

UT SELECT Benefit Summary Chart

SEPTEMBER 1, 2024 - AUGUST 31, 2025

IN-AREA PLAN

In-area network and non-network benefits apply to eligible members residing in Texas, New Mexico and Washington, DC.

COVERAGE	IN-NETWORK	OUT-OF-NETWORK*
ANNUAL DEDUCTIBLE (applicable when coinsurance is required)	\$600 / individual** \$1,800 / family	\$1,800 / individual \$5,400 / family
ANNUAL MEDICAL COINSURANCE MAXIMUM	\$3,500 / individual \$10,500 / family (does not include deductible)	Unlimited
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,100 / individual \$18,200 / family (includes medical and prescription drug deductibles, copayments, and coinsurance)	Unlimited
PRE-EXISTING CONDITION LIMITATION	None	None
LIFETIME MAXIMUM BENEFIT	No Limit	No Limit
OFFICE SERVICES		
VIRTUAL VISIT WITH MDLIVE®****	\$0 copay	N/A
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, Behavioral Health Practitioner, Pediatrics)	FCP \$30 Copay	60% Plan /40% Member
SPECIALIST OFFICE VISIT	\$50 Copay	60% Plan /40% Member
URGENT CARE	\$50 Copay	60% Plan /40% Member
DIAGNOSTIC LAB AND X-RAY	Included in Office Visit Copay	60% Plan /40% Member
OTHER DIAGNOSTIC TESTS (Bone Scan, Cardiac Stress Test, CT Scan (with or without Contrast) MRI, Myelogram, PET Scan)	\$150 Copay	60% Plan /40% Member
ALLERGY TESTING	FCP \$30 Copay; Specialist \$50 Copay	60% Plan /40% Member
ALLERGY SERUM/INJECTIONS (if no office visit billed)	Plan pays 100% (no copayment required)	60% Plan /40% Member

COVERAGE	IN-NETWORK	OUT-OF-NETWORK*
EMERGENCY CARE		
AMBULANCE SERVICE (if transported)	80% Plan / 20% Member	
HOSPITAL EMERGENCY ROOM	\$500 Copay / Visit If admitted, ER services are added to claims for inpatient services	
OUTPATIENT CARE		
OBSERVATION	80% Plan / 20% Member	60% Plan / 40% Member
SURGERY – FACILITY	\$200 Copay; then 80% Plan / 20% Member	60% Plan / 40% Member
SURGERY – PHYSICIAN	80% Plan / 20% Member	60% Plan / 40% Member
DIAGNOSTIC LAB AND X-RAY	100% Covered (except when billed with surgery; then 80% Plan/20% Member)	60% Plan / 40% Member
OTHER DIAGNOSTIC TESTS (Bone Scan, Cardiac Stress Test, CT Scan (with or without Contrast) MRI, Myelogram, PET Scan)	\$150 Copay	60% Plan / 40% Member
OUTPATIENT PROCEDURES	80% Plan / 20% Member	60% Plan / 40% Member
INPATIENT CARE		
HOSPITAL – SEMIPRIVATE ROOM AND BOARD***	\$200 Copay/Day (\$1,000 max/admission); then 80% Plan / 20% Member	60% Plan / 40% Member
HOSPITAL INPATIENT SURGERY***	80% Plan / 20% Member	60% Plan / 40% Member
PHYSICIAN	80% Plan / 20% Member	60% Plan / 40% Member
OBSTETRICAL CARE		
PRENATAL AND POSTNATAL CARE OFFICE VISITS	FCP \$30 Copay; Specialist \$50 Copay (initial visit only)	60% Plan / 40% Member
DELIVERY – FACILITY/INPATIENT CARE***	\$200 Copay/Day (\$1,000 max/admission); then 80% Plan/20% Member	60% Plan / 40% Member
OBSTETRICAL CARE AND DELIVERY – PHYSICIAN	80% Plan / 20% Member	60% Plan / 40% Member

COVERAGE	IN-NETWORK	OUT-OF-NETWORK*
THERAPY		
PHYSICAL THERAPY / CHIROPRACTIC CARE (max. 35 visits / year / condition)	\$50 Copay / Visit	60% Plan / 40% Member
OCCUPATIONAL THERAPY (max. 35 visits / year / condition)		
SPEECH AND HEARING THERAPY (max. 60 visits / year / condition)		
EXTENDED CARE		
SKILLED NURSING/CONVALESCENT FACILITY*** (max. 180 visits)	80% Plan / 20% Member	60% Plan / 40% Member
HOME HEALTH CARE SERVICES*** (max.120 visits)	80% Plan / 20% Member	60% Plan / 40% Member
HOSPICE CARE SERVICES***	80% Plan / 20% Member	60% Plan / 40% Member
HOME INFUSION THERAPY***	80% Plan / 20% Member	60% Plan / 40% Member
BEHAVIORAL HEALTH (MENTAL ILLNESS, SERIOUS MENTAL ILLNESS, AND SUBSTANCE USE DISORDER)		
VIRTUAL VISIT WITH MDLIVE®****	\$0 copay	N/A
SERIOUS MENTAL ILLNESS – OFFICE VISIT	FCP \$30 Copay; Specialist \$50 Copay	60% Plan / 40% Member
SERIOUS MENTAL ILLNESS – OUTPATIENT***	80% Plan /20% Member	60% Plan / 40% Member
SERIOUS MENTAL ILLNESS – INPATIENT***	\$200 Copay / Day (\$1,000 max / admission) then 80% Plan / 20% Member	60% Plan / 40% Member
MENTAL ILLNESS – OFFICE	FCP \$30 Copay; Specialist \$50 Copay	60% Plan / 40% Member
MENTAL ILLNESS – OUTPATIENT***	80% Plan /20% Member	60% Plan / 40% Member
MENTAL ILLNESS – INPATIENT***	\$200 Copay / Day (\$1,000 max / admission) then 80% Plan / 20% Member	60% Plan / 40% Member
SUBSTANCE USE DISORDER – OFFICE	FCP \$30 Copay; Specialist \$50 Copay	60% Plan / 40% Member
SUBSTANCE USE DISORDER – OUTPATIENT TREATMENT***	80% Plan /20% Member	60% Plan / 40% Member
SUBSTANCE USE DISORDER – INPATIENT TREATMENT***	\$200 Copay / Day (\$1,000 max / admission) then 80% Plan / 20% Member	60% Plan / 40% Member
APPLIED BEHAVIOR ANALYSIS***	FCP \$30 Copay, Specialist \$50 Copay 80% Plan / 20% Member Outpatient or Home Health Services	60% Plan / 40% Member

COVERAGE	IN-NETWORK	OUT-OF-NETWORK*
OTHER SERVICES		
DURABLE MEDICAL EQUIPMENT***	80% Plan / 20% Member	60% Plan / 40% Member
PROSTHETIC DEVICES	80% Plan / 20% Member	60% Plan / 40% Member
HEARING AIDS (ADULT) (\$1,000 per ear; once every 3 years)	80% Plan / 20% Member Deductible does not apply	80% Plan / 20% Member Deductible does not apply
HEARING AIDS (PEDIATRIC) (Once per ear every 3 years)	80% Plan / 20% Member Deductible does not apply	80% Plan / 20% Member Deductible does not apply
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. (For non-network providers, after \$3,000 deductible, plan pays 100% up to the allowable amount; member pays charges exceeding the allowable amount). Individual must have been continuously enrolled in an employee health plan offered through The University of Texas System for 36 continuous months prior to the date of the surgery to receive benefits.	
FERTILITY AND FAMILY BUILDING BENEFIT	The person(s) receiving fertility treatment must be a covered primary subscriber or covered spouse enrolled for 12 months continuously in an employee health plan offered through The University of Texas System immediately prior to accessing the benefit. Enrollment in the Student Health Plan does not count towards the 12 months of continuous coverage. Get started and activate your benefit by contacting Progyny at 1-844-535-0711 .	

* For services provided out-of-network, any charges over the allowable amount are the patient's responsibility.

** J Visa holders have a \$500 individual deductible and a \$1,500 family deductible.

*** These services require preauthorization to establish medical necessity.

**** MDLIVE charges a \$50 fee for missed, cancelled or rescheduled behavioral health appointments. A \$50 fee is only charged for cancelled and rescheduled behavioral health appointments with less than 24 hours' notice, or for missed behavioral health appointments. The \$50 fee is an out-of-pocket expense and is not covered by your plan.

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 UT Health Network are illustrated below.

	UT HEALTH NETWORK BENEFIT	STANDARD UT SELECT IN-NETWORK BENEFIT
PRIMARY CARE	\$20 copay	\$30 copay
SPECIALIST	\$40 copay	\$50 copay
EMPLOYEE CLINIC	\$10 copay	\$30 copay
DEDUCTIBLE	\$600	\$600
COINSURANCE	10%	20%
INPATIENT	Deductible plus 10% coinsurance	\$200 / day (\$1,000 max/admission) plus 20% coinsurance
OUTPATIENT	Deductible plus 10% coinsurance	\$200 / day plus 20% coinsurance

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;
- UT Austin, UT Health Houston, and UT Health San Antonio Employee & Nursing Clinics and University Health System in San Antonio; and
- UT Dallas Callier Center for audiology and hearing aids

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.

For additional information, including details about available Employee & Nursing Clinics, please see the individual city links under “UT Health Network” in the navigation menu of the OEB website. You can also log into Blue Access for Members to access the Provider Finder specific to UT SELECT Medical, where participating providers and facilities are clearly marked as being part of the UT Health Network. You must be logged in to see the “UT Health Network” designation.

OUT-OF-AREA PLAN

Out-of-Area Benefits apply to any eligible UT SELECT members whose residence of record is outside of the State of Texas, New Mexico or Washington, D.C. Payment for services is limited to the allowable amount as determined by Blue Cross and Blue Shield. ParPlan (Texas) and Traditional Indemnity Network (outside of Texas) providers accept the allowable amount. To maximize your benefits and to avoid charges over the allowable amount, seek care through a BCBSTX provider when possible. **Any charges over the allowable amount are the patient's responsibility and will be in addition to deductible, coinsurance and out-of-pocket maximums.**

COVERAGE	IN-NETWORK
ANNUAL DEDUCTIBLE (applicable when coinsurance is required)	\$600 / individual \$1,800 / family
ANNUAL MEDICAL COINSURANCE MAXIMUM	\$3,500 / individual \$10,500 / family (does not include deductible)
ANNUAL OUT-OF-POCKET MAXIMUM	\$9,100 / individual \$18,200 / family (All member medical and prescription drug allowed cost share)
PREVENTIVE CARE	Plan pays 100% (no copayment required)
VIRTUAL VISIT WITH MDLIVE	\$0 copay
OTHER COVERED MEDICAL SERVICES	75% Plan / 25% 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. (For non-network providers, after \$3,000 deductible, plan pays 100% up to the allowable amount; member pays charges exceeding the allowable amount). Individual must have been continuously enrolled in an employee health plan offered through The University of Texas System plan for 36 continuous months prior to the date of the surgery to receive benefits.
FERTILITY BENEFIT	The person(s) receiving fertility treatment must be a covered primary subscriber or covered spouse enrolled for 12 months continuously in an employee health plan offered through The University of Texas System immediately prior to accessing the benefit. Enrollment in the Student Health Plan does not count towards the 12 months of continuous coverage. Get started and activate your benefit by contacting Progyny at 1-844-535-0711 .

*For services provided out-of-network and out-of-area, any charges over the allowable amount are the patient's responsibility.

The full UT SELECT guide as well as other insurance plan documents can be found at:
www.utsystem.edu/offices/employee-benefits/forms-and-publications