

## MEXICO SCHEDULEE OF BENEFITS

### JMW Truss & Components

		<b>Hospital Santa Margarita</b> <b>Dr. Luis W. Arvizu Noriega</b> Av. 16 de Septiembre y Calle 7 San Luis Río Colorado, Sonora 83400 Teléfono: (011-52) 653-534-3065 y (011) 653-534-0020
Medical Event	Benefits	Services Must be performed within the Contracted Network Physician/Facility
<b>Outpatient Care</b>	Office Visit (5 visit maximum per calendar year)	\$10 per visit per patient
	Lab & X-Ray, and Diagnostic Services	No charge if performed during office visit, otherwise \$5 per visit, per patient
	Outpatient Surgical Services (1 per calendar year)	\$50 per visit per patient
	CAT Scan	\$50 co-pay
	MRI	\$100 co-pay
	Specialist office visits (Must be approved prior to appointment)	\$10 per visit per patient
<b>Maternity and Pregnancy Care:</b>	Prenatal office visits	\$5 per visit per patient
	Postnatal office visits	\$5 per visit per patient
	Services for Lab & X-Ray and Ultrasounds	No charge if performed during office visit or hospitalization; otherwise \$5 per visit, per patient
	Hospitalization	\$75 per visit, per patient
	Newborn care with Mother as patient	No charge/No Cost
<b>Family Planning:</b>	Consultation	\$5 per visit per patient
	Tubal Ligation (no reversals)	\$50 Hospital
	Vasectomy (no reversals)	\$50 Hospital
<b>Inpatient Care:</b>	Surgeries and Major Procedures (1 per calendar year)	\$100 per hospitalization, per patient
	Confinement of 18 hours or more (1 per calendar year)	\$50 per hospitalization, per patient
	Surgeon and Physician services	No charge
	Lab & x-ray services	No charge
	Room and Board	No charge
	Intensive Care	Not Covered
	Blood Bank Services and Transfusion Procedure	Not Covered
	Medication and Supplies	No charge
<b>Emergency Room Services:</b>	Emergency Room (1 ER visit per calendar year)	\$50 per hospitalization per patient
<b>Preventative Health Care:</b>	Consultation and Office Visit	No cost share
	Mammogram	No cost share
	Pap Test	No cost share
	Prostate Test	No cost share
<b>Prescriptions:</b> Must be prescribed and Approved by Participating Provider (20 medications maximum per calendar year per person)	Generic	\$10 co-pay
	Brand	\$15 co-pay
If services are received from a non-participating doctor or facility; benefits will not be covered.		