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## Health Insurance in Mexico

Mexico has a large variety of insurance companies that can provide you with private health coverage. In the event that you or a member of your immediate family are taken ill or suffer an accident, the insurance company will cover the medical fees.

How much is covered depends on what health care plan you choose to buy. The more cover you need, and the older you are, the more expensive the premiums will become. Chosen deductibles also play an important role here.

Health insurance premiums have been rising dramatically in Mexico over recent years. It is in part due to the higher cost of medical care, higher cost of medicines and an increase in hospital fees as well as the exchange rates.

When you sign up for private health insurance, just as in the US and Canada, you will have to fill out a form stating all of your previous ailments and surgeries. If you have a preexisting condition, the insurance company may refuse to pay for expenses related to that condition or even to offer a policy at all. The insurance company may also require you to take a physical exam before issuing a health insurance policy.

## What's included in a Private Medical Insurance?

Any expense related to a "diagnosed" disease or an accident, such as:

- Doctor's Fees (consultancy visits, medical and/or surgical treatments)
- Operating theater and recovery room
- Anesthetizing equipment's
- Laboratory and image analyses (x-rays, electrocardiogram, blood tests, etc.)
- Medication in and outside the hospital (only if prescribed by treating physicians)
- Intensive care
- Orthopedic apparatus or prosthesis that are required due to an illness or accident covered by the policy
- Land ambulance
- Medical expenses incurred for the practice of any sports as an amateur
- Medical or surgical treatments for reconstructive purposes (not aesthetic) that is indispensable as a result of an accident among others...

## Waiting periods

1 month | Any disease or illness

12 months | Respiratory cancer, cancer of the digestive system.

24 months | Knee, acid-peptic, spinal column, nose, paranasal sinuses, tonsils, adenoids, hernias of any type, mammary tumorations (benign and/or malign), anorectal, prostatic and gynecological conditions, varicose veins, perinea floor deficiency, disorders of the gall bladder and biliary tracts, kidney stones, stones at the urinary tracts, circumcision. These conditions shall not be covered if they are pre-existing.

48 months | Aids virus – HIV positive

## Insurance Concepts of the Private Medical Insurance

**Coverage:** This is what is covered by the policy and that the insurer will pay according to the plan you are hiring. In this case, for the treatment and / or prescribed procedures derived from the medical care provided.

The policy will not cover known conditions or illnesses that you already have before contracting the policy. It is necessary that at the time of quoting, you inform your agent of diseases or conditions that you already have to take into consideration.

**Hospital level:** These are the hospitals you can access according to the contracted plan. It is also known as hospital network.

Consider the characteristics and the equipment available at the hospitals in which you are considering attending. When requesting a private medical insurance quote, you can choose between a high, medium or basic hospital level or network. This will depend on where you want to be attended and your budget.

**Insured amount:** The insured amount is the maximum amount that the insurer will pay for an accident or illness. You can choose between several insured amounts, but it is advisable to choose as high as possible. For example, in the face of a catastrophic disease such as cancer, an insured amount of 2 million pesos is really insufficient. The highest insured amount that can be hired is about 100 million pesos or more. We strongly advise you to hire as high insured amount as possible.

**Hospital network:** The hospital network are the Hospitals, Clinics and Sanatoriums that are in agreement with the insurer that you have hired.

Each insurance company has a list that contains the Hospitals, Clinics and Sanatoriums that are in their network. It is highly recommended that you review the network so you know which hospitals to give priority to in case you need to go to one.

If you do not attend a network hospital, you will have to make the total payments in the hospital and then, ask the insurance company to reimburse the expense – which implies a series of procedures, time and paperwork.

### **Important Facts of the Private Medical Insurance**

- Private Medical Insurance policies don't cover any "Preventative" treatments or medical prescriptions to prevent health as they do US or Canadian plans.
- Most insurance companies have an age limit of 64 to contract a new policy.
- Once the company has issued a policy, the renewal is guaranteed regardless of the use or cost generated, as long as the premiums are paid every year.
- Insurance premiums will increase every year because of three factors: change of age (risk increase), inflation rates and hospital and other medical adjustments that the companies do in order to maintain the same level of service provided throughout the contracted policy.

### **General Exclusions**

- Pre-existing conditions and their consequences
- Premature birth, deformations and congenital conditions previous of the policy
- Companions of the insured as a patient in a hospital
- Any aesthetic treatment
- Dietetic, medical and/or surgical treatment for obesity, anorexia and bulimia
- Vitamin and food complements and/or supplements
- Checkups, medical examinations not related to the diagnosed condition
- Glasses, contact lenses, hearing prosthesis and/or hearing implants
- Dental treatments (except if necessary due an accident)
- Any type of study and/or treatment to correct sleeping disorders such as apnea, snoring, behavioral disorders, learning or language disorders, insanity, dementia, mental depression or nervous, hysteria, neurosis or psychosis, as well as its complications.
- Chiropractic or acupuncture treatments
- Treatments of illness caused by alcoholism, toxicomania and/or drug addiction
- Expenses due suicide attempts, voluntary mutilation, and conditions resulting from boxing, Thai boxing and wrestling, motor sports, and the practice of any sports as a professional.

## What should you pay in a claim?

### DEDUCTIBLE

Deductible: The deductible is the amount you must pay for each condition or accident you claim to the insurer. This is usually paid only once per condition and is a fixed amount that you choose when hiring the policy. The higher the deductible, the cost of the policy is lower.

### COINSURANCE (co-pay)

Coinsurance is a percentage applied over the total medical expenses after paying the deductible. The remaining amount will be covered by the insurance policy. Coinsurance is typically **10%**.

Most insurance companies have a coinsurance limit averaging \$3000 USD per event. This would be the maximum amount you would have to pay for each event.

## How to use the policy?

**REIMBURSEMENT:** This applies when you have paid for medical services directly in order to cover expenses incurred for an illness or accident covered by your policy.

**DIRECT PAYMENT:** This applies when you and your physician arrange and program surgery or treatment within 15 business days prior to the surgery.

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