

#2528 – Fondomonte Arizona, LLC

Benefits	MEC PLUS PLAN
Annual Deductible	
Per Person/Per Family	\$0/\$0
Maximum Out of Pocket	
Per Person/Per Family	\$0/\$0
Percentage Payable	75%
Professional Services	Services must be provided by Providers within the Healthsmart Network
Physician office visits	\$10 co-pay then 100% of negotiated fee
Specialist office visit	\$40 co-pay then 100% of negotiated fee
Lab & X-ray in office	75%
Lab & X-Ray Outpatient Complex Imaging – CAT, MRI, MRA/MRI & PET SCANS	75%
Preventative Services - Child & Adult	100%
Outpatient Services	
Facility	Not Covered
Physician	Not Covered
Emergency Services	
Emergency Room – Facility and Physician	Not Covered
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/Occupational/Speech	Not Covered
Mental Outpatient	Not Covered
Durable Medical Equipment	Not Covered
Sleep Disorder – Medically Necessary	Not covered
Substance Abuse Outpatient	Not Covered
Pediatric Dental & Vision	ACA Required Benefits
Prescriptions	
Generic	\$5 co-pay
Brand Formulary	\$20 co-pay
Brand Non-Formulary	Not Covered
Mail Order (90 Days)	
Generic	Not Covered
Preferred	Not Covered
Non-Preferred	Not Covered
Specialty Medication	Not Covered

	Mexicare PPO
	Mexicali, B.C., México San Luis, R.C., Sonora México Tijuana, B.C., México
Annual Deductible	
Per Person	\$0.00
Per Family	\$0.00
Maximum out of pocket	\$0.00
Emergency Services	
Emergency Room	Plan pays 80%
Ambulance	Plan pays 80%
Hospital Benefits	
Inpatient	\$100 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
Professional Services	
Medical Treatment (Office)	\$5 co-pay
Specialist (Office)	\$10 co-pay
Urgent Care Facility/Service	\$5 co-pay
Preventative Services – Child & Adult	100%
Outpatient Lab & X-Ray	Plan pays 80% of Maximum Allowable Charge
MRI/PET/CT Scan	Plan pays 80% of Maximum Allowable Charge
Outpatient Services	
Outpatient Surgeon Benefits	Plan pays 80% of Maximum Allowable Charge
Outpatient Surgical Facility	Plan pays 80% of Maximum Allowable Charge
Anesthesiologist	Plan pays 80% of Maximum Allowable Charge
Additional Outpatient Services	
Skilled Nursing	Not Covered
Chiropractic/Acupuncture Services	Not Covered
Physical Therapy – Medical Necessary	Plan pays 80%
Mental Outpatient/Substance Abuse Outpatient	Not Covered
Durable Medical Equipment	Not Covered
Pediatric Dental & Vision	Not Covered
Prescriptions	
Generic	\$10.00 co-pay
Brand Formulary – Available only when generic is not available	\$20.00 co-pay
Brand Non-Formulary	Not Covered
Specialty	Not Covered