



2026 Benefits Rate Sheet Puerto Rico Full-Time Benefits Bi-Weekly Rates

Triple-S Medical / Rx / Dental

Coverage Category	Medical / Rx / Dental
You Only	\$60.78
You + Spouse/DP	\$136.32
You + Child(ren)	\$90.14
You + Family	\$173.05

VSP Vision

Coverage Category	VSP Vision Low Option	VSP Vision High Option
You Only	\$2.95	\$7.10
You + Spouse/DP	\$4.71	\$11.35
You + Child(ren)	\$4.81	\$11.57
You + Family	\$7.76	\$18.67

HEALTHCARE AND DOMESTIC PARTNER ("DP") COVERAGE

Eligible domestic partners, including your DP's qualified children, may be enrolled in healthcare coverage.

However, please be aware that DP coverage is taken on an after-tax basis, and payroll taxes are withheld based on the value of the premium that is paid by your employer. This results in a higher contribution rate for coverage for a DP or for children of a DP. The amount will appear on your pay slip as taxable income.

Group Accident

Coverage Category	Rate
You Only	\$3.67
You + Spouse/DP	\$5.73
You + Child(ren)	\$5.84
You + Family	\$9.27

Hospital Confinement*

Coverage Category	Rate
You Only	\$4.83
You + Spouse/DP	\$9.98
You + Child(ren)	\$9.19
You + Family	\$15.00

Critical Illness*

Coverage Category	Low Option \$15,000	High Option \$30,000
You Only	\$6.31	\$12.12
You + Spouse/DP	\$9.80	\$18.59
You + Child(ren)	\$6.97	\$12.77
You + Family	\$10.56	\$19.34

* Includes a \$50 Annual Health Screening Benefit for each enrolled member