

MEXICO PANEL 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
<i>Combined Annual Maximum benefit</i>		
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%
<i>Family Planning</i>		
Consultation	\$0	80%
Tubal Ligation (No reversals)	\$0	80%
Vasectomy (No reversals)	\$0	80%
<i>Inpatient Care</i>		
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		
<i>Surgeon, Assistant Surgeon, Anesthesiologist</i>		
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%
<i>Preventative Health Care</i>		
Consultation and Office Visit		100%
Mammogram		100%
Pap Test		100%
Prostate Test		100%
<i>Prescriptions:</i>		
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.		

PPO NETWORK INTERPLAN/HEALTHSMART

Basic Benefits:	Member Pays:	Plan Pays:
PPO Network Interplan/Healthsmart		
Doctor Office Visits – Limit of 4 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	No cost share- Members Plan pays 100%	
\$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%
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