

Group Health Benefit Handout
for
Employees and Dependents
Of

Tudor Ranch, Inc.

Group No: 1129

Provided By:
George Ekizian

Through:
Transwestern Insurance Administrators, Inc.

MEXICO PANEL SCHEDULE OF BENEFITS

Mexicali, B.C. Mexico
San Luis, R.C., Sonora Mexico
Tijuana, B.C., Mexico

*Services must be provided by a Mexico Panel Provider. Services received from a non-participating doctor or facility will not be covered.

Coinsurance..... 80%
Annual Maximum per Covered Individual (Combined Mexico and USA benefit).....\$7,500

Basic Benefits: All benefits are per calendar year, per individual.	Co-pay	Benefit Maximum
Doctor Office Visits	\$5.00	\$10.00
Specialist Office Visits (Specialist and Doctor visits are a combined benefit) – Limit of 10 visits per calendar year per person. This benefit is a combined benefit in the USA and Mexico.	\$10.00	\$10.00
Laboratory and X-Ray – Limit of 8 visits/order , per calendar year per person This benefit is a combined benefit in the USA and Mexico.	20%	80%
Outpatient Hospital Charges/Emergency room – 2 surgery per calendar year	20%	80%
Outpatient Surgical Facility Fees – 2 per calendar year	20%	80%
Family Planning:		
Consultation		100%
Tubal Ligation (No reversals)		100%
Vasectomy (No reversals)		100%
Inpatient Care:		
Hospital Confinement of 18 hours or more – 4 inpatient day maximum	\$100.00 - 20%	80%
Hospital Miscellaneous	20%	80%
*All scheduled surgeries require a pre-authorization. Surgery for Hysterectomy, Hernia and Deviated Septum.		
Surgeon, Assistant Surgeon, Anesthesiologist:		
Surgeon, calendar year maximum – 2 Surgery, per calendar year	20%	80%
Assistant Surgeon, calendar year maximum – 2 Surgery, per calendar year	20%	80%
Anesthesiologist, calendar year maximum – 2 Surgery, per calendar year	20%	80%
Preventative Health Care:		
Consultation and Office Visit		100%
Mammogram		100%
Pap Test		100%
Prostate Test		100%
Prescriptions:		
*Generic Drugs - Unlimited	\$10.00	
Brand Name Drugs – Only if generic is not available (Limit of 10 per calendar year)	\$20.00	
Drugs considered “Over the Counter” are not Covered under the Plan.		
*Generic drugs, will be dispensed at all times except in the event that there is no Generic available, then the Brand Name drugs will be dispensed. Limit of 10 per year.		

USA SCHEDULE OF BENEFITS

PPO NETWORK INTERPLAN/HEALTHSMART

Basic Benefits:	Member Pays:	Plan Pays
PPO Network Interplan/Healthsmart		
Coinsurance.....		80% of R&C
Annual Maximum per Covered Individual (Combined Mexico and USA benefit).....		\$7,500
Doctor Office Visits – Limit of 10 visits per calendar year per person – This benefit is a combined benefit in the USA and Mexico.	\$20.00 co-pay	\$25.00
Preventative Services: Includes: office visits, lab, pap smear, mammogram, prostate screening, gynecological exam and routine physical	No cost share member – plan pays 100%	
\$100 Individual Deductible \$300 Family Deductible Deductible applies to services listed below		
Services performed during office visit	20% of allowed amount	80% of allowed amount
Diagnostic Lab & X-ray – Limit of 8 per calendar year per person – This benefit is a combined benefit in the USA and Mexico. (Cover all lab work drawn regardless of internal or external testing at 80%)	20% of allowed amount	80% of allowed amount
Prescription Benefits: Generic drugs - Unlimited Brand name drugs - \$100.00 deductible applies to Brand name drugs per calendar year. Limit of 20 brand medications, per calendar year	20% - Generic 20%- Brand after deductible Specialty Meds not Covered	80% - Generic 80% - Brand after deductible Specialty Meds not Covered

ADDITIONAL USA MEDICAL BENEFIT

Urgent Care Visits (Limit 3 visits per year, per individual) Any urgent care facility – no network	Max limit of \$2,000 per year; with a \$50 co-pay and covered at 100% of \$2,000.
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USA VISION BENEFITS – Wal-Mart Only

Benefit:	Plan Pays:
Examination (Every 12 months)	\$35.00
Frames (Every 24 months)	\$75.00
Lenses (Every 12 months)	Per Pair
Single Vision	\$25.00
Bifocals	\$40.00
Trifocals	\$50.00
Lenticular	\$100.00
Contact Lenses (Medically Necessary)	\$160.00

MEXICO PANEL VISION BENEFITS

Benefit:	Plan Pays:
Examination (Every 12 months)	\$15.00
Frames (Every 24 months)	\$20.00
Lenses (Every 12 months)	Per Pair
Single Vision	\$20.00
Bifocals	\$35.00
Trifocals	\$45.00
Lenticular	\$50.00

LIFE INSURANCE

TYPE OF COVERAGE	BENEFIT
Employee Life \$	6,000.00
Benefits reduce 65% at age 65; 45% at age 70; 30% at age 75; and 10% at age 90.	
Accidental Death & Dismemberment - Employee Only	
Maximum Employee Benefit \$	6,000.00
Spouse \$	1,000.00
Spouse insurance terminates at age 70.	
Children	
Six months and older \$	500.00
14 days to less than six months..... \$	100.00
Less than 14 days..... \$	100.00

MEXICO DENTAL PANEL BENEFITS

Services provided by panel dentist will be paid in full according to schedule. Panel providers are those dental providers contracted with Transwestern Insurance Administrators. THE EMPLOYEE WILL BE RESPONSIBLE FOR CHARGES WHEN TREATMENT IS RENDERED BY A NON-PANEL PROVIDER.

Annual Maximum (per individual per calendar year).....\$ 500.00

Description	Co-pay	Benefit
Initial Oral Examination	5.00	10.00
Periodic Oral Examination	5.00	10.00
Visits after Hours	5.00	20.00
Emergency Palliative Treatment	5.00	20.00
Consultation by Specialist, Requested by the attending dentist	5.00	25.00
Dental Prophylaxis, ADULT	5.00	25.00
Dental Prophylaxis, UNDER AGE 19	5.00	15.00
Topical Stannous Fluoride, One Treatment, In addition to Prophylaxis (Under age 19 only)	5.00	15.00
Topical Application of Sealant (per quad)	5.00	30.00
Per Tooth	5.00	12.00
X-Rays		
Full Mouth Films (Intraoral)	5.00	40.00
Intraoral – Single, First Film	5.00	7.00
Intraoral – Each additional Firm	5.00	6.00
Bitewings – Two Films	5.00	10.00
Four Films	5.00	20.00
Panorex-Maxilla-Mandible Single Film	5.00	30.00
Restorative Dentistry		
Amalgam Filling, Primary Teeth-One Surface	5.00	20.00
Two Surfaces	5.00	30.00
Three Surfaces	5.00	35.00
Amalgam Filling, Permanent Teeth One Surface	5.00	25.00
Two Surfaces	5.00	35.00
Three Surfaces	5.00	40.00
Crowns		
Plastic Acrylic Crown	5.00	60.00
Plastic with Metal Crown	5.00	120.00
Stainless Steel-Primary Tooth	5.00	50.00
Permanent Tooth	5.00	40.00
Recementation of Crown	5.00	15.00
Endodontics		
Pulp Capping	5.00	18.00
Recalcification, Per Tooth	5.00	25.00
Vital Pulpotomy	5.00	35.00
Therapeutic Pulpotomy, In addition to Restoration	5.00	35.00

MEXICO DENTAL PANEL BENEFITS (cont'd)

Description	Co-pay	Benefit
Removable Dentures and Bridges (PROSTHETICS)		
Complete Dentures - Upper	5.00	220.00
Lower	5.00	220.00
Upper and Lower Partial Denture	5.00	160.00
Partial (Metal Frame) Lower	5.00	250.00
Upper	5.00	250.00
Extractions		
Extraction single tooth	5.00	30.00
Each additional tooth	5.00	30.00
Surgical removal of erupted tooth	5.00	40.00
Removal of tooth, soft tissue impaction	5.00	60.00

ADDITIONAL MEXICO DENTAL INFORMATION

To obtain a better Dental Service only a Maximum of 3 dependents per visits will be seen per day, preferably with previous appointment. Dental treatment will be given in various phases and in the scheduling that the dentist indicates according to the diagnosis. There are no complete treatments in one single session.

This program consists of 4 phases of Dental Treatment, during the first 4 months of benefits with Transwestern Insurance Administrators.

1st Phase – (1st month) includes initial Oral examination, Medical History, X-rays, Diagnosis and Scheduled treatment.

2nd Phase – (2nd month) restorative, includes Amalgams, fillings, extractions, sealants, fotocurables.

3rd Phase – (3rd month) Removable prothesis, includes partial dentures and complete dentures

4th Phase – (4th month) Fixed prothesis includes crowns of acrylic material

Exclusions:

There is no coverage in the following procedures

Endodony

Dental Implants

Orthodontics

Paradoncy

Fixed prothesis – porcelain, metal like gold

Maxilofacial Surgery

General Anesthesia

Dental Whitening

Any Dental procedure that involves dental, anesthetics

Limitations:

In case of accident with dental lesions, there will be coverage only if the insured has benefits or is eligible and the lesion is no more than 6 months old. Maximum Benefit of \$500.00 per Individual.