

Accurate Excavation of Arizona, LLC

Medical Schedule of Benefits

		Hospital Santa Margarita
		Dr. Luis W. Arvizu Noriega
		Av. 16 de Septiembre y Calle 7
		San Luis Rió Colorado, Sonora 83400
		Teléfono: (011-52) 653-534-3065 y (011) 653-534-
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Medical Event	Benefits	Services Must be performed within the
		Contracted Network
	Office Visit	Physician/Facility
Outpatient Care		\$7 per visit per patient
	Lab & X-Ray, and Diagnostic Services	\$7 per visit, per patient, per service
	CAT Scan	\$100.00 per study
	MRI	\$150.00 per study
	Outpatient Surgical Services (2 maximum)	\$100 co-pay
	Specialist office visits	\$10 per visit per patient
	(Must be approved prior to appointment)	
	Prenatal office visits	\$7 per visit per patient
	Postnatal office visits	\$7 per visit per patient
Maternity and Pregnancy	Services for Lab & X-Ray and Ultrasounds	\$7 per visit, per patient, per service
Care:	Medication that is Necessary	\$5 per generic/ \$10 per brand
	Hospitalization	\$200 per visit, per patient
	Newborn care with Mother as patient	No charge/No Cost
	Consultation	\$7 per visit per patient
Family Planning:	Tubal Ligation (no reversals)	\$200 Hospital + 15% Surgeon Fees
	Vasectomy (no reversals)	\$200 Hospital + 15% Surgeon Fees
Inpatient Care:	Surgeries and Major Procedures	\$200 Hospital + 15% Surgeon Fees
	Confinement of 18 hours or more	\$100 per Hospitalization, per patient
	Surgeon and Physician services	15% Surgeon Fees
	Lab & x-ray services	No charge
	Room and Board	No charge
	Intermediate Therapy care	Not covered
	Medication and Supplies	No charge/No Cost
Emergency Room	Emergency Room	\$50 per hospitalization per patient
Preventative Health Care:	Consultation and Office Visit	No shorge*
		No charge*
	Mammogram	No charge*
	Pap Test	No charge*
Dan and discount	Prostate Test	No charge*
Prescriptions:	Generic	\$5 co-pay
Must be prescribed and Approved by Participating		
Provider	Brand	\$10 co-pay
	l a non-participating doctor or facility; ben	efits will not be covered
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^{*}Limit 1 per calendar year

Stateside Benefits – Minimum Essential Coverage covered at 100%

MEDICAL BENEFITS FOR EMPLOYEES AND DEPENDENTS. The Basic Benefits are not subject to a deductible and will be paid in accordance with the following schedule. All annual limits shown are per calendar year and apply to the employee and dependents separately.

Alcohol Misuse Screening and Counseling Aspirin Use (to prevent cardiovascular disease for men & women of certain ages) Blood Pressure Screening (for all adults) Cholesterol Screening (for adults of certain age or at higher risk) Colorectal Cancer Screening (for adults over 50) Depression Screening (for adults with high blood pressure) Diet Counseling (for adults at higher risk for chronic disease) HIV Screening (ages 15-65, other ages at increased risk) Immunization Vaccines – for adults; doses, recommended ages and recommended populations vary. (including: Hepatitis A & B, Herpes Zoster, Human Papillovirus, influenza (Flue Shot), Mumps, Measles, Rubella, Meningococcal, Pneumococcal, Tetanus, Diptheria, Pertussis and Varicella) Obesity Screening and Counseling (for all adults) Sexual Transmitted Infection (STI) Prevention Counseling (for adults at higher risk) Tobacco Use Screening (for all adults and cessation interventions for tobacco	Covered Preventative Service for Adults (18 and older)*	
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Well-Women Visits (to obtain recommended preventive services for women under

65)

100%

Covered Preventive Services for Children*	
Autism (screening for children at 18 to 24 months)	100%
Behavioral (assessments for children at the following ages: 0 to 17 years.)	100%
Blood Pressure (screening for children at the following ages: 0 to 17 years)	100%
Cervical Dysplasia (screening for sexually active females)	100%
Congenital Hypothyroidism (screening for newborns)	100%
Depression (screening for adolescents)	100%
Developmental (screening for children under age 3)	100%
Dyslipidemia (screening for children at higher risk for lipid disorders at the	100%
following ages: 1 or 17 years)	
Fluoride Chemoprevention (supplements for children without fluoride in their	100%
water source)	
Gonorrhea (preventative medication for the eyes of all newborns)	100%
Hearing (screening for all newborns)	100%
Height, Weight and Body Mass Index (measurements for children at the	100%
following ages: 0 to 17 years)	
Hematocrit of Hemoglobin (screening for children)	100%
Hemoglobinopathies (or sickle cell screening for newborns)	100%
HIV (screening for adolescents at higher risk)	100%
Immunization Vaccines (for children for birth to age 18-doses, recommended	100%
ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis,	
Haemophilus Influenza type b, Hepatitis A, Hepatitis B, Human	
Papillomavirus, Inactivated, Poliovirus, Influenza (Flue Shot), Mumps,	
Measles, Rubella, Meningococcal, Pneumococcal, Rotavirus and Varicella)	
Iron (supplements for children ages 6 to 12 months at risk for anemia	100%
Lead (screening for children at risk of exposure)	100%
Medical History (for all children throughout development at the following	100%
ages: 0 to 17 years)	
Obesity Screening and Counseling	100%
Oral Health Risk Assessment for young children ages: 0 to 10 years)	100%
Phenylketnuria (PKU)(screening for this genetic disorder in newborns)	100%
Sexually Transmitted Infection (STI) (prevention counseling and screening for	100%
adolescents at higher risk)	
Tuberculin (testing for children at higher risk of tuberculosis at the following	100%
ages: 1 to 17 years)	
Vision (screening for all children)	100%