

**Gila Valley Farms, LP &  
Double Ott Enterprises, LLC**

	<b>Plan I</b>		<b>Plan II</b>
	MEC Plus Plan w/Mexico	México	MV Buy Up w/México
<b>Annual Deductible</b>			
Per Person	N/A	N/A	\$2,500
Per Family	N/A	N/A	\$5,000
Maximum out of pocket	N/A	N/A	\$7,350/\$14,700
Calendar Year Maximum Benefit	\$25,000 (Mexico)	\$25,000	\$25,000 (Mexico)
Network	N/A	Mexico Panel	<b>Network-PHCS Provider</b> Non network physicians/facilities payable at 140% of Medicare
<b>Professional Services</b>			
Medical Treatment (Office) *9 visits maximum any combination, not to exceed 5 Specialist visits	\$20 co-pay*	\$10 co-pay	PHCS \$25 co-pay
Specialist (Office) Benefit includes lab & x-ray in office	\$40 co-pay*	\$20 co-pay	PHCS \$50 co-pay
Urgent Care Facility/Service	\$50 co-pay*	\$20 co-pay	PHCS \$60 co-pay
Preventative Services – Child & Adult	100%	100%	100%
Pediatric Dental & Vision	ACA Required	Not Covered	ACA Required
			<b>Benefits Below are Subject to Deductible</b>
<b>Outpatient Services</b>			
Outpatient Surgeon Benefits	Not Covered	Plan pays 80%	Plan pays 80%
Outpatient Lab & X-Ray	Plan pays 80% 3 visit maximum	Plan pays 80%	Plan pays 80%
MRI/PET/CT Scan Free Standing Facility Only	Plan pays 80% 1 test maximum	Plan pays 80%	Plan pays 80%
<b>Emergency Services</b>			
Emergency Room	Not Covered	Plan pays 80%	140% of Medicare Allowed
Ambulance	Not Covered	Plan pays 80%	140% of Medicare Allowed
<b>Hospital Benefits</b>			
Inpatient	Not Covered	\$100 co-pay, Plan pays 80%	140% of Medicare Allowed
Inpatient Professional Services	Not Covered	Plan pays 80%	140% of Medicare Allowed
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Not Covered	Same as any other illness	140% of Medicare Allowed
Mental Inpatient/Substance Abuse	Not Covered	Not Covered	140% of Medicare Allowed
<b>Additional Outpatient Services</b>			
Skilled Nursing	Not Covered	Not Covered	140% of Medicare Allowed
Chiropractic/Acupuncture Services	Not Covered	Not Covered	140% of Medicare Allowed
Physical/Occupational Services (Medical Necessity)	Not Covered	Not Covered	140% of Medicare Allowed
Rehabilitation Services	Not Covered	Not Covered	140% of Medicare Allowed
Mental Outpatient	Not Covered	Not Covered	140% of Medicare Allowed
Substance Abuse Outpatient (12 visit maximum)	Not Covered	Not Covered	140% of Medicare Allowed
Durable Medical Equipment	Not Covered	Not Covered	140% of Medicare Allowed
<b>Prescriptions</b>			
Generic **10 Rx maximum, not to exceed 5 Brand Generic - Mail Order	\$5.00 co-pay** \$10.00 co-pay (5 Rx Max)	\$10.00 co-pay Mail Order - Not Covered	\$25.00 co-pay \$50.00 co-pay
Brand Formulary Brand Formulary – Mail Order	\$30.00 co-pay** (5 Rx Max) \$60.00 co-pay (5 Rx Max)	\$20.00 co-pay Mail Order - Not Covered	\$200 Deductible - \$50.00 co-pay \$200 Deductible - \$100.00 co-pay
Brand Non-Formulary Brand Non Formulary – Mail Order	Not Covered Mail Order - Not Covered	\$30.00 co-pay Mail Order - Not Covered	\$200 Deductible - \$75.00 co-pay \$200 Deductible - \$150.00 co-pay
Specialty	Not Covered	Not Covered	Not Covered
24/7 CALL A DOC You must activate your account to access this benefit.	Not Covered	Not Covered	\$0 co-pay <a href="https://www.247calladoc.com/activation">https://www.247calladoc.com/activation</a> or call 844-362-2447

Mexico Panel Services are offered in Mexicali, B.C., San Luis, R.C., Sonora and Tijuana, B.C. Included in both Plans.

## **LIFE INSURANCE**

<b>TYPE OF COVERAGE</b>	<b>BENEFIT</b>
<b>Employee Life</b>	\$5,000.00
Benefits reduce 65% at age 65; 45% at age 70; 30% at age 75; Terminates at retirement.	
<b>Accidental Death &amp; Dismemberment</b>	
Maximum Employee Benefit	\$5,000.00