

Employee and Non-Medicare-Eligible Retiree HEALTH PLANS COMPARISON CHART Effective September 1, 2015

Benefits	HealthSelect ¹			HMOs	
	In-Area		Out-of-Area ²	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network			
Calendar year deductible	None	\$500 per person \$1,500 per family	\$200 per person \$600 per family	None	None
Out-of-pocket coinsurance maximum ^{4,11}	\$2,000 per person per calendar year	\$7,000 per person per calendar year	\$3,000 per person per calendar year	\$2,000 per person ³	\$2,000 per person ³
Total out-of-pocket maximum ¹¹ (including deductibles, coinsurance and copays) ¹²	\$6,450 per person \$12,900 per family	None	\$6,450 per person \$12,900 per family	\$6,450 per person \$12,900 per family ³	\$6,450 per person \$12,900 per family ³
Primary care physician required	Yes	No	No	Contact your HMO	No
Primary care physicians' office visits	\$25	40%	30%	\$25	\$15
Mental health office visits	\$25	40%	30%	\$25	\$25
Physicals*	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	No charge
Specialty physicians' office visits	\$40	40%	30%	\$40	\$25
Routine eye exam, one per year per participant*	\$40	40%	30%	\$40 ^{3,6}	\$25
Family planning services*	20%	40%	30%	\$40 ^{3,6}	\$25
Routine preventive care*	No Charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	No charge
Speech and hearing testing/therapy	20% without office visit; \$40 copay plus 20% with office visit	40%	30%	20% without office visit; \$40 copay plus 20% with office visit	\$15 PCP or \$25 Specialist
Allergy antigens/serum, injections, and testing	No charge without office visit; \$25 or \$40 with office visit ⁵	40%	30%	20%	Allergy testing - \$15 PCP or \$25 Specialist
					Allergy serum - No charge
Diagnostic x-rays, lab tests, and mammography	20%	40%	30%	20%	No charge (physician office)
Office surgery and diagnostic procedures	20%	40%	30%	20%	\$15 PCP or \$25 Specialist
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{7,8,10}	\$100 copay plus 20%	\$100 copay plus 40%	\$100 copay plus 30%	\$100 copay plus 20% coinsurance	\$150 copay per scan type per day (Outpatient testing only)
Urgent care clinic	\$50 plus 20% copay	\$50 plus 40% copay	30% copay	\$50 plus 20% copay	\$50 copayment plus 20%
Chiropractic care					
a. Coinsurance	20%; \$40 copay plus 20% with office visit	40%	30%	Not covered	Not covered
b. Maximum benefit per visit	\$75	\$75	\$75		
c. Maximum visits each participant each calendar year	30	30	30		

Benefits	HealthSelect ¹			HMO	
	In-Area		Out-of-Area ²	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network			
Immunizations all ages* Meningitis childhood, beginning in 7th grade	No charge	40%	Network provider - No charge; Non-network provider - 30%	No charge	No charge
Maternity Care doctor charges only*; inpatient hospital copays will apply	\$0 for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	40%	30%	\$0 for routine prenatal appointments \$25 or \$40 for first post-natal visit ⁵	No charge
Inpatient hospital (semi-private room and day's board, and intensive care unit) ⁷	\$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).	\$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 per day copayment per admission, up to \$750 copayment max. per admission, \$2,250 copayment max per person per year plus 20%
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%	\$150 plus 20% (if admitted copay will apply to hospital copay)	\$150 copayment plus 20% (In-area and out-of-area covered at listed copayment. Copay is waived if admitted.)
Outpatient surgery other than in physician's office	\$100 plus 20%	\$100 plus 40%	\$100 plus 30%	\$100 plus 20%	\$150
Bariatric surgery^{7,9}	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
Skilled nursing facility⁷	20%	40%	No charge (no deductible)	20%; 60-day max. per plan year ³	20%
Hospice⁷	20%	40%	30% (no deductible)	20%	20%
Home health care⁷	20%	40%; 100 visits max. per calendar year	No charge; 100 visits max. per calendar year (no deductible)	20%	20%
Hearing aids	Plan pays up to \$1,000 per ear every three years (no deductible).				
Durable medical equipment⁷	20%	40%	30%	20%	20%
Ambulance services (non-emergency)⁷	20%	20%	30%	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 members 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 Preauthorization required.

⁸ Outpatient testing only. Does not apply to inpatient services.

⁹ Active employees only; see health plan for additional requirements/limitations.

¹⁰ No copay if high-tech radiology is performed during ER visit or inpatient admission.

¹¹ 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 \$6,450 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 \$4,450 in copayments, totaling \$6,450 in overall out-of-pocket expense.)

¹² Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.

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 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.