MAPFRE Life Insurance Company of Puerto Rico

	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
	MAPFRE Platinum 1	MAPFRE Platinum 5	MAPFRE Platinum 6	MAPFRE Platinum 7	MAPFRE Platinum 8	MAPFRE Platinum 9	MAPFRE Platinum 10	MAPFRE Platinum 11	MAPFRE Platinum 12	MAPFRE Platinum 13	MAPFRE Platinum 14	MAPFRE Platinum 15	MAPFRE Platinum 16	MAPFRE Platinum 17	MAPFRE Platinum 18
Deducible y Máximo de Bolsillo (MOOP)															
Deducible Anual para Beneficios Médicos y Medicamentos Recetados															
-Individual	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
-Familiar	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Gasto Máximo de Bolsillo (MOOP) para Beneficios Médicos y Medicamentos Recetados															
-Individual	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00	$6,350.00
-Familiar	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00	$12,700.00
Beneficios Esenciales de Salud															
Servicios de Emergencia															
-Accidente	$50.00	$50.00	$50.00	$50.00	$75.00	$50.00	$100.00	$75.00	$50.00	$50.00	$50.00	$40.00	$40.00	$50.00	$50.00
-Enfermedad	$50.00	$50.00	$50.00	$50.00	$75.00	$50.00	$100.00	$75.00	$50.00	$50.00	$50.00	$40.00	$40.00	$50.00	$50.00
Hospitalización															
-Parcial incluyendo Salud Mental	$100.00	$150.00	$150.00	$200.00	$250.00	$200.00	$200.00	$200.00	$75.00	$100.00	$100.00	$100.00	$150.00	$100.00	$150.00
-Completa con Pre-Autorización (incluyendo Salud Mental)	$100.00	$150.00	$150.00	$200.00	$250.00	$200.00	$200.00	$200.00	$75.00	$100.00	$100.00	$100.00	$150.00	$100.00	$150.00
-Completa sin Pre-Autorización (incluyendo Salud Mental)	$100.00	$150.00	$150.00	$200.00	$250.00	$200.00	$200.00	$200.00	$75.00	$100.00	$100.00	$100.00	$150.00	$100.00	$150.00
-Asistencia Quirúrgica	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
-Maternidad	$100.00	$150.00	$150.00	$200.00	$250.00	$200.00	$200.00	$200.00	$75.00	$100.00	$100.00	$100.00	$150.00	$100.00	$150.00
-Facilidad de Enfermería Especializada (Skilled Nursing Facility)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Servicios Ambulatorios															
-Generalista	$5.00	$5.00	$5.00	$10.00	$5.00	$10.00	$10.00	$12.00	$5.00	$8.00	$8.00	$8.00	$10.00	$5.00	$5.00
-Especialista	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Sub-Especialista	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Ginecólogo Obstetra	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Siquiatría	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Sicólogo	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Podiatra	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Quiropráctico	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Audiólogo	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Optómetra	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Facilidad Ambulatoria	$100.00	$150.00	$150.00	$200.00	$250.00	$200.00	$200.00	$200.00	$75.00	$100.00	$100.00	$100.00	$150.00	$100.00	$150.00
-Cirugía Ambulatoria	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
-Diagnóstico por Imagen (CT/PET Scans, MRIs)	25%	30%	30%	30%	35%	30%	45%	35%	25%	30%	30%	25%	35%	25%	30%
-Procedimientos Diagnósticos	25%	30%	30%	30%	35%	30%	45%	35%	25%	30%	30%	25%	35%	25%	30%
-Procedimientos Endoscópicos	25%	30%	30%	30%	35%	30%	45%	35%	25%	30%	30%	25%	35%	25%	30%
-Cáncer (Radioterapia, Quimioterapia, Cobalto)	25%	30%	30%	30%	35%	30%	45%	35%	25%	30%	30%	25%	35%	10%	10%
Servicios de Rehabilitación, Habilitación, y Equipo Médico Duradero															
-Terapia Física	$7.00	$7.00	$7.00	$15.00	$7.00	$15.00	$7.00	$7.00	$7.00	$7.00	$7.00	$7.00	$10.00	$7.00	$7.00
-Terapia Respiratoria	$7.00	$7.00	$7.00	$15.00	$7.00	$15.00	$7.00	$7.00	$7.00	$7.00	$7.00	$7.00	$10.00	$7.00	$7.00
-Cuidado de Salud en el Hogar	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
-Equipo Médico Duradero	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
-Manipulaciones de Quiropráctico	$7.00	$7.00	$7.00	$15.00	$7.00	$15.00	$7.00	$7.00	$7.00	$7.00	$7.00	$7.00	$10.00	$7.00	$7.00
Salud Mental															
-Terapia de Grupo	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
-Visitas Colaterales	$10.00	$15.00	$15.00	$15.00	$20.00	$15.00	$20.00	$18.00	$10.00	$12.00	$12.00	$12.00	$15.00	$10.00	$15.00
Farmacia															
-Regla de Despacho (MAC)	B	A	A	B	A	A	B	B	B	B	A	A	A	B	A
-Genérico Bioequivalente	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$10.00	$5.00	$5.00	$5.00	$8.00	$5.00	$5.00	$5.00
-Marca Preferida	$15.00	$20.00	$25.00	$15.00	$15.00	$20.00	$10.00	$20.00	$20.00	$15.00	$15.00	$20.00	$10.00	$20.00	$25.00
-Marca No Preferida	$30.00	$30.00	$35.00	30%	$30.00	$30.00	$25.00	$35.00	$35.00	$25.00	$25.00	$35.00	30%	$30.00	$35.00
-Productos Especializados	25%	30%	35%	30%	25%	30%	35%	25%	30% Max $300	20% Max $200	20% Max $200	30% Max $300	30%	30%	35%
-Quimioterapia	25%	30%	30%	30%	35%	30%	45%	35%	25%	30%	30%	25%	35%	10%	10%
-Medicamentos Fuera del Recetario (OTC)	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00
Programa de Medicamentos Por Correo Por 90 días															
-Genérico Bioequivalente	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	$20.00	$10.00	$10.00	$10.00	$16.00	$10.00	$10.00	$10.00
-Marca Preferida	$30.00	$40.00	$50.00	$30.00	$30.00	$40.00	$20.00	$40.00	$40.00	$30.00	$30.00	$40.00	$20.00	$30.00	$40.00
-Marca No Preferida	$60.00	$60.00	$70.00	20%	$60.00	$60.00	$50.00	$70.00	$70.00	$50.00	$50.00	$70.00	20%	$60.00	$60.00
Programa de Medicamentos Al Detal Por 90 días															
-Genérico Bioequivalente	$12.00	$15.00	$15.00	$15.00	$15.00	$15.00	$15.00	$30.00	$15.00	$15.00	$15.00	$24.00	$15.00	$12.00	$15.00
-Marca Preferida	$37.00	$60.00	$75.00	$45.00	$45.00	$60.00	$30.00	$60.00	$60.00	$45.00	$45.00	$60.00	$30.00	$37.00	$60.00
-Marca No Preferida	$75.00	$90.00	$105.00	30%	$90.00	$90.00	$75.00	$105.00	$105.00	$75.00	$75.00	$105.00	30%	$75.00	$90.00