Transwestern
Insurance Administrators, Inc.

	Mexico Plan
Annual Deductible	
Per Person	N/A
Per Family	N/A
Maximum out of pocket	N/A
Calendar Year Maximum	N/A
Emergency Services	
Emergency Room for Illness - ($250 copay Waived if Admitted)	Plan pays 80%
Emergency Room for an Emergency	Plan pays 80%
Ambulance	Plan pays 80%
Hospital Benefits	
Inpatient	$100 co-pay, Plan pays 80%
Inpatient Surgical Services	Plan pays 80%
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Same as any other illness
Mental & Substance Abuse Inpatient – Pre-Authorization required (Without Pre-Authorization benefit reduced by 50%)	Not Covered
Professional Services	
Medical Treatment (Office)	$10 co-pay
Specialist (Office)	$20 co-pay
Urgent Care Facility/Service	$20 co-pay
Injectables	Not Covered
Preventative Services – Child & Adult	100%
Outpatient Lab	Plan pays 80%
Outpatient X-Ray	Plan pays 80%
Ultrasound and Diagnostic Mammogram	Plan pays 80%
MRI/PET/CT Scan	Plan pays 80%
Hospital Outpatient	
Outpatient	Plan pays 80%
Additional Outpatient Services	
Skilled Nursing (10 day Maximum per Calendar Year) Requires Pre-Authorization	Not Covered
Chiropractic Care – including X-Rays (X-Rays to $75; Maximum $500 Per Calendar Year)	Not Covered
Acupuncture (Pain Management Only)	Not Covered
Physical/Occupational Services (Requires Pre-Authorization)	Not Covered
Home Health Care – Limit to 60 four hour day per Calendar Year	Not Covered
Mental & Substance Abuse Outpatient	Not Covered
Chemotherapy and Radiation Therapy	Not Covered
Durable Medical Equipment & Medically Necessary Custom Made Orthotics	Not Covered
Prescriptions	
Generic	$10.00 co-pay
Brand Formulary	$20.00 co-pay
Maintenance Medication	Not Covered
Brand Non-Formulary	$30.00 co-pay
Specialty	Not Covered

Mexico Dental Panel Benefits

Services provided by panel dentist will be paid in full according to schedule. Panel providers are those dental providers contracted with Transwestern Insurance Administrators. THE EMPLOYEE WILL BE RESPONSIBLE FOR CHARGES WHEN TREATMENT IS RENDERED BY A NON-PANEL PROVIDER.

Maximum Benefit per Family……$500.00

	Hospital San Andres – Dental Coordinator: Dr. Ismael Frias 714 Avenida Madero Zona Centro Mexicali, B.C. México 21100 USA Phone #: (760) 592-7034 ~ MX Phone #: (686) 5 53 49 10 Website: www.sanandreshospital.com
DESCRIPTION	**BENEFIT**
Initial Oral Examination	10.00
Periodic Oral Examination	10.00
Visit after Hours	20.00
Emergency Palliative Treatment	20.00
Consultation by Specialist, Requested by the attending dentist	25.00
Topical Stannous Fluoride, One Treatement, In addition to Prophylaxis (under age 19 only)	
Topical Application of Sealant (per quad)	30.00
Per Tooth	12.00
X-RAY	
Full Mouth Films (intraoral)	40.00
Intraoral – Single, First Film	7.00
Intraoral – Each additional Film	6.00
Bitewings – Two Films	10.00
Four Films	20.00
Panorex-Maxilla-Mandible Single Film	30.00
Restorative Dentistry	
Amalgam Filling, Primary Teeth – One surface	20.00
Two Surfaces	30.00
Three Surfaces	35.00
Amalgam Filling, Permanent Teeth One Surface	25.00
Two Surfaces	35.00
Three Surfaces	40.00
CROWNS	
Plastic Acrylic Crown	60.00
Plastic with Metal Crown	50.00
Stainless Steel – Primary Tooth	50.00
Permanent Tooth	40.00
Recementation of Crown	15.00
Procelain	150.00
Porcelain with Metal Crown	180.00
ENDODONTICS	
Root Canal – One Root	50.00
Two Root	120.00
Three Root	150.00
Pulp Capping	18.00
Recalcification, Per Tooth	25.00
Vital Pulpotomy	35.00
Therapeutic Pulpotomy, In addition to Restoration	35.00
EXTRACTIONS	
Extraction – Single Tooth	30.00
Each Additional Tooth	30.00
Surgical Removal of Erupted Tooth	40.00
Removal of tooth, soft tissue impaction	60.00
REMOVAL DENTURES and BRIDGES (PROSTHESTICS)	
Complete Dentures – Upper	220.00
Complete Dentures - Lower	220.00
Upper and Lower Partial Denture	160.00
Partial (Metal Frame) Lower	250.00
Partial (Metal Frame) Upper	250.00

By Appointment only unless there is a dental emergency