

# Pinnacle **Mexico**Select

*Culture, Care, Compassion*



**PINNACLE**<sup>™</sup>  
CLAIMS MANAGEMENT, INC.



	<b>Small Group Mexico Benefit</b>
	<b>Mexico Select</b>
<b>Calendar year deductible for all providers</b>	\$0
<b>Deductible for emergency room services</b>	\$0
<b>Maximum Benefit Available per Calendar Year</b>	Unlimited
<b>Lifetime Maximum</b>	Unlimited
<b>Covered Services</b>	<b>Mexico Select</b>
<b>Hospital Medical Services</b> <i>(subject to utilization review for inpatient services; waived for emergency admissions)</i>	
Semi-private room, meals & special diets, & ancillary services	\$65 Co-pay per admission
Outpatient medical care, surgical services & supplies (hospital care other than emergency room care)	\$25 Co-pay
<b>Ambulatory Surgical Centers</b>	
Outpatient surgery, services & supplies	\$65 Co-pay per admission
<b>Hemodialysis</b>	
Outpatient hemodialysis services & supplies	
<b>Skilled Nursing Facility</b> <i>(subject to utilization review)</i>	
Semi-private room, services & supplies (limited to 100 days/calendar year including residential treatment centers)	Not available
<b>Hospice Care</b>	
Inpatient or outpatient services; family bereavement services	Not available
<b>Home Health Care</b> <i>(subject to utilization review)</i>	
Services & supplies from a home health agency (limited to 100 visits/calendar year,	Not available
<b>Infusion Therapy</b> <i>(subject to utilization review)</i>	
Includes medication, ancillary services & supplies;	Not available
<b>Physician Medical Services</b>	
Office visits	\$6 Co-pay
Hospital & skilled nursing facility visits	Hospital \$6 Skilled Nursing not available
Surgeon & surgical assistant; anesthesiologist or anesthesiologist	15% Co-pay
<b>Diagnostic X-ray &amp; Lab</b>	
MRI, CT scan, PET scan & nuclear cardiac scan in outpatient hospital setting	15% Co-pay
MRI, CT scan, PET scan & nuclear cardiac scan	15% Co-pay
Other diagnostic x-ray & lab in outpatient hospital setting	\$5 Co-pay
Other diagnostic x-ray & lab	\$5 Co-pay
<b>Preventive Care Services</b>	
<i>Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits</i>	
Routine physical examinations (birth through age six)	\$0 Co-pay

Immunizations (birth through age six)	Not available
Routine physical exams, immunizations, diagnostic X-ray & lab for routine physical exam (members 7 years old and older)	\$0 Co-pay, immunization Not available
Adult preventive services (including mammograms, Pap smears, prostate cancer screenings & colorectal cancer screenings)	\$0 Co-pay
<b>Physical Therapy, Physical Medicine &amp; Occupational Therapy</b>	(B) No Copay
<b>Speech Therapy</b>	
Outpatient speech therapy following injury or organic disease	Not available
<b>Acupuncture &amp; Chiropractic Services</b> ( <i>limited to 26 visits/calendar year</i> )	
Chiropractic services for the treatment of disease, illness or injury	Not available
Acupuncture services for the treatment of disease, illness or injury	Not available
<b>Temporomandibular Joint Disorders</b>	
Splint therapy & surgical treatment	Not available
<b>Pregnancy &amp; Maternity Care</b>	
Physician office visits	\$0 Co-pay
Prescription drug for elective abortion (mifepristone)	Not available
Elective abortion, tubal ligation, vasectomy	\$0 Co-pay, elective abortion not available
<b>Normal delivery, cesarean section, complications of pregnancy &amp; abortion</b> ( <i>newborn routine nursery care covered when natural mother is subscriber or spouse/domestic partner</i> )	
Inpatient physician services	\$0 Co-pay
Hospital & ancillary services	\$0 Co-pay
<b>Organ &amp; Tissue Transplants</b> ( <i>subject to utilization review; specified organ transplants covered only when performed at Centers of Medical Excellence [CME]</i> )	
Inpatient services provided in connection with non-investigative organ or tissue transplants	Not available
Transplant travel expense for an authorized, specified transplant at CME (recipient & companion transportation limited to \$10,000 per transplant)	Not available
Unrelated donor search, limited to \$30,000 per transplant	
<b>Bariatric Surgery</b> ( <i>subject to utilization review; medically necessary surgery for weight loss, only for morbid obesity, covered only when performed at Centers of Medical Excellence [CME]</i> )	
Inpatient services provided in connection with medically necessary surgery for weight loss, only for morbid obesity	Available at Plan's request - 15% Co-pay
Bariatric Travel Expense	Not available
<b>Diabetes Education Programs</b> ( <i>requires physician supervision</i> )	

Teach members & their families about the disease self-management training	Not available
<b>Prosthetic Devices</b>	
Coverage for breast prostheses; prosthetic devices to restore a method of speaking; surgical implants; artificial limbs or eyes; the first pair of contact lenses or eyeglasses when required as a result of eye surgery; & therapeutic shoes & inserts for members with diabetes	Availability is limited to surgical implants and is included in the surgical Co-pay
<b>Durable Medical Equipment</b>	
Rental or purchase of DME including hearing aids, dialysis equipment & supplies	(C) Not available
<b>Related Outpatient Medical Services &amp; Supplies</b>	
Ground or air ambulance transportation, services & disposable supplies	\$0 Co-pay
Blood transfusions, blood processing & the cost of unreplaced blood & blood products	\$0 Co-pay
Autologous blood (self-donated blood collection, testing, processing & storage for planned surgery)	Not available
<b>Emergency Care</b>	
Emergency room services & supplies	\$65 Co-pay per admission
Inpatient hospital services & supplies	\$65 Co-pay per admission
Physician services	\$6 Co-pay per visit
<b>Mental or Nervous Disorders and Substance Abuse</b>	
<b>Inpatient Care</b>	
Facility-based care (subject to utilization review; waived for emergency admissions)	Not available
Inpatient physician visits	Not available
<b>Outpatient Care</b>	
Facility-based care (subject to utilization review; waived for emergency admissions)	Not available
Outpatient physician visits (pre-service review required after the 12th visit)	Not available
<b>Pharmacy Services</b>	
<b>Prescription Maximum out of pocket</b>	Not applicable
Retail 30 day supply	\$5 per medication
Mail Order 90 Day Supply	Not available
Brand / Non-Formulary / Specialty Deductible (Individual/Family)	No Deductible
<b>Contracted Providers dispense prescriptions at their facilities or sub-contract pharmacy services. This benefit is only available when dispensed at provider facilities or sub-contracted pharmacies.</b>	

## Medical Participating Providers - Reiter Affiliated Companies

### MEXICALI: 01152 (686)

#### General Medicine - Medicina General

Dr. Tomas Aguilar <sup>1</sup>  
Ave Rio Culiacán #899  
Tel: 569-7389

Dr. Margarita Encalada <sup>1</sup>  
Ave Madero #836  
Tel: 553-6559  
USA Tel: (760) 890-4407

Dr. Gabino Garcia <sup>1</sup>  
Calle Melgar #139  
Tel: 554-0580

Dr. Alma Minjarez <sup>1</sup>  
Ave Obregón #1008  
Tel: 551-9238

Dr. Marco Sariñana <sup>1</sup>  
Calle 4 #221  
Tel: 561-0322

#### OBGYN - Ginecología

Dr. Lourdes Ante <sup>2</sup>  
Ave Lerdo #1010  
Tel: 552-5121

#### Internal Medicine - Medicina Interna

Dr. Alejandro Mendoza <sup>2</sup>  
Ave Madero #1290  
Tel: 554-0607

#### Ophthalmology - Oftalmólogo

Dr. Roberto Aguilar <sup>2</sup>  
Ave Madero #901  
Tel: 552-9720

#### Orthopedic Surgeon - Ortopedia

Dr. Leopoldo Urquiza <sup>2</sup>  
Ave Reforma 719 Suite 4  
Tel: 552-6787

#### ENT - Otorrino

Dr. Jesús Montiel <sup>2</sup>  
Calle C #148 Suite 110  
Tel: 552-4508

#### Pediatrician/Pediatra

Dr. Matilde Cervantes <sup>2</sup>  
Ave Madero #683  
Tel: 552-6967  
1-866-961-1737

Dr. Jorge Téllez <sup>2</sup>  
Ave Madero #836  
Tel: 553-6559  
USA Tel: (760) 890-4407

#### Multi-Practice - Servicios Múltiples

Policlínica Madero <sup>3</sup>  
Ave Madero #683  
Tel: 552-6967  
1-866-961-1737

Centro Medico Urgente <sup>4</sup>  
Ave Madero #836  
Tel: 553-6559  
USA Tel: (760) 890-4407

#### Hospitals - Hospitales

Sanatorio Santa Catalina  
Ave Reforma #1809  
Tel: 552-5693, 552-9025

Clínica Macuspana  
Bahía de los Ángeles #2399  
Tel: 553-8440

### SAN LUIS: 01152 (653)

#### Multi-Practice - Servicios Múltiples

O.S.M.E <sup>5</sup>  
Calle Morelos #311  
Tel: 534-2310  
USA Tel: (480) 626-1809

Santa Margarita <sup>6</sup>  
Calle 7 y 16 de Septiembre  
Tel: 534-3065  
USA Tel: (928) 388-3793

#### Hospital

Hospital Santa Margarita  
Calle 7 y 16 de Septiembre  
Tel: 534-3065  
USA Tel: (928) 388-3793

### TIJUANA: 01152 (664)

#### Multi-Practice - Servicios Múltiples

Clínica Médica <sup>7</sup>  
José Clemente Orozco #2340  
Suite 304  
Tel: 634-3482, 634-3964  
USA Tel: (619) 866-6101

### ALGODONES: 01152 (658)

#### General Medicine - Medicina General

Dr. Arturo Herrera <sup>1</sup>  
Ave B #210  
Tel: 517-7032

Dra. Eusebia Ulloa <sup>1</sup>  
Ave B y Calle 8  
Tel: 517-7671

1. General practice providers are responsible for pharmacy, laboratory, radiology, and specialty care referrals. Services may be off-site.
2. Specialty care providers are responsible for pharmacy, laboratory, and radiology. Services may be off-site.
3. Services available on-site: general medicine, pharmacy, gastroenterology, internal medicine, pediatrics, laboratory, radiology, mammography, 24 hour consultation and urgent care services, specialty care referrals, and transportation to and from the border and off-site required services.
4. Services available on-site: general medicine, pharmacy, pediatrics, laboratory, radiology, mammography, 24 hour urgent care services, specialty care referrals.
5. Services available on-site: general medicine, pharmacy, 24 hour consultation and urgent care services, specialty care referrals.
6. Services available on-site: general medicine, pharmacy, mammography, radiology, ultrasound, 24 hour urgent care services, specialty care referrals.
7. Services available on-site: general medicine, pharmacy, laboratory, mammography, radiology, 24 hour urgent care services, specialty care referrals.

1. Los proveedores de medicina general son responsables de los servicios de farmacia, laboratorio, radiología, y servicios de especialidad. No todos los servicios están disponibles en las instalaciones.
2. Los proveedores de especialidades son responsables de los servicios de farmacia, laboratorio, y radiología. No todos los servicios están disponible en las instalaciones.
3. Servicios disponibles en las instalaciones: medicina general, farmacia, gastroenterología, medicina interna, pediatría, laboratorio, radiología, mamografía, consultas y servicios de cuidado urgente las 24 horas, servicios de especialidad, y transporte a y desde la frontera y a servicios de especialidad requeridos.
4. Servicios disponibles en las instalaciones: medicina general, farmacia, pediatría, laboratorio, radiología, mamografía, servicios de cuidado urgente las 24 horas, servicios de especialidad.
5. Servicios disponibles en las instalaciones: medicina general, farmacia, consultas y servicios de cuidado urgente las 24 horas, servicios de especialidad.
6. Servicios disponibles en las instalaciones: medicina general, farmacia, mamografía, radiología, ultrasonido, servicios de cuidado urgente las 24 horas, servicios de especialidad.
7. Servicios disponibles en las instalaciones: medicina general, farmacia, mamografía, radiología, servicios de cuidado urgente las 24 horas, servicios de especialidad.

## Reiter Affiliated Companies

### Procedures for Receiving Medical Treatment in México

- To receive covered treatment in México, you must seek services with a Pinnacle provider.
- Any treatment provided by a non-panel provider, **is not paid.**
- You must present your Pinnacle' ID card and a picture ID. You will not be able to receive services without your Pinnacle' ID card (or a temporary card) and a picture ID.
- The provider will verify the participant's coverage using Pinnacle's online tool.

### Medical Benefit

- Plan Co-pays:  
 \$6.00 co-pay per office visit – \$5.00 co-pay per medication  
 \$5.00 co-pay per day for Lab and X-ray services – \$25.00 co-pay per occurrence of Hospital Outpatient  
 15% co-pay on major surgical procedures – \$65.00 co-pay per Hospital admission
- If you receive treatment before your eligibility is updated, you are required to pay for the services. The provider will reimburse you any monies collected, less the appropriate co-pay(s), once the provider verifies your eligibility. You have 30 days from the day of service to request a refund from the provider.
- All subscribers must consult a primary care physician. The primary care physician is responsible for the management of all health care services provided under this program, including lab, x-ray, pharmacy, surgery, hospitalization and specialty care.

### Prescription Drugs

- All medications must be dispensed only from a panel provider.
- Maximum of a 15 day supplies per medication, except for maintenance medications.
- Over the counter medication is not covered in México.

### Mandatory Generic Substitution

- The panel provider will dispense the generic drug when medically appropriate.
- If you are prescribed a generic medication, but you request a brand name, you will be responsible for the full cost of the brand name medication.

For further information, please contact your nearest Pinnacle office.