

**Phoenix Agrotech, LLC**  
**Benefits: January 1, 2024 – December 31, 2024**

**USA SCHEDULE OF BENEFITS**

Basic Benefits:	Member Pays:	Plan Pays:
<b>PPO Network Interplan/Healthsmart</b>		
<b>Doctor Office Visits</b> – Limit of 4 per calendar year per person	\$20.00 co-pay	\$25.00
<b>Preventative Services:</b> Includes: office visits, lab, pap smear, mammogram, prostate screening, gynecological exam and routine physical	No cost share- Members Plan pays 100%	
<b>\$250 Individual Deductible</b> <b>\$750 Family Deductible</b> <b>Deductible applies to services listed below</b>		
<b>Services performed during office visit</b>	40%	60%
<b>*Diagnostic Lab &amp; X-ray-</b> Limit of 4 per calendar year per person	40%	60%
Prescription Benefits: \$100.00 deductible applies to Brand name drugs per calendar year. Maximum of 15 medications combined <b>generic and brand per calendar year.</b>	40% - Generic 40% Brand after deductible Specialty Meds not covered	60% - Generic 60% Brand after deductible Specialty Meds not covered

## MEXICO PANEL SCHEDULE OF BENEFITS

Mexicali, B.C. Mexico  
San Luis, R.C., Sonora Mexico  
Tijuana, B.C., Mexico

\*Services must be provided by a Mexico Panel Provider. Services received from a non-participating doctor or facility will not be covered.

Coinsurance..... 80%

<b>Basic Benefits: All benefits are per calendar year, per individual.</b>	Co-pay	Benefit Maximum
Doctor Office Visits	\$5.00	\$10.00
Specialist Office Visits (Specialist and Doctor visits are a combined benefit) <b>(Limit of 10 visits per calendar year per person)</b>	\$10.00	\$10.00
Laboratory and X-Ray – Limit of 8 visits/order, per calendar year per person	20%	80%
Outpatient Hospital Charges/Emergency room – 2 surgery per calendar year	20%	80%
Outpatient Surgical Facility Fees – 2 per calendar year	20%	80%
<b>Family Planning:</b>		
Consultation		100%
Tubal Ligation (No reversals)		100%
Vasectomy (No reversals)		100%
<b>Inpatient Care:</b>		
Hospital Confinement of 18 hours or more – 4 inpatient day maximum	\$100.00 - 20%	80%
Hospital Miscellaneous	20%	80%
*All scheduled surgeries require a pre-authorization. Surgery for Hysterectomy, Hernia and Deviated Septum.		
<b>Surgeon, Assistant Surgeon, Anesthesiologist:</b>		
Surgeon, calendar year maximum – 2 Surgery, per calendar year	20%	80%
Assistant Surgeon, calendar year maximum – 2 Surgery, per calendar year	20%	80%
Anesthesiologist, calendar year maximum – 2 Surgery, per calendar year	20%	80%
<b>Preventative Health Care:</b>		
Consultation and Office Visit		100%
Mammogram		100%
Pap Test		100%
Prostate Test		100%
<b>Prescriptions:</b>		
*Generic Drugs - Unlimited	\$10.00	
Brand Name Drugs – Only if generic is not available <b>(Limit of 10 per calendar year)</b>	\$20.00	
Drugs considered “Over the Counter” are not Covered under the Plan.		
*Generic drugs, will be dispensed at all times except in the event that there is no Generic available, then the <b>Brand Name drugs will be dispensed. Limit of 10 per year.</b>		