

UT SELECT Benefit Summary Chart

SEPTEMBER 1, 2019 - AUGUST 31, 2020

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	\$7,900/individual \$15,800/family (All member medical and prescription drug allowed cost share)	N/A
OFFICE SERVICES		
VIRTUAL VISIT WITH MDLIVE	\$0 copay	\$0 copay
PREVENTIVE CARE	Plan pays 100% (no copayment required)	60% Plan/40% Member
DIAGNOSTIC OFFICE VISIT (FAMILY CARE PHYSICIAN (FCP) IS FAMILY PRACTICE INTERNAL MEDICINE OB/GYN PEDIATRICS)	FCP \$30 Copay; Specialist \$35 Copay	60% Plan /40% Member
URGENT CARE	\$35	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) If admitted, ER services are added to claims for inpatient services	
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 Health Advocate before services)	\$100 Copay plus 60% Plan/40% Member (copay may be waived by contacting the Health Advocate 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		
VIRTUAL VISIT WITH MDLIVE	\$0 copay	\$0 copay
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.

*** Certain specialty pharmacy drugs are considered non-essential health benefits under the Affordable Care Act and member cost share will not be applied toward satisfying the out-of-pocket maximum or prescription drug deductible.

UT HEALTH NETWORK FOR UT SELECT PARTICIPANTS

An additional benefit tier known as the UT Health Network offers an enhanced plan design for UT SELECT Medical participants receiving services from certain UT physicians and certain UT medical facilities. You will pay lower copays and coinsurance when seeing a participating UT physician at a participating UT-owned facility, and you can also save on physician charges when treatment is received from a participating UT physician at a non-UT-owned facility. Benefits of the new UT Health Network along with several claims examples are illustrated below.

	UT HEALTH NETWORK BENEFIT	STANDARD UT SELECT IN-NETWORK BENEFIT
PRIMARY CARE	\$20 copay	\$30 copay
SPECIALIST	\$25 copay	\$35 copay
EMPLOYEE CLINIC*	\$10 copay	\$30 copay
DEDUCTIBLE	\$350	\$350
COINSURANCE	10%	20%
INPATIENT COPAY*	\$0 / day	\$100 / day (max \$500)

Current points of service for the UT Health Network include:

- UT Medical Branch Galveston facilities & providers;
- UT Health Northeast (Tyler) facilities & providers;
- UT Rio Grande Valley providers and facilities; and
- UT Austin, UT Health Houston, and UT Health San Antonio Employee & Nursing Clinics.

The UT Health Network benefit is not available at this time for services received from UT Southwestern, or UT MD Anderson Cancer Center physicians or facilities. Your regular UT SELECT Medical in-network benefits apply for these providers and locations.

BENEFITS EXAMPLES

Your UT Health Network benefit applies depending on the status of the provider and facility as shown below.

- Visit to a Participating Employee Health Clinic* (at any UT Facility) for urgent care needs: Member pays \$10 copay.
*Note: Employee Health Clinics may be run by a UT medical or nursing practice. Employee Health Clinics are not Primary Care or Specialty offices).
- Office Visit with a UT Provider at a UT-owned or non-UT-owned Facility: Member pays office visit copay of \$20 (primary care) or \$25 (specialist).

- Inpatient or Outpatient Services with a UT Provider at a participating UT Facility: Member pays regular \$350 deductible, 10% coinsurance on provider and facility charges, and a \$0 inpatient/\$100 outpatient copay.
- Inpatient or Outpatient Services with a UT Provider at a non-participating Facility: Member pays regular \$350 deductible, 10% coinsurance on provider charges, 20% coinsurance on facility charges, and \$100 facility copay per day.

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	\$7,900 / individual \$15,800 / family (All member medical and prescription drug allowed cost share)	N/A
PREVENTIVE CARE	Plan pays 100% (no copayment required)	60% Plan / 40% Member
VIRTUAL VISIT WITH MDLIVE	\$0 copay	\$0 copay
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.