

UT SELECT Benefit Summary Chart

SEPTEMBER 1, 2020 - AUGUST 31, 2021

IN-AREA PLAN

In-Area Benefits apply to any eligible Employees, Retirees, and their dependents whose residence of record is in the State of Texas, New Mexico, or Washington, D.C.

COVERAGE	IN-NETWORK	OUT-OF-NETWORK*
ANNUAL DEDUCTIBLE (APPLICABLE WHEN COINSURANCE IS REQUIRED)	\$350/individual \$1,050/family	\$750/individual \$2,250/family
ANNUAL MEDICAL COINSURANCE MAXIMUM	\$2,150/individual \$6,450/family (does not include deductible)	N/A
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,150/individual \$16,300/family (All member medical and prescription drug allowed cost share)	N/A
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 (FAMILY CARE PHYSICIAN (FCP) IS FAMILY PRACTICE INTERNAL MEDICINE OB/GYN PEDIATRICS)	FCP \$30 Copay; Specialist \$35 Copay	60% Plan /40% Member
URGENT CARE	\$35	60% Plan /40% Member
EMERGENCY CARE		
AMBULANCE SERVICE (IF TRANSPORTED)	80% Plan/20% Member	
HOSPITAL EMERGENCY ROOM	\$150 Copay plus 20% coinsurance (copay waived if admitted) If admitted, ER services are added to claims for inpatient services (no deductible)	
OUTPATIENT CARE		
OUTPATIENT FACILITY SERVICES	\$100 Copay; then 80% Plan /20% Member	60% Plan/40% Member
NON-EMERGENCY MRI/CT SCANS	\$100 Copay (may be waived by contacting the Health Advocate before services)	\$100 Copay plus 60% Plan/40% Member (copay may be waived by contacting the Health Advocate before services)
INPATIENT CARE		
SEMI PRIVATE ROOM AND BOARD**	\$100 Copay/Day (\$500 max/admission); then 80% Plan/20% Member	60% Plan/40% Member
THERAPY		
PHYSICAL THERAPY/CHIROPRACTIC CARE, OCCUPATIONAL THERAPY (MAX. 30 VISITS/YR)	\$35 Copay	60% Plan/40% Member
SPEECH AND HEARING THERAPY (MAX. 60 VISITS/YR)		

BEHAVIORAL HEALTH (MENTAL ILLNESS, SERIOUS MENTAL ILLNESS, AND SUBSTANCE USE DISORDER)		
VIRTUAL VISIT WITH MDLIVE	\$0 copay	\$0 copay
OFFICE VISIT	\$35 Copay	60% Plan/40% Member
OUTPATIENT**	80% Plan /20% Member	60% Plan/40% Member
INPATIENT**	\$100 Copay/Day (\$500 max/admission) then 80% Plan/20% Member	60% Plan/40% Member
OTHER SERVICES		
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. 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.	\$3,000 deductible (does not apply to plan year deductible or out-of-pocket maximum). After \$3,000 bariatric surgery deductible, plan pays 100% up to the allowable amount. The member pays charges exceeding the allowable amount which can be a significant difference. 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.

* Any charges over the allowable amount are the patient's responsibility.

** These services require preauthorization to establish medical necessity.

*** 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.

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 new UT Health Network along with several claims examples are illustrated below.

	UT HEALTH NETWORK BENEFIT	STANDARD UT SELECT IN-NETWORK BENEFIT
PRIMARY CARE	\$20 copay	\$30 copay
SPECIALIST	\$25 copay	\$35 copay
EMPLOYEE CLINIC*	\$10 copay	\$30 copay
DEDUCTIBLE	\$350	\$350
COINSURANCE	10%	20%
INPATIENT COPAY*	\$0 / day	\$100 / day (max \$500)

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; and
- UT Austin, UT Health Houston, and UT Health San Antonio Employee & Nursing Clinics.

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.

BENEFITS EXAMPLES

Your UT Health Network benefit applies depending on the status of the provider and facility as shown below.

- Visit to a Participating Employee Health Clinic* (at any UT Facility) for urgent care needs: Member pays \$10 copay.
*Note: Employee Health Clinics may be run by a UT medical or nursing practice. Employee Health Clinics are not Primary Care or Specialty offices).
- Office Visit with a UT Provider at a UT-owned or non-UT-owned Facility: Member pays office visit copay of \$20 (primary care) or \$25 (specialist).
- Inpatient or Outpatient Services with a UT Provider at a participating UT Facility: Member pays regular \$350 deductible, 10% coinsurance on provider and facility charges, and a \$0 inpatient/\$100 outpatient copay.
- Inpatient or Outpatient Services with a UT Provider at a non-participating Facility: Member pays regular \$350 deductible, 10% coinsurance on provider charges, 20% coinsurance on facility charges, and \$100 facility copay per day.

OUT-OF-AREA PLAN

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. The Out-of-Area plan covers the same services as the In-Area Plan, and the prescription drug plan benefits are the same.

COVERAGE	IN-NETWORK
ANNUAL DEDUCTIBLE (APPLICABLE WHEN COINSURANCE IS REQUIRED)	\$350 / individual \$1,050 / family
ANNUAL MEDICAL COINSURANCE MAXIMUM	\$2,150 / individual \$6,450 / family (does not include deductible)
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,150 / individual \$16,300 / 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 be enrolled in the UT SELECT or UT CONNECT plan for 36 continuous months prior to the date of the surgery to receive benefits.

UT SELECT KEY TERMS

Allowed Amount – Maximum amount on which payment is based for covered health care services. Sometimes, this is referred to as “eligible expense”, “payment allowance”, or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference (balance billing) which can be significant. In-Network providers agree to the allowed amount for covered services and do not balance bill.

Annual Deductible – The amount of out-of-pocket expense the member pays in a plan year (September 1 – August 31) for health care services before the plan begins to pay. The deductible does not apply to all services, and copayments are not applied to the deductible met.

Annual Out-of-Pocket Maximum – The amount of out-of-pocket expense the member pays for eligible expenses in a plan year (September 1 – August 31). This limit never includes your premium, balance-billed charges or health care the plan doesn’t cover. The bariatric expenses also do not count toward this limit.

The \$2,150/\$6,450 limit includes medical coinsurance only (no copayments or prescription plan costs). There’s an additional limit including copayments and prescription costs such that in no case will

the eligible in-network out-of-pocket expenses including medical and prescription deductible, coinsurance, and copayments be greater than \$7,900 for employee only coverage or \$15,800 for employee plus dependent coverage (Subscriber plus spouse, subscriber plus child(ren), or subscriber plus family).

Health Advocate – Health advocates serve as a personal assistant for your health care needs. You may contact a health advocate to address your medical benefits questions. They can help you and your covered family members:

- Get personal assistance with your health care matters
- Understand your health benefits
- Talk to a BCBSTX clinician about health questions
- Sort out a new diagnosis and what to do next
- Shop for quality, lower-cost health care

It’s easy to reach a health advocate. Call 1-866-882-2034, weekdays 7 a.m. to 7 p.m. CT.

FCP – Family Care Physician; Includes Family Practice, Internal Medicine, OB/GYN, and Pediatrics in an office setting.

YOUR HEALTH CARE BENEFITS TRAVEL WITH YOU

You and your covered dependents have access to Blue Cross and Blue Shield network providers throughout the United States and around the world. To receive the network (highest) level of benefits when you need to seek care, please call 1-800-810-BLUE (2583).

TRANSITIONAL BENEFITS

If you or a covered dependent are being treated for certain chronic or ongoing medical conditions at the time you enroll in UT SELECT, and your doctor is not in the UT SELECT PPO network, ongoing care with your current doctor for up to three months may be requested. Transitional benefits are subject to approval. To request transitional benefits, complete a “Transitional Benefits Form” online at www.bcbstx.com/ut.