

Benefits Service	MEC Plus Plan	
	Stateside Benefits	Mexico Benefits
	Interplan/Healthsmart Network (outpatient services – office visit, lab, x-ray, urgent care visits and Free Standing Facilities for MRI, CT and PET scans) **Services provided outside of the Interplan/Healthsmart network for outpatient services are not covered by this plan	Mexicali, B.C., México San Luis, R.C., Sonora México Tijuana, B.C., México
Calendar Year Deductible		
Per Person	\$250.00	\$0.00
Per Family	\$500.00	\$0.00
Maximum Out-of-Pocket on Expenses		
Per Person	\$500.00	\$0.00
Per Family	\$1,000.00	\$0.00
Professional Services		
Office visit	\$10 co-pay	\$5 co-pay
Specialist visit	\$40 co-pay	\$10 co-pay
Urgent care	\$40 co-pay	\$5 co-pay
Preventative Services - Child & Adult	No cost share – member Plan pays 100% of allowed	No cost share – member Plan pays 100% of allowed
Outpatient Lab & X-Ray	Plan pays 75% of allowed*	Plan pays 80% of allowed
Specialty Testing/Scans (CT/PET scans, MRIs)	Plan pays 75% of allowed*	Plan pays 80% of allowed
Outpatient Services Facility	Not covered	Plan pays 80% of allowed
Outpatient Services Physician	Not covered	Plan pays 80% of allowed
Emergency Services		
Emergency Room	Not covered	Plan pays 80%
Ambulance	Not covered	Plan pays 80%
Hospital Benefits		
Inpatient	Not covered	\$100 co-pay Plan pays 80% of allowed
Additional Outpatient Services		
Skilled Nursing	Not covered	Not Covered
Chiropractic Services	Not covered	Not Covered
Acupuncture Services	Not covered	Not Covered
Rehabilitation Services	\$20 co-pay Plan pays 100% of allowed	Not Covered
Mental Outpatient	Not covered	Not Covered
Durable Medical Equipment	Not covered	Not Covered
Substance Abuse Outpatient – 12 visit maximum	Plan pays 75% of allowed*	Not Covered
Pediatric Dental & Vision	Covered (ACA required benefits)	Not Covered
Prescriptions		
Generic – Mandatory Generic	\$5 co-pay	\$10 co-pay
Brand Formulary – Available only when generic is not available	\$20 co-pay	\$20 co-pay
Brand Non-Formulary	\$40 co-pay	\$30 co-pay
Specialty Medication	Not Covered	Not Covered

***Subject to deductible**