Transwestern
Insurance Administrators, Inc.

LaBrucherie Produce, LLC et.al.

	Plan 1
	México
Annual Deductible	
Per Person	N/A
Per Family	N/A
Maximum out of pocket	N/A
Calendar Year Maximum Benefit	$25,000
Professional Services	
Medical Treatment (Office)	$7 co-pay
Specialist (Office) Benefit includes lab & x-ray in office	$10 co-pay
Urgent Care Facility/Service	$20 co-pay
Preventative Services – Child & Adult	100%
Pediatric Dental & Vision	Not Covered
Outpatient Services	
Outpatient Surgeon Benefits	Plan pays 80%
Outpatient Lab & X-Ray	$10 co-pay
MRI/PET/CT Scan Free Standing Facility Only	Plan pays 80%
Ultrasound/Mammogram	$25 co-pay
Emergency Services	
Emergency Room	$25 co-pay
Ambulance	Plan pays 80%
Hospital Benefits	
Inpatient	$75 co-pay, Plan pays 80%
Inpatient Professional 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 Inpatient	Not Covered
Additional Outpatient Services	
Skilled Nursing	Not Covered
Chiropractic/Acupuncture Services	Not Covered
Physical/Occupational Services (Medical Necessity)	$10 co-pay (10 visit max –annually)
Rehabilitation Services	Not Covered
Mental Outpatient	Not Covered
Substance Abuse Outpatient	Not Covered
Durable Medical Equipment	Not Covered
Prescriptions	
Generic	$5.00 co-pay
Brand Formulary	$10.00 co-pay
Brand Non-Formulary	50%
Maintenance Meds	$15 co-pay
Specialty	Not Covered
Minimum Enrollment Required	Excludes Employees with other “group insurance” i.e. HIS, Medicare, Medicade, Spouse or parents group

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

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	Plan 2	Plan 3	Plan 4
	MEC Plus Plan	Buy Up Option	Buy Up Option
Annual Deductible			
Per Person	N/A	$6,350	$1,000
Per Family	N/A	$12,700	$2,000
Maximum out of pocket	N/A	$6,350/$12,700	$5,000/$10,000
Calendar Year Maximum Benefit	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	$10 co-pay*	$20 co-pay In Network	$35 co-pay In Network
Specialist (Office) Benefit includes lab & x-ray in office	$35 co-pay 3 visit maximum*	$70 co-pay In Network	$55 co-pay In Network
Urgent Care Facility/Service	$50 co-pay*	$70 co-pay In Network	$55 co-pay In Network
Preventative Services – Child & Adult	100%	100%	100%
Pediatric Dental & Vision	ACA Required	ACA Required	ACA Required
		Benefits Below are Subject to Deductible	
Outpatient Services			
Outpatient Surgeon Benefits	Not Covered	Plan pays 80%	Plan pays 75%
Outpatient Lab & X-Ray	Plan pays 80% 3 visit maximum	Plan pays 80%	$35 co-pay Lab In Network $55 co-pay X-Ray In Network
MRI/PET/CT Scan Free Standing Facility Only	Plan pays 80% 1 test maximum	Plan pays 80%	Plan pays 75%
Ultrasound/Mammogram			
Emergency Services	$25,000 Calendar Year Max Benefit Emergency Only		
Emergency Room		140% of Medicare Allowed	140% of Medicare Allowed
Ambulance		140% of Medicare Allowed	140% of Medicare Allowed
Hospital Benefits			
Inpatient		140% of Medicare Allowed	140% of Medicare Allowed
Inpatient Professional Services		140% of Medicare Allowed	140% of Medicare Allowed
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	$1,000 Ded + 140% of Medicare Allowed	140% of Medicare Allowed	140% of Medicare Allowed
Mental Inpatient	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Additional Outpatient Services			
Skilled Nursing	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Chiropractic/Acupuncture Services	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Physical/Occupational Services (Medical Necessity)	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Rehabilitation Services	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Mental Outpatient	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Substance Abuse Outpatient	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Durable Medical Equipment	Not Covered	140% of Medicare Allowed	140% of Medicare Allowed
Prescriptions			
Generic **10 Rx maximum, not to exceed 5 Brand	$5.00 co-pay**	$20.00 co-pay	$15.00 co-pay
Brand Formulary	$30.00 co-pay 5 Rx Max	$200 Deductible $40.00 co-pay	$200 Deductible (Common Deductible) $40.00 co-pay
Brand Non-Formulary	Not Covered	$200 Deductible – 50%	$200 Deductible – 50%
Maintenance Meds	$15 co-pay		
Specialty	Not Covered	Not Covered	Not Covered
Minimum Enrollment Required	Excludes Employees with other "group insurance" i.e. HIS, Medicare, Medicade, Spouse or parents group		

HINES/MediOrbis – Telehealth You must activate your account to access this benefit.	$0 co-pay	$0 co-pay	$0 co-pay
	www.mediorbis.com/msmd-patient/home.htm or call (866) 633-4672		

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US Plans Mexico Medical Benefit Plan Co-pays:

$0.00 co-pay per Office Visit
$0.00 co-pay per Lab and X-ray services
$5.00 co-pay per Medication
$0.00 co-pay per Hospital Outpatient Service
$0.00 co-pay per Hospital Admission
$0.00 co-pay per Surgical Procedure

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