

YOUR UT SELECT MEDICAL BENEFITS



In-Area Summary of Benefits

In-Area Network and Non-Network benefits apply to eligible employees, retirees and their covered dependents residing in Texas, New Mexico or Washington, D.C. Payment for non-network (including *ParPlan*) services is limited to the **allowable amount** as determined by Blue Cross and Blue Shield of Texas. ParPlan providers accept the **allowable amount**. **Any charges over the allowable amount for non-network services are the patient's responsibility and are in addition to deductible, coinsurance and out-of-pocket maximums.**

Members with Medicare as primary should see the UT SELECT and Medicare section of this guide.

IN-AREA		
Coverage	BCBSTX In-Network	BCBSTX Out-of-Network*
Annual <u>Deductible</u> (applicable when <u>coinsurance</u> is required)	\$600/person** \$1,800/family	\$1,800/person \$5,400/family
Coinsurance Maximum	\$3,500/person \$10,500/family	Unlimited
Annual <u>Out-of-Pocket Maximum</u> ***	\$8,700/person \$17,400/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	\$0 Copay
Preventive Care	Plan pays 100% (no copayment required)	60% Plan/40% Member
Diagnostic Office Visit – Office Setting Family Care Physician (FCP) Family Practice Internal Medicine OB/GYN 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	FCP \$30 Copay; Specialist \$50 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

IN-AREA (continued)

Coverage	BCBSTX In-Network	BCBSTX Out-of-Network*
EMERGENCY CARE		
Ambulance Service (if transported)	80% Plan/20% Member	80% Plan/20% Member
Hospital Emergency Room, Including Physician Services	\$500 Copay/visit If admitted, ER services are added to claims for inpatient services	\$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
MRI/CT Scans	\$150 copay per procedure	\$150 copay per procedure, then 40% Member
Other Diagnostic Tests	80% Plan/20% Member	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
THERAPY		
Physical Therapy/Chiropractic Care (max. 35 visits/year/condition)	\$50 Copay/Visit	60% Plan/40% Member
Occupational Therapy (max. 35 visits/year/condition)	\$50 Copay/Visit	60% Plan/40% Member
Speech and Hearing Therapy (max. 60 visits/year/condition)	\$50 Copay/Visit	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
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

IN-AREA (continued)

Coverage	BCBSTX In-Network	BCBSTX Out-of-Network*
BEHAVIORAL HEALTH		
Virtual Visit with MDLIVE	\$0 Copay	\$0 Copay
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
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 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 be enrolled in the UT SELECT or UT CONNECT plan for 36 continuous months prior to the date of the surgery to receive benefits.	
Fertility and Family Building Benefit	2 Smart Cycles covered per lifetime. The person(s) receiving fertility treatment must be an employee 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.

*** 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.

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

The UT Health Network

The 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 along with several claims examples are illustrated below.

	UT HEALTH NETWORK BENEFIT	CURRENT UT SELECT NETWORK BENEFIT*
PRIMARY CARE	\$20 copay	\$30 copay
SPECIALIST	\$40 copay	\$50 copay
URGENT CARE	\$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) plus 20% coinsurance
OUTPATIENT	Deductible plus 10% coinsurance	\$200/day plus 20% coinsurance

*See the Summary of Benefits charts for Out of Network details.

Current points of service for the UT Health Network include:

- UT Medical Branch Galveston facilities & providers
- UT Rio Grande Valley facilities & providers
- UT Tyler Health Science Center facilities & providers
- UT Health Houston facilities & providers
- University Hospital System in San Antonio
- Employee and Nursing Clinics at UT Austin, UT Health Houston, UT Health San Antonio and UT Rio Grande Valley

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 Summary of Benefits

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. 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	OUT-OF-AREA*
Annual Deductible (applicable when coinsurance is required)	\$600/Person; \$1,800/Family
Coinsurance Maximum	\$3,500/Person; \$10,500 Family
Annual Out-of-Pocket Maximum**	\$8,700/Person \$17,400/Family (includes medical and prescription drug deductibles, copayments, and coinsurance)
Pre-existing Condition Limitation	None
Lifetime Maximum Benefit	No Limit
OFFICE SERVICES	
Virtual Visit with MDLIVE	\$0 Copay
Preventive Care	Plan pays 100% (no copayment required)
Diagnostic Office Visit	75% Plan/25% Member
Diagnostic Lab and X-Ray	75% Plan/25% Member
Other Diagnostic Tests	75% Plan/25% Member
Allergy Testing	75% Plan/25% Member
Allergy Serum (if no office visit billed)	75% Plan/25% Member
EMERGENCY CARE	
Ambulance Service (if transported)	75% Plan/25% Member
Hospital Emergency Room	75% Plan/25% Member
Emergency Physician Services	75% Plan/25% Member
OUTPATIENT CARE	
Observation	75% Plan/25% Member
Surgery – Facility	75% Plan/25% Member
Surgery – Physician	75% Plan/25% Member
Diagnostic Lab and X-Ray	75% Plan/25% Member
Other Diagnostic Tests	75% Plan/25% Member
Outpatient Procedures	75% Plan/25% Member
INPATIENT CARE	
Hospital – Semiprivate Room and Board***	75% Plan/25% Member
Hospital Inpatient Surgery***	75% Plan/25% Member
Physician	75% Plan/25% Member
OBSTETRICAL CARE	
Prenatal and Postnatal Care Office Visits	75% Plan/25% Member
Delivery – Facility/Inpatient Care***	75% Plan/25% Member
Obstetrical Care and Delivery – Physician	75% Plan/25% Member

COVERAGE (continued)	OUT-OF-AREA* (continued)
THERAPY	
Physical Therapy/Chiropractic Care (max. 35 visits/year/condition)	75% Plan/25% Member
Occupational Therapy (max. 35 visits/year/condition)	75% Plan/25% Member
Speech and Hearing Therapy (max. 60 visits/year/condition)	75% Plan/25% Member
EXTENDED CARE	
Skilled Nursing/Convalescent Facility*** (max. 180 visits)	75% Plan/25% Member
Home Health Care Services*** (max. 120 visits)	75% Plan/25% Member
Hospice Care Services***	75% Plan/25% Member
Home Infusion Therapy***	75% Plan/25% Member
BEHAVIORAL HEALTH (Mental Illness, Serious Mental Illness, and Substance Use Disorder)	
Virtual Visit with MDLIVE	\$0 Copay
Serious Mental Illness – Office Visit	75% Plan/25% Member
Serious Mental Illness – Outpatient***	75% Plan/25% Member
Serious Mental Illness – Inpatient***	75% Plan/25% Member
Mental Illness – Office	75% Plan/25% Member
Mental Illness – Outpatient***	75% Plan/25% Member
Mental Illness – Inpatient***	75% Plan/25% Member
Substance Use Disorder – Office	75% Plan/25% Member
Substance Use Disorder – Outpatient Treatment***	75% Plan/25% Member
Substance Use Disorder – Inpatient Treatment***	75% Plan/25% Member
OTHER SERVICES	
Durable Medical Equipment***	75% Plan/25% Member
Prosthetic Devices	75% Plan/25% Member
Hearing Aids (Adult) (\$1,000 per ear; once every 3 years)	75% Plan/25% Member
Hearing Aids (pediatric; once every 3 years)	75% Plan/25% Member
Bariatric Surgery* (pre-determination recommended)	After \$3,000 deductible, plan pays 100% up to the allowable amount; member pays charges exceeding the allowable amount. (individual must be enrolled in the UT SELECT or UT CONNECT plan for 36 continuous months prior to date of the surgery to receive benefits.)
Fertility and Family Building Benefit	2 Smart Cycles Covered per Lifetime. The person(s) receiving fertility treatment must be an employee 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. Contact Progyny at 1-844-535-0711 to activate fertility benefits.

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

**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.

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