

UT SELECT Benefit Summary Chart

SEPTEMBER 1, 2016 - AUGUST 31, 2017

IN-AREA PLAN

In-Area Benefits apply to any eligible Employees, Retirees, and their dependents whose residence of record is in the State of Texas, New Mexico, or Washington, D.C.

COVERAGE	IN-NETWORK	OUT-OF-NETWORK*
ANNUAL DEDUCTIBLE (APPLICABLE WHEN COINSURANCE IS REQUIRED)	\$350/individual \$1,050/family	\$750/individual \$2,250/family
ANNUAL MEDICAL COINSURANCE MAXIMUM	\$2,150/individual \$6,450/family (does not include deductible)	N/A
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,850/individual \$13,700/family (All member medical and prescription drug allowed cost share)	N/A
OFFICE SERVICES		
PREVENTIVE CARE	Plan pays 100% (no copayment required)	60% Plan/40% Member
DIAGNOSTIC OFFICE VISIT	FCP \$30 Copay; Specialist \$35 Copay	60% Plan /40% Member
EMERGENCY CARE		
AMBULANCE SERVICE (IF TRANSPORTED)	80% Plan/20% Member	
HOSPITAL EMERGENCY ROOM	\$150 Copay plus 20% coinsurance (copay waived if admitted)	
OUTPATIENT CARE		
OUTPATIENT FACILITY SERVICES	\$100 Copay; then 80% Plan /20% Member	60% Plan/40% Member
NON-EMERGENCY MRI/CT SCANS	\$100 Copay (may be waived by contacting the BVA before services) Note: For related services, such as contrast materials or injections, 80% Plan/20% Member	\$100 Copay plus 60% Plan/40% Member (copay may be waived by contacting the BVA before services)
INPATIENT CARE		
SEMI PRIVATE ROOM AND BOARD**	\$100 Copay/Day (\$500 max/admission); then 80% Plan/20% Member	60% Plan/40% Member
THERAPY		
PHYSICAL THERAPY/CHIROPRACTIC CARE, OCCUPATIONAL THERAPY (MAX. 20 VISITS/YR)	\$35 Copay	60% Plan/40% Member
SPEECH AND HEARING THERAPY (MAX. 60 VISITS/YR)		
BEHAVIORAL HEALTH		
OFFICE VISIT	\$35 Copay	60% Plan/40% Member
OUTPATIENT**	80% Plan /20% Member	60% Plan/40% Member
INPATIENT**	\$100 Copay/Day (\$500 max/admission) then 80% Plan/20% Member	60% Plan/40% Member

OTHER SERVICES		
BARIATRIC SURGERY (PRE-DETERMINATION RECOMMENDED)	\$3,000 deductible (does not apply to plan year deductible or out-of-pocket maximum). After \$3,000 bariatric surgery deductible, plan pays 100% of covered services—for example: surgeon, assistant surgeon, anesthesia and facility charges—when using network providers.	\$3,000 deductible (does not apply to plan year deductible or out-of-pocket maximum). After \$3,000 bariatric surgery deductible, plan pays 100% up to the allowable amount. The member pays charges exceeding the allowable amount which can be a significant difference.

* Any charges over the allowable amount are the patient's responsibility.

**These services require preauthorization to establish medical necessity.

OUT-OF-AREA PLAN

Out-of-Area benefits apply to any eligible Employees, Retirees, and their dependents whose residence of record is outside of the State of Texas, New Mexico, or Washington, D.C. The Out-of-Area plan covers the same services as the In-Area Plan, and the prescription drug plan benefits are the same.

COVERAGE	IN-NETWORK	OUT-OF-NETWORK*
ANNUAL DEDUCTIBLE (APPLICABLE WHEN COINSURANCE IS REQUIRED)	\$350/individual \$1,050/family	\$750/individual \$2,250/family
ANNUAL MEDICAL COINSURANCE MAXIMUM	\$2,150/individual \$6,450/family (does not include deductible)	\$4,250/individual \$12,750/family (does not include deductible)
ANNUAL OUT-OF-POCKET MAXIMUM	\$6,850/individual \$13,700/family (All member medical and prescription drug allowed cost share)	N/A
PREVENTIVE CARE	Plan pays 100% (no copayment required)	60% Plan/40% Member
OTHER COVERED MEDICAL SERVICES	75% Plan/25% Member	60% Plan/40% Member
BARIATRIC SURGERY (PRE-DETERMINATION RECOMMENDED)	\$3,000 deductible (does not apply to plan year deductible or out-of-pocket maximum). After \$3,000 bariatric surgery deductible, plan pays 100% of covered services—for example: surgeon, assistant surgeon, anesthesia and facility charges—when using network providers.	\$3,000 deductible (does not apply to plan year deductible or out-of-pocket maximum). After \$3,000 bariatric surgery deductible, plan pays 100% up to the allowable amount. The member pays charges exceeding the allowable amount which can be a significant difference.