

Employee and Non-Medicare-Eligible Retiree HEALTH PLANS COMPARISON CHART

Effective September 1, 2016

Out-of-area applies to members receiving care outside of Texas, retirees enrolled in Medicare and disabled retirees with Medicare.

Benefits	HealthSelect SM of Texas ¹			Consumer Directed HealthSelect ^{SM 1}		HMOs	
	In-Area		Out-of-Area ²	In-Area		Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network		Network	Non-Network		
Calendar year deductible	None	\$500 per person \$1,500 per family	\$200 per person \$600 per family	\$2,100 per person \$4,200 per family	\$4,200 per person \$8,400 per family	None	None
Out-of-pocket coinsurance maximum⁴	\$2,000 per person per calendar year	\$7,000 per person per calendar year	\$3,000 per person per calendar year	None	None	\$2,000 per person ³	\$2,000 per person ³
Total out-of-pocket maximum¹⁰ (including deductibles, coinsurance and copays) ¹¹	**\$6,550 per person \$13,100 per family	None	**\$6,550 per person \$13,100 per family	**\$6,550 per person \$13,100 per family	**\$13,100 per person \$26,200 per family	\$6,550 per person \$13,100 per family ³	\$6,550 per person \$13,100 per family ³
Primary care physician required	Yes	No	No	No	No	Contact your HMO	No
Primary care physicians' office visits	\$25	40%	30%	20%	40%	\$25	\$15
Mental health office visits	\$25	40%	30%	20%	40%	\$25	\$25
Physicals*	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	40%	No charge	No charge
Specialty physicians' office visits	\$40	40%	30%	20%	40%	\$40	\$25
Routine eye exam, one per year per participant*	\$40	40%	30%	20%	40%	\$40 ^{3,6}	\$25 ³
Routine preventive care*	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	40%	No charge	No charge
Diagnostic x-rays, lab tests, and mammography	20%	40%	30%	20%	40%	20%	No charge* (physician office)
Office surgery and diagnostic procedures	20%	40%	30%	20%	40%	20%	\$15 PCP or \$25 Specialist
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{7,9,12}	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 30%	20%	40%	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)
Urgent care clinic	\$50 copay plus 20%	\$50 copay plus 40%	30%	20%	40%	\$50 copay plus 20%	\$50 copay plus 20%
Maternity Care doctor charges only*; inpatient hospital copays will apply	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	40%	30%	No charge for routine prenatal appointments 20% for first post-natal visit	40%	No charge for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	No charge

Benefits	HealthSelect SM of Texas ¹			Consumer Directed HealthSelect ^{SM1}		HMOs	
	In-Area		Out-of-Area	In-Area		Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network		Network	Non-Network		
Chiropractic Care							
a. Co-insurance	20%;\$40 copay plus 20% with office visit	40%	30%	20%	40%	CFHP: 20%; \$40 copay SWHP: 20%; \$40 copay plus 20% with office visit	\$25 copay
b. Maximum benefit per visit	\$75	\$75	\$75	\$75	\$75	CFHP-\$75/ SWHP - None	-
c. Maximum visits Each participant Per calendar year	30	30	30	30	30	CFHP-30; SWHP-35 (maximum manipulative therapy visits)	30
Inpatient hospital (semi-private room and day's board, and intensive care unit)¹²	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 40% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	\$150/day copay plus 30% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per calendar year per person)	20%	40%	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person ³)	\$150/day copay plus 20% (\$750 copay max-up to 5 days per hospital stay, \$2,250 copay max per plan year per person)
Emergency care	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 plus 20% (if admitted copay will apply to hospital copay)	30%	20%	20%	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 copay plus 20% (if admitted copay will apply to hospital copay)
Outpatient surgery other than in physician's office	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 30%	20%	40%	\$100 copay plus 20%	\$150
Bariatric surgery^{8, 8A, 12}	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	a. Deductible \$5,000 b. Coinsurance 20% c. Lifetime max \$13,000	Not covered	Not covered	Not covered	Not covered
Hearing aids	Plan pays up to \$1,000 per ear every three years (no deductible).			Plan pays up to \$1,000 per ear every three years (after deductible is met).		Plan pays up to \$1,000 per ear every three years (no deductible).	
Durable medical equipment¹²	20%	40%	30%	20%	40%	20%	20%
Ambulance services (non-emergency)¹²	20%	20%	30%	20%	20%	20%	20%

¹ Benefits are paid on allowable amounts; using providers who contract with UnitedHealthcare will protect you from liability for amounts over the allowable amount.

² Out-of-area applies to participants living outside of Texas, retirees 65 and over, and disabled retirees with Medicare.

³ Applies to plan year, September 1 - August 31.

⁴ Does not include copays.

⁵ Copay depends on whether treatment is given by PCP or specialist.

⁶ For treatment charges, one visit per plan year.

⁷ Outpatient testing only. Does not apply to inpatient services.

⁸ Active employees only; see health plan for additional requirements/limitations.

^{8A} The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum.

⁹ No copay if high-tech radiology is performed during ER visit or inpatient admission.

¹⁰ Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a participant could pay up to \$6,550 in copayments alone if there was no coinsurance paid throughout the year. If a participant met the \$2,000 coinsurance out-of-pocket maximum, he/she would pay \$4,550 in copayments, totaling \$6,550 in overall out-of-pocket expense.)

¹¹ Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

¹² Preauthorization required

Mental Health Benefits follow those of medical and surgical benefits listed in this chart. This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans and the HMOs. Contact the plan's customer service department for specific questions.

*Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services.

**Effective calendar year