

## 2007 Seton Healthcare Network Employee Health Plan Comparison Chart

	Benefit Type	EPN	SHP I	SHP II In-Network	SHP II - Out of Network
<b>Deductible</b>	Deductible - Individual	None	\$250	\$500	\$750
	Deductible - Family	None	\$500	\$1000	\$1500
	Maximum Inpatient Out-of-Pocket - Individual	None	None	\$2,000 per plan year	No Limit
	Maximum Inpatient Out-of-Pocket - Family	None	None	\$4,000 per plan year	No Limit
			<b>All SHP I and SHP II services are subject to the deductible</b>		
<b>Outpatient Services</b>	Primary Care Physician Office Visit	\$20 copay	\$20 copay	\$25 copay	40% UCR
	Specialist Physician Office Visit	\$25 copay	\$25 copay	\$35 copay	40% UCR
	Laboratory and radiology services in physician's office - office visit copay may apply if office visit billed by provider				
	Laboratory services: <b>Note EPN plan members must have lab work performed at a Seton facility or in specified physician's offices(1).</b>				
	Skeletal or other plain film x-ray, mammogram, or lab. <b>Note EPN plan members must have imaging services performed at a Seton facility or specified physician's offices(1).</b>	No copay, must be performed at a Seton facility	No copay	No copay	40% UCR
	-Ultrasound, GI Series and other diagnostic services per plan guidelines, including contrast studies with no vascular injection	No copay	No copay	\$20 copay	40% UCR
	-Major radiological procedure (e.g. MRI, CT scan) and invasive diagnostic services per plan guidelines. (Listing of applicable services available upon request)	No copay	\$50 copay	\$100 copay	40% UCR
	Surgical procedures in a physician's office, PCP or specialists	No copay	No copay	No copay	40% UCR
	Prenatal and Postnatal obstetrical care obstetrics physician only.	\$25 copay, initial visit only	\$25 copay, initial visit only	\$35 copay, initial visit only	40% UCR
	Rehabilitation therapies (speech, physical, occupational, cardiac) - Authorization is required after the first 12 visits per type of therapy service (i.e. speech, physical, occupational) if Seton Network Provider and 8 visits if other contracted facility. <b>Note SHPI and SHPII at Rehab contracted providers only and EPN at Seton Network Facilities only.</b>	\$15 copay per visit	\$15 copay per visit	\$20 copay per visit	40% UCR
	Outpatient surgery physician charges (surgeon, anesthesia, pathology, radiology)	No copay	No copay	20% of covered services	40% UCR
	Outpatient surgery hospital charges	No copay	No copay	20% of covered services	40% UCR
	Medical or Surgical Observation (scheduled, direct admission)	No copay	No copay	20% of covered services	40% UCR
<b>Preventive Health Care Services</b>	Check-ups, well-baby and well child care	\$20 copay	\$20 copay	\$25 copay	40% UCR

## 2007 Seton Healthcare Network Employee Health Plan Comparison Chart

	<b>Benefit Type</b>	<b>EPN</b>	<b>SHP I</b>	<b>SHP II In-Network</b>	<b>SHP II - Out of Network</b>
<b>Preventive Health Care Services</b>	Routine immunizations on or before child's 6th birthday	No copay	No copay	No copay	40% UCR
	Other immunizations	\$20 copay	\$20 copay	\$25 copay	40% UCR
	Well-woman examination by PCP	\$20 copay	\$20 copay	\$25 copay	40% UCR
	Well-woman examination by OB/GYN	\$25 copay	\$25 copay	\$35 copay	40% UCR
<b>In-patient hospital services</b>	Facility charges (per admission)	No copay	No copay	20% of covered services	40% UCR
	Physician charges	No copay	No copay	20% of covered services	40% UCR
	Maternity Services - Mother (per admission) hospital charges	No copay	No copay	20% of covered services	40% UCR
	Maternity Services - Mother (per admission) physician charges	No copay	No copay	20% of covered services	40% UCR
	Maternity Services - Newborn (per admission) hospital charges	No copay	No copay	20% of covered services	40% UCR
	Maternity Services - Newborn (per admission) physician charges	No copay	No copay	20% of covered services	40% UCR
<b>Behavioral Health Services</b>	Inpatient facility charges (annual plan year max of 30 days)	No copay	No copay	20% of covered services	40% UCR
	Inpatient physician charges	No copay	No copay	20% of covered services	40% UCR
	Outpatient (annual plan year max of 20 sessions), except for members with the diagnosis of serious mental illness then (annual plan year max of 60 sessions)	\$25 copay	\$25 copay	\$35 copay	40% UCR
	Chemical dependency inpatient facility charges - (maximum three lifetime series)	No copay	No copay	20% of covered services	40% UCR
	Chemical dependency inpatient physician charges - (maximum three lifetime series)	No copay	No copay	20% of covered services	40% UCR
	Chemical dependency outpatient - (maximum three lifetime series)	\$25 copay	\$25 copay	\$35 copay	40% UCR
<b>Other Health Care Services</b>	Organ transplantation - transplant event (Note: physician and hospital services rendered pre and post transplant are subject to copays based on type of service rendered)	No copay	No copay	20% of covered services	Not covered out of network
	Home health care (per visit)	\$15 copay	\$15 copay	\$20 copay	40% UCR
	Diabetic Supplies - Insulin, test strips, lancets and syringes	\$10 copay	\$10 copay	\$10 copay	40% UCR
	Diabetic Equipment - blood glucose monitors	No copay	No copay	No copay	40% UCR
	Diabetic self management training (covered at Seton facilities only)	\$15 copay	\$15 copay	\$20 copay	40% UCR
	Nutritional Counseling for weight management: 1. SETON Network Weigh to Health Program	\$20 copay	\$30 copay - Deductible applies	\$30 copay - Deductible applies	Not covered out of network
	2. SETON Network Individual Nutritional Counseling Visits (maximum 6 visits/plan year)	\$20 copay	\$30 copay - Deductible applies	\$30 copay - Deductible applies	Not covered out of network
	Acupuncture (Annual 20 visit maximum)	\$20 copay	\$20 copay	\$30 copay	Not Covered out of network
	Biofeedback (Annual 20 visit maximum and auth required for <b>ALL</b> visits)	\$20 copay	\$20 copay	\$30 copay	Not Covered out of network
	Chiropractic (Annual 20 visit maximum and <b>No Auth</b> required)	\$20 copay	\$20 copay	\$30 copay	Not Covered out of network
	Allergy testing and shots (\$500 Maximum) - Serum Only	\$15 copay	\$15 copay	\$20 copay	40% UCR

## 2007 Seton Healthcare Network Employee Health Plan Comparison Chart

	Benefit Type	EPN	SHP I	SHP II In-Network	SHP II - Out of Network
<b>Other Health Care Services</b>	Durable medical equipment (\$5000 plan year maximum)	No copay	No copay	No copay	40% UCR
	Hospice services (180 days lifetime maximum)	No copay	No copay	No copay	40% UCR
<b>Emergency and Urgent Care</b>	Emergency care	\$75 copay	\$75 copay	\$75 copay	\$75 copay
	Emergency Care to Observation Care (overnight stays for observation care are not considered inpatient admissions)	\$75 copay	\$75 copay	\$75 copay	\$75 copay
	Emergency Care to Surgery then Observation Care (overnight stays for observation care are not considered inpatient admissions).	\$75 copay	\$75 copay	\$75 copay	\$75 copay
	Urgent care	\$30 copay	\$30 copay	\$30 copay	40% UCR
	Emergency Ambulance (if transported to a hospital by the ambulance)	No copay	No copay	\$50 copay	\$50 copay
	Emergency Care Notes: Out-of-network emergency care (As defined in SPD) is covered until the member is stable for discharge. All subsequent follow up care must be rendered in-network. Emergency Copay is waived if the member is admitted to the hospital as inpatient. If care is at an out-of-network facility, notify the Claims Administrator within 48 hours of the time care is received or as soon as reasonably possible.				
<b>Prescription Drugs - Please verify all Rx copays remained the same</b>	Generic	\$15	\$15	\$15	\$15
	Preferred (see formulary)	\$30	\$30	\$30	\$30
	Non-preferred (see formulary)	\$60	\$60	\$60	\$60
	Note: Members may receive a 3 month's supply of medication for 2 co-payments either by using one of the Seton Network Outpatient Pharmacies (Brackenridge Hospital, Seton Medical Center or Seton Northwest Hospital) or by using the RX Solutions mail order program see <a href="http://www.rxsolutions.com">http://www.rxsolutions.com</a> . Some drugs are subject to authorization and quantity limits via Prescription Solutions. Please refer to the formulary for this information. If a generic drug is available and a name brand is filled your copay will be the copay listed above plus the cost difference between the generic and name brand drug.				
<b>Additional Plan Information</b>	(1) The specified list of physicians is available on the Seton Health Plan website				
	*In network services must be received from in network participating providers and accessed according to the rules of the plan.				
	*Covered services covered under the SHP II out-of-network benefits may be received from any licensed provider				
	*SHP II - Out of Network - After meeting the annual deductible, the participant is responsible for charges in excess of usual, customary and reasonable (UCR).				
	*Information regarding your coverage is addressed in the information you receive from Seton human resources. If you have additional questions after				
	*SHP I and SHP II annual deductible must be satisfied first before payment will be made to a provider by the plan. Once the deductible is satisfied you will be responsible for the copay/coinsurance only.				
	Inpatient Out of Pocket individual and family maximums do not include deductible and copayments only coinsurance is applied to this maximum.				
	*Pharmacy is not subject to deductible				
	RX Solutions Specialty Pharmacy Program and the Seton Network Outpatient pharmacies are the only network pharmacies for IM/SQ medications				
	Limitations and exclusions are specified in the Summary Plan Description.				
Serious Mental Illness includes the following : Bipolar disorders (hypomaniac, manic depressive, and mixed); depression in childhood and adolescence (299.01-299.91); major depressive disorders (single episode or recurrent) (296.2, 296.3); obsessive-compulsive disorders; (300.3); paranoid and other psychotic disorders (297.0-297.9, 296.9-296.99); pervasive developmental disorders (299.8); schizo-affective disorders (bipolar or depressive) (295.7, 296.0, 296.1, 296.4-296.8); and schizophrenia (295.0-295.95)					