

Curtimade Dairy, Inc. Benefits

	\$10,000 Annual Limit benefit combined in the USA and Mexico Per Employee that Curtimade will pay in claims
Benefits	MEC PLUS PLAN
Per Person/Per Family	\$0
Maximum Out of Pocket	\$6,350/\$12,700
Percentage Payable	80%
Professional Services	
Physician office visits	\$15 co-pay then 100% of negotiated fee
Specialist office visit (Referral needed)	\$25 co-pay then 100% of negotiated fee
Procedures performed during an office/ specialist visit	80% of Negotiated Fee
Lab & X-ray in office	\$50 co-pay, then 100% of Negotiated Fee
Lab & X-Ray Outpatient	\$50 co-pay, then 100% of Negotiated Fee
Complex Imaging – CAT, MRI, MRA/MRI & PET SCANS	\$400 co-pay, then 80% of Negotiated Fee
Preventative Services - Child & Adult	100%
Pediatric Dental & Vision	ACA Required Benefits
Outpatient Services	
Facility	50% Co-Insurance (1 per caldenary year)
Physician	50% Co-Insurance (1 per caldenary year)
Emergency Services	
Emergency Room – Facility and Physician	\$400 co-pay, then 80% of Negotiated Fee
Ambulance	1 Ambulance Ride Per Calendar Year (air ambulance not covered)
Hospital Benefits	
Facility	Not covered
Physician	Not covered
Mental Health	Not covered
Substance Abuse	Not covered
Additional Services	
Chemotherapy/Radiation Therapy	Not covered
Skilled Nursing	Not covered
Chiropractic/Acupuncture	Not covered
Physical Therapy	10 PT visits per calendar year
Mental Outpatient	Not covered
Durable Medical Equipment	Not covered
Sleep Disorder – Medically Necessary	Not covered
Substance Abuse Outpatient	Not covered
Prescriptions	
Generic	\$25.00 co-pay
Brand Formulary	\$50.00 co-pay
Brand Non-Formulary	\$75.00 co-pay
Mail Order (90 Days)	
Generic	Not covered
Preferred	Not covered
Non-Preferred	Not covered
Specialty Medication	Not covered

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

	Mexico Panel
Annual Deductible	
Per Person	N/A
Per Family	N/A
Maximum out of pocket	N/A
Professional Services	
Medical Treatment (Office)	\$5 co-pay
Specialist (Office)	\$10 co-pay
Benefit includes lab & x-ray in office	
Urgent Care Facility/Service	\$20 co-pay
Outpatient Lab & X-Ray	\$10 co-pay
Preventative Services – Child & Adult	100%
Pediatric Dental & Vision	N/A
Outpatient Services	
Outpatient Surgeon Benefits	Plan pays 80%
MRI/PET/CT Scan	Plan pays 80%
Free Standing Facility Only	
Ultrasound/mammogram	\$25 co-pay
Emergency Services	
Emergency Room	\$25 co-pay, Plan pays 80%
Ambulance	Plan pays 80%
Hospital Benefits	
Inpatient	\$75 co-pay, Plan pays 80%
Inpatient Professional Services	Plan pays 80%
Maternity & Newborn Care	Same as any other illness
48 hours following a vaginal delivery	
96 hours following a cesarean delivery	
Mental Inpatient	Not covered
Additional Outpatient Services	
Skilled Nursing	Not covered
Chiropractic/Acupuncture Services	Not covered
Physical/Occupational Services (Medical Necessity)	Not covered
Rehabilitation Services	Not covered
Mental Outpatient	Not covered
Substance Abuse Outpatient (12 visit maximum)	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