

All Star Seed, La Valle Sabbia, Inc., Truck Lease Benefits
January 01, 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 | \$2,500 |
| Per Family | N/A | N/A | \$10,000 | \$5,000 |
| Maximum out of pocket | N/A | N/A | \$6,350/\$12,700 | \$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* | \$35 co-pay In Network | \$25 co-pay In Network |
| Specialist (Office) Benefit includes lab & x-ray in office | \$10 co-pay | \$40 co-pay 3 visit maximum | \$70 co-pay In Network | \$50 co-pay In Network |
| Urgent Care Facility/Service | \$20 co-pay | \$50 co-pay* | \$70 co-pay In Network | \$50 co-pay In Network |
| Preventative Services – Child & Adult | 100% | 100% | 100% | 100% |
| Pediatric Dental & Vision | Not Covered | ACA Required | ACA Required | ACA Required |
| | | | Benefits Below are Subject to Deductible | |
| Outpatient Services | | | | |
| Outpatient Surgeon Benefits | Plan pays 80% | Not Covered | Plan pays 70% | Plan pays 80% |
| Outpatient Lab & X-Ray | \$10 co-pay | Plan pays 80% 3 visit maximum | Plan pays 70% | \$35 co-pay Lab In Network \$50 co-pay X-Ray In Network |
| 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 Only | | |
| Emergency Room | \$25 co-pay | | 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 | \$1,000 Ded + 140% of Medicare Allowed | 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) | \$10 co-pay (10 visit max – annually) | 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 | 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 |
| 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, Medicaid, 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 35% at age 65; 25% at age 70; 15% at age 75; Terminates at retirement. | |
| Accidental Death & Dismemberment | |
| Maximum Employee Benefit | \$5,000.00 |