



Memo

To: Valued Providers

From: Preferred Administrators

Date: September 28, 2011

Re: Preferred Administrators Benefits & Preventative Care

Starting October 1, 2011 Preferred Administrators will have new preventive services covered under the Affordable Care Act (ACA) and the US Task Force A & B Recommendation List. **Preventative Care services are covered at no cost to the member with no co-payment, co-insurance or deductible will apply to these services when services rendered within a network provider.** Please refer to www.epfirst.com website for a list of qualifying Preventative Care services. In addition, attached is the schedule of benefits for Preferred Administrators members. For any questions you may contact our Member Services Department from Monday- Friday 7AM-5PM at 915-532-3778 or 1-877-532-3778 if outside of the calling area.



2011/2012 Preferred Administrators Benefits

Schedule of Benefits	UMC of El Paso	Texas Tech	Preferred Administrators/PPO/ Wrap Network	Non-Contracted Providers
Doctor Availability:	In-Network	In-Network	In-Network	Out-of-Network Requires prior authorization except in emergent situations
Office Visits: (Co-Pays)	\$10.00	\$20.00	\$30.00	60% After Deductible is met
Behavioral Health (Co-Pays)	NA	\$30.00	\$30.00	60% After Deductible is met
Deductibles:	The amount of covered medical expenses a participant pays each fiscal year before benefits are payable under this coverage.			
Individual	\$100		\$1,000	\$1,500
Family 3x	\$300		\$3,000	\$4,500
Max Out of Pocket:	Plan pays 100% after max is met each fiscal year. Does not include deductibles, co-pays, or any non-covered expenses (see exclusions)			
Individual	Not applicable to any service provided at UMC or Texas Tech		\$4,000	Unlimited
Family 3x	Not applicable to any service provided at UMC or Texas Tech		\$12,000	Unlimited
Hospital Schedule of Benefits	UMC of El Paso/ Texas Tech	Preferred Administrators/PPO/ Wrap Network	Non-Contracted Providers	
Hospital Availability:	UMC of El Paso	In-Network	Out-of-Network	
In-Patient Per Admission	\$150 co-pay and 100% coverage after deductible is met	\$600 co-pay and 75% coverage after deductible is met	\$2000 co-pay and 60% coverage after deductible is met	
Hospital ER	\$50 co-pay and 100% coverage	\$50 co-pay and 100% of Usual and Customary	\$50 co-pay and 100% of Usual and Customary	
Out-Patient Surgery	\$60 co-pay and 100% coverage after deductible is met	\$200 co-pay and 75% coverage after deductible is met	\$1000 co-pay and 60% coverage after deductible is met	
Out-Patient Services (Lab, Radiology, etc.)	100% coverage after deductible is met	75% coverage after deductible is met	60% coverage after deductible is met	
Annual Maximum	\$1,250,000 (Annual maximum per covered Participant)			

WELLNESS BENEFITS Benefit Description:	UMC of El Paso	Texas Tech Provider	Preferred Administrators/PPO/Wrap Network	Non-Contracted Providers
Meningococcal Vaccine	100%	100%	100%	Not Covered
Zoster (Shingles) – Age 60 and over	100%	100%	100%	Not Covered
Well Adult routine immunizations recommended by the Centers for Disease Control and Prevention (CDC) will be covered. These services come with specific age and guidelines.	100%	100%	100%	Not Covered
Well Baby and Well Child Preventative Care and annual physical exams and routine immunizations recommended by the CDC for covered participants. Routine Immunizations include: Diphtheria, Hepatitis B, Rotavirus, Haemophilus Influenzae Type B (Hib) , Pneumococcal, Pediarix, Measles, Mumps, Rubella, Pertussis, Polio, Tetanus, and Varicella. Tetanus -- After age 11 and boosters no more than every 10 years or unless medically necessary. Hepatitis A	100%	100%	100%	Not Covered
WELLNESS BENEFITS Benefit Description:	University Medical Center of El Paso	Texas Tech Provider	Preferred Administrators / PPO/Wrap Network	Non-Contracted Providers
Office Visits for annual Physical Exams (PCP) one per Fiscal Year for Male/Female.	100%	100%	100%	Not Covered
Office Visits for annual Well Women's (OB/GYN) one per Fiscal Year.	100%	100%	100%	Not Covered
Covered Screening Tests: Note: Covered at 100% if meet specific guidelines according to US Preventive Services Task Force - A & B Recommendations. Refer to www.epfirst.com for further information.	100%	100%	75%	Not Covered
Mammogram: Covered at 100% for women ages 40 and older every one to two years.	100%	100%	75%	Not Covered
Flu Shots	100%	100%	100%	Not Covered
HPV – (Females/Males Age 9 up to 26)	100%	100%	100%	Not Covered



US Task Force A & B Recommendation Services

Abdominal aortic aneurysm screening: men - Recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 who have ever smoked.

Alcohol misuse counseling - Recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.

Anemia screening: pregnant women - Recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.

Aspirin to prevent CVD: men - Recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.

Aspirin to prevent CVD: women - Recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.

Bacteriuria screening: pregnant women - Recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later.

Blood pressure screening - Recommends screening for high blood pressure in adults aged 18 and older.

BRCA screening, counseling - Recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.

Breast cancer preventive medication - Recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.

Breast cancer screening - Recommends screening mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.

Breastfeeding counseling - Recommends interventions during pregnancy and after birth to promote and support breastfeeding.

Cervical cancer screening - Strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Chlamydia infection screening: non-pregnant women - Recommends screening for Chlamydia infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.

Chlamydia infection screening: pregnant women - Recommends screening for Chlamydia infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.

Cholesterol abnormalities screening: men 35 and older - The USPSTF strongly recommends screening men aged 35 and older for lipid disorders.

Cholesterol abnormalities screening: men younger than 35 - Recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.

Cholesterol abnormalities screening: women 45 and older - Strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.

Cholesterol abnormalities screening: women younger than 45 - Recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.

Colorectal cancer screening - Recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.

Dental cares chemoprevention: preschool children - Recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.

Depression screening: adolescents - Recommends screening of adolescents (12-18 years of age) for major depressive disorder when systems are in place to assure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.

Depression screening: adults - Recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

Diabetes screening - Recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.

Folic acid supplementation - Recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.

Gonorrhea prophylactic medication: newborns - Strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.

Gonorrhea screening: women - Recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).

Healthy diet counseling - Recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.

Hearing loss screening: newborns - Recommends screening for hearing loss in all newborn infants.

Hemoglobinopathies screening: newborns - Recommends screening for sickle cell disease in newborns.

Hepatitis B screening: pregnant women - The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.

HIV screening - Strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection.

Hypothyroidism screening: newborns - Recommends screening for congenital hypothyroidism in newborns.

Iron Supplementation in children - Recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.

Obesity screening and counseling: adults - Recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.

Obesity screening and counseling: children - Recommends that clinicians screen children aged 6 years and older and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

Osteoporosis screening: women - Recommends that women aged 65 and older be screened routinely for osteoporosis. Recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures.

PKU screening: newborns - Recommends screening for phenylketonuria (PKU) in newborns.

Rh incompatibility screening: first pregnancy visit - Strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.

Rh incompatibility screening: 24-28 weeks gestation - Recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks gestation, unless the biological father is known to be Rh (D)-negative.

STIs counseling - Recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.

Tobacco use counseling: non-pregnant adults - Recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.

Tobacco use counseling: pregnant women - Recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.

Syphilis screening: non-pregnant persons - Strongly recommends that clinicians screen persons at increased risk for syphilis infection.

Syphilis screening: pregnant women - Recommends that clinicians screen all pregnant women for syphilis infection.

Visual acuity screening in children - Recommends screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.