

BELK FARMS, LLC – LOCATION 0001

	Mexico Benefits
	Services must be performed at Hospital Almater Avenida Madero #1060 Mexicali, B.C. Mexico Website: www.almater.com Coordinador Medico: Dra. Patricia Meza Telefono: 011516865 53 40 15
Annual Deductible	
Per Person	\$1,000.00
Per Family	\$2,000.00
Maximum out of pocket	\$6,350.00
Emergency Services	
Emergency Room	\$150 co-pay, Plan pays 80%
Ambulance	\$150 co-pay, Plan pays 80%
Hospital Benefits	
Inpatient*	Plan pays 80%
Inpatient Professional Services*	Plan pays 80%
Prenatal and Postnatal Care	Plan pays 80%
Delivery and all Inpatient Services*	Plan pays 80%
Professional Hospital 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Plan pays 80%
Mental Inpatient/Substance Abuse Inpatient	Not Covered
Professional Services	
Medical Treatment (Office)	\$10 co-pay
Specialist (Office)	\$20 co-pay
Urgent Care Facility/Service	\$20 co-pay
Preventative Services – Child & Adult	100%
Outpatient Lab & X-Ray	Plan pays 80% of Maximum Allowable Charge
MRI/PET/CT Scan	\$50 co-pay, Plan pays 80% of Maximum Allowable Charge
Outpatient Services	
Outpatient Surgeon Benefits*	Plan pays 80% of Maximum Allowable Charge
Outpatient Surgical Facility*	\$150 co-pay, Plan pays 80% of Maximum Allowable Charge
Anesthesiologist*	Plan pays 80% of Maximum Allowable Charge
Additional Outpatient Services	
Skilled Nursing	Not Covered
Home Health Care	Not Covered
Rehabilitation/Habilitation Services	Not Covered
Hospice Service	Not Covered
Mental Outpatient/Substance Abuse Outpatient	Not Covered
Durable Medical Equipment (\$2,500 per benefit period)	Plan pays 80% of Maximum Allowable Charge
Pediatric Dental & Vision	ACA Required
Prescriptions	
Generic (Mandatory Generic)	\$10.00 co-pay
Brand Formulary	\$50.00 co-pay
Brand Non-Formulary	Not Covered
Specialty	Not Covered

***Subject to Deductible**

PPO NETWORK INTERPLAN/HEALTHSMART

Basic Benefits:	Member Pays:	Plan Pays:
PPO Network Interplan/Healthsmart		
Doctor Office Visits – Limit of 4 visits per calendar year per person	\$20.00 co-pay	\$25.00
Preventative Services: Includes: office visits, lab, pap smear, mammogram, prostate screening, gynecological exam and routine physical	Plan pays 100% Limit of one annual physical per calendar year per person	
\$250 Individual Annual Deductible \$750 Family Annual Deductible Deductible applies to services listed below		
Services performed during office visit	40% after deductible	60% after deductible
Diagnostic Lab & X-ray- Limit of 4 per calendar year per person	40% after deductible	60% after deductible
Prescription Benefits: \$100.00 deductible applies to Brand name drugs per calendar year. Maximum of 15 medications, combined generic and brand per calendar year.	40% - Generic 40% Brand after deductible Specialty Meds not Covered	60% - Generic 60% Brand after deductible Specialty Meds not Covered

VISION BENEFITS- USA

Covered at Wal- Mart Vision Centers Only

Benefit:	Plan Pays:
Examination (Every 12 months)	\$35.00
Frames (Every 24 months)	\$75.00
Lenses (Every 12 months)	Per Pair
Single Vision	\$30.00
Bifocals	\$50.00
Trifocals	\$70.00
Lenticular	\$75.00
Contacts – Medically Necessary (Every 12 months)	\$150.00

LIFE INSURANCE

TYPE OF COVERAGE

BENEFIT

Employee Life	\$ 15,000.00
Benefits reduce 65% at age 65, 45% at age 70, 30% at age 75, and 10% at age 90.	
Spouse	\$ 5,000.00
Spouse insurance terminates at age70.	
Children	
Six months and older	\$ 5,000.00
14 days to less than six months	\$ 5,000.00
Less than 14 days	\$ 5,000.00
Accidental Death & Dismemberment	
Maximum Employee Benefit.....	\$ 15,000.00

BELK FARMS, LLC – LOCATION 002 & 003

SCHEDULE OF DENTAL EXPENSE BENEFITS

If you or an eligible dependent incur Covered Expenses for dental services while the patient is eligible for benefits under the Plan, you will be reimbursed in accordance with the following schedule:

Type I Service - Exams, x-rays, prophylaxis and fluoride treatment

100% Of..... UCR (Usual and Customary Charges)

Type II Service-Fillings, restorative crowns, root canal therapy, extractions and inlays

80% ofUCR (Usual and Customary Charges)

Type III Service - Removable/fixed bridges, pontics, abutment crowns/partials or complete dentures

60% ofUCR (Usual and Customary Charges)

Type IV Service - Orthodontia for any reason - Not a Covered Expense

Annual Cash Deductible

Per Patient.....\$ 50.00

Maximum Family Deductible

Per Calendar Year.....\$ 150.00

Maximum Annual Benefits Payable

Per Patient.....\$1,500.00

Dental Expense Benefit Exclusions: Dental Expense Benefits are not payable for expenses incurred for: (a) more than 2 routine exams, or 2 prophylaxes, in any 12 month period; (b) more than one set of full mouth x-rays in 36 consecutive months, or 1 supplemental bitewing set in 6 consecutive months; (c) denture, or bridge repair within 6 months of initial placement; (d) denture or bridge replacement within 5 years of initial placement or if existing piece is or can be made satisfactory; (e) experimental procedures or instruction in oral hygiene; (f) orthodontia, (g) cosmetic procedures of any kind; or, (h) optional services in lieu of standard provided.

VISION BENEFITS

Examination (Every 12 Months).....\$ 56.00

Frames (Every 24 Months).....\$ 120.00

Lenses (Every 12 Months) Per Lens

Single Vision\$ 72.00

Bifocals.....\$ 92.00

Trifocals.....\$ 112.00

Lenticular.....\$ 20.00

Contacts (Every 12 Months) In Lieu of Glasses

Medically Necessary..... 100%

Cosmetic\$ 120.00

Contact lenses will be covered up to 100% per pair if medically necessary and is substantiated by a report from the prescribing ophthalmologist. Medical necessity will include (but not limited to): Treatment following cataract surgery, treatment of anisometropia or keratoconus, (unequal refraction or corneal protrusion, respectively), or treatment for extreme myopia when conventional lenses cannot restore sufficient visual acuity for normal activity, usually 20/70 or better for primary care.

WalMart Vision Option:

In order to provide you with best possible vision care benefit, your employer has contracted with the National Vision Association through the WalMart Stores. You may also continue to see your current Ophthalmologist or Optometrist.

LIFE INSURANCE

TYPE OF COVERAGE	BENEFIT
Employee Life	\$ 15,000.00
Benefits reduce 65% at age 65, 45% at age 70, 30% at age 75, and 10% at age 90.	
Spouse	\$ 5,000.00
Spouse insurance terminates at age 70.	
Children	
Six months and older	\$ 5,000.00
14 days to less than six months	\$ 5,000.00
Less than 14 days	\$ 5,000.00
Accidental Death & Dismemberment	
Maximum Employee Benefit.....	\$ 15,000.00