

HEALTH INSURANCE

General Conditions

Sum Insured	10,000 UMAM (35,662,200 MXN)
Carrier	MetLife
Deductible	2 U.M.A.M. (\$7,132 MXN)
Coinsurance	10% capped at \$25,300 MXN
Plan	All hospitals
Type of claims	Direct payment, reimbursement & Scheduled Surgeries
Validity period	04/30/2026 - 04/30/2027

*U.M.A.M.= Unidad de Medida y Actualización Mensual, as 02/2026 1 U.M.A.M. = \$3,566.22 MXN
\$1 USD = \$18 MXN

Annual Rates

Age band	Male MXN	Female MXN
0 - 4	17,669	13,603
5 - 9	15,388	12,361
10-14	13,927	13,293
15-19	13,405	16,058
20-24	13,938	20,308
25-29	15,640	25,705
30-34	18,635	31,907
35-39	23,039	38,569
40-44	28,965	45,349
45-49	36,535	51,907
50-54	45,863	57,901
55-59	57,071	62,986
60-64	96,845	117,812

Rates consider issuance fees and 16% taxes (for all participants).

Types of Claims

Direct Payment



Payment that MetLife makes directly to the service provider for the medical care of a covered illness or accident. It is applicable in hospitals and physicians within the network, and stay at least 24 hours hospitalized is required.

**The hospital may require an admission deposit at check-in.

Reimbursement



Reimbursement that MetLife provides to the policyholder for eligible expenses incurred due to a covered medical condition or accident.

Schedule Treatment/Surgerie



Authorization granted by MetLife to the policyholder before undergoing a surgical procedure and/or medical treatment. Once the documents are complete, the insurer's processing time to issue the approval letter is 7-10 business days.

Visit MetLife's Network: [metlife.com.mx/servicios/directorio-medico/](https://www.metlife.com.mx/servicios/directorio-medico/)

ADDITIONAL COVERAGES WITHIN HEALTH INSURANCE

Dental Plan | Dentegra Integral

- 1 Identify your nearest facility from Dentegra's Network at: <https://providers.tusegurodentaldentegra.com.mx/>
- 2 Scheduled an appointment by selecting the desired option
- 3 Attend your appointment and identify yourself as a MetLife insured
Provide your current ID and MetLife card

Benefits	Copay
Basic Services Oral evaluation, X ray, cleanings and restorations	0%
Minor surgical procedures Simple extractions	0%
Endodontics Dental nerve removal	0%
Complex surgical procedures Wisdom teeth removal	0%
Annual limit per participant	\$120,000 MXN

Vision Plan | Dentegra Precisión

- 1 Identify your nearest optical store from Dentegra's Network at: <https://providers.tusegurodentaldentegra.com.mx/>
- 2 Attend your appointment and identify yourself as a MetLife insured
Provide your current ID and MetLife card

Benefits	Amount
Prescription glasses	\$ 1,500 MXN
Contactlenses (non aesthetic)	\$ 1,500 MXN
30% Discount Replacement of ophthalmic lenses	Included
15% Discount In glasses above the limit	Included
Deductible	\$116 MXN

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Special Coverages

Endorsement	Detail
Accidents	No deductible, no coinsurance
Deductible and coinsurance	For direct payment: -1 U.M.A.M. reduction (Deductible) and -10% Coinsurance with Network MD and Hospital
Preexisting conditions	Covered with no waiting period
Natural birth or C-section	Sum insured: 20 UMAM (3,962 USD) No deductible, no coinsurance No waiting period
Pregnancy complications	Covered under any cause Deductible and Coinsurance applies
Curettage and/or abortion	Sum insured: 20 UMAM (3,962 USD) No deductible, no coinsurance
Premature newborn	Covered
Healthy Newborn	Sum insured: 5 UMAM (991 USD) No deductible, no coinsurance No waiting period
Infant Milk Formulas	\$6,000 MXN (333 USD)
Congenital diseases during the term	Sum insured: Policy Deductible and coinsurance applies
Refractive surgery	Sum insured: 10 UMAM (1,981 USD) No deductible, no coinsurance Minimum diopters: 5
AIDS	Sum Insured: \$200,000 MXN (11,111 USD) Deductible: \$5,000 MXN (278 USD) Coinsurance: 10% 4-year waiting period Seniority recognition applies
Nose and sinus surgery (non-aesthetic)	Sum insured for illness and accident: Policy Accident: No deductible, no coinsurance
Psychiatric damage	Covered Includes work stress, depression and anxiety
Private Aviation	Covered
Family continuity upon employee's death	Covered upon employee's death or disability for up to 3 years
Premenopause & Menopause	Sum Insured: 10,000 MXN (556 USD) Deductible and coinsurance applies
Maxilofacials	Covered
Acne	Sum Insured: \$45,000 MXN (2,500 USD)
Intraocular lenses	Sum Insured: \$150,000 MXN (8,333 USD) for one or both eye
Pacemaker	Considers pacemaker installation surgery and maintenance or replacement
Transplant	Covered
Motorcycling	Covered

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Special Coverages

Endorsement	Detail
Mammary Glands, Uterus, and Ovaries	Covered
Accidents under the influence of alcohol	Covered
Gastric protectors	Sum Insured: \$1,500 MXN (83 USD)
Hyperbaric medicine	Covered
Hallux valgus	Sum insured: Policy Deductible and coinsurance applies
Nursing	Sum Insured: 1.5 UMAM (297 USD) per day if medically necessary
Individual portability	Sum Insured: \$1,000,000 MXN (55,556 USD) for the continuity of coverage on open claims under an individual plan
Sleep apnea	Sum Insured: \$80,000 MXN (4,444 USD) Deductible and coinsurance applies 10-month waiting period
Bariatric surgery	Sum insured: \$100,000 MXN (5,556 USD) Deductible and Coinsurance applies 1-year waiting period
Stem cells	Covered
Orthopedic Devices, Prostheses, Orthoses, and Endoprotheses	Covered
Strabismus	Covered
Hazardous sports	Covered
Ambulance	Covered
Circumsicion	Sum insured: Policy Deductible and coinsurance applies

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