

LaBrucherie Produce, LLC et.al. 2024 Benefits
January 1, 2024 – December 31, 2024

	Plans 2, 3, & 4
	México Panel
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)	\$0 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	\$0 co-pay
Outpatient Lab & X-Ray	\$0 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	\$0 co-pay
Inpatient Professional Services	\$0 co-pay
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