Basic Plan
Location 0001

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%

Basic Benefits:	**Co-pay**	***Benefit Maximum**
Doctor Office Visits	$ 5.00	$10.00
Specialist Office Visits (included in office visit-5 max)	$ 10.00	$10.00
Combined Annual Maximum benefit		
Laboratory and X-Ray – Per Calendar Year – 3 test maximum per year	20%	80%
Outpatient Hospital Charges/Emergency room – 1 surgery per calendar year	20%	80%
Outpatient Surgical Facility Fees – 1 Per Calendar year	20%	80%
Diabetic Supplies: Test Stips 90 day supply – 4 times annually Glucometer	20%	80%
Family Planning		
Consultation		100%
Tubal Ligation (No reversals)		100%
Vasectomy (No reversals)		100%
Inpatient Care		
Hospital Confinement of 18 hours or more – 2 inpatient day maximum	$ 100.00	
Hospital Miscellaneous	20%	80%
* All scheduled surgeries require pre-authorization. Surgery for Hysterectomy, Hernia and Deviated Septum		
Surgeon, Assistant Surgeon, Anesthesiologist		
Surgeon, calendar year maximum-1 Surgery per Calendar year	20%	80%
Assistant Surgeon, calendar year maximum - 1 Surgery per Calendar year	20%	80%
Anesthesiologist, calendar year maximum - 1 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	$ 10.00	
Brand Name Drugs only if generic is not available	$ 20.00	
* Maximum benefit per Calendar year**		
* 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. Maximum of 10 Medications per year.		

U.S. MEDICAL SCHEDULE OF BENEFITS

Basic Benefits:	**Member Pays:**	**Plan Pays:**
Open Network		
Doctor Office Visits – Limit of 6 visits	$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- Members plan pays 100% of	
$250 Individual Deductible **$750 Family Deductible** **Deductible applies to services listed below**		
Services performed during office visit	40%	60%
Diagnostic Lab & X-ray- Limit of 4 per calendar year per person	40%	60%
Diabetic Supplies: Test Strips 90 day supply – 4 times annually Glucometer	40%	60%
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

Buy Up Plan
Location 0002

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%

Basic Benefits:	**Co-pay**	***Benefit Maximum**
Doctor Office Visits	$ 5.00	$10.00
Specialist Office Visits (included in office visit-10 max)	$ 10.00	$10.00
Combined Annual Maximum benefit		
Laboratory and X-Ray – Per Calendar Year – 8 test maximum per year	20%	80%
Outpatient Hospital Charges/Emergency room – 2 surgery per calendar year	20%	80%
Outpatient Surgical Facility Fees – 2 Per Calendar year	20%	80%
Diabetic Supplies: Test Stips 90 day supply – 4 times annually Glucometer	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	
Hospital Miscellaneous	20%	80%
* All scheduled surgeries require 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	$ 10.00	
Brand Name Drugs only if generic is not available	$ 20.00	
* Maximum benefit per Calendar year**		
* 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. Maximum of 15 Medications per year.		

U.S. MEDICAL SCHEDULE OF BENEFITS

Benefits	MEC+ PLAN
Annual Deductible Per Person/Per Family	$250/$500
Maximum Out-of-Pocket	$0
Percentage Payable	75%
Professional Services	**Services must be provided by Providers within the Healthsmart Network**
Physician office visits	$10 co-pay then 100% of negotiated fee
Specialist office visit	$40 co-pay then 100% of negotiated fee
Urgent Care	$40 co-pay then 100% of negotiated fee
Procedures performed during an office/specialist visit	75% of Negotiated Fee
Lab & X-ray in office	75% after Deductible*
Lab & X-Ray Outpatient **Complex Imaging – CAT, MRI, MRA/MRI & PET SCANS**	Not Covered
Preventative Services - Child & Adult	100%
Outpatient Services	
Facility	Not Covered
Physician	Not Covered
Emergency Services	
Emergency Room – Facility and Physician	Not Covered
Ambulance	Not Covered
Hospital Benefits	
Facility	Not Covered
Physician	Not Covered
Mental Health	Not Covered
Substance Abuse	Not Covered
Additional Services	
Chemotherapy/Radiation Therapy	Not Covered
Skilled Nursing	Not Covered
Chiropractic/Acupuncture	Not Covered
Physical/Occupational/Speech	Not Covered
Mental Outpatient	Not Covered
Durable Medical Equipment	Not Covered
Sleep Disorder – Medically Necessary	Not covered
Substance Abuse Outpatient	Not Covered
Diabetic Supplies **Test strips 90 day supply – 4 times annually** **Glucometer**	75% after Deductible*
Pediatric Dental & Vision	ACA Required Benefits
Prescriptions	
Generic	$5.00 co-pay
Generic Preventative Medications Only	$0 co-pay
Brand Formulary	$20.00 co-pay
Brand Preventative Medications Only	$0 co-pay
Brand Non-Formulary	$40.00 co-pay
Specialty	Not Covered