

Harrison Farms Benefits

January 1, 2024 – December 31, 2024

	Plan I		Plan II	Plan III
	Mexico	MEC Plus Plan	Buy Up Option with Mexico	Buy Up Option with Mexico
Annual Deductible				
Per Person	N/A	N/A	\$5,000	\$2,000
Per Family	N/A	N/A	\$10,000	\$4,000
Maximum out of pocket	N/A	N/A	\$6,000/\$12,000	\$5,500/\$11,000
Calendar Year Maximum Benefit	\$25,000	N/A	Unlimited	Unlimited
			In 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 3 specialist visits	\$7 co-pay	\$20 co-pay*	\$50 co-pay In Network 140% of Medicare Allowed Out of Network	\$35 co-pay In Network 140% of Medicare Allowed Out of Network
Specialist (Office) Benefit includes lab & x-ray in office	\$10 co-pay	\$40 co-pay 3 visit maximum	\$75 co-pay In Network 140% of Medicare Allowed Out of Network	\$55 co-pay In Network 140% of Medicare Allowed Out of Network
Urgent Care Facility/Service	\$20 co-pay	\$50 co-pay*	\$75 co-pay In Network 140% of Medicare Allowed Out of Network	\$55 co-pay In Network 140% of Medicare Allowed Out of Network
Preventative Services – Child & Adult	100%	100%	100%	100%
Pediatric Dental & Vision	Not Covered	ACA Required	ACA Required	ACA Required
Outpatient Lab & X-Ray	\$10 co-pay	Plan pays 80% 3 visit maximum	Plan pays 70%	\$35 co-pay Lab In Network \$55 co-pay X-Ray In Network 140% of Medicare Allowed Out of Network
			Benefits Below are Subject to Deductible	
Outpatient Services				
Outpatient Surgeon Benefits	Plan pays 80%	Not Covered	Plan pays 70%	Plan pays 80%
MRI/PET/CT Scan Free Standing Facility Only	Plan pays 80%	Plan pays 80% 1 test maximum	Plan pays 70%	Plan pays 80%
Ultrasound/Mammogram	\$25 co-pay			
Emergency Services		**\$50,000 Calendar Year Max Benefit Emergency		
**Emergency Room	\$25 co-pay Plan pays 80%	\$1,000 Ded + 140% of Medicare Allowed	140% of Medicare Allowed	140% of Medicare Allowed
**Ambulance	Plan pays 80%		140% of Medicare Allowed	140% of Medicare Allowed
Hospital Benefits				
**Inpatient	\$75 co-pay, Plan pays 80%		140% of Medicare Allowed	140% of Medicare Allowed
**Inpatient Professional Services	Plan pays 80%		140% of Medicare Allowed	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	140% of Medicare Allowed
Mental Inpatient	Not Covered	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Additional Outpatient Services				
Skilled Nursing	Not Covered	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Chiropractic/Acupuncture Services	Not Covered	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Physical/Occupational Services (Medical Necessity)	Not Covered	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Rehabilitation Services	Not Covered	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Mental Outpatient	Not Covered	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Substance Abuse Outpatient (12 visit maximum)	Not Covered	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Durable Medical Equipment	Not Covered	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Hearing Aid Coverage	Not Covered	Not Covered	Not Covered	\$1,500 allowance per year – no lifetime limit
Prescriptions				
Generic ***10 RX maximum, not to exceed 5 Brand	\$5.00 co-pay	\$5.00 co-pay***	\$15.00 co-pay	\$15.00 co-pay
Brand Formulary	\$10.00 co-pay	\$30.00 co-pay (5 Rx Max)	\$200 Deductible \$40.00 co-pay	\$200 Deductible (Common Deductible) \$40.00 co-pay
Brand Non-Formulary	50%	Not Covered	\$200 Deductible 50%	\$200 Deductible 50%
Maintenance Meds	\$15 co-pay	\$15 co-pay		
Specialty	Not Covered	Not Covered	Not Covered	Not Covered
Minimum Enrollment Required	Excludes Employees with other “group insurance” i.e. HIS, Medicare, Medicaide, Spouse or parents group			
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	\$0 co-pay

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