

This benefit summary is intended to help you compare coverage and benefits and is a summary only. For a more detailed description of coverage, benefits, and limitations, please contact the health care service plan or health insurer. The comparative benefit summary is updated annually, or more often if necessary to be accurate. The most current version of this comparative benefit summary is available on www.simnsa.com.

Plan Name Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA Health Plan)	Plan Contact Name and Phone Number Christina Suggett, (619) 407-4082; 1-800-424-4652
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Coverage summary

Eligibility requirements	An employee or member whose coverage under a Group Plan issued by SIMNSA has been terminated by an employer is eligible for individual conversion coverage. Such coverage is not required to be offered under the enclosed circumstances (*1) You must desire and be willing to obtain all medical services (except in cases of Emergency and Urgent Care) from Participating Providers within the Plan's Service Area in Mexico.
The premium cost of each benefit package in the service area in which the individual and eligible dependents work or reside.	Premiums charged by plans vary by age of subscribers and number of dependents enrolled. See "Premium Rate" tab for this plan.
When and under what circumstances benefits cease	Benefits cease due to: <ul style="list-style-type: none"> • Fraud; • Loss of eligibility; • Failure to pay premiums; • Failure to pay premiums in full (partial payment); • Nonpayment of any other amounts due the Plan or a Plan Provider; Discontinuation of a product Member may terminate by written notice to plan. Benefits terminate for cause as follows: <ul style="list-style-type: none"> • Fraud-upon receipt of notice; • Loss of Eligibility-the last day of the month in which you are no longer eligible; • Failure to pay premium due after 15 day notice; • Nonpayment of other charges- at least 15 days after receipt of written notice; • Voluntary termination by member-the first of the month following adequate notice to plan.
The terms under which coverage may be renewed	Upon the completion of the contract year with at least 30 days advance notice.
Other coverage that may be available if benefits under the described benefit package cease	None.
The circumstances under which choice in the selection of physicians and providers is permitted	Members are encouraged to choose a primary care Plan Physician from a list of available Plan Physicians in the following specialties: internal medicine, obstetrics/gynecology, family, medicine, and pediatrics. Members may change their primary care Plan Physician at any time.
Lifetime and annual maximums	None.
Deductibles	None.

Benefits Summary (*2)	Co-payments	Limitations	
Professional Services	Physician office visits, including, but not limited to preventive care, immunizations, screenings and diagnostic visits.	\$10.00	
	Primary and specialty care visits (includes routine and urgent care appointments)	\$10.00	
	Eye exams	\$10.00	
	Hearing tests	\$10.00	
	Well-child preventive care visits to age 2	No charge.	
	Scheduled prenatal care and first postpartum visit	No charge.	
	Family planning visits	\$10.00	
	Allergy testing visits	\$10.00	
	Allergy injection visits	\$5.00	
	Immunizations	No charge.	
Outpatient Services	Outpatient services, including, but not limited to surgery and treatment, and diagnostic procedures.	No charge. (except for Speech Physical and Occupational Therapy visits, which require a \$10 copayment)	
	Outpatient surgery	No charge.	
	Voluntary sterilization	No charge.	
	Physical, occupational, and speech therapy visits (including multidisciplinary rehabilitation)	\$10 per visit	
	Lab	No charge.	
	Imaging (except MRI, CT, and PET)	No charge.	
	MRI, CT, and PET	No charge.	
	Other tests and procedures	No charge.	
	Dermatology (UV light treatment)	\$10 per treatment	
	Health education classes-individual (*3)	No charge.	
	Health education classes–group	No charge.	
Hospitalization Services	Inpatient and outpatient services, including, but not limited to room board and supplies.	No charge.	
	Inpatient hospital (including maternity)	No charge	
	Multidisciplinary rehabilitation	No charge.	
Emergency Health Coverage	Emergency room services at contracted and non-contracted facilities for medically necessary emergency services.	In Plan Service Area: \$100.00 (Waived if Member is Admitted Directly to the Hospital as Inpatient.)	
		Out of Area: \$100.00	
Ambulance Services	Emergency ambulance services.	No charge.	

Prescription Drug Benefits	Medically necessary drugs prescribed by a Plan physician.	\$15.00	Drugs, supplies, and supplements are covered when prescribed by a Plan Physician and in accordance with Plan guidelines. Certain drugs are covered only for a 30-day supply in a 30 day period.
Durable Medical Equipment	Home medical equipment, including, but not limited to, oxygen, parenteral and enteral nutrition, colostomy supplies, corrective prosthetics and aids, and diabetic supplies.	No charge.	Durable Medical Equipment is covered in accord with our DME Plan guidelines. See Evidence of Coverage for additional information about covered DME.. This benefit category includes durable medical equipment, supplies, prosthetic devices, and braces. Other items listed above may be covered under other benefit categories.
	Items used during covered hospital stay or skilled nursing facility	No charge.	
	Items used at home	No charge.	
Mental Health Services	Inpatient and outpatient mental health services, including, but not limited to, mental health parity services for serious mental disorders and severe emotional disturbances for children.	Outpatient Individual: \$10.00 per visit. Outpatient Group: \$10.00 per visit. Inpatient: No charge.	Outpatient: Up to a total of 20 individual or group visits per calendar year Inpatient: 20 days per calendar year Visit & day limits do not apply to mental health parity conditions.
Residential Treatment	Transitional residential recovery services for chemical dependency..	Not available under this Plan.	
Chemical Dependency Services	Substance abuse treatment or rehabilitation.	No charge..	Up to 60 days per calendar year, not to exceed 120 days in a 5-year period.
	Inpatient detoxification	No charge.	
	Outpatient–individual visits	\$10.00 per visit	
	Outpatient–group visits	\$5.00 per visit.	
Home Health Services	Home health and hospice care services. (*4)	No copayment. Home health and hospice care services are only available in limited situations; please consult your Evidence of Coverage.	
Custodial Care and skilled nursing.	Skilled Nursing care.	No copayment. Custodial Care and skilled nursing services are only available in limited situations; please consult your Evidence of Coverage. Skilled Nursing Facilities are not available in this Plan’s Service Area.	

- (*1) (a) the group contract terminated and is replaced with similar coverage under another contract within 15 days of the date of termination of group coverage or the subscriber's participation;
(b) coverage was terminated because the employee or member failed to pay amounts due the plan;
(c) the employee or member was terminated for cause as set forth in its evidence of coverage;
(d) the employee or member knowingly furnished incorrect information or otherwise improperly obtained benefits of the plan;
(e) the employer's insurance coverage is self-insured;
(f) the employee or member is covered or eligible for benefits under Title XVIII of the United States Social Security Act;
(g) the employee or member is covered by or is eligible for hospital, medical or surgical benefits under any arrangement of coverage for individuals in a group, whether insured or self-insured;
(h) the employee or member is covered for similar benefits under an individual contract or policy;
(i) the employee or member has not been continuously covered during the three-month period immediately preceding termination of coverage.

(*2) This is a benefit summary. Please consult the Plan’s Evidence of Coverage for more detailed information on benefits under the plan, including any related exclusions not contained in this benefit summary.

(*3) Individual classes are available on a limited basis through one-on-one consultation with your Plan Physician.

(*4) Hospice benefits are available through the Plan. Please consult the Plan’s Evidence of Coverage.