

## Amigo Farms, Inc. & Bruce Williams Farms, LLC Benefits: September 1, 2023 – August 31, 2024

	Plan 1	Plan 2	Plan 3	Plan 4	
Benefits	Mexico	U.S. MEC Plus	Buy Up PPO	Buy Up HSA*	
Annual Deductible	Wiexico	U.S. MECTIUS	Buy CP110	Buy Cp IISA	
Per Person	N/A	N/A	\$2,000	\$2,500	
Per Family	N/A	N/A N/A	\$4,000		
Maximum out of pocket	N/A N/A	N/A N/A	\$5,000/10,000	\$5,000 \$5,000/\$10,000	
Coinsurance	N/A 80%	N/A 80%	80%	\$5,000/\$10,000	
Calendar Year Maximum Benefit			Unlimited		
Calendar Year Maximum Benefit	\$25,000	\$25,000 (Mexico)		Unlimited	
			Network-PHCS Provider/Facility Non network physicians/facilities payable at 140% of Medicare		
Professional Services			F-1,		
Medical Treatment (Office)	\$7 co-pay	\$20 co-pay**	\$25 co-pay	Deductible & Coinsurance	
**9 visits maximum any combination, not to					
exceed 3 Specialist visits					
Specialist (Office)	\$10 co-pay	\$40 co-pay	\$45 co-pay	Deductible & Coinsurance	
Benefit includes lab & x-ray in office		3 visit maximum			
Urgent Care Facility/Service	\$20 co-pay	\$50 co-pay**	\$45 co-pay	Deductible & Coinsurance	
O ( C (I I I I I I I I	010	DI 000/	0.45	D 1 (31 8 G )	
Outpatient Lab & X-Ray	\$10 co-pay	Plan pays 80% 3 visit maximum	\$45 co-pay	Deductible & Coinsurance	
Preventative Services – Child & Adult	100%	100%	100%	100%	
Pediatric Dental & Vision	Not covered	ACA Required	ACA Required	ACA Required	
		1	Benefits Below are Subject to Deductible		
Outpatient Services					
Outpatient Surgeon Benefits	Plan pays 80%	Not covered	Plan pays 80%	Plan pays 80%	
				2 0	
MRI/PET/CT Scan	Plan pays 80%	Plan pays 80%	Plan pays 80%	Plan pays 80%	
Free Standing Facility Only		1 test maximum			
Ultrasound/mammogram	\$25 co-pay				
Emergency Services		\$25,000			
Emergency Room	\$25 co-pay Plan pays	Calendar Year Max	140% of Medicare Allowed	140% of Medicare Allowed	
	80%	Benefit			
Ambulance	Plan pays 80%	Emergency Only	140% of Medicare Allowed	140% of Medicare Allowed	
Hospital Benefits	1 0	1			
Inpatient	\$75 co-pay, Plan pays	1	140% of Medicare Allowed	140% of Medicare Allowed	
	80%	\$1,000 Ded + 140% of			
Inpatient Professional Services	Plan pays 80%	Medicare Allowed	140% of Medicare Allowed	140% of Medicare Allowed	
Maternity & Newborn Care	Same as any other		140% of Medicare Allowed 140% of Medicare Allo		
48 hours following a vaginal delivery	illness				
96 hours following a cesarean delivery					
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	Not covered	Not covered	140% of Medicare Allowed	140% of Medicare Allowed	
Necessity)	Not covered	Not covered	140 /6 of Medicare Anowed	140 /6 of Wedicare Anowed	
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	
(12 visit maximum)	Not covered	Not covered	140 /0 OF MICUICATE AHOWEU	140 /0 of Medicare Anowed	
Durable Medical Equipment	Not covered	Not covered	140% of Medicare Allowed	140% of Medicare Allowed	
Prescriptions	THUE CUYETEU	110t COVETEU	140 /0 01 Micultare Anowed	170 /0 01 Medicale Anowed	
Generic	\$5.00 co-pay	\$5.00 co-pay ***	\$10.00 co-pay	Deductible & Coinsurance	
***10 Rx maximum, not to exceed 5 Brand	φείου cu-pay	фэ.оо со-рау	ф10.00 co-pay	Deductible & Comsurance	
Brand Formulary	\$10.00 co-pay	\$30.00 co-pay	\$25.00 co-pay	Deductible & Coinsurance	
Diana i Ormanary	<b>ф10.00 со-рау</b>	5 Rx Max	<i>Ф20.00</i> со-рау	Deduction & Comsurance	
D IN E I	50%	Not covered	\$65.00 co-pay	Deductible & Coinsurance	
Brand Non-Formillary			φουίου το-ραχ	Scaucasic & Comsurance	
Brand Non-Formulary Maintenance Meds		\$15.00 co-pay	\$15.00 co-pay	Deductible & Coincurance	
Maintenance Meds Specialty	\$15.00 co-pay Not covered	\$15.00 co-pay Not covered	\$15.00 co-pay Not covered	Deductible & Coinsurance Not covered	

24/7 CALL A DOC	Not covered	\$0 co-pay	\$0 co-pay		\$0 co-pay
You must activate your account to access this benefit.		https://w	ww.247calladoc.com/activation or	call 844-362-	2447

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

<sup>\*</sup>Employee is responsible for establishing, funding & managing their own HSA Account.

## **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		