



Mail, email or fax application back to
 UDW Local 3930
 940 Calle Negocio #110
 San Clemente, CA 92673

Fax- 949-545-0167
 Email-udwihss@EveryHealthPlan.com

DENTAL AND HEALTH PLAN

SIMNSA Enrollment Application - San Diego

Last name		First name		Social Security Number	
Street Address			City	State	Zip Code
Telephone (Home or Message) ()		Date of Birth		<input type="checkbox"/> Male	<input type="checkbox"/> Single
				<input type="checkbox"/> Female	<input type="checkbox"/> Married
Name of Company Where You Work (Employer) San Diego UDW (Group #426)					

Benefit Deduction Authorization

In the event payroll deductions cease, I authorize UDW's third-party processor to initiate a monthly recurring, automatic funds transfer with my financial institution to which my pay is deposited by my Employer in an amount equal to the monthly co-contribution premium I am required to pay in order to remain enrolled in the plan of Health and Welfare benefits I have selected. My current co-contribution premium is \$0 per month (currently a \$50 rebate monthly), however this amount may change from time to time and, if so, this authorization will remain effective for any such amounts. I understand that this service is available to me as a result of my UDW membership, and if I should cease to be a member of UDW I will no longer be provided this service and the automatic deductions and payment of my premiums will cease.

Adjusting entries to correct errors is also authorized. I agree that withdrawals and adjustments to my checking or savings accounts may be made electronically and under the Rules of the National Automated Clearing House Association. My UDW membership card authorizes my Employer/State Controller to provide to UDW's payment processor my bank account information, which authorization shall also apply to for purposes of payment of my Health & Welfare premiums.

I understand that this authorization is not an indication or guarantee of enrollment or eligibility in the plan. I further understand that it is my sole responsibility to ensure my co-contribution premiums are timely made to the plan, to ensure that sufficient funds are available in my account to process on my behalf payment of premiums under this authorization, and to ensure my account information remains current and accurate.

Sign Here
& At Bottom

Signature #1 _____

Date _____

Upon applying for membership of Sistemas Medicos Nacionales, S.A. for me and eligible members of my family, I accept the following:

- All services should be provided solely by SIMNSA providers, except in case of a Dental Emergency (as defined in the Plan document).
- We shall not lend our member cards to others; doing so may result in immediate cancellation of coverage and penalties.
- I understand that SIMNSA will obtain medical information for people listed on this application in order to administer the Plan.
- I certify that the information on this application is valid and correct and that I understand the benefits and rules of this health Plan.
- This Plan uses binding arbitration to settle all disputes arising under this Agreement. It is understood that any dispute as to medical malpractice, that is, as to whether any medical services rendered in California under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. For more information, please refer to your Evidence of Coverage.

Administrative use only	
Effective Date: _____	
<input type="checkbox"/> New Hire	Hire Date _____
<input type="checkbox"/> Re-Hire	Re-Hire Date _____

Signature #2 _____

Date _____

*******Enroll today by calling 800-883-0902*******

Find more information at EveryHealthPlan.com

San Diego UDW Medical Benefit Comparison

Procedure	Kaiser	SIMNSA	Favors
Payroll Deduction	\$ 30.00	None - \$50 Refund	SIMNSA
Office Visit	\$ 30.00	\$ 15.00	SIMNSA
Specialist	\$ 30.00	\$ 15.00	SIMNSA
Preventative	No Charge	No Charge	N/A
Deductible	None	None	N/A
Outpatient surgery	\$ 250.00	No Charge	SIMNSA
Basic X-Ray & Labs	\$ 10.00	No Charge	SIMNSA
MRI / CT / Pet Scans	\$ 50.00	No Charge	SIMNSA
Inpatient Hospital	\$ 500.00	No Charge	SIMNSA
Emergency Room	\$ 150.00	\$ 250.00	Kaiser
Urgent Care	\$ 30.00	\$ 25.00	SIMNSA
Prescription Drugs			
Generic	\$ 15.00	\$ 15.00	N/A
Brand	\$ 30.00	\$ 15.00	SIMNSA
Specialty	\$ 70.00	\$ 15.00	SIMNSA

****NOTE - Please see full benefit summary for all medical benefits**

Need immediate care? SIMNSA coverage in the USA !



Hospital ER \$250 vs ANY Urgent care \$50
Why wait? Average wait times:
Hospital ER 4 hrs+ vs Urgent Care 30+60 minutes

SIMNSA MEMBERS HAVE UNLIMITED URGENT CARE OPTIONS!

- ✓ ANYTIME
- ✓ ANYWHERE

GET ACCESS TO A WIDE NETWORK OF URGENT CARE PROVIDERS WHENEVER YOU NEED IT

PREFERRED URGENT CARE LOCATIONS

SAN DIEGO COUNTY



San Ysidro Health
333 H Street, Suite 2080,
Chula Vista, CA 91910
(619) 662-4100
Hours:
8 am to 8 pm

San Ysidro Health
Chula Vista Medical Plaza
678 3rd Avenue
Chula Vista, CA 91910
(619) 662-4100
Hours:
Mon - Sat: 8 am to 8 pm
Sundays: 8 am to 4 pm



IMPERIAL COUNTY

All Valley Urgent Care
2026 N Imperial Ave.
El Centro, CA 92243
Mon - fri: 12 pm to 10 pm
Sat - Sun: 12 pm to 8 pm

SAN DIEGO COUNTY



EASTLAKE
2315 Otay Lakes Road
Suite 306, Chula Vista, CA 91914
Hours:
Mon - Sat: 8 am to 8 pm
Sundays: 8 am to 6 pm

GROSSMONT
6136 Lake Murray Blvd.
La Mesa, CA 91942
Hours:
Mon - Sat: 8 am to 8 pm
Sundays: 8 am to 6 pm

PACIFIC BEACH
4490 Fanel Street
San Diego, CA 92109
Hours:
Mon - Sat: 9 am to 8 pm
Sundays: 9 am to 6 pm

UTC/UNIVERSITY CITY
4085 Governor Drive
San Diego, CA 92122
Hours: 9 am to 6 pm



LOS ANGELES
16912 San Fernando Mission Blvd
Granada Hills, CA 91344-4249
Hours: 8 am to 8 pm
Tel: (818) 488-6160

MISSION VALLEY
8590 Rio San Diego
Drive Suite 111
San Diego, CA. 92108
Hours: 8 am to 8 pm
Tel: (619) 736-4600

CHULA VISTA
760 Otay Lakes Road
Chula Vista CA. 91910
Hours: Friday-Sunday
8 am to 8 pm
Tel: (619) 821-2300

SANTEE
10538 Mission Gorge Road.
Suite 100
Santee, CA. 92071
Hours: 8 am to 8 pm
Tel: (619) 456-0033

SAN DIEGO COUNTY

MIRA MESA
8260 Mira Mesa Blvd Suite A
San Diego CA. 92126
Hours: 8 am to 8 pm
Tel: (858) 900-3550



PALM DESERT
72630 Fred Waring Drive
Palm Desert, CA 92260
Tel: (760) 674-1923

PALM SPRINGS

INDIO
81930 Highway 111
Indio, CA 92201
Tel: (760) 676-9001

PALM SPRINGS
100 S. Sunrise Way
Palm Springs, CA 92262
Tel: (760) 969-5999

POINT LOMA
1740 Rosecrans Street
San Diego, CA 92106-9773
Hours: 8 am to 8 pm
Tel: (619) 790-7800

CLAIREMONT
5671 Balboa Ave
San Diego, CA. 92111
Hours: 8 am to 8 pm
Tel: (858) 800-2880

SIMNSA ID required for urgent care attention
Presentar Tarjeta de SIMNSA para atención de urgencias

Contact us today !

2088 Otay Lakes Rd #102
Chula Vista, CA 91913

Ave. Paseo Tijuana #406
Edificio SIMNSA, Tijuana, B.C.

www.simnsa.com
USA: (619) 407 4082
MEX (664) 231 47 47



CENTRAL DE ENFERMERÍA

• No copay for SIMNSA Members
- Sin Copagos para Miembros SIMNSA

- Experienced nurses & support staff
- Enfermeros experimentados y personal de apoyo
- No wait time
- Sin tiempo de espera
- 24 hour Service
- Servicio las 24 Hrs
- Pediatrics E.R.
- Emergencia Pediátrica
- Personalized care
- Atención Personalizada
- Labor & Delivery Unit
- Unidad de Laberinto y Entrega
- Laboratory & X-Ray on Campus
- Laboratorio y rayos X
- First Exit from the Border
- Primera salida de la frontera

Nuestro servicio de Urgencias cuenta con la mejor atención inmediata y rápida respuesta. Contamos con equipos especializados certificados de vanguardia. Así como profesionales altamente capacitados en cuidados críticos con disponibilidad 24/7 para tu seguridad. Todo bajo los protocolos de emergencia y trato humanizado para brindarte una atención integral y de calidad.

Our emergency services offer the best immediate attention. We have cutting-edge certified specialized equipment, as well as highly trained professionals in critical care with 24/7 availability for your safety. All emergency care is conducted with high quality protocols and culturally sensitive treatment to provide you with comprehensive care.

Emergencias hospitalarias \$250
frente a CUALQUIER atención de urgencia \$50
Emergencias hospitalarias 4 horas
o más frente a atención de urgencia 30-60 minutos

