

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(*6); • Failure to pay premiums; • Failure to pay premiums in full (partial payment); • 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 30 day 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	None.

package cease	
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	Lifetime maximum: None. Annual out-of-pocket maximum: \$2,500

Benefits Summary (*2 and *3)		Co-payments	Limitations
Professional Services	Most primary and specialty care consultations and exams Eye exams for refraction Hearing exams Well-child preventive care exams (through age 23 months) Scheduled prenatal care exams and first postpartum follow-up consultation and exam Family planning counseling Physical, occupational, and speech therapy	\$10.00 per visit No charge No charge No charge No charge No charge \$10.00 per visit	
Outpatient Services	Outpatient surgery and certain other outpatient procedures Allergy injections (including allergy serum) Most immunizations (including vaccines) Most X-rays and laboratory tests Preventive X-rays, screenings, and laboratory tests as described in the "Benefits and Cost Sharing" section MRI, most CT, and PET scans Health education Covered individual health education counseling and programs Covered group health education programs	\$100 per procedure \$5 per visit No charge \$10 per encounter No charge \$50 per encounter No charge No charge	

Hospitalization Services	Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$200.00 per day	
Emergency Health Coverage	Emergency Department visits	\$100.00 per visit.	This Cost Sharing does not apply if admitted directly to the hospital as an inpatient for covered Services
Ambulance Services	Emergency ambulance services.	No charge.	
Prescription Drug Benefits	Medically necessary drugs prescribed by a Plan physician. Up to 30-day supply (Generic) Up to 30-day supply (Brand) Sexual dysfunction drugs	\$10.00 \$35.00 50% Coinsurance	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 psychiatric hospitalization and intensive psychiatric treatment programs Outpatient mental health services evaluations and treatments: Up to a total of 20 individual and	\$200 per day \$25 per individual visit	Up to a30 days per calendar year Visit & day limits do not apply to mental health parity conditions.

	group visits per calendar year that include services for mental health evaluation treatment Up to 20 additional group visits in the same calendar year that meet Medical Group criteria	\$12 per group visit \$12 per group visit	
Residential Treatment	Transitional residential recovery services for chemical dependency.	Not available under this Plan.	
Chemical Dependency Services	Substance abuse treatment or rehabilitation. Inpatient detoxification Individual outpatient chemical dependency consultation and treatment Group outpatient chemical dependency treatment	\$200 per day. \$10.00 per visit \$5.00 per visit.	Up to 60 days per calendar year, not to exceed 120 days in a 5-year period.
Home Health Services	Home health and hospice care services. (*5)	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.	

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- (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 intentionally 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 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;
 - (g) the employee or member is covered for similar benefits under an individual contract or policy;

(h) 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) Percentage co-payments present a percentage of actual cost. When participating providers are compensated on a fee for service basis, the actual cost is the negotiated fee rate.

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

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

(*6) Once enrolled in a Conversion Plan, an enrollee who subsequently becomes eligible for Medicare does not lose his/her eligibility to remain enrolled in Conversion Plan coverage.

Rates

The following table includes SIMNSA's Standard Risk Rates for its Individual Conversion Plan.

	HMO Individual Conversion	
Employee	Under 30	\$172.24
	30-39	\$189.68
	40-49	\$233.28
	50-54	\$257.26
	55-59	\$355.37
	60-64	\$422.96
	65+	\$560.31

Employee + Spouse	Under 30	\$390.25
	30-39	\$409.87
	40-49	\$468.74
	50-54	\$569.03
	55-59	\$706.38
	60-64	\$878.61
	65+	\$1,227.44

Employee + Child(ren)	Under 30	\$422.96
	30-39	\$427.32
	40-49	\$440.41
	50-54	\$451.30
	55-59	\$527.61
	60-64	\$577.74
	65+	\$710.75

Employee +Spouse and Child(ren)	Under 30	\$640.98
	30-39	\$680.21
	40-49	\$749.99
	50-54	\$837.19
	55-59	\$963.65
	60-64	\$1,133.69
	65+	\$1,700.55