

Gila Valley Farms, LP & Double Ott Enterprises, LLC

Plan I		
	MEC Plus Plan w/Mexico	México
Annual Deductible	WIEC Flus Flatt W/Wiexico	Mexico
	NT/A	NT/A
Per Person	N/A	N/A
Per Family	N/A	N/A
Maximum out of pocket	N/A	N/A
Calendar Year Maximum Benefit	\$25,000 (Mexico)	\$25,000
Network	N/A	Mexico Panel
Professional Services		
Medical Treatment (Office)	\$20 co-pay*	\$10 co-pay
*9 visits maximum any combination, not to		
exceed 5 Specialist visits		
Specialist (Office)	\$40 co-pay*	\$20 co-pay
Benefit includes lab & x-ray in office		
Urgent Care Facility/Service	\$50 co-pay*	\$20 co-pay
Preventative Services - Child & Adult	100%	100%
Pediatric Dental & Vision	ACA Required	Not Covered
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Outpatient Services		
Outpatient Surgeon Benefits	Not Covered	Plan pays 80%
Outpatient Lab & X-Ray	Plan pays 80%	Plan pays 80%
.,,	3 visit maximum	T. P. S.
MRI/PET/CT Scan	Plan pays 80%	Plan pays 80%
Free Standing Facility Only	1 test maximum	T. P. S.
Emergency Services		
Emergency Room	Not Covered	Plan pays 80%
Ambulance	Not Covered	Plan pays 80%
Hospital Benefits	1,00 00,000	Timi pays 60 70
Inpatient	Not Covered	\$100 co-pay, Plan pays 80%
Inpatient Professional Services	Not Covered	Plan pays 80%
Maternity & Newborn Care	Not Covered	Same as any other illness
48 hours following a vaginal delivery	110t Covereu	Same as any other micss
96 hours following a cesarean delivery		
Mental Inpatient/Substance Abuse	Not Covered	Not Covered
Additional Outpatient Services	1100 COVERCE	1100 0070204
Skilled Nursing	Not Covered	Not Covered
Chiropractic/Acupuncture Services	Not Covered	Not Covered
Physical/Occupational Services (Medical	Not Covered	Not Covered
Necessity)	1101 COVERCE	1101 Covered
Rehabilitation Services	Not Covered	Not Covered
Mental Outpatient	Not Covered	Not Covered
Substance Abuse Outpatient	Not Covered	Not Covered
(12 visit maximum)	THUI COVELEU	THUI COVELED
Durable Medical Equipment	Not Covered	Not Covered
Prescriptions	1101 COVELEU	1401 COVETEU
Generic	\$5.00 co-pay**	\$10.00 co-pay
**10 Rx maximum, not to exceed 5 Brand	\$10.00 co-pay (5 Rx Max)	Mail Order - Not Covered
Generic - Mail Order	φισιού co-pay (S KX Max)	Man Order - Not Covered
Brand Formulary	\$30.00 co-pay** (5 Rx Max)	\$20.00 co-pay
Brand Formulary – Mail Order	\$60.00 co-pay (5 Rx Max)	Mail Order - Not Covered
Brand Non-Formulary	Not Covered	Mail Order - Not Covered \$30.00 co-pay
Brand Non-Formulary Brand Non Formulary – Mail Order	Mail Order - Not Covered	550.00 co-pay Mail Order - Not Covered
Specialty	Not Covered	Not Covered
specialty	Not Covered	Not Covered

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

LIFE INSURANCE

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