



## Pediatrics

**Consultation:** \$15.00 Co-Payment

**Limits:** Maximum \$82.00 URA (Usual, Reasonable and Customary)

**Utilization:** Insured makes the direct payment at the provider of the co-payment, the differences will be covered by the insurance company.

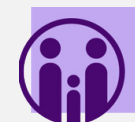


## Vaccines

**Coverage:** 80% coinsurance after \$100 deductible

**Limits:** Only the vaccines described here are covered (BCG, MMR, Haemophilus type b meningitis, DPT, IPB, Rotavirus, Hepatitis B, Pneumococcus, IPV, Chickenpox.) URA amounts apply.

**Use:** Insured makes direct payment with the provider, paying the fees. Submit a claim form and invoice to obtain a reimbursement form to the insurer.



**Infertility Treatments:** 20% Coinsurance - \$100 Deductible Applies

**Limits:** Maximum of \$10,000.00 per year

**Use:** Insured must pre-authorize the benefit. You receive direct treatment with the provider, paying the fees. Submit a tax invoice for reimbursement.



**Egg Freezing:** 20% Coinsurance - \$100 deductible applies

**Limits:** \$1,000.00 maximum

**Utilization:** Insured must pre-authorize the benefit. You receive direct treatment with the provider, paying the fees. Submit a claim form and invoice to obtain a reimbursement form to the insurer.



**Depression:** 20% Coinsurance - \$100 deductible applies

**Limits:** UCR \$100.00 per visit (Maximum 50 visits per year)

**Utilization:** Receives direct treatment with the provider, paying the fees. Submit a claim form and invoice to obtain a reimbursement form to the insurer.



**Preventing Benefits:** for Employees and Dependents 100% coverage with no deductible:

- Dental Benefit - Covers prophylaxis
- Medical Check - Holder Limit Max. \$500 and Dependents Limit Max. \$200
- Optical Benefit-Lens Covers- Contact Lenses & Eye Exam - Max. Limit \$150

**Utilization:** Receives direct treatment with the provider, paying the fees. Submit a claim form and invoice to obtain a reimbursement form to the insurer.

# Soft landing topics

## *Postpartum Depression:*

Receives direct treatment with the provider, paying the fees. Submit a claim form and invoice to obtain a reimbursement form to the insurer

**Coverage:** 80% coinsurance after \$100 deductible.  
URA \$100.00 per visit (Maximum 50 visits per year between both specialties)

**Utilization:** Receives direct treatment with the provider, paying the fees. Submit a claim form and invoice to obtain a reimbursement form to the insurer



For more details you can contact your Account Executive or our CONSULTO SEGURO Contact Center at: 506 2582-9704

*Currently, the policy does not have coverage for prenatal care workshops and guidance for parents in the health care of their children.*