

**County of El Paso
Medical Schedule of Benefits
Buy-Up Plan
January 11,2010**

OVERVIEW	In-Network/OOA	Out of network
<i>Please Note: Out of Network deductible must be met before benefits are paid</i>		
Individual Annual Deductible	\$250	\$750
Family Annual Deductible	\$500	\$1,000
Maximum Individual Out-of-Pocket	\$2,000	NO LIMIT
Maximum Family Out-of-Pocket	\$4,000	NO LIMIT
Stop Loss Protection **		
** Excludes co-payments, deductibles, any Out-of-Network mental health or any penalty (ies).		
Coinsurance	80%	65%
Maximum Lifetime Benefit	\$2,000,000 combined	

Hospital Services

UNIVERSITY MEDICAL CENTER

PREFERRED HOSPITAL

Inpatient/Outpatient Coinsurance	95%
Hospital Deductible (per admission)	\$100
Outpatient Hospital Deductible (per year)	\$200
Maximum Individual Out-of-Pocket	\$2,000
Maximum Family Out-of-Pocket	\$4,000
Emergency Use of Emergency Room Co-pay	\$100 then 80%
Non-Emergency Use of Emergency Room Co-pay	\$100 then 80%

OTHER PPO HOSPITAL FACILITIES

80%

UNDER ACN

Hospital Deductible (per admission)	\$100
Outpatient Hospital Deductible (per year)	\$200
Maximum Individual Out-of-Pocket	\$2,000
Maximum Family Out-of-Pocket	\$4,000
Emergency Use of Emergency Room Co-pay	\$100 then 80%
Non Emergency Use of Emergency Room Co-pay	\$100 then 80%

NON NETWORK HOSPITAL FACILITES

50%

Hospital Deductible(per admission)	\$100
Outpatient Hospital Deductible (per year)	\$200
Maximum Individual Out-of-Pocket	NO LIMIT
Maximum Family Out-of-Pocket	NO LIMIT
Emergency Use of Emergency Room Co-pay	\$100 then 80%
Non-Emergency Use of Emergency Room Co-pay	\$100 then 50% after deductible

*** Refer to PPO directory**

If a procedure is not available at University Medical Center or other PPO hospital facilities then benefits will be covered at 80% coinsurance level when rendered at a Non-Network facility

Please Note: Emergency Room co-pay will be waived only in the case of a hospital admission

OVERVIEW	In-Network/OOA	Out of Network
Professional Services		
Office Visit *	\$30 Co-payment Office Visit then covered @100%	65%
Adult Routine Physical exams limit to:		
• Routine annual physical exam (one per year)	\$30 Co-payment Office Visit then covered @100%	not covered
• One well woman exam to include pap smear (one per year)	\$30 Co-payment Office Visit then covered @100%	not covered
• Immunizations (all ages)	100%	not covered
• Mammography (one per year)**	100%	not covered
• DXA Bone Density Test (one per year)**	100% not to exceed \$300	not covered
• Colonoscopy (age 50 & older, not to exceed one per 10 years)**	100%	not covered
• Colorectal and Prostate exams (one per year)	100%	not covered
• Labs	100%	not covered
• EKG (one per year)	100%	not covered
"Excludes any procedures such as labs, x-ray, etc.		
**These services are considered a part of the annual exam and do not require a co-payment		
Surgeon	80%	65%
Assistant Surgeon	80%	65%
Office Visits	80%	65%
All Other Office Services/Procedures	80%	65%
Hospital Visits	80%	65%
Allergy Tests and Treatments	80%	65%
Chiropractic Care		
Office Visit	\$30 co-pay then 100%	65%
Other Services	80%	65%
	\$2000 maximum combined	
Mental Health		
Inpatient Facility	80%	65%
Physician Outpatient	80%	65%
Physician	80%	65%
Other Services		
Skilled Nursing Facility	80%	65%
Preferred Lab	100%	N/A
Diagnostic X-ray & Lab	80%	65%
Chemo/Radiation Therapy	80%	65%
Home Health Care	80%	65%

	Prior approval required	
	No Benefit	No Benefit
Registered Private Duty Nursing		
Hospice Care	80%	65%
Ambulance		
Emergency Use	80%	80%
Transports/Non-Emergency Use	80%	65%
Physical and Speech Therapy	80%	65%
Prosthetic	80%	65%
Durable Medical Equipment	80%	65%

OVERVIEW	In Network/OOAN	Out of Network
Prescription Drugs * (30 day Retail supply)	\$5 co-pay/Generic Drugs	65% after deductible
	\$20 co-pay Preferred Brand Name Drugs	
	\$35 co-pay Non-Preferred Brand Name Drugs	
Mail Order Drugs * (90 day supply)	\$10 co-pay/Generic	no coverage
	\$40 co-pay Preferred Brand Name Drugs	
	\$70 co-pay Non-Preferred Brand Name Drugs	

** Please see "Prescription Drug Expense Coverage" section for details on Drug Benefits*

Pre-admission and Concurrent Review	Included	Required
Large Case Management	Included	Included

**County of El Paso
Medical Schedule of Benefits
Core Plan
January 11,2010**

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<i>Please Note: Out of Network deductible must be met before benefits are paid</i>		
Individual Annual Deductible	\$1000	\$2000
Family Annual Deductible	\$2000	\$4,000
Maximum Individual Out-of-Pocket	\$2,500	NO LIMIT
Maximum Family Out-of-Pocket	\$5,000	NO LIMIT
Stop Loss Protection **		
** Excludes co-payments, deductibles, any Out-of-Network mental health or any penalty (ies).		
Coinsurance	80%	65%
Maximum Lifetime Benefit	\$2,000,000 combined	

Hospital Services

**UNIVERSITY MEDICAL CENTER
PREFERRED HOSPITAL**

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Maximum Individual Out-of-Pocket	\$2,500
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Emergency Use of Emergency Room Co-pay	\$100 then 80%
Non-Emergency Use of Emergency Room Co-pay	\$100 then 80%

**OTHER PPO HOSPITAL FACILITIES
UNDER ACN**

	80%
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Maximum Family Out-of-pocket	\$5,000
Emergency Use of Emergency Room Co-pay	\$100 then 80%
Non Emergency Use of Emergency Room Co-pay	\$100 then 80%

NON NETWORK HOSPITAL FACILITIES

	50%
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Maximum Family Out-of-Pocket	NO LIMIT
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Please Note: Emergency Room co-pay will be waived only in the case of a hospital admission

OVERVIEW	In-Network/OOA	Out of Network
Professional Services		
Office Visit *	\$35 Co-payment Office Visit then covered @100%	65%
Adult Routine Physical exams limit to:		
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Office Visit	\$35 co-pay then 100%	65%
Other Services	80%	65%
\$2000 maximum combined		
Mental Health		
Inpatient Facility	80%	65%
Physician	80%	65%
Outpatient Physician	80%	65%
Other Services		
Skilled Nursing Facility	80%	65%
Preferred Lab	100%	N/A
Diagnostic X-ray & Lab	80%	65%
Chemo/Radiation Therapy	80%	65%
Home Health Care	80%	65%
60 days combined		
Prior approval required		

Registered Private Duty Nursing	No Benefit	No Benefit
Hospice Care	80%	65%
Ambulance		
Emergency Use	80%	80%
Transports/Non-Emergency Use	80%	65%
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Prosthetic	80%	65%
Durable Medical Equipment	80%	65%

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	\$50 co-pay Preferred Brand Name Drugs	
	\$80 co-pay Non-Preferred Brand Name Drugs	

** Please see "Prescription Drug Expense Coverage" section for details on Drug Benefits*
