Transwestern
Insurance Administrators, Inc.

Benefits	
Service	**Stateside Plan**
Annual Deductible	
Per Person	$300
Per Family	$600
Percentage Payable	75%
Professional Services	Services must be provided by Providers within the PHCS Network
Office visit	$25 co-pay (Maximum of 3 office visits per calendar year)
Specialist Office Visit	$25 co-pay (Maximums are combined with office visits – 3 visits per calendar year)
Additional Services/Lab & X-ray in office	20% - member Plan pays 80%
Preventative Services - Child & Adult	100%
Outpatient Lab & X-Ray*	Plan pays 75% (3 procedures/tests per calendar year)
Specialty Testing/Scans	130% of Medicare Pricing (Procedures/tests are combined with Lab & X-Ray – 3 per calendar year)
Outpatient Services Facility*	75% after Deductible (1 per calendar year)
Outpatient Services Physician*	75% after Deductible (1 per calendar year)
Emergency Services	
Emergency Room	$250 co-pay 130% of Medicare Pricing (1 ER visit per calendar year)
Ambulance*	75% after Deductible (1 use per year)
Hospital Benefits	
Inpatient	130% of Medicare Pricing (2 day inpatient stay maximum for calendar year)
Additional Outpatient Services	
Skilled Nursing*	75% - $1,000 per calendar year maximum
Chiropractic Services*	$25.00 per visit – Maximum of 10 visits per calendar year
Acupuncture Services*	$25.00 per visit – Maximum of 10 visits per calendar year
Rehabilitation Services (Physical, Speech & Occupational Therapy)*	$50.00 per visit – Maximum of 10 visits per calendar year
Mental Outpatient	$25 co-pay; 10 visits per year
Substance Abuse Outpatient	75% - 10 visits calendar year max
Pediatric Dental & Vision	Not Covered
Prescriptions	
Generic	$15 co-pay
Brand Formulary (only if generic drug is not available)	$25 co-pay (5 per calendar year maximum – Formulary and non-Formulary combined)
Brand Non-Formulary	$40 co-pay (5 per calendar year maximum – Formulary and non-Formulary combined)
Specialty Medication	Not Covered

*Subject to the deductible

	Mexico Benefits
	Mexicali, B.C., Mexico San Luis, R.C., Sonora Mexico Tijuana, B.C., Mexico
Annual Deductible	
Per Person	$0.00
Per Family	$0.00
Maximum out of pocket	$0.00
Emergency Services	
Emergency Room	Plan pays 80%
Ambulance	Plan pays 80%
Hospital Benefits	
Inpatient (2 inpatient day maximum)	$100 co-pay Plan pays 80%
Inpatient Professional Services	Plan pays 80%
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Same as any other illness
Mental Inpatient	Not Covered
Professional Services	
Medical Treatment (Office) (5 office visits max)	$5 co-pay
Specialist (Office) (5 max - included in office visit)	$10 co-pay
Urgent Care Facility/Service (5 max – included in office visit)	$10 co-pay
Preventative Services – Child & Adult	100%
Outpatient Lab & X-Ray (3 test maximum per year)	Plan pays 80% of Maximum Allowable Charge
MRI/PET/CT Scan (3 test maximum per year – combined with Lab)	Plan pays 80% of Maximum Allowable Charge
Outpatient Services	
Outpatient Surgeon Benefits (1 surgery per calendar year)	Plan pays 80% of Maximum Allowable Charge
Outpatient Surgical Facility (1 surgery per calendar year)	Plan pays 80% of Maximum Allowable Charge
Anesthesiologist (1 per calendar year)	Plan pays 80% of Maximum Allowable Charge
Additional Outpatient Services	
Skilled Nursing	Not Covered
Chiropractic/Acupuncture Services	Not Covered
Physical/Occupational Services – Medical Necessity	Not Covered
Mental Outpatient/Substance Abuse Outpatient	Not Covered
Durable Medical Equipment	Not Covered
Pediatric Dental & Vision	Not Covered
Prescriptions	
Generic	$10.00 co-pay (10 per calendar year maximum – Generic and Brand combined)
Brand Formulary (Only when generic is not available)	$20.00 co-pay (10 per calendar year maximum – Generic and Brand combined)
Brand Non-Formulary	Not Covered
Specialty	Not Covered

VISION CARE BENEFITS

Examination (Every 12 Months)	$	50.00
Frames (Every 24 Months)	$	125.00
Lenses (Every 12 Months)		Per Lens
Single Vision	$	60.00
Bifocals	$	80.00
Trifocals	$	90.00
Lenticular	$	100.00
Contact Lenses; Medically Necessary	$	200.00
Contact Lenses; Cosmetic	$	125.00