

**Gila Valley Farms, LP &
Double Ott Enterprises, LLC
Benefits: November 1, 2023 – October 31, 2024**

| | Plan I | | Plan II |
|---|--|--|---|
| | MEC Plus Plan w/Mexico | México | MV Buy Up w/Mexico |
| Annual Deductible | | | |
| 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 | Network-PHCS Provider Non network physicians/facilities payable at 140% of Medicare |
| Professional Services | | | |
| Medical Treatment (Office) *9 visits maximum any combination, not to exceed 5 Specialist visits | \$20 co-pay* | \$10 co-pay | PHCS \$40 co-pay Out of Network – No co pay |
| Specialist (Office) Benefit includes lab & x-ray in office | \$40 co-pay* 3 visit maximum | \$20 co-pay | PHCS \$50 co-pay Out of Network – No co pay |
| Urgent Care Facility/Service | \$50 co-pay* | \$20 co-pay | PHCS \$80 co-pay Out of Network – No co pay |
| Preventative Services – Child & Adult | 100% | 100% | 100% |
| Pediatric Dental & Vision | ACA Required | Not Covered | ACA Required |
| | | | Benefits Below are Subject to Deductible |
| Outpatient Services | | | |
| 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% |
| Emergency Services | | | |
| Emergency Room | Not Covered | Plan pays 80% | 140% of Medicare Allowed |
| Ambulance | Not Covered | Plan pays 80% | 140% of Medicare Allowed |
| Hospital Benefits | | | |
| 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 |
| Additional Outpatient Services | | | |
| 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 |
| Prescriptions | | | |
| 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 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. Included in both Plans.

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 |