

#2395 – AGSER CONTRACTING BENEFITS

Benefits	USA	MEXICO PANEL
Annual Deductible Per Person/Per Family	\$250/\$500	\$0/\$0
Maximum Out-of-Pocket	\$0/\$0	\$0/\$0
Annual Maximum (Per Covered Individual) Combined USA and Mexico	\$10,000	
Percentage Payable	75%	80%
Professional Services	Services must be provided by Providers within the PHCS Network	Mexicali, B.C., México San Luis, R.C. Sonora, México Tijuana B.C., México
Physician office visits	\$10 co-pay then 100% of negotiated fee	\$5 co-pay Plan pays 100% of Allowed
Specialist office visit	\$40 co-pay then 100% of negotiated fee	\$10 co-pay Plan pays 100% of Allowed
Urgent Care	\$40 co-pay then 100% of negotiated fee	\$5 co-pay Plan pays 100% of Allowed
Procedures performed during an office/specialist visit	75% of Negotiated Fee	Included in office/specialist co-pay
Lab & X-ray in office	75% after Deductible*	Included in office/specialist co-pay
Lab & X-Ray Outpatient Complex Imaging – CAT, MRI, MRA/MRI & PET SCANS	75% after Deductible*	Plan pays 80% of Allowed
Preventative Services - Child & Adult	100%	100%
Outpatient Services		
Facility	Not Covered	Plan pays 80% of Allowed
Physician	Not Covered	Plan pays 80% of Allowed
Emergency Services		
Emergency Room – Facility and Physician	Not Covered	Plan pays 80% of Allowed
Ambulance	Not Covered	Plan pays 80% of Allowed
Hospital Benefits		
Facility	Not Covered	\$100 co-pay Plan pays 80% of Allowed
Physician	Not Covered	Plan pays 80% of Allowed
Mental Health	Not Covered	Not covered
Substance Abuse	Not Covered	Not covered
Additional Services		
Chemotherapy/Radiation Therapy	Not Covered	Not covered
Skilled Nursing	Not Covered	Not covered
Chiropractic/Acupuncture	Not Covered	Not covered
Physical/Occupational/Speech	Not Covered	Not covered
Mental Outpatient	Not Covered	Not covered
Durable Medical Equipment	Not Covered	Not covered
Sleep Disorder – Medically Necessary	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
Generic Preventative Medications Only	\$0 co-pay	\$0 co-pay
Brand Formulary	\$20 co-pay	\$20 co-pay
Brand Preventative Medications Only	\$0 co-pay	\$0 co-pay
Brand Non-Formulary	\$40 co-pay	\$30 co-pay

***Subject to Deductible**

LIFE INSURANCE

TYPE OF COVERAGE	BENEFIT
Employee Life	\$5,000.00
Benefits reduce 65% at age 65; 50% at age 70; Terminates at retirement.	
Accidental Death & Dismemberment	
Maximum Employee Benefit	\$5,000.00