

Presenter:
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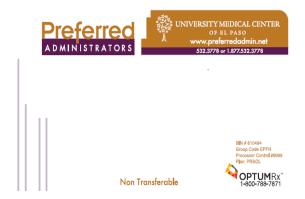
Agenda

- Preferred Administrators ID card samples by Plan
- University Medical Center of El Paso (UMC) and El Paso Children's Hospital (EPCH) Benefits
- Rehabilitation Services to include Physical Therapy, Speech Therapy, and Occupational Therapy
- Durable Medical Equipment
- Ambulatory Services
- Hospice Services
- Home Health and Skilled Nursing
- Preferred Administrators resources



ID Card Samples by Plan

Sample of UMC ID Card



Sample of EPCH ID Card







RX GRP: EPCH

1-800-788-7871

Non Transferable



Sample of UMC Retiree ID Card





UMC and EPCH Outpatient Rehabilitation Services

| Benefit Description | UMC/EPCH Provider | Texas Tech Provider | PPO Provider |
|--|--|--|---|
| Evaluation and Revaluation Visits | \$15 co-pay | \$30 co-pay | \$40 co-pay |
| Rehabilitation Service (Prior Authorization is Required) | Covered at 100% after \$150 deductible has been met | Covered at 100% after \$150 deductible has been met | Covered at 70% after deductible has been met (\$1,500 for UMC) (\$1,000 for EPCH) |



Durable Medical Equipment (DME)

| Benefit Description | PPO Provider |
|--|--|
| Authorization is required for DME over \$500 allowable amount. All DME rentals exceeding 2 months require a prior authorization maximum up to 12 months, not to exceed purchase price. | Covered at 70% after deductible has been met (\$1,500 for UMC) (\$1,000 for EPCH) |



Ambulatory Surgical Centers

| Benefit Description | UMC/EPCH Provider | PPO Provider |
|--|---|--|
| Outpatient Surgery (Prior Authorization is required) | \$100 co-pay and Covered at 100% after deductible has been met | \$300 co-pay Covered at 70% after deductible has been met (\$1,500 for UMC) (\$1,000 for EPCH) |



Hospice Services

| Benefit Description | PPO Provider |
|--|--|
| Authorization required for Hospice. Maximum 180 visits per Fiscal Year. | Covered at 70% after deductible has been met |
| | (\$1,500 for UMC) (\$1,000 for EPCH) |



Home Health Services and Skilled Nursing

| Benefit Description | PPO Provider |
|---|--|
| Authorization required for Hospice and Skilled Nursing. Maximum 120 visits per Fiscal Year to be combined with Skilled Nursing. | Covered at 70% after deductible has been met |
| | (\$1,500 for UMC) (\$1,000 for EPCH) |



Resources

 For more information on UMC and EPCH benefits, you can log on to <u>www.preferredaministrators.net</u> to view the Summary of Benefits and the Plan Documents.

 You can also contact our Customer Service Department at 915-532-3778, press 4 and then extension 1529, available Monday thru Friday from 7 am to 5 pm.



Contact Information

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