

Family Ranch, Inc. Benefits

Benefits	PLAN 1	
	MEC+ PLAN	Mexico Panel
Service		
Annual Deductible		
Per Person/Per Family	\$250/\$500	\$0/\$0
Maximum Out of Pocket	\$0.00	\$0.00
Percentage Payable	80%	80%
Professional Services	Services must be provided by Providers within the PHCS Network	Mexicali, B.C, Mexico San Luis, R.C. Sonora, Mexico Tijuana B.C., Mexico
Physician office visits, services must be provided by Providers within the PHCS Network	\$10 co-pay then 100% of PHCS	\$5 co-pay Plan pays 100% of Allowed
Procedures performed during an office visit	80% after Deductible	Included in Office visit co-pay
Specialist office visit only	\$40 co-pay then 100% of PHCS	\$10 co-pay Plan pays 100% of Allowed
Procedures performed during an office visit	80% after Deductible	Included in Specialist visit co-pay
Urgent Care	\$40 co-pay then 80% of PHCS	\$10 co-pay Plan pays 80% of Allowed
Additional Services/Lab & X-ray in office	80% after Deductible	Plan pays 80% of Allowed
Preventative Services - Child & Adult	100%	100%
Outpatient Lab & X-Ray	80% after Deductible	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% of Allowed
Ambulance	Not covered	Plan pays 80% of Allowed
Hospital Benefits		
Inpatient	Not covered	\$100 co-pay, Plan pays 80% of Allowed
Inpatient Professional Services	Not covered	Plan pays 80% of Allowed
Mental Inpatient	Not covered	Not Covered
Additional Outpatient Services		
Skilled Nursing	Not covered	Not Covered
Chiropractic/Acupuncture	Not covered	Not Covered
Physical/Occupational	Not covered	Not Covered
Mental Outpatient	Not covered	Not Covered
Substance Abuse Outpatient	Not covered	Not Covered
Pediatric Dental & Vision	ACA Required benefits	Not Covered
Prescriptions		
Generic	\$5 co-pay	\$10 co-pay
Brand Formulary	Not covered	\$40 co-pay Formulary
Brand Non-Formulary	Not covered	\$75 co-pay Non-Formulary
Specialty Medication	Not covered	Not Covered
Mail Order (90 Days)		
Generic	Not covered	Not covered
Preferred	Not covered	Not covered
Non-Preferred	Not covered	Not covered
Specialty Medication	Not covered	Not covered

Benefits	PLAN 2	
Service	MV PLAN	Mexico Panel
Annual Deductible		
Per Person/Per Family	\$1,250/\$2,500	\$0/\$0
Maximum Out of Pocket	\$7,150/\$14,300	\$0/\$0
Percentage Payable	140% of Medicare Allowed	80%
Professional Services	PHCS Network	Mexicali, B.C, Mexico San Luis, R.C. Sonora, Mexico Tijuana B.C., Mexico
Physician office visits, services must be provided by Providers within the PHCS Network	\$25 co-pay first 10 visits, after which subject to deductible then 100% of PHCS*	\$5 co-pay Plan pays 100% of Allowed
Procedures performed during an office visit	140% of Medicare Allowed*	Included in Office visit co-pay
Specialist office visit only	\$50 co-pay first 5 visits, after which subject to deductible then 100% of PHCS*	\$10 co-pay Plan pays 100% of Allowed
Procedures performed during an office visit	140% of Medicare Allowed*	Included in Specialist visit co-pay
Urgent Care	\$50 co-pay then the plan pays 140% Medicare Allowed	\$10 co-pay Plan pays 80% of Allowed
Additional Services/Lab & X-ray in office	140% Medicare Allowed*	Plan pays 80% of Allowed
Preventative Services - Child & Adult	100%	100%
Outpatient Lab & X-Ray	140% Medicare Allowed*	Plan pays 80% of Allowed
Outpatient Services Facility	140% Medicare Allowed*	Plan pays 80% of Allowed
Outpatient Services Physician	140% Medicare Allowed*	Plan pays 80% of Allowed
Emergency Services		
Emergency Room	\$200 co-pay Waived if admitted Subject to the deductible* Then 140% Medicare Allowed	Plan pays 80% of Allowed
Ambulance	140% Medicare Allowed*	Plan pays 80% of Allowed
Hospital Benefits		
Inpatient	140% Medicare Allowed*	\$100 co-pay, Plan pays 80% of Allowed
Inpatient Professional Services	140% Medicare Allowed*	Plan pays 80% of Allowed
Mental Inpatient	140% Medicare Allowed*	Not covered
Additional Outpatient Services		
Skilled Nursing	140% Medicare Allowed*	Not covered
Chiropractic/Acupuncture	140% Medicare Allowed*	Not covered
Physical/Occupational	140% Medicare Allowed*	Not covered
Mental Outpatient	140% Medicare Allowed*	Not covered
Substance Abuse Outpatient	140% Medicare Allowed*	Not covered
Pediatric Dental & Vision	ACA Required Benefits	Not covered
Prescriptions		
Generic	\$25 co-pay	\$10 co-pay
Brand Formulary	\$50 co-pay	\$40 co-pay Formulary
Brand Non-Formulary	\$75 co-pay	\$75 co-pay Non-Formulary
Specialty Medication	Not covered	Not covered
Mail Order (90 Days)		
Generic	\$50 co-pay	Not covered
Preferred	\$100 co-pay	Not covered
Non-Preferred	\$150 co-pay	Not covered
Specialty Medication	Not covered	Not covered

*Subject to Deductible

Benefits	PLAN 3		
Service	MV PLAN		Mexico Panel
Annual Deductible	In-Network	Out-of-Network	
Per Person/Per Family	\$500/\$1,000	\$5,000/\$10,000	\$0/\$0
Maximum Out of Pocket	\$5,000/\$10,000	\$15,000/\$30,000	\$0/\$0
Percentage Payable	80%	50%	80%
Professional Services	PHCS Network		Mexicali, B.C, Mexico San Luis, R.C. Sonora, Mexico Tijuana B.C., Mexico
Physician office visits	\$20 co-pay	50% co-insurance	\$5 co-pay Plan pays 100% of Allowed
Procedures performed during an office visit	Included in Office visit co-pay		Included in Office visit co-pay
Specialist office visit only	\$50 co-pay	50% co-insurance	\$10 co-pay Plan pays 100% of Allowed
Procedures performed during an office visit	Included in Specialist visit co-pay		Included in Specialist visit co-pay
Urgent Care	\$75 co-pay	50% co-insurance	\$10 co-pay Plan pays 80% of Allowed
Preventative Services - Child & Adult	100%	100%	100%
Outpatient Lab & X-Ray*	80% of PHCS negotiated fee	50% after deductible	Plan pays 80% of Allowed
Outpatient Services Facility*	80% of PHCS negotiated fee	50% after deductible	Plan pays 80% of Allowed
Outpatient Services Physician*	80% of PHCS negotiated fee	50% after deductible	Plan pays 80% of Allowed
Emergency Services			
Emergency Room*	80% after deductible	50% after deductible	Plan pays 80% of Allowed
Ambulance*	80% of PHCS negotiated fee	50% after deductible	Plan pays 80% of Allowed
Hospital Benefits			
Inpatient*	80% of PHCS negotiated fee	50% after deductible	\$100 co-pay, Plan pays 80% of Allowed
Inpatient Professional Services*	80% of PHCS negotiated fee	50% after deductible	Plan pays 80% of Allowed
Mental Inpatient*	80% of PHCS negotiated fee	50% after deductible	Not covered
Additional Outpatient Services			
Skilled Nursing*	80% of PHCS negotiated fee	50% after deductible	Not covered
Chiropractic/Acupuncture*	80% of PHCS negotiated fee	50% after deductible	Not covered
Physical/Occupational Services (Medical Necessity)*	80% of PHCS negotiated fee	50% after deductible	Not covered
Rehabilitation Services*	80% of PHCS negotiated fee	50% after deductible	
Mental Outpatient*	80% of PHCS negotiated fee	50% after deductible	Not covered
Substance Abuse Outpatient (12 visit maximum)*	80% of PHCS negotiated fee	50% after deductible	Not covered
Durable Medical Equipment*	80% of PHCS negotiated fee	50% after deductible	
Pediatric Dental & Vision	ACA Required Benefits	ACA Required Benefits	Not covered
Prescriptions			
Generic	\$10 co-pay	Not covered	\$10 co-pay
Brand Formulary	\$25 co-pay	Not covered	\$40 co-pay Formulary
Brand Non-Formulary	\$40 co-pay	Not covered	\$75 co-pay Non-Formulary
Mail Order (90 Days)			
Generic	\$20 co-pay	Not covered	Not covered
Preferred	\$50 co-pay	Not covered	Not covered
Non-Preferred	\$80 co-pay	Not covered	Not covered

*Subject to Deductible