

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

	Plan II	
	México	MV Buy Up w/México
Annual Deductible		
Per Person	N/A	\$6,000
Per Family	N/A	\$12,000
Maximum out of pocket	N/A	\$7,350/\$14,700
Calendar Year Maximum Benefit	\$25,000	\$25,000 (Mexico)
Network	Mexico Panel	Network-PHCS Provider Non network physicians/facilities payable at 140% of Medicare
Professional Services		
Medical Treatment (Office)	\$10 co-pay	PHCS \$25 co-pay
Specialist (Office) Benefit includes lab & x-ray in office	\$20 co-pay	PHCS \$50 co-pay
Urgent Care Facility/Service	\$20 co-pay	PHCS \$60 co-pay
Preventative Services – Child & Adult	100%	100%
Pediatric Dental & Vision	Not Covered	ACA Required
		Benefits Below are Subject to Deductible
Outpatient Services		
Outpatient Surgeon Benefits	Plan pays 80%	Plan pays 80%
Outpatient Lab & X-Ray	Plan pays 80%	Plan pays 80%
MRI/PET/CT Scan Free Standing Facility Only	Plan pays 80%	Plan pays 80%
Emergency Services		
Emergency Room	Plan pays 80%	140% of Medicare Allowed
Ambulance	Plan pays 80%	140% of Medicare Allowed
Hospital Benefits		
Inpatient	\$100 co-pay, Plan pays 80%	140% of Medicare Allowed
Inpatient Professional Services	Plan pays 80%	140% of Medicare Allowed
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Same as any other illness	140% of Medicare Allowed
Mental Inpatient/Substance Abuse	Not Covered	140% of Medicare Allowed
Additional Outpatient Services		
Skilled Nursing	Not Covered	140% of Medicare Allowed
Chiropractic/Acupuncture Services	Not Covered	140% of Medicare Allowed
Physical/Occupational Services (Medical Necessity)	Not Covered	140% of Medicare Allowed
Rehabilitation Services	Not Covered	140% of Medicare Allowed
Mental Outpatient	Not Covered	140% of Medicare Allowed
Substance Abuse Outpatient (12 visit maximum)	Not Covered	140% of Medicare Allowed
Durable Medical Equipment	Not Covered	140% of Medicare Allowed
Prescriptions		
Generic	\$10.00 co-pay	\$25.00 co-pay
Generic - Mail Order	Mail Order - Not Covered	\$50.00 co-pay
Brand Formulary	\$20.00 co-pay	\$200 Deductible - \$50.00 co-pay
Brand Formulary – Mail Order	Mail Order - Not Covered	\$200 Deductible - \$100.00 co-pay
Brand Non-Formulary	\$30.00 co-pay	\$200 Deductible - \$75.00 co-pay
Brand Non Formulary – Mail Order	Mail Order - Not Covered	\$200 Deductible - \$150.00 co-pay
Specialty	Not Covered	Not Covered
24/7 CALL A DOC You must activate your account to access this benefit.	Not Covered	\$0 co-pay https://www.247calladoc.com/activation or call 844-362-2447

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