

# 2008 Associate Medical 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	Not applicable		Not applicable	No Limit
Maximum Inpatient Out-of-Pocket - Family	Not applicable		Not applicable	No Limit
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		\$20		\$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		\$25		\$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	\$25		\$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	\$20		\$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.

Preventive 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
	Other immunizations	EPN doctor	\$20		\$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	\$20		\$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	\$25		\$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)	EPN		Expanded EPN In-network		Expanded EPN Out-of-network	
	Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
	Facility charges (per admission)	Seton Family or joint venture facility	\$0		\$0	
	Contracted facility	\$0	Y	\$0		
	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	\$0		\$0		
	Contracted facility	\$0	Y	\$0		
	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	\$0		\$0		
	Contracted facility	\$0	Y	\$0		
	Out-of-network	N/A	Y	N/A	40%	

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 charges (annual plan year max of 30 days)	Seton Family or joint venture facility	\$0		\$0	
		Contracted facility	\$0	Y	\$0	
		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 (annual plan year maximum of 20 sessions), except for members with the diagnosis of serious mental illness then (annual plan year maximum of 60 sessions)	EPN provider	\$25		\$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 - (maximum three lifetime series)	Seton Family or joint venture facility	\$0		\$0	
		Contracted facility	\$0	Y	\$0	
		Out-of-network	N/A	Y	N/A	40%
	Chemical dependency inpatient physician charges (maximum three lifetime series)	EPN provider	\$0		\$0	
		SPHN or Texas True Choice doctor	N/A	Y	\$0	
		Out-of-network	N/A	Y	N/A	40%

Behavioral Health Services	EPN		Expanded EPN In-network		Expanded EPN Out-of-network	
	Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
	Chemical dependency outpatient (maximum three lifetime series)	EPN provider	\$25		\$35	
	SPHN or Texas True Choice doctor	N/A	Y	\$35		
	Out-of-network	N/A	Y	N/A	40%	

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
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			\$10	
	Out-of-network	N/A	Y		N/A	40%
Diabetic equipment - blood glucose monitors	Contracted	\$0			\$0	
	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

	EPN		Expanded EPN In-network		Expanded EPN Out-of-network	
	Benefit Type	Point of service	Co-pay	Deductible	Co-pay	Co-insurance
Other Health Care Services	3. Physician Directed Program: comprehensive weight loss program	Contracted Provider	\$20		\$30	
		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	
		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	EPN doctor	\$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	\$75		\$75	
		Contracted facility	\$75	Y	\$75	
		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	\$75		\$75	
		Contracted facility	\$75	Y	\$75	
		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	\$75		\$75	
		Contracted facility	\$75	Y	\$75	
		Out-of-network	N/A	Y	N/A	40%
	Urgent care	Seton facility / ARC / TX Urgent	\$30		\$30	
		Texas True Choice	\$30	Y	\$30	
		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		N/A
	Preferred (see formulary)		\$30		N/A	\$30		N/A
	Non-preferred (see formulary)		\$60		N/A	\$60		N/A
<p>Note: Members may receive a three months' supply of medication for two 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></p> <p>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 co-pay will be the co-pay listed above plus the cost difference between the generic and name brand drug.</p>								

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).
	*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.
	Except when services are received at a Seton Family of Hospitals of 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.
	*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.

**Additional Information**

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)

<b>Vision Plans</b>	<b>VSP Basic</b>	<b>VSP – Buy-up Option</b>
<b>Co-Pays</b>	\$10 exam co-pay	\$10 exam co-pay
		\$25 prescription glasses co-pay
<b>Covered in full</b>	Exam every 12 months with VSP-contracted providers	Exam every 12 months with VSP-contracted providers
<b>Lenses</b>	20% discount when a complete pair of glasses is purchased	100% for single vision, lined bifocal and lined trifocal
<b>Frames</b>	20% discount when a complete pair of glasses is purchased, selected frames	Up to \$120 every 12 months
<b>Contacts</b>	15% discount on lens fitting and evaluation exam	Up to \$120 toward lenses in lieu of glasses every 12 months