



# Memo

To: Preferred Administrators Providers  
 From: Preferred Administrators  
 Date: October 1, 2015  
 RE: **SEPTEMBER 28, 2015 Fax: Important Benefit Changes**

**Effective October 1, 2015, Preferred Administrators will have new benefit changes for University Medical Center of El Paso (UMC) and El Paso Children’s Hospital (EPCH) Associates.** The table below lists the changes:

Benefit Description	UMC EPCH	Texas Tech Provider	PPO Provider
Office Visits	\$15 co-pay	\$30 co-pay	\$40 co-pay
Covered Expenses during visit	100% after deductible	100% after deductible	70% after deductible
Behavioral Office Visits			
*UMC associate have a maximum of 30 visits per Fiscal Year	N/A	\$35 co-pay applicable to UMC associates*	\$40 co-pay applicable to UMC associates*
**EPCH associates have no maximum visits per Fiscal Year		\$30 co-pay applicable to EPCH associates**	\$40 co-pay applicable to EPCH associates**
Urgent Care Office Visits (Covered expenses during an office visit for example labs, x-rays, injections in an Urgent Care will be covered at 70% after deductible has been met)		N/A	\$40 co-pay
Inpatient Co-pay	\$250 co-pay	N/A	\$1,000 co-pay
Observation Co-pay (less than 24 hours in hospital)	\$50 co-pay 100% coverage	N/A	\$50 co-pay 100% coverage
Outpatient Surgery Co-pay	\$100 co-pay	N/A	\$300 co-pay
Physical Therapy (PT), Speech Therapy (ST), and Occupational Therapy (OT) <i>Note: No authorization required for evaluation and re-evaluation (All subsequent therapy treatment requires a prior- authorization) No Maximum Visit, Effective October 1, 2015</i>	100% after deductible	100% after deductible	70% after deductible
Chiropractic Office Visit (Maximum 10 visits per Fiscal Year)	N/A	\$30 co-pay	\$40 co-pay
<b>Deductible Per Fiscal Year</b>			
UMC/EPCH Per Covered Participant		\$125	\$1,250
Maximum Family Deductible Limit		\$375	\$3,750
<b>UMC Out-of-Pocket Maximum Per Fiscal Year combined with Pharmacy and Medical</b>			
Per Covered Participant		N/A	\$6,600
Family Out-of-Pocket		N/A	\$13,200
<b>EPCH Out-of-Pocket Maximum Per Fiscal Year combined with Pharmacy and Medical</b>			
Per Covered Participant		N/A	\$6,000
Family Out-of-Pocket		N/A	\$12,000

For a complete listing of these benefits, please review our Plan Documents at [www.preferredadmin.net](http://www.preferredadmin.net) . If you have any questions, please contact Preferred Administrators at 915-532-3778 or 1-877-532-3778, if outside the El Paso Area, Monday to Friday from 7 am to 5 pm Mountain Time.