

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 plays 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

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
- Conditions resulting from boxing, Thai boxing and wrestling, motor sports, and the practice of any sports as a professional.

Two Key components:

DEDUCTIBLE

The deductible is the cost of treatment above which the insurance policy will begin its coverage.

Deductibles are typically **\$10,000 pesos per event per person** (about \$490 USD), although higher deductibles are also available.

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 are 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 after the deductible for each event or claim.

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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