$229.55	$11.48
48	$231.19	$11.56	$237.98	$11.90	$232.94	$11.65	$239.73	$11.99
49	$241.23	$12.06	$248.02	$12.40	$242.98	$12.15	$249.77	$12.49
50	$252.55	$12.63	$259.34	$12.97	$254.30	$12.72	$261.09	$13.05
51	$263.72	$13.19	$270.51	$13.53	$265.47	$13.27	$272.26	$13.61
52	$276.02	$13.80	$282.81	$14.14	$277.77	$13.89	$284.56	$14.23
53	$288.46	$14.42	$295.25	$14.76	$290.21	$14.51	$297.00	$14.85
54	$301.90	$15.10	$308.69	$15.43	$303.65	$15.18	$310.44	$15.52
55	$315.33	$15.77	$322.12	$16.11	$317.08	$15.85	$323.87	$16.19
56	$329.89	$16.49	$336.68	$16.83	$331.64	$16.58	$338.43	$16.92
57	$344.60	$17.23	$351.39	$17.57	$346.35	$17.32	$353.14	$17.66
58	$360.30	$18.02	$367.09	$18.35	$362.05	$18.10	$368.84	$18.44
59	$368.07	$18.40	$374.86	$18.74	$369.82	$18.49	$376.61	$18.83
60	$383.77	$19.19	$390.56	$19.53	$385.52	$19.28	$392.31	$19.62
61	$397.34	$19.87	$404.13	$20.21	$399.09	$19.95	$405.88	$20.29
62	$406.25	$20.31	$413.04	$20.65	$408.00	$20.40	$414.79	$20.74
63	$417.42	$20.87	$424.21	$21.21	$419.17	$20.96	$425.96	$21.30
64 o más	$424.21	$21.21	$431.00	$21.55	$425.96	$21.30	$432.75	$21.64

TRIPLE-S DIRECTO BRONCE

(EPO)

TARIFAS USO DE TABACO

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$89.79	$4.49	$96.58	$4.83	$91.54	$4.58	$98.33	$4.92
21	$155.54	$7.78	$162.33	$8.12	$157.29	$7.86	$164.08	$8.20
22	$155.54	$7.78	$162.33	$8.12	$157.29	$7.86	$164.08	$8.20
23	$155.54	$7.78	$162.33	$8.12	$157.29	$7.86	$164.08	$8.20
24	$155.54	$7.78	$162.33	$8.12	$157.29	$7.86	$164.08	$8.20
25	$156.17	$7.81	$162.96	$8.15	$157.92	$7.90	$164.71	$8.24
26	$160.00	$8.00	$166.79	$8.34	$161.75	$8.09	$168.54	$8.43
27	$164.49	$8.22	$171.28	$8.56	$166.24	$8.31	$173.03	$8.65
28	$171.39	$8.57	$178.18	$8.91	$173.14	$8.66	$179.93	$9.00
29	$177.22	$8.86	$184.01	$9.20	$178.97	$8.95	$185.76	$9.29
30	$180.55	$9.03	$187.34	$9.37	$182.30	$9.12	$189.09	$9.45
31	$185.20	$9.26	$191.99	$9.60	$186.95	$9.35	$193.74	$9.69
32	$189.86	$9.49	$196.65	$9.83	$191.61	$9.58	$198.40	$9.92
33	$193.12	$9.66	$199.91	$10.00	$194.87	$9.74	$201.66	$10.08
34	$196.55	$9.83	$203.34	$10.17	$198.30	$9.92	$205.09	$10.25
35	$198.71	$9.94	$205.50	$10.28	$200.46	$10.02	$207.25	$10.36
36	$200.89	$10.04	$207.68	$10.38	$202.64	$10.13	$209.43	$10.47
37	$203.07	$10.15	$209.86	$10.49	$204.82	$10.24	$211.61	$10.58
38	$205.26	$10.26	$212.05	$10.60	$207.01	$10.35	$213.80	$10.69
39	$208.79	$10.44	$215.58	$10.78	$210.54	$10.53	$217.33	$10.87
40	$212.33	$10.62	$219.12	$10.96	$214.08	$10.70	$220.87	$11.04
41	$217.25	$10.86	$224.04	$11.20	$219.00	$10.95	$225.79	$11.29
42	$222.02	$11.10	$228.81	$11.44	$223.77	$11.19	$230.56	$11.53
43	$228.34	$11.42	$235.13	$11.76	$230.09	$11.50	$236.88	$11.84
44	$236.06	$11.80	$242.85	$12.14	$237.81	$11.89	$244.60	$12.23
45	$245.03	$12.25	$251.82	$12.59	$246.78	$12.34	$253.57	$12.68
46	$254.53	$12.73	$261.32	$13.07	$256.28	$12.81	$263.07	$13.15
47	$265.21	$13.26	$272.00	$13.60	$266.96	$13.35	$273.75	$13.69
48	$277.43	$13.87	$284.22	$14.21	$279.18	$13.96	$285.97	$14.30
49	$289.48	$14.47	$296.27	$14.81	$291.23	$14.56	$298.02	$14.90
50	$303.06	$15.15	$309.85	$15.49	$304.81	$15.24	$311.60	$15.58
51	$316.46	$15.82	$323.25	$16.16	$318.21	$15.91	$325.00	$16.25
52	$331.22	$16.56	$338.01	$16.90	$332.97	$16.65	$339.76	$16.99
53	$346.15	$17.31	$352.94	$17.65	$347.90	$17.40	$354.69	$17.73
54	$362.28	$18.11	$369.07	$18.45	$364.03	$18.20	$370.82	$18.54
55	$378.40	$18.92	$385.19	$19.26	$380.15	$19.01	$386.94	$19.35
56	$395.87	$19.79	$402.66	$20.13	$397.62	$19.88	$404.41	$20.22
57	$413.52	$20.68	$420.31	$21.02	$415.27	$20.76	$422.06	$21.10
58	$432.36	$21.62	$439.15	$21.96	$434.11	$21.71	$440.90	$22.05
59	$441.68	$22.08	$448.47	$22.42	$443.43	$22.17	$450.22	$22.51
60	$460.52	$23.03	$467.31	$23.37	$462.27	$23.11	$469.06	$23.45
61	$476.81	$23.84	$483.60	$24.18	$478.56	$23.93	$485.35	$24.27
62	$487.50	$24.38	$494.29	$24.71	$489.25	$24.46	$496.04	$24.80
63	$500.90	$25.05	$507.69	$25.38	$502.65	$25.13	$509.44	$25.47
64 o más	$509.05	$25.45	$515.84	$25.79	$510.80	$25.54	$517.59	$25.88

TRIPLE-S DIRECTO PLATA

(EPO)

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$108.53	$5.43	$115.32	$5.77	$110.28	$5.51	$117.07	$5.85
21	$170.92	$8.55	$177.71	$8.89	$172.67	$8.63	$179.46	$8.97
22	$170.92	$8.55	$177.71	$8.89	$172.67	$8.63	$179.46	$8.97
23	$170.92	$8.55	$177.71	$8.89	$172.67	$8.63	$179.46	$8.97
24	$170.92	$8.55	$177.71	$8.89	$172.67	$8.63	$179.46	$8.97
25	$171.60	$8.58	$178.39	$8.92	$173.35	$8.67	$180.14	$9.01
26	$175.02	$8.75	$181.81	$9.09	$176.77	$8.84	$183.56	$9.18
27	$179.12	$8.96	$185.91	$9.30	$180.87	$9.04	$187.66	$9.38
28	$185.79	$9.29	$192.58	$9.63	$187.54	$9.38	$194.33	$9.72
29	$191.26	$9.56	$198.05	$9.90	$193.01	$9.65	$199.80	$9.99
30	$193.99	$9.70	$200.78	$10.04	$195.74	$9.79	$202.53	$10.13
31	$198.09	$9.90	$204.88	$10.24	$199.84	$9.99	$206.63	$10.33
32	$202.20	$10.11	$208.99	$10.45	$203.95	$10.20	$210.74	$10.54
33	$204.76	$10.24	$211.55	$10.58	$206.51	$10.33	$213.30	$10.67
34	$207.49	$10.37	$214.28	$10.71	$209.24	$10.46	$216.03	$10.80
35	$208.86	$10.44	$215.65	$10.78	$210.61	$10.53	$217.40	$10.87
36	$210.23	$10.51	$217.02	$10.85	$211.98	$10.60	$218.77	$10.94
37	$211.60	$10.58	$218.39	$10.92	$213.35	$10.67	$220.14	$11.01
38	$212.96	$10.65	$219.75	$10.99	$214.71	$10.74	$221.50	$11.08
39	$215.70	$10.79	$222.49	$11.12	$217.45	$10.87	$224.24	$11.21
40	$218.43	$10.92	$225.22	$11.26	$220.18	$11.01	$226.97	$11.35
41	$222.54	$11.13	$229.33	$11.47	$224.29	$11.21	$231.08	$11.55
42	$226.47	$11.32	$233.26	$11.66	$228.22	$11.41	$235.01	$11.75
43	$231.94	$11.60	$238.73	$11.94	$233.69	$11.68	$240.48	$12.02
44	$238.77	$11.94	$245.56	$12.28	$240.52	$12.03	$247.31	$12.37
45	$246.81	$12.34	$253.60	$12.68	$248.56	$12.43	$255.35	$12.77
46	$256.38	$12.82	$263.17	$13.16	$258.13	$12.91	$264.92	$13.25
47	$267.14	$13.36	$273.93	$13.70	$268.89	$13.44	$275.68	$13.78
48	$279.45	$13.97	$286.24	$14.31	$281.20	$14.06	$287.99	$14.40
49	$291.59	$14.58	$298.38	$14.92	$293.34	$14.67	$300.13	$15.01
50	$305.26	$15.26	$312.05	$15.60	$307.01	$15.35	$313.80	$15.69
51	$318.76	$15.94	$325.55	$16.28	$320.51	$16.03	$327.30	$16.37
52	$333.63	$16.68	$340.42	$17.02	$335.38	$16.77	$342.17	$17.11
53	$348.67	$17.43	$355.46	$17.77	$350.42	$17.52	$357.21	$17.86
54	$364.91	$18.25	$371.70	$18.59	$366.66	$18.33	$373.45	$18.67
55	$381.15	$19.06	$387.94	$19.40	$382.90	$19.15	$389.69	$19.48
56	$398.75	$19.94	$405.54	$20.28	$400.50	$20.03	$407.29	$20.36
57	$416.53	$20.83	$423.32	$21.17	$418.28	$20.91	$425.07	$21.25
58	$435.50	$21.78	$442.29	$22.11	$437.25	$21.86	$444.04	$22.20
59	$444.90	$22.25	$451.69	$22.58	$446.65	$22.33	$453.44	$22.67
60	$463.87	$23.19	$470.66	$23.53	$465.62	$23.28	$472.41	$23.62
61	$480.28	$24.01	$487.07	$24.35	$482.03	$24.10	$488.82	$24.44
62	$491.05	$24.55	$497.84	$24.89	$492.80	$24.64	$499.59	$24.98
63	$504.55	$25.23	$511.34	$25.57	$506.30	$25.32	$513.09	$25.65
64 o más	$512.75	$25.64	$519.54	$25.98	$514.50	$25.73	$521.29	$26.06

TRIPLE-S DIRECTO PLATA

(EPO)

TARIFAS USO DE TABACO

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$108.53	$5.43	$115.32	$5.77	$110.28	$5.51	$117.07	$5.85
21	$188.01	$9.40	$194.80	$9.74	$189.76	$9.49	$196.55	$9.83
22	$188.01	$9.40	$194.80	$9.74	$189.76	$9.49	$196.55	$9.83
23	$188.01	$9.40	$194.80	$9.74	$189.76	$9.49	$196.55	$9.83
24	$188.01	$9.40	$194.80	$9.74	$189.76	$9.49	$196.55	$9.83
25	$188.76	$9.44	$195.55	$9.78	$190.51	$9.53	$197.30	$9.87
26	$193.40	$9.67	$200.19	$10.01	$195.15	$9.76	$201.94	$10.10
27	$198.82	$9.94	$205.61	$10.28	$200.57	$10.03	$207.36	$10.37
28	$207.16	$10.36	$213.95	$10.70	$208.91	$10.45	$215.70	$10.79
29	$214.21	$10.71	$221.00	$11.05	$215.96	$10.80	$222.75	$11.14
30	$218.24	$10.91	$225.03	$11.25	$219.99	$11.00	$226.78	$11.34
31	$223.84	$11.19	$230.63	$11.53	$225.59	$11.28	$232.38	$11.62
32	$229.50	$11.48	$236.29	$11.81	$231.25	$11.56	$238.04	$11.90
33	$233.43	$11.67	$240.22	$12.01	$235.18	$11.76	$241.97	$12.10
34	$237.58	$11.88	$244.37	$12.22	$239.33	$11.97	$246.12	$12.31
35	$240.19	$12.01	$246.98	$12.35	$241.94	$12.10	$248.73	$12.44
36	$242.82	$12.14	$249.61	$12.48	$244.57	$12.23	$251.36	$12.57
37	$245.46	$12.27	$252.25	$12.61	$247.21	$12.36	$254.00	$12.70
38	$248.10	$12.41	$254.89	$12.74	$249.85	$12.49	$256.64	$12.83
39	$252.37	$12.62	$259.16	$12.96	$254.12	$12.71	$260.91	$13.05
40	$256.66	$12.83	$263.45	$13.17	$258.41	$12.92	$265.20	$13.26
41	$262.60	$13.13	$269.39	$13.47	$264.35	$13.22	$271.14	$13.56
42	$268.37	$13.42	$275.16	$13.76	$270.12	$13.51	$276.91	$13.85
43	$276.01	$13.80	$282.80	$14.14	$277.76	$13.89	$284.55	$14.23
44	$285.33	$14.27	$292.12	$14.61	$287.08	$14.35	$293.87	$14.69
45	$296.17	$14.81	$302.96	$15.15	$297.92	$14.90	$304.71	$15.24
46	$307.66	$15.38	$314.45	$15.72	$309.41	$15.47	$316.20	$15.81
47	$320.57	$16.03	$327.36	$16.37	$322.32	$16.12	$329.11	$16.46
48	$335.34	$16.77	$342.13	$17.11	$337.09	$16.85	$343.88	$17.19
49	$349.91	$17.50	$356.70	$17.84	$351.66	$17.58	$358.45	$17.92
50	$366.31	$18.32	$373.10	$18.66	$368.06	$18.40	$374.85	$18.74
51	$382.51	$19.13	$389.30	$19.47	$384.26	$19.21	$391.05	$19.55
52	$400.36	$20.02	$407.15	$20.36	$402.11	$20.11	$408.90	$20.45
53	$418.40	$20.92	$425.19	$21.26	$420.15	$21.01	$426.94	$21.35
54	$437.89	$21.89	$444.68	$22.23	$439.64	$21.98	$446.43	$22.32
55	$457.38	$22.87	$464.17	$23.21	$459.13	$22.96	$465.92	$23.30
56	$478.50	$23.93	$485.29	$24.26	$480.25	$24.01	$487.04	$24.35
57	$499.84	$24.99	$506.63	$25.33	$501.59	$25.08	$508.38	$25.42
58	$522.60	$26.13	$529.39	$26.47	$524.35	$26.22	$531.14	$26.56
59	$533.88	$26.69	$540.67	$27.03	$535.63	$26.78	$542.42	$27.12
60	$556.64	$27.83	$563.43	$28.17	$558.39	$27.92	$565.18	$28.26
61	$576.34	$28.82	$583.13	$29.16	$578.09	$28.90	$584.88	$29.24
62	$589.26	$29.46	$596.05	$29.80	$591.01	$29.55	$597.80	$29.89
63	$605.46	$30.27	$612.25	$30.61	$607.21	$30.36	$614.00	$30.70
64 o más	$615.30	$30.77	$622.09	$31.10	$617.05	$30.85	$623.84	$31.19

Pocket PLATA (POS)

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$99.77	$4.99	$106.56	$5.33	$101.52	$5.08	$108.31	$5.42
21	$157.12	$7.86	$163.91	$8.20	$158.87	$7.94	$165.66	$8.28
22	$157.12	$7.86	$163.91	$8.20	$158.87	$7.94	$165.66	$8.28
23	$157.12	$7.86	$163.91	$8.20	$158.87	$7.94	$165.66	$8.28
24	$157.12	$7.86	$163.91	$8.20	$158.87	$7.94	$165.66	$8.28
25	$157.75	$7.89	$164.54	$8.23	$159.50	$7.98	$166.29	$8.31
26	$160.90	$8.05	$167.69	$8.38	$162.65	$8.13	$169.44	$8.47
27	$164.67	$8.23	$171.46	$8.57	$166.42	$8.32	$173.21	$8.66
28	$170.79	$8.54	$177.58	$8.88	$172.54	$8.63	$179.33	$8.97
29	$175.82	$8.79	$182.61	$9.13	$177.57	$8.88	$184.36	$9.22
30	$178.34	$8.92	$185.13	$9.26	$180.09	$9.00	$186.88	$9.34
31	$182.11	$9.11	$188.90	$9.45	$183.86	$9.19	$190.65	$9.53
32	$185.88	$9.29	$192.67	$9.63	$187.63	$9.38	$194.42	$9.72
33	$188.24	$9.41	$195.03	$9.75	$189.99	$9.50	$196.78	$9.84
34	$190.75	$9.54	$197.54	$9.88	$192.50	$9.63	$199.29	$9.96
35	$192.01	$9.60	$198.80	$9.94	$193.76	$9.69	$200.55	$10.03
36	$193.26	$9.66	$200.05	$10.00	$195.01	$9.75	$201.80	$10.09
37	$194.52	$9.73	$201.31	$10.07	$196.27	$9.81	$203.06	$10.15
38	$195.78	$9.79	$202.57	$10.13	$197.53	$9.88	$204.32	$10.22
39	$198.29	$9.91	$205.08	$10.25	$200.04	$10.00	$206.83	$10.34
40	$200.81	$10.04	$207.60	$10.38	$202.56	$10.13	$209.35	$10.47
41	$204.58	$10.23	$211.37	$10.57	$206.33	$10.32	$213.12	$10.66
42	$208.19	$10.41	$214.98	$10.75	$209.94	$10.50	$216.73	$10.84
43	$213.22	$10.66	$220.01	$11.00	$214.97	$10.75	$221.76	$11.09
44	$219.50	$10.98	$226.29	$11.31	$221.25	$11.06	$228.04	$11.40
45	$226.89	$11.34	$233.68	$11.68	$228.64	$11.43	$235.43	$11.77
46	$235.69	$11.78	$242.48	$12.12	$237.44	$11.87	$244.23	$12.21
47	$245.59	$12.28	$252.38	$12.62	$247.34	$12.37	$254.13	$12.71
48	$256.90	$12.85	$263.69	$13.18	$258.65	$12.93	$265.44	$13.27
49	$268.06	$13.40	$274.85	$13.74	$269.81	$13.49	$276.60	$13.83
50	$280.63	$14.03	$287.42	$14.37	$282.38	$14.12	$289.17	$14.46
51	$293.04	$14.65	$299.83	$14.99	$294.79	$14.74	$301.58	$15.08
52	$306.71	$15.34	$313.50	$15.68	$308.46	$15.42	$315.25	$15.76
53	$320.53	$16.03	$327.32	$16.37	$322.28	$16.11	$329.07	$16.45
54	$335.46	$16.77	$342.25	$17.11	$337.21	$16.86	$344.00	$17.20
55	$350.39	$17.52	$357.18	$17.86	$352.14	$17.61	$358.93	$17.95
56	$366.57	$18.33	$373.36	$18.67	$368.32	$18.42	$375.11	$18.76
57	$382.91	$19.15	$389.70	$19.49	$384.66	$19.23	$391.45	$19.57
58	$400.35	$20.02	$407.14	$20.36	$402.10	$20.11	$408.89	$20.44
59	$409.00	$20.45	$415.79	$20.79	$410.75	$20.54	$417.54	$20.88
60	$426.44	$21.32	$433.23	$21.66	$428.19	$21.41	$434.98	$21.75
61	$441.52	$22.08	$448.31	$22.42	$443.27	$22.16	$450.06	$22.50
62	$451.42	$22.57	$458.21	$22.91	$453.17	$22.66	$459.96	$23.00
63	$463.83	$23.19	$470.62	$23.53	$465.58	$23.28	$472.37	$23.62
64 o más	$471.37	$23.57	$478.16	$23.91	$473.12	$23.66	$479.91	$24.00

Pocket PLATA (POS)

TARIFAS USO DE TABACO

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$99.77	$4.99	$106.56	$5.33	$101.52	$5.08	$108.31	$5.42
21	$172.83	$8.64	$179.62	$8.98	$174.58	$8.73	$181.37	$9.07
22	$172.83	$8.64	$179.62	$8.98	$174.58	$8.73	$181.37	$9.07
23	$172.83	$8.64	$179.62	$8.98	$174.58	$8.73	$181.37	$9.07
24	$172.83	$8.64	$179.62	$8.98	$174.58	$8.73	$181.37	$9.07
25	$173.53	$8.68	$180.32	$9.02	$175.28	$8.76	$182.07	$9.10
26	$177.79	$8.89	$184.58	$9.23	$179.54	$8.98	$186.33	$9.32
27	$182.78	$9.14	$189.57	$9.48	$184.53	$9.23	$191.32	$9.57
28	$190.43	$9.52	$197.22	$9.86	$192.18	$9.61	$198.97	$9.95
29	$196.92	$9.85	$203.71	$10.19	$198.67	$9.93	$205.46	$10.27
30	$200.63	$10.03	$207.42	$10.37	$202.38	$10.12	$209.17	$10.46
31	$205.78	$10.29	$212.57	$10.63	$207.53	$10.38	$214.32	$10.72
32	$210.97	$10.55	$217.76	$10.89	$212.72	$10.64	$219.51	$10.98
33	$214.59	$10.73	$221.38	$11.07	$216.34	$10.82	$223.13	$11.16
34	$218.41	$10.92	$225.20	$11.26	$220.16	$11.01	$226.95	$11.35
35	$220.81	$11.04	$227.60	$11.38	$222.56	$11.13	$229.35	$11.47
36	$223.22	$11.16	$230.01	$11.50	$224.97	$11.25	$231.76	$11.59
37	$225.64	$11.28	$232.43	$11.62	$227.39	$11.37	$234.18	$11.71
38	$228.08	$11.40	$234.87	$11.74	$229.83	$11.49	$236.62	$11.83
39	$232.00	$11.60	$238.79	$11.94	$233.75	$11.69	$240.54	$12.03
40	$235.95	$11.80	$242.74	$12.14	$237.70	$11.89	$244.49	$12.22
41	$241.40	$12.07	$248.19	$12.41	$243.15	$12.16	$249.94	$12.50
42	$246.71	$12.34	$253.50	$12.68	$248.46	$12.42	$255.25	$12.76
43	$253.73	$12.69	$260.52	$13.03	$255.48	$12.77	$262.27	$13.11
44	$262.30	$13.12	$269.09	$13.45	$264.05	$13.20	$270.84	$13.54
45	$272.27	$13.61	$279.06	$13.95	$274.02	$13.70	$280.81	$14.04
46	$282.83	$14.14	$289.62	$14.48	$284.58	$14.23	$291.37	$14.57
47	$294.71	$14.74	$301.50	$15.08	$296.46	$14.82	$303.25	$15.16
48	$308.28	$15.41	$315.07	$15.75	$310.03	$15.50	$316.82	$15.84
49	$321.67	$16.08	$328.46	$16.42	$323.42	$16.17	$330.21	$16.51
50	$336.76	$16.84	$343.55	$17.18	$338.51	$16.93	$345.30	$17.27
51	$351.65	$17.58	$358.44	$17.92	$353.40	$17.67	$360.19	$18.01
52	$368.05	$18.40	$374.84	$18.74	$369.80	$18.49	$376.59	$18.83
53	$384.64	$19.23	$391.43	$19.57	$386.39	$19.32	$393.18	$19.66
54	$402.55	$20.13	$409.34	$20.47	$404.30	$20.22	$411.09	$20.55
55	$420.47	$21.02	$427.26	$21.36	$422.22	$21.11	$429.01	$21.45
56	$439.88	$21.99	$446.67	$22.33	$441.63	$22.08	$448.42	$22.42
57	$459.49	$22.97	$466.28	$23.31	$461.24	$23.06	$468.03	$23.40
58	$480.42	$24.02	$487.21	$24.36	$482.17	$24.11	$488.96	$24.45
59	$490.80	$24.54	$497.59	$24.88	$492.55	$24.63	$499.34	$24.97
60	$511.73	$25.59	$518.52	$25.93	$513.48	$25.67	$520.27	$26.01
61	$529.82	$26.49	$536.61	$26.83	$531.57	$26.58	$538.36	$26.92
62	$541.70	$27.09	$548.49	$27.42	$543.45	$27.17	$550.24	$27.51
63	$556.60	$27.83	$563.39	$28.17	$558.35	$27.92	$565.14	$28.26
64 o más	$565.64	$28.28	$572.43	$28.62	$567.39	$28.37	$574.18	$28.71

Pocket ORO (POS)

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$126.63	$6.33	$133.42	$6.67	$128.38	$6.42	$135.17	$6.76
21	$199.42	$9.97	$206.21	$10.31	$201.17	$10.06	$207.96	$10.40
22	$199.42	$9.97	$206.21	$10.31	$201.17	$10.06	$207.96	$10.40
23	$199.42	$9.97	$206.21	$10.31	$201.17	$10.06	$207.96	$10.40
24	$199.42	$9.97	$206.21	$10.31	$201.17	$10.06	$207.96	$10.40
25	$200.22	$10.01	$207.01	$10.35	$201.97	$10.10	$208.76	$10.44
26	$204.21	$10.21	$211.00	$10.55	$205.96	$10.30	$212.75	$10.64
27	$208.99	$10.45	$215.78	$10.79	$210.74	$10.54	$217.53	$10.88
28	$216.77	$10.84	$223.56	$11.18	$218.52	$10.93	$225.31	$11.27
29	$223.15	$11.16	$229.94	$11.50	$224.90	$11.25	$231.69	$11.58
30	$226.34	$11.32	$233.13	$11.66	$228.09	$11.40	$234.88	$11.74
31	$231.13	$11.56	$237.92	$11.90	$232.88	$11.64	$239.67	$11.98
32	$235.91	$11.80	$242.70	$12.14	$237.66	$11.88	$244.45	$12.22
33	$238.90	$11.95	$245.69	$12.28	$240.65	$12.03	$247.44	$12.37
34	$242.09	$12.10	$248.88	$12.44	$243.84	$12.19	$250.63	$12.53
35	$243.69	$12.18	$250.48	$12.52	$245.44	$12.27	$252.23	$12.61
36	$245.29	$12.26	$252.08	$12.60	$247.04	$12.35	$253.83	$12.69
37	$246.88	$12.34	$253.67	$12.68	$248.63	$12.43	$255.42	$12.77
38	$248.48	$12.42	$255.27	$12.76	$250.23	$12.51	$257.02	$12.85
39	$251.67	$12.58	$258.46	$12.92	$253.42	$12.67	$260.21	$13.01
40	$254.86	$12.74	$261.65	$13.08	$256.61	$12.83	$263.40	$13.17
41	$259.64	$12.98	$266.43	$13.32	$261.39	$13.07	$268.18	$13.41
42	$264.23	$13.21	$271.02	$13.55	$265.98	$13.30	$272.77	$13.64
43	$270.61	$13.53	$277.40	$13.87	$272.36	$13.62	$279.15	$13.96
44	$278.59	$13.93	$285.38	$14.27	$280.34	$14.02	$287.13	$14.36
45	$287.96	$14.40	$294.75	$14.74	$289.71	$14.49	$296.50	$14.83
46	$299.13	$14.96	$305.92	$15.30	$300.88	$15.04	$307.67	$15.38
47	$311.69	$15.58	$318.48	$15.92	$313.44	$15.67	$320.23	$16.01
48	$326.05	$16.30	$332.84	$16.64	$327.80	$16.39	$334.59	$16.73
49	$340.21	$17.01	$347.00	$17.35	$341.96	$17.10	$348.75	$17.44
50	$356.16	$17.81	$362.95	$18.15	$357.91	$17.90	$364.70	$18.24
51	$371.92	$18.60	$378.71	$18.94	$373.67	$18.68	$380.46	$19.02
52	$389.27	$19.46	$396.06	$19.80	$391.02	$19.55	$397.81	$19.89
53	$406.81	$20.34	$413.60	$20.68	$408.56	$20.43	$415.35	$20.77
54	$425.76	$21.29	$432.55	$21.63	$427.51	$21.38	$434.30	$21.72
55	$444.70	$22.24	$451.49	$22.57	$446.45	$22.32	$453.24	$22.66
56	$465.24	$23.26	$472.03	$23.60	$466.99	$23.35	$473.78	$23.69
57	$485.98	$24.30	$492.77	$24.64	$487.73	$24.39	$494.52	$24.73
58	$508.12	$25.41	$514.91	$25.75	$509.87	$25.49	$516.66	$25.83
59	$519.09	$25.95	$525.88	$26.29	$520.84	$26.04	$527.63	$26.38
60	$541.22	$27.06	$548.01	$27.40	$542.97	$27.15	$549.76	$27.49
61	$560.37	$28.02	$567.16	$28.36	$562.12	$28.11	$568.91	$28.45
62	$572.93	$28.65	$579.72	$28.99	$574.68	$28.73	$581.47	$29.07
63	$588.68	$29.43	$595.47	$29.77	$590.43	$29.52	$597.22	$29.86
64 o más	$598.26	$29.91	$605.05	$30.25	$600.01	$30.00	$606.80	$30.34

Pocket ORO (POS)

TARIFAS USO DE TABACO

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$126.63	$6.33	$133.42	$6.67	$128.38	$6.42	$135.17	$6.76
21	$219.36	$10.97	$226.15	$11.31	$221.11	$11.06	$227.90	$11.40
22	$219.36	$10.97	$226.15	$11.31	$221.11	$11.06	$227.90	$11.40
23	$219.36	$10.97	$226.15	$11.31	$221.11	$11.06	$227.90	$11.40
24	$219.36	$10.97	$226.15	$11.31	$221.11	$11.06	$227.90	$11.40
25	$220.24	$11.01	$227.03	$11.35	$221.99	$11.10	$228.78	$11.44
26	$225.65	$11.28	$232.44	$11.62	$227.40	$11.37	$234.19	$11.71
27	$231.98	$11.60	$238.77	$11.94	$233.73	$11.69	$240.52	$12.03
28	$241.70	$12.09	$248.49	$12.42	$243.45	$12.17	$250.24	$12.51
29	$249.93	$12.50	$256.72	$12.84	$251.68	$12.58	$258.47	$12.92
30	$254.63	$12.73	$261.42	$13.07	$256.38	$12.82	$263.17	$13.16
31	$261.18	$13.06	$267.97	$13.40	$262.93	$13.15	$269.72	$13.49
32	$267.76	$13.39	$274.55	$13.73	$269.51	$13.48	$276.30	$13.82
33	$272.35	$13.62	$279.14	$13.96	$274.10	$13.71	$280.89	$14.04
34	$277.19	$13.86	$283.98	$14.20	$278.94	$13.95	$285.73	$14.29
35	$280.24	$14.01	$287.03	$14.35	$281.99	$14.10	$288.78	$14.44
36	$283.31	$14.17	$290.10	$14.51	$285.06	$14.25	$291.85	$14.59
37	$286.38	$14.32	$293.17	$14.66	$288.13	$14.41	$294.92	$14.75
38	$289.48	$14.47	$296.27	$14.81	$291.23	$14.56	$298.02	$14.90
39	$294.45	$14.72	$301.24	$15.06	$296.20	$14.81	$302.99	$15.15
40	$299.46	$14.97	$306.25	$15.31	$301.21	$15.06	$308.00	$15.40
41	$306.38	$15.32	$313.17	$15.66	$308.13	$15.41	$314.92	$15.75
42	$313.11	$15.66	$319.90	$16.00	$314.86	$15.74	$321.65	$16.08
43	$322.03	$16.10	$328.82	$16.44	$323.78	$16.19	$330.57	$16.53
44	$332.92	$16.65	$339.71	$16.99	$334.67	$16.73	$341.46	$17.07
45	$345.55	$17.28	$352.34	$17.62	$347.30	$17.37	$354.09	$17.70
46	$358.96	$17.95	$365.75	$18.29	$360.71	$18.04	$367.50	$18.38
47	$374.03	$18.70	$380.82	$19.04	$375.78	$18.79	$382.57	$19.13
48	$391.26	$19.56	$398.05	$19.90	$393.01	$19.65	$399.80	$19.99
49	$408.25	$20.41	$415.04	$20.75	$410.00	$20.50	$416.79	$20.84
50	$427.39	$21.37	$434.18	$21.71	$429.14	$21.46	$435.93	$21.80
51	$446.30	$22.32	$453.09	$22.65	$448.05	$22.40	$454.84	$22.74
52	$467.12	$23.36	$473.91	$23.70	$468.87	$23.44	$475.66	$23.78
53	$488.17	$24.41	$494.96	$24.75	$489.92	$24.50	$496.71	$24.84
54	$510.91	$25.55	$517.70	$25.89	$512.66	$25.63	$519.45	$25.97
55	$533.64	$26.68	$540.43	$27.02	$535.39	$26.77	$542.18	$27.11
56	$558.29	$27.91	$565.08	$28.25	$560.04	$28.00	$566.83	$28.34
57	$583.18	$29.16	$589.97	$29.50	$584.93	$29.25	$591.72	$29.59
58	$609.74	$30.49	$616.53	$30.83	$611.49	$30.57	$618.28	$30.91
59	$622.91	$31.15	$629.70	$31.49	$624.66	$31.23	$631.45	$31.57
60	$649.46	$32.47	$656.25	$32.81	$651.21	$32.56	$658.00	$32.90
61	$672.44	$33.62	$679.23	$33.96	$674.19	$33.71	$680.98	$34.05
62	$687.52	$34.38	$694.31	$34.72	$689.27	$34.46	$696.06	$34.80
63	$706.42	$35.32	$713.21	$35.66	$708.17	$35.41	$714.96	$35.75
64 o más	$717.91	$35.90	$724.70	$36.24	$719.66	$35.98	$726.45	$36.32

UNO PLATA
(POS)

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$79.75	$3.99	$86.54	$4.33	$81.50	$4.08	$88.29	$4.41
21	$125.59	$6.28	$132.38	$6.62	$127.34	$6.37	$134.13	$6.71
22	$125.59	$6.28	$132.38	$6.62	$127.34	$6.37	$134.13	$6.71
23	$125.59	$6.28	$132.38	$6.62	$127.34	$6.37	$134.13	$6.71
24	$125.59	$6.28	$132.38	$6.62	$127.34	$6.37	$134.13	$6.71
25	$126.09	$6.30	$132.88	$6.64	$127.84	$6.39	$134.63	$6.73
26	$128.60	$6.43	$135.39	$6.77	$130.35	$6.52	$137.14	$6.86
27	$131.62	$6.58	$138.41	$6.92	$133.37	$6.67	$140.16	$7.01
28	$136.51	$6.83	$143.30	$7.17	$138.26	$6.91	$145.05	$7.25
29	$140.53	$7.03	$147.32	$7.37	$142.28	$7.11	$149.07	$7.45
30	$142.54	$7.13	$149.33	$7.47	$144.29	$7.21	$151.08	$7.55
31	$145.56	$7.28	$152.35	$7.62	$147.31	$7.37	$154.10	$7.71
32	$148.57	$7.43	$155.36	$7.77	$150.32	$7.52	$157.11	$7.86
33	$150.45	$7.52	$157.24	$7.86	$152.20	$7.61	$158.99	$7.95
34	$152.46	$7.62	$159.25	$7.96	$154.21	$7.71	$161.00	$8.05
35	$153.47	$7.67	$160.26	$8.01	$155.22	$7.76	$162.01	$8.10
36	$154.47	$7.72	$161.26	$8.06	$156.22	$7.81	$163.01	$8.15
37	$155.48	$7.77	$162.27	$8.11	$157.23	$7.86	$164.02	$8.20
38	$156.48	$7.82	$163.27	$8.16	$158.23	$7.91	$165.02	$8.25
39	$158.49	$7.92	$165.28	$8.26	$160.24	$8.01	$167.03	$8.35
40	$160.50	$8.03	$167.29	$8.36	$162.25	$8.11	$169.04	$8.45
41	$163.51	$8.18	$170.30	$8.52	$165.26	$8.26	$172.05	$8.60
42	$166.40	$8.32	$173.19	$8.66	$168.15	$8.41	$174.94	$8.75
43	$170.42	$8.52	$177.21	$8.86	$172.17	$8.61	$178.96	$8.95
44	$175.45	$8.77	$182.24	$9.11	$177.20	$8.86	$183.99	$9.20
45	$181.35	$9.07	$188.14	$9.41	$183.10	$9.16	$189.89	$9.49
46	$188.38	$9.42	$195.17	$9.76	$190.13	$9.51	$196.92	$9.85
47	$196.29	$9.81	$203.08	$10.15	$198.04	$9.90	$204.83	$10.24
48	$205.34	$10.27	$212.13	$10.61	$207.09	$10.35	$213.88	$10.69
49	$214.25	$10.71	$221.04	$11.05	$216.00	$10.80	$222.79	$11.14
50	$224.30	$11.22	$231.09	$11.55	$226.05	$11.30	$232.84	$11.64
51	$234.22	$11.71	$241.01	$12.05	$235.97	$11.80	$242.76	$12.14
52	$245.15	$12.26	$251.94	$12.60	$246.90	$12.35	$253.69	$12.68
53	$256.20	$12.81	$262.99	$13.15	$257.95	$12.90	$264.74	$13.24
54	$268.13	$13.41	$274.92	$13.75	$269.88	$13.49	$276.67	$13.83
55	$280.06	$14.00	$286.85	$14.34	$281.81	$14.09	$288.60	$14.43
56	$293.00	$14.65	$299.79	$14.99	$294.75	$14.74	$301.54	$15.08
57	$306.06	$15.30	$312.85	$15.64	$307.81	$15.39	$314.60	$15.73
58	$320.00	$16.00	$326.79	$16.34	$321.75	$16.09	$328.54	$16.43
59	$326.90	$16.35	$333.69	$16.68	$328.65	$16.43	$335.44	$16.77
60	$340.84	$17.04	$347.63	$17.38	$342.59	$17.13	$349.38	$17.47
61	$352.90	$17.65	$359.69	$17.98	$354.65	$17.73	$361.44	$18.07
62	$360.81	$18.04	$367.60	$18.38	$362.56	$18.13	$369.35	$18.47
63	$370.73	$18.54	$377.52	$18.88	$372.48	$18.62	$379.27	$18.96
64 o más	$376.76	$18.84	$383.55	$19.18	$378.51	$18.93	$385.30	$19.27

UNO PLATA
(POS)

TARIFAS USO DE TABACO

EDAD	PRIMA MÉDICA	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado	Comisión Mensual Agente	PRIMA MÉDICA con Seguro de Vida	Comisión Mensual Agente	PRIMA MÉDICA con Dental Ampliado y Seguro de Vida	Comisión Mensual Agente
0-20	$79.75	$3.99	$86.54	$4.33	$81.50	$4.08	$88.29	$4.41
21	$138.15	$6.91	$144.94	$7.25	$139.90	$7.00	$146.69	$7.33
22	$138.15	$6.91	$144.94	$7.25	$139.90	$7.00	$146.69	$7.33
23	$138.15	$6.91	$144.94	$7.25	$139.90	$7.00	$146.69	$7.33
24	$138.15	$6.91	$144.94	$7.25	$139.90	$7.00	$146.69	$7.33
25	$138.70	$6.94	$145.49	$7.27	$140.45	$7.02	$147.24	$7.36
26	$142.10	$7.11	$148.89	$7.44	$143.85	$7.19	$150.64	$7.53
27	$146.10	$7.31	$152.89	$7.64	$147.85	$7.39	$154.64	$7.73
28	$152.21	$7.61	$159.00	$7.95	$153.96	$7.70	$160.75	$8.04
29	$157.39	$7.87	$164.18	$8.21	$159.14	$7.96	$165.93	$8.30
30	$160.36	$8.02	$167.15	$8.36	$162.11	$8.11	$168.90	$8.45
31	$164.48	$8.22	$171.27	$8.56	$166.23	$8.31	$173.02	$8.65
32	$168.63	$8.43	$175.42	$8.77	$170.38	$8.52	$177.17	$8.86
33	$171.51	$8.58	$178.30	$8.92	$173.26	$8.66	$180.05	$9.00
34	$174.57	$8.73	$181.36	$9.07	$176.32	$8.82	$183.11	$9.16
35	$176.49	$8.82	$183.28	$9.16	$178.24	$8.91	$185.03	$9.25
36	$178.41	$8.92	$185.20	$9.26	$180.16	$9.01	$186.95	$9.35
37	$180.36	$9.02	$187.15	$9.36	$182.11	$9.11	$188.90	$9.45
38	$182.30	$9.12	$189.09	$9.45	$184.05	$9.20	$190.84	$9.54
39	$185.43	$9.27	$192.22	$9.61	$187.18	$9.36	$193.97	$9.70
40	$188.59	$9.43	$195.38	$9.77	$190.34	$9.52	$197.13	$9.86
41	$192.94	$9.65	$199.73	$9.99	$194.69	$9.73	$201.48	$10.07
42	$197.18	$9.86	$203.97	$10.20	$198.93	$9.95	$205.72	$10.29
43	$202.80	$10.14	$209.59	$10.48	$204.55	$10.23	$211.34	$10.57
44	$209.66	$10.48	$216.45	$10.82	$211.41	$10.57	$218.20	$10.91
45	$217.62	$10.88	$224.41	$11.22	$219.37	$10.97	$226.16	$11.31
46	$226.06	$11.30	$232.85	$11.64	$227.81	$11.39	$234.60	$11.73
47	$235.55	$11.78	$242.34	$12.12	$237.30	$11.87	$244.09	$12.20
48	$246.41	$12.32	$253.20	$12.66	$248.16	$12.41	$254.95	$12.75
49	$257.10	$12.86	$263.89	$13.19	$258.85	$12.94	$265.64	$13.28
50	$269.16	$13.46	$275.95	$13.80	$270.91	$13.55	$277.70	$13.89
51	$281.06	$14.05	$287.85	$14.39	$282.81	$14.14	$289.60	$14.48
52	$294.18	$14.71	$300.97	$15.05	$295.93	$14.80	$302.72	$15.14
53	$307.44	$15.37	$314.23	$15.71	$309.19	$15.46	$315.98	$15.80
54	$321.76	$16.09	$328.55	$16.43	$323.51	$16.18	$330.30	$16.52
55	$336.07	$16.80	$342.86	$17.14	$337.82	$16.89	$344.61	$17.23
56	$351.60	$17.58	$358.39	$17.92	$353.35	$17.67	$360.14	$18.01
57	$367.27	$18.36	$374.06	$18.70	$369.02	$18.45	$375.81	$18.79
58	$384.00	$19.20	$390.79	$19.54	$385.75	$19.29	$392.54	$19.63
59	$392.28	$19.61	$399.07	$19.95	$394.03	$19.70	$400.82	$20.04
60	$409.01	$20.45	$415.80	$20.79	$410.76	$20.54	$417.55	$20.88
61	$423.48	$21.17	$430.27	$21.51	$425.23	$21.26	$432.02	$21.60
62	$432.97	$21.65	$439.76	$21.99	$434.72	$21.74	$441.51	$22.08
63	$444.88	$22.24	$451.67	$22.58	$446.63	$22.33	$453.42	$22.67
64 o más	$452.11	$22.61	$458.90	$22.95	$453.86	$22.69	$460.65	$23.03

PLANES METALES INDIVIDUALES 2027

BENEFICIOS	TRIPLE-S DIRECTO BRONCE	TRIPLE-S DIRECTO PLATA	Pocket DE TRIPLE-S PLATA	Pocket DE TRIPLE-S ORO	UNO DE TRIPLE-S PLATA
Desembolso Máximo Anual (MOOP) para Beneficios Médicos y Medicamentos Recetados (Combinados)					
Individual	$6,350	$6,350	$6,350	$6,350	$6,350
Familiar	$12,700	$12,700	$12,700	$12,700	$12,700
Cubierta Básica					
Deducible anual - Individual	$75	N/A	N/A	N/A	PPN: $0 EPO: $800 por asegurado (EPO Hospitales, EPO lab, Pruebas Especializadas, Procedimientos Dx, Facilidad Ambulatoria, Quimioterapia)
Deducible anual - Familiar	$150	N/A	N/A	N/A	
Servicios Ambulatorios					
Generalista/PCP	$0 SALUS / $10	$0	$0	$0	PPN: $0 EPO: $15
Especialista	$0 SALUS / $25	$0 SALUS / $15	$0 SALUS $0 Pocket Network / $10	$0 SALUS $0 Pocket Network / $10	PPN: $0 EPO: $25
SubEspecialista	$0 SALUS / $30	$0 SALUS / $25	$0 SALUS $0 Pocket Network / $25	$0 SALUS $0 Pocket Network / $25	PPN: $10 EPO: $30
Nutricionista	$0 SALUS / $5	$0 SALUS / $5	$0 SALUS / $5	$0 SALUS / $5	PPN: $0 EPO: $25
Equipo Médico Duradero	75%	50%	50% Pocket Network / 50%	50% Pocket Network / 50%	60%
Servicios Preventivos					
Servicios e Inmunizaciones Preventivos	$0	$0	$0	$0	$0
Laboratorios, Rayos X y Pruebas Especializadas					
Laboratorio	$0 SALUS / 60%	$0 SALUS / 35%	$0 SALUS / 30%	$0 SALUS / 30%	PPN: $0 EPO: 40%
Rayos X	$0 SALUS / 60%	$0 SALUS / 40%	$0 SALUS / 40%	$0 SALUS / 30%	PPN: $0 EPO: 40%
Sonogramas, CT, MRI	$0 SALUS / 75%	$0 SALUS / 45%	$0 SALUS / 50%	$0 SALUS / 35%	PPN: 20% EPO: 50%
Servicios de Emergencia / Urgencia					
Centro de Urgencia	$15	$15	$15	$15	$15
Sala de Emergencia: Accidente/Enfermedad	$50 / $200	$50 / $150	$50 / $200	$50 / $200	$50 / $200
Hospitalización / Facilidades					
Hospitalización Parcial	$0	$0	$0	$0	PPN: $0 EPO: 30%
Completa (incluyendo Salud Mental)	$500	$350	$300	$200	PPN: $150 EPO: $400
Asistencia Quirúrgica	60%	50%	N/A	N/A	N/A
Facilidad de Enfermería Especializada	60%	$200	$100 Pocket Network / 50%	$100 Pocket Network / 50%	PPN: $100 EPO: 50%
Centro de Cirugía Ambulatoria	60%	$200	50%	45%	PPN: $50 EPO: $300
Servicios en Estados Unidos					
Servicios en Estados Unidos en casos de emergencia o cuando no haya un servicio en PR con pre-certificación	65%	50%	60%	50%	60%
Servicios en Estados Unidos - Sanitas	$50	$50	$50	$50	$50
Visión					
Examen de Refracción (adultos y niños)	$0	$0	$0	$0	$0
Visión Pediátrica (lentes de correción visual o marcos (frames) para lentes de corrección visual)	$0	$0	$0	$0	$0
Espejuelos o lentes de contacto para asegurados de 21 años o más	$75 Por Reembolso	$75 Por Reembolso	$75 Por Reembolso	$75 Por Reembolso	$75 Por Reembolso
Cubierta Dental					
Diagnóstico y Preventivo	$0	$0	$0	$0	$0
Cubierta de Farmacia					
Formulario de Medicamentos	Select 2027	Select 2027	Select 2027	Select 2027	Select 2027
Deducible anual	N/A	N/A	N/A	N/A	$0 / $500
Primer Nivel de Cubierta	N/A	N/A	$1,000 por persona	$1,600 por persona	$1,000 por persona
Genéricos	$10	$10	$10 ($0 Triple-S en casa)	$5 ($0 Triple-S en casa)	Blue One Rx: $5 Better Value: 80%
Genéricos No Preferidos	$10	$10	$10 ($0 Triple-S en casa)	$5 ($0 Triple-S en casa)	Blue One Rx: $15 Better Value: 80%
Marca Preferidos	95%	90%	60% mín $20	35% mín $20	Blue One Rx: 60% min. $20 Better Value: 80%
Marca No Preferidos	95%	90%	60% mín $25	50% mín $30	Blue One Rx: $60% min $30 Better Value: 80%
Productos Especializados Preferidos	95%	90%	80%	75%	Blue One Rx: 80% Better Value: 80%
Productos Especializados No Preferidos	95%	90%	80%	75%	Blue One Rx: 80% Better Value: 80%
Medicamentos Fuera del Recetario (Programa OTC de Triple-S Salud)	$1	$1	$1	$1	$1
Coaseguro para todos los medicamentos luego del primer nivel de cubierta	N/A	N/A	90%	80%	90%
Otros Servicios					
TeleConsulta MD	$0	$0	$0	$0	$0
MiConsulta MD	$0	$0	$0	$0	$0
Triple-S Natural (Medicina Alternativa)	$15	$15	$15	$15	$15
Contigo Mamá - programa para embarazadas. Ofrece 16 horas de apoyo a domicilio para el posparto (4 horas por día)	$0	$0	$0	$0	$0
Contigo Fit - gimnasio, entrenador personal, yoga, acupuntura, masajes terapéuticos o reflexología	$20 mensual por reembolso	No cubierto	$20 mensual por reembolso	$20 mensual por reembolso	$20 mensual por reembolso
ELÉVATE: Beneficio de Coaching y Bienestar Financiero	$0	No cubierto	$0	No cubierto	$0
Mi Momento: Apoyo financiero para familias que están por comenzar su proceso de planificación familiar.	$200 por reembolso	No cubierto	$200 por reembolso	$200 por reembolso	$200 por reembolso
Seguro de Primer Diagnóstico de Cáncer	$2,000 pago único	$2,000 pago único	$2,000 pago único	$2,000 pago único	$2,000 pago único
Seguro de Asistencia al Viajero ($10,000)	Cubierto	Cubierto	Cubierto	Cubierto	Cubierto
Dental Opcional	Cubierta opcional DI05	Cubierta opcional DI05	Cubierta opcional DI05	Cubierta opcional DI05	Cubierta opcional DI05

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TRIPLE-S SALUD
ESTAMOS CONTIGO

Concesionario independiente de BlueCross BlueShield Association. TSS-MKT-6367-2026-A