

#2375 - Kings River Farming, Inc.

	MV PLAN	
Benefits	EPO	Mexico
Annual Deductible		
In – Network Per Person/Per Family	\$2,000/\$4,000	\$0/\$0
Maximum Out of Pocket	\$6,500/\$13,000	\$0/\$0
Percentage Payable	70%	80%
Professional Services	Services must be provided by Providers within the Healthsmart Network	Mexicali, B.C. Mexico San Luis, R.C. Sonora Mexico Tijuana, B.C. Mexico
Physician office visits	\$15 co-pay	\$5 co-pay
Procedures performed during an office visit	Plan pays 70% of allowed	Included in office visit co-pay
Specialist office visit only	\$25 co-pay	\$10 co-pay
Procedures performed during Specialist office visit	Plan pays 70% of allowed	Included in specialist visit co-pay
Urgent Care	\$100 co-pay then plan pays 70% of Negotiated Rate	\$5 co-pay
Additional Services/Lab & X-ray in office	Plan pays 70% of allowed	Plan pays 80% of allowed
Preventative Services - Child & Adult	100%	100%
Outpatient Lab & X-Ray	Plan pays 70% of allowed	Plan pays 80% of allowed
Imaging (CT, PET Scan, MRI)	Plan pays 70% of allowed	Plan pays 80% of allowed
Outpatient Services Facility	Plan pays 70% of allowed	Plan pays 80% of allowed
Outpatient Services Physician	Plan pays 70% of allowed	Plan pays 80% of allowed
Emergency Services		
Emergency Room – Deductible Applies	\$500 co-pay, plan pays 70% of allowed	Plan pays 80% of allowed
Ambulance – Deductible Applies	\$500 co-pay, plan pays 70% of allowed	Plan pays 80% of allowed
Hospital Benefits		
Inpatient - Deductible Applies	100% of Medicare Allowed	\$100 co-pay Plan pays 80% of allowed
Inpatient Professional Services – Deductible Applies	100% of Medicare Allowed	Plan pays 80% of allowed
Additional Outpatient Services		
Skilled Nursing	Plan pays 70% of allowed	Not covered
Chiropractic	Plan pays 70% of allowed	Not covered
Physical/Occupational	Plan pays 70% of allowed	Not covered
Mental Outpatient	Plan pays 70% of allowed	Not covered
Durable Medical Equipment	Not covered	Not covered
Substance Abuse Outpatient	Plan pays 70% of allowed	Not covered
Additional Services		
Chemotherapy	140% of Medicare Allowed	Not covered
Sleep Study – Deductible Applies	Plan pays 70% of allowed – Medical Necessity	Not Covered
Pediatric Dental & Vision	ACA Required Benefits	Not covered
Prescriptions		
Generic	\$15.00 co-pay	\$10.00 co-pay
Brand Formulary	Not covered	\$20.00 co-pay
Brand Non-Formulary	Not covered	\$30.00 co-pay
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