

Sunrise Farm Labor, Inc.'s Benefits

MEC Plus Plan		
	EPO (benefits outside the contracted network, Interplan/Healthsmart, will not be covered)	Mexicali, B.C., Mexico San Luis, R.C., Sonora Mexico Tijuana, B.C., Me
Annual Deductible		
Per Person	\$250.00	\$0.00
Per Family	\$500.00	\$0.00
	* = deductible applies	
Maximum out of pocket	\$0.00	\$0.00
Emergency Services		
Emergency Room	Not Covered	Plan pays 80% of Maximum Allowable Charge
Ambulance	Not Covered	Plan pays 80% of Maximum Allowable Charge
Hospital Benefits		
Inpatient	Not Covered	\$100 co-pay Plan pays 80% of Maximum Allowable Charge
Inpatient Professional Services	Not Covered	Plan pays 80% of Maximum Allowable Charge
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Not Covered	Same as any other illness
Mental Inpatient	Not Covered	Not Covered
Professional Services		
Medical Treatment (Office)	\$10 co-pay plan pays 100% of Healthsmart Allowed	\$5 co-pay Plan pays 100% of Maximum Allowable Charge
Specialist (Office) Benefit includes lab & x-ray in office	\$40 co-pay plan pays 100% of Healthsmart Allowed	\$10 co-pay Plan pays 100% of Maximum Allowable Charge
Urgent Care Facility/Service	\$40 co-pay plan pays 100% of Healthsmart Allowed	\$5 co-pay Plan pays 100% of Maximum Allowable Charge
Preventative Services – Child & Adult	100%	100%
Outpatient Lab & X-Ray	Plan pays 75% of Allowed*	Plan pays 80% of Maximum Allowable Charge
MRI/PET/CT Scan Performed at a Free Standing Facility Only	Plan pays 75% of Allowed*	Plan pays 80% of Maximum Allowable Charge
Outpatient Services		
Outpatient Surgeon Benefits	Not Covered	Plan pays 80% of Maximum Allowable Charge
Outpatient Surgical Facility	Not Covered	Plan pays 80% of Maximum Allowable Charge
Anesthesiologist	Not Covered	Plan pays 80% of Maximum Allowable Charge
Additional Outpatient Services		
Skilled Nursing	Not Covered	Not Covered
Chiropractic/Acupuncture Services	Not Covered	Not Covered
Physical/Occupational Services	Not Covered	Not Covered
Rehabilitation Services	\$20 co-pay plan pays 100% of Healthsmart Allowed	Not Covered
Mental Outpatient	Not Covered	Not Covered
Substance Abuse Outpatient (12 visit maximum)	Plan pays 75% of Allowed*	Not Covered
Durable Medical Equipment	Not Covered	Not Covered
Pediatric Dental & Vision	Not Covered	Not Covered
Mexico Panel		
Prescriptions		
Generic	\$5.00 co-pay	\$10.00 co-pay
Brand Formulary	\$20.00 co-pay	\$20.00 co-pay
Brand Non-Formulary - \$500 separate deductible	\$40.00 co-pay	\$30.00 co-pay
Specialty	Not Covered	Not Covered

MV Buy Up Plan

	EPO (benefits outside the contracted network, Interplan/Healthsmart, will not be covered)	Mexicali, B.C., Mexico San Luis, R.C., Sonora Mexico Tijuana, B.C., Mexico
Annual Deductible		
Per Person	\$500.00	\$0.00
Per Family	\$1,000.00	\$0.00
	* = deductible applies	* = deductible se aplica
Maximum out of pocket	\$6,350/\$12,700	\$0.00
Emergency Services		
Emergency Room	Plan pays 120% of Medicare Allowed – Deductible Applies*	Plan pays 80% of Maximum Allowable Charge
Ambulance	Plan pays 120% of Medicare Allowed *	Plan pays 80% of Maximum Allowable Charge
Hospital Benefits		
Inpatient	\$100 co pay if admitted Plan pays 120% of Medicare Allowed *	\$100 co-pay Plan pays 80% of Maximum Allowable Charge
Inpatient Professional Services	Plan pays 120% of Medicare Allowed *	Plan pays 80% of Maximum Allowable Charge
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Plan pays 120% of Medicare Allowed *	Same as any other illness
Mental Inpatient	Plan pays 120% of Medicare Allowed *	Not Covered
Professional Services		
Medical Treatment (Office)	\$10 co-pay Plan pays 100% of Healthsmart Allowed	\$5 co-pay Plan pays 100% of Maximum Allowable Charge
Specialist (Office) Benefit includes lab & x-ray in office	\$40 co-pay Plan pays 100% of Healthsmart Allowed	\$10 co-pay Plan pays 100% of Maximum Allowable Charge
Urgent Care Facility/Service	\$40 co-pay Plan pays 100% of Healthsmart Allowed	\$5 co-pay Plan pays 100% of Maximum Allowable Charge
Preventative Services – Child & Adult	100%	100%
Outpatient Lab & X-Ray	\$40 co-pay Plan pays 120% of Medicare Allowed	Plan pays 80% of Maximum Allowable Charge
MRI/PET/CT Scan Performed at a Free Standing Facility Only	\$60 co pay Plan pays 120% of Medicare Allowed	Plan pays 80% of Maximum Allowable Charge
Outpatient Services		
Outpatient Surgeon Benefits	\$500 co-pay Plan pays 120% of Medicare Allowed	Plan pays 80% of Maximum Allowable Charge
Outpatient Surgical Facility	\$500 co-pay Plan pays 120% of Medicare Allowed	Plan pays 80% of Maximum Allowable Charge
Anesthesiologist	Plan pays 120% of Medicare Allowed	Plan pays 80% of Maximum Allowable Charge
Additional Outpatient Services		
Skilled Nursing	\$40 co-pay, Plan pays 120% of Medicare Allowed	Not Covered
Chiropractic/Acupuncture Services	\$50 co-pay	Not Covered
Physical/Occupational Services (Medical Necessity)	\$40 co-pay, Plan pays 120% of Medicare Allowed	Not Covered
Rehabilitation Services	\$40 co-pay, Plan pays 120% of Medicare Allowed	Not Covered
Mental Outpatient	\$40 co-pay, Plan pays 120% of Medicare Allowed	Not Covered
Substance Abuse Outpatient (12 visit maximum)	\$40 co-pay, Plan pays 120% of Medicare Allowed	Not Covered
Durable Medical Equipment	\$40 co-pay, Plan pays 120% of Medicare Allowed	Not Covered
Pediatric Dental & Vision	ACA Compliant Benefits	Not Covered
Prescriptions		
Generic	\$10.00 co-pay	\$10.00 co-pay
Brand Formulary	\$30.00 co-pay	\$20.00 co-pay
Brand Non-Formulary - \$500 separate deductible	\$60.00 co-pay*	\$30.00 co-pay
Specialty	Not Covered	Not Covered
Hines/MediOrbis – Telehealth You must activate your account to access this benefit.	\$0 co-pay www.mediobis.com/msmd-patient/home.htm or call (866) 633-4672	Not Covered