

# 2010 Associate Medical Plans Comparison Chart

Deductible	EPN		Expanded EPN	
	Deductible - Individual	None		\$500
Deductible - Family	None		\$1,000	
			Expanded EPN In-network	Expanded EPN Out-of-network
Maximum Inpatient Out-of-Pocket - Individual	\$1,500		\$1,500	\$10,000
Maximum Inpatient Out-of-Pocket - Family	\$3,000		\$3,000	\$25,000
Expanded EPN services are subject to the deductible unless otherwise indicated				

Outpatient Services	EPN		Expanded EPN In-network		Expanded EPN Out-of-network	
	Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
Primary care physician office visit	EPN doctor		\$25		\$25	
	SPHN or Texas True Choice doctor		N/A	Y	\$25	
	OUT-OF-NETWORK		N/A	Y	N/A	40%
Specialist physician office visit	EPN doctor		\$35		\$35	
	SPHN or Texas True Choice doctor		N/A	Y	\$35	
	Out-of-network		N/A	Y	N/A	40%
Laboratory and radiology services in physician's office - office visit co-pay may apply if office visit billed by provider	EPN doctor or Seton facility <sup>1</sup>		\$0		\$0	
	SPHN, Texas True Choice doctor, or other contracted provider		N/A	Y	\$20	
	Out-of-network		N/A	Y	N/A	40%
Skeletal or other plain film x-ray, mammogram, or lab.	EPN doctor or Seton facility <sup>1</sup>		\$0		\$0	
	SPHN, Texas True Choice doctor, or other contracted provider		N/A	Y	\$25	
	Out-of-network		N/A	Y	N/A	40%

<sup>1</sup> Note EPN plan members must have imaging services performed at a Seton facility or specified physician's offices.

**Outpatient Services**

	EPN		Expanded EPN In-network		Expanded EPN Out-of-network
Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
Ultrasound, GI Series and other diagnostic services per plan guidelines, including contrast studies with no vascular injection	EPN doctor or Seton facility <sup>1</sup>	\$0		\$0	
	SPHN, Texas True Choice doctor, or other contracted provider	N/A	Y	\$25	
	Out-of-network	N/A	Y	N/A	40%
Major radiological procedure (e.g., MRI, CT scan) and invasive diagnostic services per plan guidelines. (Listing of applicable services available upon request)	EPN doctor or Seton facility <sup>1</sup>	\$0		\$0	
	SPHN, Texas True Choice doctor, or other contracted provider	N/A	Y	\$100	
	Out-of-network	N/A	Y	N/A	40%
Surgical procedure(s) in a primary care or specialist physician office - Please note the physician may charge for an office visit on the same date of the procedure. In that case an office visit copay would apply.	EPN doctor	\$0		\$0	
	SPHN or Texas True Choice doctor	N/A	Y	\$0	
	Out-of-network	N/A	Y	N/A	40%
Prenatal and postnatal obstetrical care obstetrics physician only.	EPN doctor	\$35		\$35	
	SPHN or Texas True Choice doctor	N/A	Y	\$35	
	Out-of-network	N/A	Y	N/A	40%

<sup>1</sup> Note EPN plan members must have imaging services performed at a Seton facility or specified physician's offices.

	EPN		Expanded EPN In-network		Expanded EPN Out-of-network	
	Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
Outpatient Services	Rehabilitation therapies (speech, physical, occupational, cardiac) - When services are rendered at a Seton Family or Joint Venture Facility Authorization is required after the first 12 visits per type of therapy service (i.e., speech, physical, occupational) - When services are rendered via a SPHN, Texas True Choice, or out of network provider authorization is required after the first 8 visits per type of therapy service (i.e., speech, physical, occupational)	Seton Family or joint venture facility <sup>1</sup>	\$15		\$20	
		SPHN or Texas True Choice doctor	N/A	Y	\$20	
		Out-of-network	N/A	Y	N/A	40%
	Outpatient surgery physician charges (surgeon, anesthesia, pathology, radiology)	EPN doctor	\$0		\$0	
		SPHN or Texas True Choice doctor	N/A	Y	\$0	
		Out-of-network	N/A	Y	N/A	40%
	Outpatient surgery hospital charges	Seton Family or joint venture facility	\$0		\$0	
		Contracted facility	\$0	Y	\$0	
		Out-of-network	N/A	Y	N/A	40%
	Medical or surgical observation (scheduled, direct admission)	Seton Family or joint venture facility	\$0		\$0	
		Contracted facility	\$0	Y	\$0	
		Out-of-network	N/A	Y	N/A	40%

Preventive Health Care Services	Check-ups, well-baby and well-child care	EPN doctor	\$25		\$25	
		SPHN or Texas True Choice doctor	N/A	Y	\$25	
		Out-of-network	N/A	Y	N/A	40%

<sup>1</sup> Note EPN plan members must have imaging services performed at a Seton facility or specified physician's offices.

	EPN		Expanded EPN In-network		Expanded EPN Out-of-network	
	Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
Preventive Health Care Services	Other immunizations	EPN doctor	\$25		\$25	
		SPHN or Texas True Choice doctor	N/A	Y	\$25	
		Out-of-network	N/A	Y	N/A	40%
	Well-woman examination by primary care physician	EPN doctor	\$25		\$25	
		SPHN or Texas True Choice doctor	N/A	Y	\$25	
		Out-of-network	N/A	Y	N/A	40%
	Well-woman examination by OB/GYN	EPN doctor	\$35		\$35	
		SPHN or Texas True Choice doctor	N/A	Y	\$35	
		Out-of-network	N/A	Y	N/A	40%

In-patient hospital services (Must be Authorized)	Facility charges (per admission)	Seton Family or joint venture facility	\$100 per day <sup>1</sup>		\$100 per day <sup>1</sup>	
		Contracted facility	\$100 per day <sup>1</sup>	Y	\$100 per day <sup>1</sup>	
		Out-of-network	N/A	Y	N/A	40%
	Physician charges	EPN doctor	\$0		\$0	
		SPHN or Texas True Choice doctor	N/A	Y	\$0	
		Out-of-network	N/A	Y	N/A	40%
	Maternity services - mother (per admission) hospital charges	Seton Family or joint venture facility	\$100 per day <sup>1</sup>		\$100 per day <sup>1</sup>	
		Contracted facility	\$100 per day <sup>1</sup>	Y	\$100 per day <sup>1</sup>	
		Out-of-network	N/A	Y	N/A	40%
	Maternity services - mother (per admission) physician charges	EPN doctor	\$0		\$0	
		SPHN or Texas True Choice doctor	N/A	Y	\$0	
		Out-of-network	N/A	Y	N/A	40%
	Maternity services-newborn (per admission) hospital charges	Seton Family or joint venture facility	\$100 per day <sup>1</sup>		\$100 per day <sup>1</sup>	
		Contracted facility	\$100 per day <sup>1</sup>	Y	\$100 per day <sup>1</sup>	
		Out-of-network	N/A	Y	N/A	40%

<sup>1</sup> \$100 per day; \$500 maximum per admission

In-patient hospital services (Must be Authorized)	EPN		Expanded EPN In-network		Expanded EPN Out-of-network	
	Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
	Maternity services-newborn (per admission) physician charges	EPN doctor	\$0		\$0	
	SPHN or Texas True Choice doctor	N/A	Y	\$0		
	Out-of-network	N/A	Y	N/A	40%	

Behavioral Health Services	Inpatient facility charge	Seton Family or joint venture facility	\$100 per day <sup>1</sup>		\$100 per day <sup>1</sup>	
		Contracted facility	\$100 per day <sup>1</sup>	Y	\$100 per day <sup>1</sup>	
		Out-of-network	N/A	Y	N/A	40%
	Inpatient physician charges	EPN doctor	\$0		\$0	
		SPHN or Texas True Choice doctor	N/A	Y	\$0	
		Out-of-network	N/A	Y	N/A	40%
	Outpatient	EPN provider	\$35		\$35	
		SPHN or Texas True Choice doctor	N/A	Y	\$35	
		Out-of-network	N/A	Y	N/A	40%
	Chemical dependency inpatient facility charges	Seton Family or joint venture facility	\$100 per day <sup>1</sup>		\$100 per day <sup>1</sup>	
		Contracted facility	\$100 per day <sup>1</sup>	Y	\$100 per day <sup>1</sup>	
		Out-of-network	N/A	Y	N/A	40%
	Chemical dependency inpatient physician charges	EPN provider	\$0		\$0	
		SPHN or Texas True Choice doctor	N/A	Y	\$0	
		Out-of-network	N/A	Y	N/A	40%
	Chemical dependency outpatient individual or group therapy sessions	EPN provider	\$35		\$35	
		SPHN or Texas True Choice doctor	N/A	Y	\$35	
		Out-of-network	N/A	Y	N/A	40%

<sup>1</sup> \$100 per day; \$500 maximum per admission

**Other Health Care Services**

Benefit Type	EPN		Expanded EPN In-network		Expanded EPN Out-of-network
	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
Organ transplantation - transplant event (Note: physician and hospital services rendered pre-and post-transplant are subject to co-pays based on type of service rendered)	Seton Family or joint venture facility	\$0		\$0	
	Contracted facility	\$0	Y	\$0	
	Out-of-network	N/A		N/A	40%
Home health care (per visit)	Contracted	\$15	Y	\$20	
	Out-of-network	N/A	Y	N/A	40%
Diabetic supplies - insulin, test strips, lancets and syringes	Contracted	\$10 <sup>1</sup>		\$10 <sup>1</sup>	
	Out-of-network	N/A	Y	N/A	40%
Diabetic equipment - blood glucose monitors	Contracted	\$0 <sup>2</sup>		\$0 <sup>2</sup>	
	Out-of-network	N/A	Y	N/A	40%
Diabetic self-management training (covered at Seton facilities only)	Seton facility only	\$15		\$20	
	Out-of-network	N/A		N/A	N/A
Living Well with Diabetes Program: Team approach in managing diabetes; includes diabetic education, nutritional counseling, and diabetic educator support.	Seton facility only	\$0		\$0	
	Out-of-network	N/A		N/A	N/A
Life Style Changes Programs (Weight management options): 1. Seton Create your Weight Program - 9 week sessions, \$20 workbook fee	Seton Family or joint venture facility	\$20		\$30	
	Out-of-network	N/A		N/A	N/A
2. Seton Individual Nutritional Counseling Visits (maximum 6 visits/plan year)	Seton Family or joint venture facility	\$20		\$30	
	Out-of-network	N/A		N/A	N/A

**<sup>1</sup> DME and Pharmacy Benefits**

Insulin (any brand) = \$10 for 30-day supply  
 Glucose test strips = \$10 for 30-day supply  
 Lancets = \$10 for 30-day supply  
 Syringes = \$10 for 30-day supply

<sup>2</sup> If additional monitor is required, co-pay = \$15

Other Health Care Services	EPN		Expanded EPN In-network		Expanded EPN Out-of-network	
	Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
	3. Physician Directed Program: comprehensive weight loss program	Contracted Provider	\$35		\$35	
	Out-of-network	N/A		N/A	N/A	
Acupuncture (Annual 20 visit maximum)	EPN provider	\$20		\$30		
	SPHN or Texas True Choice provider	N/A	Y	\$30		
	Acupuncture Intern Clinic	\$10	Y	\$15		
	Out-of-network	N/A	Y	N/A	40%	
Biofeedback (Annual 20 visit maximum and authorization required for ALL visits)	EPN provider	\$20		\$30		
	Texas True Choice provider	N/A	Y	\$30		
	Out-of-network	N/A	Y	N/A	40%	
Chiropractic (Annual 20 visit maximum and no authorization required)	EPN provider	\$20		\$30		
	Texas True Choice provider	N/A	Y	\$30		
	Out-of-network	N/A	Y	N/A	40%	
Allergy testing and shots (\$500 maximum) - serum only		\$15		\$20		
	SPHN or Texas True Choice doctor	N/A	Y	\$20		
	Out-of-network	N/A	Y	N/A	40%	
Durable medical equipment (\$5,000 plan year maximum)	Contracted provider	\$0		\$0		
	Out-of-network	N/A	Y	N/A	40%	
Hospice services (180 days lifetime maximum)	Contracted provider	\$0		\$0		
	Out-of-network	N/A	Y	N/A	40%	

Emergency and Urgent Care	Emergency care	Seton Family or joint venture facility	\$125		\$125	
		Contracted facility	\$125	Y	\$125	
		Out-of-network	N/A	Y	N/A	40%
	Emergency care to observation care (overnight stays for observation care are not considered inpatient admissions)	Seton Family or joint venture facility	\$125		\$125	
		Contracted facility	\$125	Y	\$125	
		Out-of-network	N/A	Y	N/A	40%

	EPN		Expanded EPN In-network		Expanded EPN Out-of-network	
	Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
Emergency and Urgent Care	Emergency care to surgery then observation care (overnight stays for observation care are not considered inpatient admissions).	Seton Family or joint venture facility	\$125		\$125	
		Contracted facility	\$125	Y	\$125	
		Out-of-network	N/A	Y	N/A	40%
	Urgent care	Seton facility	\$45		\$45	
		Contracted facility	\$45		\$45	
		Texas True Choice	\$45	Y	\$45	
		Out-of-network	N/A	Y	N/A	40%
	Emergency ambulance (if transported to a hospital by the ambulance)	All plans	\$0		\$50	

Prescription Drugs	Generic		\$15	N/A	\$15	\$15
	Diabetic Supplies					
		Insulin (any brand), 30-day supply	\$10	N/A	\$10	\$10
		Lancets, 30-day supply	\$10	N/A	\$10	\$10
		Syringes, 30-day supply	\$10	N/A	\$10	\$10
		Glucose test strips, 30-day supply	\$10	N/A	\$10	\$10
	Preferred (see formulary)		\$30	N/A	\$30	\$30
	Non-preferred (see formulary)		\$60	N/A	\$60	\$60

Note: Members may receive a three months' supply of medication for two co-payments either by using one of the Seton Network Outpatient Pharmacies or by using the mail order program.

Some drugs are subject to authorization and quantity limits. Please refer to the formulary for this information. If a generic drug is available and a name brand is filled your co-pay will be the co-pay listed above plus the cost difference between the generic and name brand drug.

Additional Information	(1) The specified physicians are listed in the directory with a star symbol next to their names.
	*In-network services must be received from in-network participating providers and accessed according to the rules of the plan.
	*Covered services provided under Expanded EPN out-of-network benefits may be received from any licensed provider
	*Expanded Out-of-Network - After meeting the annual deductible, the participant is responsible for charges in excess of usual, customary and reasonable (UCR). There is a maximum out-of-pocket limit per individual of \$10,000, and \$25,000 per family, for all out-of-network services.
	*Information regarding your coverage is addressed in the information you receive from Seton Human Resources. If you have additional questions after reviewing the information please contact member services at (512) 421-5667 or toll free (866) 272-2507.

**Additional Information**

Except when services are received at a Seton Family of Hospitals or Joint Venture facility, Expanded 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 co-pay/co-insurance only.

Inpatient out-of-pocket individual and family maximums do not include deductible and co-payments only coinsurance is applied to this maximum.

Co-pays are applied when an office visit or other service subject to a co-pay is billed by a provider. When more than one service subject to a co-pay is provided on the same day, same visit and by the same provider, then the plan will apply the highest co-pay to that visit.

\*Pharmacy and diabetic supplies not subject to deductible

Limitations and exclusions are specified in the Summary Plan Description.