

**El Toro Export, LLC
El Toro Land & Cattle, Co.
Cultiver, LLC**

	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, Medicaid, Spouse or parents group

Mexico Panel Services are offered in Mexicali, B.C., San Luis, R.C., Sonora and Tijuana, B.C.
Includes U.S. Minimum Essential/Preventative Coverage.

	Plan 2: MEC PLUS	Plan 3: 6350	Plan 4: 1000
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	\$3,500/\$7,000
Calendar Year Maximum Benefit	N/A	Unlimited	Unlimited
		In Network PHCS Provider Non network physicians/facilities payable at 100% or 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	\$25 co-pay In Network
Specialist (Office) Benefit includes lab & x-ray in office	\$35 co-pay 3 visit maximum*	\$50 co-pay In Network	\$40 co-pay In Network
Urgent Care Facility/Service	\$50 co-pay*	\$50 co-pay In Network	\$40 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	See ER/Hospital	100% of Medicare Allowed (100% of Negotiated Contract Rate)	Plan pays 80%
Outpatient Lab & X-Ray	\$25 co-pay 3 visit maximum	100% of Medicare Allowed	\$25 co-pay Lab In Network \$50 co-pay X-Ray In Network
MRI/PET/CT Scan Free Standing Facility Only	Plan pays 80% 1 test maximum	100% of Medicare Allowed	Plan pays 80%
Ultrasound/Mammogram			
Emergency Services			
Emergency Room	\$25,000 Calendar Year Max Benefit	100% of Medicare Allowed	140% of Medicare Allowed
Ambulance		100% of Medicare Allowed	140% of Medicare Allowed
Hospital Benefits			
Inpatient	\$1,000 Ded + 140% of Medicare Allowed	100% of Medicare Allowed	140% of Medicare Allowed
Inpatient Professional Services		100% of Medicare Allowed	140% of Medicare Allowed
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery		100% of Medicare Allowed	140% of Medicare Allowed
Mental Inpatient	Not Covered	100% of Medicare Allowed	140% of Medicare Allowed
Additional Outpatient Services			
Skilled Nursing	Not Covered	100% of Medicare Allowed	140% of Medicare Allowed
Chiropractic/Acupuncture Services	Not Covered	100% of Medicare Allowed	140% of Medicare Allowed
Physical/Occupational Services (Medical Necessity)	Not Covered	100% of Medicare Allowed	140% of Medicare Allowed
Rehabilitation Services	Not Covered	100% of Medicare Allowed	140% of Medicare Allowed
Mental Outpatient	\$35 co-pay*	100% of Medicare Allowed	140% of Medicare Allowed
Substance Abuse Outpatient	Not Covered	100% of Medicare Allowed	140% of Medicare Allowed
Durable Medical Equipment	Not Covered	100% 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, Medicaid, Spouse or parents group		

Hines/MediOrbis - Telehealth You must activate your account to access this benefit.	\$0 co-pay www.mediobis.com/msmd-patient/home.tm or call (866) 633-4672	\$0 co-pay	\$0 co-pay
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Mexico Panel Services are offered in Mexicali, B.C., San Luis, R.C., Sonora and Tijuana, B.C. Included in all Plans.

US Plans Mexico Medical Benefit Plan Co-pays:

\$0.00 co-pay per PCP & Urgent Care Visit	\$0.00 co-pay per Hospital Outpatient Service
\$0.00 co-pay per Lab and X-ray services	\$0.00 co-pay per Hospital Admission
\$5.00 co-pay per Generic Medication	\$0.00 co-pay per Surgical Procedure