2012 Associate Medical Comparison Chart

			EPN		Expanded EPN	
Deductible	Deductible - Individual		None		$500.00	
	Deductible - Family		None		$1,000.00	
					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 DEDUCTIBLE UNLESS OTHERWISE INDICATED					
	Benefit Type	**PLACE OF SERVICE**	**COPAY**	**DED**	**COPAY**	**COINSURANCE**
Outpatient Services	Primary Care Physician Office Visit	EPN DOCTOR	$25		$25	
		SPHN	NA	Y	$25	
		OUT of NETWORK	NA	Y	NA	40%
	Specialist Physician Office Visit	EPN DOCTOR	$35		$35	
		SPHN	NA	Y	$35	
		OUT of NETWORK	NA	Y	NA	40%
	Laboratory and radiology services in physician's office - office visit copay may apply if office visit billed by provider **(1)**	EPN DOCTOR / SETON FACILITY	$0		$0	
		SPHN	NA	Y	$20	
		OUT of NETWORK	NA	Y	NA	40%
	Skeletal or other plain film x-ray, mammogram, or lab.	EPN DOCTOR / SETON FACILITY	$0		$0	
		SPHN	NA	Y	$25	
		OUT of NETWORK	NA	Y	NA	40%
	-Ultrasound, GI Series and other diagnostic services per plan guidelines, including contrast studies with no vascular injection	EPN DOCTOR / SETON FACILITY	$0		$0	
		SPHN	NA	Y	$25	
		OUT of NETWORK	NA	Y	NA	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 / SETON FACILITY	$0		$0	
		SPHN	NA	Y	$100	
		OUT of NETWORK	NA	Y	NA	40%
	Surgical procedures in a physician's office, PCP or specialists	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Prenatal and Postnatal obstetrical care obstetrics physician only.	EPN DOCTOR	$35		$35	
		SPHN	NA	Y	$35	
		OUT of NETWORK	NA	Y	NA	40%
	Rehabilitation therapies (speech, physical, occupational, cardiac) - Authorization is required after the first 12 visits per type of therapy service (i.e. speech, physical, occupational)	EPN DOCTOR / SETON FACILITY	$15		$20	
		SPHN	NA	Y	$20	
		OUT of NETWORK	NA	Y	NA	40%
	Outpatient surgery physician charges (surgeon, anesthesia, pathology, radiology)	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%

	Benefit Type	PLACE OF SERVICE	COPAY	DED	COPAY	COINSURANCE
Outpatient Services continued	Outpatient surgery hospital charges	SETON OR JOINT VENTURE	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Medical or Surgical Observation (scheduled, direct admission)	SETON OR JOINT VENTURE	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
Preventive Health Care Services	Check-ups, well-baby and well child care	EPN DOCTOR	$25		$25	
		SPHN	NA	Y	$25	
		OUT of NETWORK	NA	Y	NA	40%
	Routine immunizations on or before child's 6th birthday	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Other immunizations **after age 6**	EPN DOCTOR	$25		$25	
		SPHN	NA	Y	$25	
		OUT of NETWORK	NA	Y	NA	40%
	Well-woman examination by PCP	EPN DOCTOR	$25		$25	
		SPHN	NA	Y	$25	
		OUT of NETWORK	NA	Y	NA	40%
	Well-woman examination by OB/GYN	EPN DOCTOR	$35		$35	
		SPHN	NA	Y	$35	
		OUT of NETWORK	NA	Y	NA	40%
In-patient hospital services Must be Authorized	Facility charges (per admission)	SETON / JOINT VENTURE / CONTRACTED	$100 per day		$100 per day	
	$500.00 MAX PER ADMIT	SPHN	NA	Y	$100 per day	
		OUT of NETWORK	NA	Y	NA	40%
	Physician charges	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Maternity Services - Mother (per admission) hospital charges	SETON / JOINT VENTURE / CONTRACTED	$100 per day		$100 per day	
	$500.00 MAX PER ADMIT	SPHN	NA	Y	$100 per day	
		OUT of NETWORK	NA	Y	NA	40%
	Maternity Services MIDWIFE- Mother (per admission) hospital charges	SETON Facilities	$100 per day		$100 per day	
	BIRTHING CENTERS NOT A BENEFIT	HOME	$0	Y	$0	
		OUT of NETWORK	NA		NA	NA
	Maternity Services - Mother (per admission) physician charges	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Maternity Services MIDWIFE- Mother (per admission) physician charges	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	NA
	Maternity Services - SICK Newborn (per admission) hospital charges	SETON / JOINT VENTURE / CONTRACTED	$100 per day		$100 per day	
	$500.00 MAX PER ADMIT	SPHN	NA	Y	$100 per day	
		OUT of NETWORK	NA	Y	NA	40%

	Benefit Type	PLACE OF SERVICE	COPAY	DED	COPAY	COINSURANCE
In-patient hospital services continued	Maternity Services - Newborn (per admission) physician charges	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
Behavioral Health Services	Inpatient facility charges	SETON / JOINT VENTURE / CONTRACTED	$100 per day		$100 per day	
	$500.00 MAX PER ADMIT	SPHN	NA	Y	$100 per day	
		OUT of NETWORK	NA	Y	NA	40%
	Inpatient physician charges	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Outpatient physician charges	EPN DOCTOR / SETON FACILITY	$35		$35	
		SPHN	NA	Y	$35	
		OUT of NETWORK	NA	Y	NA	40%
	Chemical dependency inpatient facility charges	SETON / JOINT VENTURE / CONTRACTED	$100 per day		$100 per day	
	$500.00 Copay MAX PER ADMIT	SPHN	NA	Y	$100 per day	
		OUT of NETWORK	NA	Y	NA	40%
	Chemical dependency inpatient physician charges	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Chemical dependency outpatient physician charges	SETON / JOINT VENTURE / CONTRACTED	$35		$35	
		SPHN	NA	Y	$35	
		OUT of NETWORK	NA	Y	NA	40%
Eating Disorders Medical criteria and Program limits apply	Inpatient facility charges - 90 days maximum	SETON / JOINT VENTURE / CONTRACTED	$100 per day		$100 per day	
	$500.00 MAX PER ADMIT	SPHN	NA	Y	$100 per day	
		OUT of NETWORK	NA	Y	NA	40%
	Inpatient physician charges	CONTRACTED DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
Residential Treatment Center under age 18 only Medical criteria and Program limits apply	Inpatient facility charges ---60 days maximum	SETON / JOINT VENTURE / CONTRACTED	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Inpatient physician charges	CONTRACTED DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Outpatient physician charges	CONTRACTED DOCTOR	$35		$35	
		SPHN	NA	Y	$35	
		OUT of NETWORK	NA	Y	NA	40%
Other Health Care Services	Organ transplantation - transplant event (Note: physician and hospital services rendered pre and post transplant are subject to copays based on type of service rendered)	CONTRACTED	$100 per day	Y	$100 per day	
	Home health care (per visit)	CONTRACTED	$15	Y	$20	
		OUT of NETWORK	NA	Y	NA	40%
	Diabetic Supplies - Insulin, test strips, lancets and syringes 30 day supply	CONTRACTED	$10		$10	
		OUT of NETWORK	NA	Y	NA	40%

	Benefit Type	PLACE OF SERVICE	COPAY	DED	COPAY	COINSURANCE
Other Health Care Services continued	Diabetic Equipment - blood glucose monitors -1 per year	CONTRACTED	$0		$0	
	If additional is required $15.00 copay	OUT of NETWORK	NA	Y	NA	40%
	Diabetic self management training (covered at Seton facilities only)	SETON FACILITY ONLY	$15		$20	
		OUT of NETWORK	NA		NB	
	Living Well with Diabetes Program: Team approach in managing diabetes;includes diabetic education, nutritional counseling, and diabetic educator support	SETON FACILITY ONLY	$0		$0	NB
	Life Style Changes Programs (Weight management options):		BELOW		BELOW	
	1.Seton Create your Weight Program- 9week session,$20 workbook fee	SETON OR JOINT VENTURE only	$20		$30	NB
	2.Seton Individual Nutritional Counseling Visits (max 6 visits/plan year)	SETON OR JOINT VENTURE only	$20		$30	NB
	3. Physician Directed Program: comprehensive weight loss program	SETON OR JOINT VENTURE only	$35		$35	NB
	4.Bariatric Surgery Benefits Eligibility: member age 18-65 with the following Body Mass Index (BMI): - 40 or greater or - 35 or greater with severe co-morbidities outlined in the Bariatric Surgery Coverage Guidelines	SETON FACILITY ONLY	$5,000 co-pay	Y	$5,000 co-pay	NB
	Acupuncture (Annual 20 visit maximum)	EPN DOCTOR	$20		$30	
	Specialist copay applies on any office visit	SPHN	NA	Y	$30	
		OUT of NETWORK	NA	Y	NA	40%
	Biofeedback (Annual 20 visit maximum and auth required for ALL visits)	EPN DOCTOR	$20		$30	
	Specialist copay applies on any office visit	SPHN	NA	Y	$30	
		OUT of NETWORK	NA	Y	NA	40%
	Chiropractic (Annual 20 visit maximum and No Auth required)	EPN DOCTOR	$20		$30	
	Specialist copay applies on any office visit	SPHN	NA	Y	$30	
		OUT of NETWORK	NA	Y	NA	40%
	Allergy testing and shots	EPN DOCTOR	$15		$20	
		SPHN	NA	Y	$20	
		OUT of NETWORK	NA	Y	NA	40%
	Allergy Serum ($500 Maximum)	EPN DOCTOR	$0		$0	
		SPHN	NA	Y	$0	
		OUT of NETWORK	NA	Y	NA	40%
	Durable medical equipment ($5000 plan year maximum)	CONTRACTED PROVIDER	$0		$0	
		OUT of NETWORK	NA	Y	NA	40%
	Hearing Aides for Children up to age 18	CONTRACTED PROVIDER	$0		$0	
	Every 2 Years $2500 per ear – total of $5,000	OUT of NETWORK	NA	Y	NA	40%
	Hospice services (180 days lifetime maximum)	CONTRACTED PROVIDER	$0		$0	
		OUT of NETWORK	NA	Y	NA	40%
Emergency and Urgent Care	Emergency care	SETON / JOINT VENTURE / CONTRACTED	$125		$125	
		CONTRACTED FACILITY	$125	Y	$125	
		OUT of NETWORK	NA	Y	NA	40%

	Benefit Type	PLACE OF SERVICE	COPAY	DED	COPAY	COINSURANCE
Emergency and Urgent Care continued	Emergency Care to Observation Care (overnight stays for observation care are not considered inpatient admissions)	SETON / JOINT VENTURE / CONTRACTED	$125		$125	
		CONTRACTED FACILITY	$125	Y	$125	
		OUT of NETWORK	NA	Y	NA	40%
	Emergency Care to Surgery then Observation Care (overnight stays for observation care are not considered inpatient admit).	SETON / JOINT VENTURE / CONTRACTED	$125		$125	
		CONTRACTED FACILITY	$125	Y	$125	
		OUT of NETWORK	NA	Y	NA	40%
	Urgent care	SETON FACILITY / Other Urgent Care list	$45		$45	
		OUT of NETWORK and Out of Area	$45	Y	$45	
		OUT of NETWORK in service area	NA	Y	NA	40%
Prescription Drugs	Generic		$15.00		$15	
	Preferred (see formulary)		$30.00		$30	
	Non-preferred (see formulary)		$60.00		$60	
	Note: Members may receive a 3 month's supply of medication for 2 co-payments by 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 the **copay will be the generic copay plus the cost difference between the generic and name brand drug.**					
Additional Information	(1) The specified physicians that provide lab and imaging are listed in http://setonhealthplan.com/provider_search/					
	In network services must be received from in network participating providers and accessed according to the rules of the plan.					
	All covered health services must be received from a 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 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 copay/coinsurance only.					
	Inpatient out of pocket individual and family maximums do not include deductible. Only inpatient hospital copays and coinsurance is applied to this maximum.					
	Pharmacy is not subject to deductible					
	Copays are applied when an office visit or other service subject to a copay are billed by a provider. When more that one service subject to a copay is provided on the same day same visit and by the same provider, then the plan will apply the highest copay to that visit. For EPNX members, Co-payments do not count toward the Annual Deductible.					
	Limitations and exclusions are specified in the Summary Plan Description.					
	REVISED AS OF 10/14/2011					