Benefits	PLAN 1	
Service	MEC+ PLAN	Mexico Panel
Annual Deductible		
Per Person/Per Family	\$250/\$500	\$0/\$0
Maximum Out of Pocket	\$0.00	\$0.00
Percentage Payable	80%	80%
j ,	Services must be provided by Providers within the	Mexicali, B.C, Mexico
Professional Services	PHCS Network	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 copay
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 copay
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		
Investigat	Not covered	\$100 co-pay, Plan pays 80% of Allowed
Inpatient Inpatient Professional Services	Not covered Not covered	Plan pays 80% of Allowed
Mental Inpatient	Not covered	Not Covered
Additional Outpatient Services	1101.001.00	Not Governa
Skilled Nursing	Not covered	Not Covered
Chiropractic/Acupuncture	Not covered	Not Covered
	Not covered	Not Covered
Physical/Occupational		Not Covered Not Covered
Mental Outpatient	Not covered	111111111111111111111111111111111111111
Substance Abuse Outpatient	Not covered	Not Covered
Pediatric Dental & Vision	ACA Required benefits	Not Covered
Prescriptions	¢5 00 oo nov	¢40 ao nov
Generic Brand Formulary	\$5.00 co-pay Not covered	\$10 co-pay \$40.00 co-pay Formulary
Brand Non-Formulary	Not covered	\$75.00 co-pay Non-Formulary
Specialty Medication	Not covered	Not Covered
Mail Order (90 Days)	1101 0070100	1101 0010104
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%	
1 crocinage i ayasic	14070 Of Inculous Allowed	Mexicali, B.C. Mexico	
		San Luis, R.C. Sonora, Mexico	
Professional Services	PHCS Network	Tijuana B.C., Mexico	
Physician office visits, services must be			
provided by Providers within the PHCS	\$25 co-pay first 10 visits, after which subject to	\$5 co-pay	
Network	deductible then 100% of PHCS*	Plan pays 100% of Allowed	
Procedures performed during an office visit	140% of Medicare Allowed*	Included in Office visit copay	
<u> </u>	\$50 co-pay first 5 visits, after which subject to	\$10 co-pay	
Specialist office visit only	deductible then 100% of PHCS*	Plan pays 100% of Allowed	
Procedures performed during an office visit	140% of Medicare Allowed*	Included in Specialist visit copay	
, , , , , , , , , , , , , , , , , , , ,		\$10 co-pay	
Urgent Care	\$50 co-pay then the plan pays 140% Medicare Allowed	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	1.073.11.00.00.07.11.01.00	rian paye cont en ranemen	
Efficiency Services	\$200 co-pay Waived if admitted Subject to the		
	deductible*		
Emergency Room	Then 140% Medicare Allowed	Plan pays 80% of Allowed	
Ambulance	140% Medicare Allowed*	Plan pays 80% of Allowed	
Hospital Benefits	14070 Inicalcula Fallowica	rian pays 60% of Allowed	
Tiocpital Bollonio		\$100 co-pay, Plan pays 80% of	
Inpatient	140% Medicare Allowed*	Allowed	
Inpatient Professional Services	140% Medicare Allowed*	Plan pays 80% of Allowed	
Mental Inpatient	140% Medicare Allowed*	Not Covered	
Additional Outpatient Services			
	4.400/ Madicare Allewed*	Not Covered	
Skilled Nursing	140% Medicare Allowed* 140% Medicare Allowed*	Not Covered Not Covered	
Chiropractic/Acupuncture Physical/Occupational	140% Medicare Allowed*	Not Covered Not Covered	
Mental Outpatient	140% Medicare Allowed*	Not Covered Not Covered	
Substance Abuse Outpatient	140% Medicare Allowed*	Not Covered Not Covered	
Pediatric Dental & Vision	ACA Required Benefits	Not Covered	
Prescriptions	* 05.00	A40	
Generic	\$25.00 co-pay	\$10 co-pay	
Brand Formulary	\$50.00 co-pay	\$40.00 co-pay Formulary	
Brand Non-Formulary	\$75.00 co-pay	\$75.00 co-pay Non-Formulary	
Specialty Medication	Not covered	Not Covered	
Mail Order (90 Days)	AFF 00	N. d	
Generic	\$55.00 co-pay	Not covered	
Preferred	Not Covered	Not covered	
Non-Preferred	Not Covered	Not covered	
Specialty Medication	Not Covered	Not covered	

Benefits			
Service	MV PLA	\N	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%
			Mexicali, B.C, Mexico
			San Luis, R.C. Sonora, Mexico
Professional Services	PHCS Network		Tijuana B.C., Mexico
			\$5 co-pay
Physician office visits	\$20 co-pay	50% co-insurance	Plan pays 100% of Allowed
Procedures performed during an			
office visit	Included in Office visit copay		Included in Office visit copay
			\$10 co-pay
Specialist office visit only	\$50 co-pay	50% co-insurance	Plan pays 100% of Allowed
Procedures performed during an	Included in Specialist visit		Included in Specialist visit
office visit	сорау		copay
Urgent Care	\$75 oo nov	50% co-insurance	\$10 co-pay Plan pays 80%of Allowed
Preventative Services - Child &	\$75 co-pay	50% co-insurance	Plan pays 60% of Allowed
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	00 % of F11C3 flegotiated fee	30 % arter deductible	Fian pays 60 % of Anoweu
Emergency Room*			
(co-pay waived if admitted)	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	ou / or i i i ou inegotiated lee	30 % diter deddetible	Tian pays 60 % of Anowed
1100pttal Bollotto			\$100 co-pay, Plan pays 80% of
Inpatient*	80% of PHCS negotiated fee	50% after deductible	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	3		
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	oo /a or i i i oo negetiatea iee	OU / U U I U U U U U U U U U U U U U U U	1101 0010100
(Medical Necessity)*	80% of PHCS negotiated fee	50% after deductible	Not Covered
Rehabilitation Services*	80% of PHCS negotiated fee	50% after deductible	1101 001010
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	\$10.00 co-pay	Not covered	\$10 co-pay
Brand Formulary	\$25.00 co-pay	Not covered	\$40.00 co-pay Formulary
Brand Non-Formulary	\$40.00 co-pay	Not covered	\$75.00 co-pay Non-Formulary

*Subject to Deductible