

**Doug Mellon Farms II, Inc. & Desert Applicators, Inc. & Legacy Greens, LLC & Legacy Greens Harvesting, LLC**  
**Benefits January 1, 2024 – December 31, 2024**

	Plan I	Plan II	Plan III
	Mexico Panel Only	MEC Plus + Mexico Panel	MV Buy Up + Mexico Panel
<b>Annual Deductible</b>			
Per Person	N/A	N/A	\$5,000
Per Family	N/A	N/A	\$10,000
Maximum out of pocket	N/A	N/A	\$7,350/\$14,700
Calendar Year Maximum Benefit	\$25,000	\$25,000 (Mexico)	Unlimited
			Network-PHCS Provider/Facility Non network physicians/facilities payable at 140% of Medicare
<b>Professional Services</b>			
Medical Treatment (Office)	\$10 co-pay	\$20 co-pay 3 visit maximum	\$30 co-pay In/Out of Network
Specialist (Office) Benefit includes lab & x-ray in office	\$20 co-pay	\$40 co-pay 3 visit maximum	\$50 co-pay In/Out of Network
Urgent Care Facility/Service	\$20 co-pay	\$50 co-pay 3 visit maximum	\$60 co-pay In/Out of Network
Preventative Services – Child & Adult	100%	100%	100%
Pediatric Dental & Vision	Not Covered	ACA Required	ACA Required
			Benefits Below are Subject to Deductible
<b>Outpatient Services</b>			
Outpatient Surgeon Benefits	Plan pays 80%	Not Covered	Plan pays 80%
Outpatient Lab & X-Ray	\$10 co-pay	Plan pays 80% 3 visit maximum	Plan pays 80%
MRI/PET/CT Scan Free Standing Facility Only	Plan pays 80%	Plan pays 80% 1 test maximum	Plan pays 80%
Ultrasound/mammogram	\$25 co-pay		
<b>Emergency Services</b>			
Emergency Room	Plan pays 80%	Not Covered	140% of Medicare Allowed
Ambulance	Plan pays 80%	Not Covered	140% of Medicare Allowed
<b>Hospital Benefits</b>			
Inpatient	\$100 co-pay, Plan pays 80%	Not Covered	140% of Medicare Allowed
Inpatient Professional Services	Plan pays 80%	Not Covered	140% of Medicare Allowed
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Same as any other illness	Not Covered	140% of Medicare Allowed
Mental Inpatient	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	\$10.00 co-pay	\$5.00 co-pay (5 Rx Max)	\$20.00 co-pay
Brand Formulary	\$20.00 co-pay	\$30.00 co-pay (5 Rx Max)	\$200 Deductible \$40.00 co-pay
Brand Non-Formulary	\$30.00 co-pay	Not Covered	\$200 Deductible \$75.00 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

\*Minimum Essential Coverage & Mexico Panel benefits included in all plans. Panel offered in Mexicali, B.C., San Luis, R.C., Sonora and Tijuana, B.C.

## LIFE INSURANCE

TYPE OF COVERAGE	BENEFIT
<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