

## UT SELECT BENEFIT SUMMARY CHART

September 1, 2011 - August 31, 2012

Coverage	UT SELECT – Medical Plan		
	Network	Out-of-Network *	Out-of-Area *
Annual Deductible	\$350/person \$1,050/family (applicable when coinsurance is required)	\$750/person \$2,250/family (applicable when coinsurance is required)	\$350/person \$1,050/family (applicable when coinsurance is required)
Annual Out-of-Pocket Maximum	\$2,500/person \$7,500/family	\$5,000/person \$15,000/family	\$2,500/person \$7,500/family
Pre-existing Condition Limitation	No	No	No
Hospital - Semi private Room and Board**	\$100 Copay/Day (\$500 max/admission); then 80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Outpatient or Same Day Surgery	\$100 Copay; then 80% Plan /20% Member	60% Plan/40% Member	75% Plan/25% Member
Office Visit	FCP \$30 Copay; Specialist \$35 Copay;100% covered after copay	60% Plan/40% Member	75% Plan/25% Member
Preventive Care	Plan pays 100% (no copayment required)	60% Plan/40% Member	Plan pays 100% (no copayment required)
Prenatal and Postnatal Care	\$30 Copay (initial visit only)	60% Plan/40% Member	75% Plan/25% Member
Hospital Obstetrical Care**	\$100 Copay (\$500 max/admission); then 80% Plan /20% Member	60% Plan/40% Member	75% Plan/25% Member
Hospital Inpatient Surgery**	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Surgical Assistant	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Bariatric Surgery**	\$5,000 deductible (does not apply to plan year deductible or out-of-pocket maximum) After \$5,000 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 and out-of-area services, after \$5,000 deductible, plan pays 100% up to the allowable amount; member pays charges exceeding the allowable amount)		
Office Surgery	FCP \$30 Copay; Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Skilled Nursing/ Convalescent Facility**	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	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Allergy Testing	FCP \$30 Copay Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Hospice Care Services**	80% Plan / 20% Member	60% Plan/40% Member	75% Plan/25% Member
Home Health Care Services**	80% Plan/20% Member (max.120 visits)	60% Plan/40% Member (max. 120 visits)	75% Plan/25% Member (max. 120 visits)
Physical Rehabilitation Therapy	80% Plan/20% Member (max. 20 visits/yr)	60% Plan/40% Member (max. 20 visits/yr)	75% Plan/25% Member (max. 20 visits/yr)

Coverage	UT SELECT – Medical Plan		
	Network	Out-of-Network *	Out-of-Area *
Diagnostic Laboratory Services	Included in Office Visit Copay	60% Plan/40% Member	75% Plan/25% Member
Diagnostic X-Rays, therapeutic radiology, mammography	Included in Office Visit Copay	60% Plan/40% Member	75% Plan/25% Member
Hospital Emergency Room	\$150 Copay (waived if admitted)	\$150 Copay (waived if admitted)	75% Plan/25% Member
Ambulance Service (if transported)	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) then 80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Chemical Dependency - Outpatient Treatment** (max 20 visits/yr for outpatient facility and office visits combined)	Outpatient Facility: 80% Plan/20% Member Office Setting FCP \$30 Copay Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Smoking Cessation	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Serious Mental Illness - Inpatient**	\$100 Copay/Day (\$500 max/admission) then 80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Serious Mental Illness – Outpatient**	FCP \$30 Copay Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Mental Illness – Inpatient** (Other than Serious Mental Illness)	\$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**	FCP \$30 Copay Specialist \$35 Copay (max. 20 visits/yr.)	60% Plan/40% Member (max. 20 visits/yr.)	75% Plan/25% Member (max. 20 visits/yr.)
Birth Control Management	FCP \$30 Copay Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Durable Medical Equipment	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Prosthetic Devices	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Speech and Hearing Therapy	80% Plan/20% Member (max. 60 visits/yr)	60% Plan/40% Member (max. 60 visits/yr)ww	75% Plan/25% Member (max. 60 visits/yr)

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

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