

## Pediatrics

**Consultation:** \$20.00 Co-Payment

**Limits:** (Up to 6th year of life) 0 – 12 months, 6 visits per year; 13 – 23 months, 2 visits per year; 24 months to 6 years, 1 consultation per year.  
*(Follow-up visits only, if you have a diagnosis there are no age limits)*

**Utilization:** Insured makes direct co-payment at the network provider and the differences will be covered by the insurer.

## Vaccines

**Coverage:** 80% coinsurance after local deductible of \$150.

**Limits:** According to the regulatory table of Vaccines, indicated <br> by the Ministry of Health(MINSA) - with a UCR limit (usual, reasonable and customary) of 40% (see table)

**Utilization:** Insured makes direct payment to the supplier. Submit a claim form and invoice to obtain a reimbursement form to the insurer.



# Soft landing topics



**Infertility Treatments:** 20% Coinsurance - Applies to local deductible of \$150

**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 claim form and invoice to obtain a reimbursement form to the insurer



**Egg Freezing:** 20% Coinsurance - Applies to local deductible of \$150-00

**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:** (Within the coverage of Mental and Nervous Disorders, Psychiatry (consultation, treatment and hospitalization) 20% Coinsurance - Applies to \$150 local deductible

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

**Utilization:** Receives direct treatment from the provider. Palig does not have psychologists and psychiatrists within its provider network. 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:

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

(Within the coverage of Mental and Nervous Disorders, Psychiatry (consultation, treatment and hospitalization))

**Coverage:** 80% coinsurance after local deductible of \$150. UCR Max. \$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



For more details you can contact your Account Executive or our **CONSULTO SEGURO** Contact Center at: 507 322-1616

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



# Soft landing topics

## *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.



# Soft landing topics



**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-

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

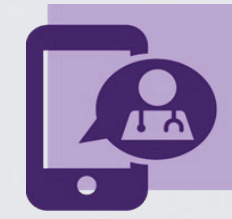
# Soft landing topics

## *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



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

