

Benefits		
Service	MEC PLUS PLAN ASO	MEXICO BENEFITS
Annual Deductible		
Per Person	\$250.00	\$0.00
Per Family	\$500.00	\$0.00
Percentage Payable	75%	80%
Professional Services	<b>PHCS Network (outpatient services – office visit, lab, X-ray, urgent care visits and Free Standing Facilities for MRI, CT and PET scans)</b> <b>**Services provided outside of the PHCS network for outpatient services are not covered by this plan</b>	<b>Mexicali, B.C., Mexico</b> <b>San Luis, R.C., Sonora Mexico</b> <b>Tijuana, B.C., Mexico</b>
Office visit	\$10 co-pay Plan Pays 100% of allowed	\$5 co-pay
Specialist visit	\$40 co-pay Plan Pays 100% of allowed	\$10 co-pay
Urgent Care Facility/Service	\$40 co-pay Plan Pays 100% of Allowed	\$10 co-pay
Additional Services/Lab & X-ray in office	75% after Deductible	Plan pays 80% of allowed
Preventative Services - Child & Adult	100%	No cost share – member Plan pays 100% of allowed
Outpatient Lab & X-Ray Subject to deductible	75% after Deductible	Plan pays 80% of allowed
Specialty Testing/Scans Subject to deductible	75% after Deductible	Plan pays 80% of allowed
Outpatient Services Facility	Not Covered	Plan pays 80%
Outpatient Services Physician	Not Covered	Plan pays 80%
Emergency Services		
Emergency Room	Not Covered	Plan pays 80%
Ambulance	Not Covered	Plan pays 80%
Hospital Benefits		
Inpatient	Not Covered	\$100 co-pay Plan pays 80%
Additional Outpatient Services		
Skilled Nursing	Not Covered	Not Covered
Chiropractic Services	Not Covered	Not Covered
Acupuncture Services	Not Covered	Not Covered
Rehabilitation services	\$20 co-pay Plan pays 100% of allowed	Not Covered
Physical/Occupational Services	\$20 co-pay Plan pays 100% of allowed	Not Covered
Mental Outpatient	Not Covered	Not Covered
Substance Abuse Outpatient Subject to deductible 12 visit maximum	75% after Deductible	Not Covered
Pediatric Dental & Vision	Not Covered	Not Covered
Prescriptions		
Generic	\$10.00 co-pay	\$10.00 co-pay
Brand Formulary	Not Covered	\$20.00 co-pay Formulary
Brand Non-Formulary	Not Covered	\$30.00 Non-Formulary
Specialty Medication	Not Covered	Not Covered