



CALIFORNIA SCHOOLS
VEBA

SIMNSA HMO

SIMNSA (*Sistemas Medicos Nacionales, S.A. de C.V.*) is the first Mexican HMO to be licensed as a health care service plan by the State of California.

THE PLAN

- Provides employees with a very affordable and culturally sensitive across-the-border health plan option is licensed by the California Department of Managed Health Care, subject to Knox-Keene Act
- Requires that routine services must be received in Mexico while emergency and urgent care services are covered anywhere in the world
- Has medical centers in Tijuana, Mexicali and Tecate
- Is subject to Health Care Reform mandates including no copays for an extensive list of preventive care services
- Includes other VEBA benefits (Best Doctors, Employee Assistance Program, Wellness Programs)

WHO CAN JOIN SIMNSA

Employees and their eligible dependents who live in San Diego county or Tijuana and meet the following definition of "Mexican National" may enroll in the SIMNSA HMO plan:

- A person born in Mexico
- A person born in another country with a Mexican father or a Mexican mother, or both
- A foreign woman or man who marries a Mexican man or woman and lives in Mexico
- A foreigner who becomes naturalized in Mexico

SIMNSA WEBSITE

Please visit www.simnsa.com for more information, including:

- List of providers
- Benefits summary
- Evidence of coverage
- Forms
- Wellness information

OTHER CONTACT INFORMATION

San Diego Office

2088 Otay Lakes Rd. #102
Chula Vista, CA 91915
PH: (619) 407-4082
Fax: (619) 407-4087

Tijuana Office

Av. Paseo Tijuana #406-102 Zona
Rio 22320 B.C.
PH: 01 800 800-1491
Fax: (011-52) 664 231.4781

Mexicali Office

Av. Reforma #1262 Entre D y E Zona
Centro Segunda Seccion
Mexicali B.C. 21100



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Benefit Summary	SIMNSA HMO
Deductible (individual/family)	None
Medical Plan Out-of-Pocket Maximum (individual/family)	\$6,350/\$12,700
RX Plan Out-of-Pocket Maximum (individual/family)	N/A
Health Reimbursement Account	None
PCP Office Visit	\$5 copay
Specialist Office Visit	\$5 copay
Preventive Care	No charge
Inpatient Hospital Care	No charge
Mental Health Services (outpatient/inpatient)	\$5 copay/ No charge
Substance Abuse Services (outpatient/inpatient)	\$5 copay/ No charge
Infertility	Not covered
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge
Complex Radiology (PET, MRI)	No charge
Outpatient Surgery	No charge
Outpatient Physical/Rehabilitation Therapy	\$10 copay
Urgent Care (your medical group/other medical group)	\$25 copay/ \$50 copay
Emergency Room (Copay waived if admitted)	\$250 copay (U.S. or out of plan area)
Retail Prescription Drugs (generic/preferred/non-preferred)	\$5 copay
Mail Order Prescription Drugs (generic/preferred/non-preferred)	Not available
Chiropractor Service	Not covered

Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.