

#2347 Grand Mark Landscape, Inc.

MEXICO PANEL SCHEDULE OF 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%
Annual Maximum (Per Covered Individual) combined Mexico and USA.....\$5,000.00

Basic Benefits: All benefits are per calendar year, per individual.	Co-pay	Benefit Maximum
Doctor Office Visits	\$5.00	\$10.00
Specialist Office Visits (Specialist and Doctor visits are a combined benefit) – Limit of 5 visits per calendar year per person. This benefit is a combined benefit in the USA and Mexico.	\$10.00	\$10.00
Laboratory and X-Ray – Limit of 4 visits/order , per calendar year per person This benefit is a combined benefit in the USA and Mexico.	20%	80%
Outpatient Hospital Charges/Emergency room – 1 surgery per calendar year	20%	80%
Outpatient Surgical Facility Fees – 1 per calendar year	20%	80%
Family Planning:		
Consultation		100%
Tubal Ligation (No reversals)		100%
Vasectomy (No reversals)		100%
Inpatient Care:		
Hospital Confinement of 18 hours or more – 2 inpatient day maximum	\$100.00 - 20%	80%
Hospital Miscellaneous	20%	80%
*All scheduled surgeries require a pre-authorization. Surgery for Hysterectomy, Hernia and Deviated Septum.		
Surgeon, Assistant Surgeon, Anesthesiologist:		
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%
Preventative Health Care:		
Consultation and Office Visit		100%
Mammogram		100%
Pap Test		100%
Prostate Test		100%
Prescriptions:		
*Generic Drugs - Unlimited	\$10.00	
Brand Name Drugs – Only if generic is not available (Limit of 10 per calendar year)	\$20.00	
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. Limit of 10 per year.		

USA MEDICAL SCHEDULE OF BENEFITS

Basic Benefits:	Member Pays:	Plan Pays
Doctor Office Visits – Limit of 4 visits per calendar year per person – This benefit is a combined benefit in the USA and Mexico.	\$20.00 co-pay	\$25.00
Preventative Services: Includes: office visits, lab, pap smear, mammogram, prostate screening, gynecological exam and routine physical	Plan pays 100% Limit of one annual physical per calendar year per person	
\$250 Individual Annual Deductible \$750 Family Annual Deductible Deductible applies to services listed below		
Services performed during office visit	40% after deductible	60% after deductible
Diagnostic Lab & X-ray – Limit of 4 per calendar year per person – This benefit is a combined benefit in the USA and Mexico.	40% after deductible	60% after deductible
Prescription Benefits: \$100.00 deductible applies to Brand name drugs per calendar year. Limit 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