

MEDICAL PLAN COMPARISON CHART

September 1, 2005 - August 31, 2006

For HMO coverage, all care must be provided or authorized by the member's Primary care Physician. For UT SELECT Out-of-Network coverage, members are responsible for all costs above the plan's reasonable and customary reimbursement for the services requested.

Coverage	HMO Blue Texas	UT SELECT PPO		
		Network	Out of Network	Out of Area
Evidence of Insurability Required for Previously Eligible Dependents	No	Yes (unless covered under another group medical plan at time of application)		
Annual Deductible	None	\$250/person \$750/family (applicable when coinsurance is required)	\$500/person \$1,500/family (applicable when coinsurance is required)	\$250/person \$750/family (applicable when coinsurance is required)
Annual Out of Pocket Maximum (Includes Deductibles and Coinsurance only)	\$2,500/person \$5,000/family	\$1,750/person \$5,250/family	\$4,000/person \$12,000/family	\$1,750/person \$5,250/family
Pre-existing Condition Limitation	No	No	No	No
Hospital - Semi-private Room and Board	\$100 Copay/day (\$500 max/admission)	\$100 Copay/day (\$500 max/admission) then 80% Plan/20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Outpatient or Same Day Surgery	\$200 per Occurrence	\$100 Copay then 80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Physician Office Visits	PCP \$25 Copay Specialist \$30 Copay	FCP \$25 Copay Specialist \$30 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Prenatal and Postnatal Care	\$25 Copay (initial visit only)	\$25 Copay (initial visit only)	60% Plan / 40% Member	75% Plan / 25% Member
Hospital Inpatient surgery (physician charges)	Included in Hospital Copay	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Surgical Assistant	Included in Hospital Copay	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Hospital Obstetrical Care	Included in Hospital Copay	\$100 Copay/day (\$500 max/admission) then 80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Office Surgery	PCP \$25 Copay Specialist \$30 Copay	FCP \$25 Copay Specialist \$30 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Skilled Nursing/Convalescent Facility	No Copay (max. 180 days)	80% Plan / 20% Member (max. 180 days)	60% Plan / 40% Member (max. 180 days)	75% Plan / 25% Member (max. 180 days)
Radiologist, Pathologist, and Anesthesiologist	No Copay	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Allergy Testing	PCP \$25 Copay Specialist \$30 Copay	FCP \$25 Copay Specialist \$30 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Hospice Care Services	No Copay	80% Plan / 20% Member (max. 90 visits/yr)	60% Plan / 40% Member (max. 90 visits/yr)	75% Plan / 25% Member (max. 90 visits/yr)

Coverage	HMO Blue Texas	UT SELECT PPO		
		Network	Out of Network	Out of Area
Home Health Care Services	No Copay	80% Plan / 20% Member (max. 120 visits)	60% Plan / 40% Member (max. 120 visits)	75% Plan / 25% Member (max. 120 visits)
Physical Rehabilitation Therapy	PCP \$25 Copay Specialist \$30 Copay	80% Plan / 20% Member (max. 20 visits/yr)	60% Plan / 40% Member (max. 20 visits/yr)	75% Plan / 25% Member (max. 20 visits/yr)
Laboratory Services	No Copay	Included in Office Visit Copay	60% Plan / 40% Member	75% Plan / 25% Member
Diagnostic X-Rays, Therapeutic Radiology, Mammography	No Copay	Included in Office Visit Copay	60% Plan / 40% Member	75% Plan / 25% Member
Hospital Emergency Room	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)	75% Plan / 25% Member
Ambulance Service	\$100 per Occurrence	80% Plan / 20% Member	80% Plan / 20% Member	75% Plan / 25% Member
Chemical Dependency - Inpatient Treatment (max 30 days/yr)	\$100 Copay/day (\$500 max/admission)	\$100 Copay/day (\$500 max/admission) then 80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Chemical Dependency - Outpatient Treatment (max 20 visits/yr)	PCP \$25 Copay Specialist \$30 Copay	FCP \$25 Copay Specialist \$30 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Serious Mental Illness - Inpatient	\$100 Copay/day (\$500 max/admission)	\$100 Copay/day (\$500 max/admission) then 80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Serious Mental Illness - Outpatient	PCP \$25 Copay Specialist \$30 Copay	FCP \$25 Copay Specialist \$30 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Mental Illness - Inpatient (other than Serious Mental)	\$100 Copay/day (\$500 max/admission) (30 day max/yr)	\$100 Copay/day (\$500 max/admission) then 80% Plan / 20% Member (max. 30 days/yr)	60% Plan / 40% Member (max. 30 days/yr)	75% Plan / 25% Member (max. 30 days/yr)
Mental Illness -Outpatient	PCP \$25 Copay Specialist \$30 Copay (max. 25 visits/yr.)	FCP \$25 Copay Specialist \$30 Copay (max. 20 visits/yr.)	60% Plan / 40% Member (max. 20 visits/yr.)	75% Plan / 25% Member (max. 20 visits/yr.)
Immunizations	Dependents up to age 6, no charge for injection only	Dependents up to age 6, no charge for injection only	Dependents up to age 6, no charge for injection only	Dependents up to age 6, no charge for injection only
Preventive Health Services - periodic health assessments, well baby, annual well woman exam	PCP \$25 Copay Specialist \$30 Copay	FCP \$25 Copay Specialist \$30 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Birth Control Management	PCP \$25 Copay Specialist \$30 Copay	FCP \$25 Copay Specialist \$30 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Durable Medical Equipment	80% Plan / 20% Member	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Prosthetic Devices	80% Plan / 20% Member	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Speech and Hearing Therapy	PCP \$25 Copay Specialist \$30 Copay	80% Plan / 20% Member (max. 60 visits/yr)	60% Plan / 40% Member (max. 60 visits/yr)	75% Plan / 25% Member (max. 60 visits/yr)