



EMPLOYEE AND NON-MEDICARE-ELIGIBLE RETIREE HEALTH PLANS COMPARISON CHART

EFFECTIVE SEPTEMBER 1, 2014

Benefits	HealthSelect ¹			HMO
	In-Area		Out-of-Area ²	
	Network	Non-Network		
Calendar year deductible	None	\$500 per person \$1,500 per family ³	\$200 per person \$600 per family ³	None
Out-of-pocket coinsurance maximum ¹³	\$2,000 per person ⁴ per calendar year	\$7,000 per person ⁴ per calendar year	\$3,000 per person ⁴ per calendar year	\$2,000 per person ⁴ per plan year
Total Out-of-Pocket Maximum ¹³ (including deductibles, coinsurance and copays)	\$6,350 per person \$12,700 per family ³	None	\$6,350 per person \$12,700 per family ³	\$6,350 per person \$12,700 per family ³
Lifetime maximum	None	None	None	None
Primary care physician required	Yes	No	No	Contact your HMO
Primary care physicians' office visits	\$25	40%	30%	\$25
Physicals*	No Charge	40%	Network provider - No Charge; Non-network provider - 30%	No charge
Specialty physicians' office visits	\$40	40% ³	30%	\$40
Routine eye exam, one per year per participant*	\$40	\$40 copay plus 40% coinsurance	30%	\$40 ⁷
Family planning services*	20%	40% ³	30%	\$40 ⁷
Well woman exam*	No Charge	40%	Network provider - No charge; Non-network provider - 30%	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
Allergy antigens/serum, injections, and testing	No charge without office visit; \$25 or \$40 with office visit	40%	30%	20%
Diagnostic x-rays, lab tests, and mammography	20% ⁶	40%	30%	20%
Office surgery and diagnostic procedures	20%	40%	30%	20%
High-tech radiology (CT scan, MRI, and nuclear medicine) ^{8,9}	\$100 copay plus 20% ¹¹	\$100 copay plus 40% ¹¹	\$100 copay plus 30%	\$100 copay plus 20% coinsurance ¹¹
Urgent care clinic	\$50 plus 20%	\$50 plus 40%	30%	\$50 plus 20%
Chiropractic care				
a. Coinsurance	20%	40%	30%	
b. Maximum benefit per visit	\$75	\$75	\$75	
c. Maximum visits each participant each calendar year	30	30	30	Not covered

Benefits	HealthSelect ¹			HMO
	In-Area		Out-of-Area ²	
	Network	Non-Network		

Immunizations:

All ages* immunizations, Meningitis childhood, beginning in 7th grade	No charge	40%	Network provider - no charge; Non-network provider - 30%	No charge
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Maternity care:

Dr. charges only*; inpatient hospital copays will apply	\$25 or \$40 for first post-natal office visit \$0 for routine prenatal appointments	40%	30%	\$25 or \$40 for first post-natal office visit \$0 for routine prenatal appointments
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Inpatient hospital (semi-private room and day's board, and intensive care unit)	\$150/day copay plus 20% (\$750 copay max- up to 5 days per hospital stay, \$2,250 copay max per calendar year per person ⁸)	\$150/day copay plus 40% (\$750 copay max- up to 5 days per hospital stay, \$2,250 copay max per calendar year per person ⁸)	\$150/day copay plus 30% (\$750 copay max- up to 5 days per hospital stay, \$2,250 copay max per calendar year per person ⁸).	\$150/day copay plus 20% (\$750 copay max- up to 5 days per hospital stay, \$2,250 copay max per plan year per person ⁸)
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)
Outpatient surgery other than in physician's office	\$100 plus 20%	\$100 plus 40%	\$100 plus 30%	\$100 plus 20%
Bariatric surgery ^{8,10}	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
Skilled nursing facility	20%; 60-day max. per calendar year ⁸	40% 60-day max. per calendar year ⁸	No charge (no deductible ⁸)	20%; 60-day max. per plan year ^{7,8}
Hospice	20% ⁸	40% ⁸	30% (no deductible) ⁸	20% ⁸
Home health care	20% ⁸	40%; 100 visits max. per calendar year ⁸	No charge; 100 visits max. per calendar year (no deductible ⁸)	20% ⁸
Hearing aids	Plan pays up to \$1,000 per ear every three years (no deductible).			
Durable medical equipment	20% ^{8,12}	40% ^{8,12}	30% ^{8,12}	20% ⁸
Ambulance services (non-emergent)	20% ⁸	20% ⁸	30% ⁸	20% ⁸

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 calendar year, January 1-December 31.

⁴ Does not include copays.

⁵ Charges could vary when performed during an office visit.

⁶ Copay depends on whether treatment is given by PCP or specialist.

⁷ Applies to plan year, September 1- August 31; for treatment charges, one visit per plan year.

⁸ Preauthorization required.

⁹ Outpatient testing only. Does not apply to inpatient services.

¹⁰ Active employees only; see health plan for additional requirements/limitations.

¹¹ No copay if high-tech radiology is performed during ER visit or inpatient admission.

¹² \$2,500 limit on non-essential DME. Replacement limit of one every three years unless change in condition or physical status.

¹³ Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a Participant's total out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a Participant could pay up to \$6,350 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 \$4,350 in copayments, totaling \$6,350 in overall out-of-pocket expense.)

Behavioral Care 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 member) dependent upon physician billing and diagnosis. In some cases, you will still be responsible for payment on some services.

Health Benefit Changes – Effective Plan Year 2015

HealthSelectSM of Texas

Out-of-Pocket Maximum Changes:

Under the HealthSelect in-area plan, an overall out-of-pocket maximum limit of \$6,350 for individuals and \$12,700 for families will go into effect on September 1, 2014, but limits do not start over until January 1, 2015.

- This total out-of-pocket maximum will include deductibles (if applicable), medical copays, and coinsurance. It does not include premiums.
- Currently there is no overall out-of-pocket maximum for the plan, so this is an added benefit to plan participants.
- The coinsurance out-of-pocket maximum of \$2,000 per individual that is currently in place will stay the same. The \$2,250 inpatient hospital copay maximum per individual per year also will stay the same.
- For more information, see the chart below.

Mental Health Benefits:

- **Inpatient mental health services** will no longer have different pricing tiers based on the number of days as an inpatient. Now all inpatient mental health care (even for more than 30 days) is payable at 80% coinsurance at network providers.
- **Outpatient professional mental health services** will be subject to a \$40 copay, rather than the current 20% coinsurance. There will no longer be a limit on days of outpatient treatment.
- **Outpatient mental health facility benefits** will change to \$100 copay plus 20% coinsurance. There is no tiering or limit on days of treatment.

Other Benefit Enhancements:

- The benefit for hearing aids will increase to \$1,000 per ear every 36 months (up from the previous benefit of \$500 per ear every 36 months).
- Breast pumps for nursing mothers will be covered at 100% of retail cost (limited to one per delivery). A participant will have to file a paper claim with a copy of the receipt for reimbursement.

HealthSelect Annual Maximums

	In-Network		Out-of-Network		Out-of-Area	
	Individual	Family	Individual	Family	Individual	Family
Coinsurance out-of-pocket maximum	\$2,000	\$2,000**	\$7,000	\$7,000**	\$3,000	\$3,000**
Inpatient copayment maximum	\$2,250	\$2,250**	\$2,250	\$2,250**	\$2,250	\$2,250**
Deductible ¹	\$0	\$0	\$500	\$1,500	\$200	\$600
Copayment maximum ²						
Total out-of-pocket maximum	\$6,350	\$12,700	no limit	no limit	\$6,350	\$12,700

All amounts are up to that maximum and are not mutually exclusive from other out-of-pocket limits.

In-network Coinsurance is an actual limit. All others for in-network are in aggregate.

Out-of-network does not have a family benefit. The amounts apply to each individual. This is not a change from the Plan Year 2014 benefit structure.

The inpatient copayment maximums cross-apply between in-network and out-of-network.

¹Not to exceed \$500 per individual for out-of-network and \$200 per individual for out-of-area.

²Copayment maximum amount varies, as there is not a limit other than total out-of-pocket maximum.

(An individual could owe up to \$6,350 in copayments alone if there was no coinsurance paid throughout the year. If an individual reaches the \$2,000 coinsurance maximum, he or she would owe \$4,350 in copayments.)

*Bariatric services are not included in these maximums.

**Limits are per participant.

Health Benefit Changes – Effective Plan Year 2015

Community First Health Plans and Scott & White Health Plan

Out-of-Pocket Maximum Changes:

For both the health maintenance organizations (HMOs), Community First Health Plans and Scott & White Health Plan, an overall out-of-pocket maximum limit of \$6,350 for individuals and \$12,700 for families will go into effect on September 1, 2014 and reset every plan year.

HMOs follow the plan year rather than the calendar year, so their out-of-pocket maximums will reset each September, while HealthSelect's reset each January.

- The coinsurance out-of-pocket maximum of \$2,000 per individual that is currently in place will stay the same. The \$2,250 inpatient hospital copay maximum per individual per year also will stay the same.
- This overall out-of-pocket maximum will include both medical and pharmacy copays and coinsurance. It does not include premiums. There are no deductibles under the HMOs.
- Currently there is no overall out-of-pocket maximum for the plan, so this is an added benefit to plan participants.
- For more information, see the chart below.

Other Benefit Enhancements:

- The benefit for hearing aids will increase to \$1,000 per ear every 36 months (up from the previous benefit of \$500 per ear every 36 months).

Community First Health Plans and Scott & White Health Plan Annual Maximums

	In-Network		Out-of-Network ¹	
	Individual	Family	Individual	Family
Coinsurance out-of-pocket maximum	\$2,000	\$2,000**	n/a	n/a
Inpatient copayment maximum	\$2,250	\$2,250**	n/a	n/a
Deductible	\$0	\$0	n/a	n/a
Copayment maximum ²				
Total out-of-pocket maximum	\$6,350	\$12,700	n/a	n/a

All amounts are up to that maximum and are **not mutually exclusive** from other out of pocket limits.

In-network coinsurance is an actual limit. All others for in-network are in aggregate.

¹With the exception of Medical Emergency Services, out-of-network and out-of-area services are not covered by HMOs unless prior authorized by the health plan first.

²Copayment maximum amount varies as there is not a limit other than total out-of-pocket maximum.

(An individual could owe up to \$6,350 in copayments alone if there was no coinsurance paid throughout the year. If an individual reaches the \$2,000 coinsurance maximum, he or she would owe \$4,350 in copayments.)

**Limits are per participant.