

**United Methodist Church Southwest Texas Conference  
2007  
Health Benefit Plan Summary of Benefits**

Coverage Item	In-Network	Out-Of-Network
Lifetime Maximum	\$2,000,000 Annual / \$5,000,000 Lifetime	\$2,000,000 Annual / \$5,000,000 Lifetime
Individual Deductible	\$500	\$1,000
Family Deductible	\$1,000	\$2,000
Individual Out of Pocket	\$3,000	Unlimited / No Maximum
Family Out of Pocket	\$6,000	Unlimited / No Maximum
<b>HOSPITAL SERVICES</b>		
Inpatient Copay	None	\$500 Per Confinement
Outpatient Surgery	80%	50%
Coinsurance	80%	50%
Emergency Room	80%	80%
<b>PHYSICIAN SERVICES</b>		
Physician Office Visit	\$15 PCP \$30 SPC	50%
Office Surgery	80%	50%
X-Ray / Lab in office	100%	50%
X-Ray / Lab outside facility	80% After Deductible	50%
<b>PRESCRIPTION BENEFITS</b>		
Pharmacy (30 days)	\$5 / \$20 / \$35	
Mail Order (90 days)	\$10 / \$40 / \$70	
Use of Formulary	Yes	
Injectables (Retail/Mail-Order)	80%	
Max / Limitations	Mandatory Generic Substitution Where Applicable	
<b>OTHER SERVICES</b>		
Preventive Care - Child(ren)	\$15 PCP \$30 SPC	50%
	\$500 Calendar Year Maximum	\$500 Calendar Year Maximum
Preventive Care - Adult	\$15 PCP \$30 SPC	50%
	\$500 Calendar Year Maximum	\$500 Calendar Year Maximum
Routine Conlonoscopy	80% Deductible Waived	50% After Deductible
Chiropractic Services (\$1,000 cal/yr max)	80%	50%
Private Duty Nursing	80% Up to 70 days	50% Up to 70 days
Hospice	80%	50%
Home Health Care	80%	50%
<b>MENTAL HEALTH</b>		
<i>All Mental/Nervous Benefits Must Be Pre-Certified by Interface</i>		
Inpatient M/N (not SMI)	80% 30 Days	Not Covered
Inpatient M/N (SMI)	80% 45 Days	Not Covered
Outpatient M/N (not SMI)	\$15/\$20/\$25 / 30 Visits	Not Covered
Outpatient M/N (SMI)	\$20 60 Visits	Not Covered
EAP Provider	InterFace	
Number of No Cost Visits	6	
WorkLife Assitance	1-800-324-4327	

*This summary of benefits is not nor is intended to be a plan document. The information/ benefits reflect the benefits listed in the most current document as approved and ammended.*