ERS
Employees Retirement System of Texas

# Employee and Non-Medicare-Eligible Retiree
# HEALTH PLANS COMPARISON CHART
Effective September 1, 2018

| Benefits | HealthSelect of Texas | | | | Consumer Directed HealthSelect | | HMOs | |
|---|---|---|---|---|---|---|---|---|
| | In-Area | | HealthSelect Out-of-State | | Network | Non-Network | Community First, Scott & White | KelseyCare powered by Community Health Choice |
| | Network | Non-Network | Network | Non-Network | | | | |
| **Annual deductible** | None | $500 per person[1]<br>$1,500 per family[1] | None | $500 per person[1]<br>$1,500 per family[1] | $2,100 per person[1]<br>$4,200 per family[1] | $4,200 per person[1]<br>$8,400 per family[1] | None | None |
| **Out-of-pocket coinsurance maximum**[2] | $2,000 per person[1] | $7,000 per person[1] | $2,000 per person[1] | $7,000 per person[1] | None | None | $2,000 per person[3] | $2,000 per person[3] |
| **Total out-of-pocket maximum** (including deductibles, coinsurance and copays)[4,5] | **$6,650 per person[1]<br>$13,300 per family[1] | None | **$6,650 per person[1]<br>$13,300 per family[1] | None | **$6,650 per person[1]<br>$13,300 per family[1] | None | $6,650 per person[3]<br>$13,300 per family[3] | $6,650 per person[3]<br>$13,300 per family[3] |
| **Primary care physician required** | Yes | No | No | No | No | No | Community First - yes<br>Scott & White - no | No |
| **Primary care physicians' office visit** | $25 copay | 40%* | $25 copay | 40%* | 20%** | 40%* | $25 | $15 |
| **Mental health care** | | | | | | | | |
| **a. Outpatient physician or mental health provider office visit** | $25 copay | 40%* | $25 copay | 40%* | 20%** | 40%* | $25 | $25 |
| **b. Hospital Mental health inpatient stay**[9] | $150/day copay plus 20% ($750 copay max, up to 5 days per hospital stay. $2,250 copay max per calendar year per person) | $150/day copay plus 40%* ($750 copay max, up to 5 days per hospital stay. $2,250 copay max per calendar year per person) | $150/day copay plus 20% ($750 copay max, up to 5 days per hospital stay. $2,250 copay max per calendar year per person) | $150/day copay plus 40%* ($750 copay max, up to 5 days per hospital stay. $2,250 copay max per calendar year per person) | 20%** | 40%* | 20% coinsurance (plus $150 per day copay per admission) | 20% coinsurance (plus $150 per day copay per admission) |
| **c. Outpatient facility care** (partial hospitalization/day treatment and extensive outpatient treatment)[7] | 20% | 40%* | 20% | 40%* | 20%** | 40%* | $25 copay (prior authorization required) | $25 copay |
| **Physicals**[#] | No charge | 40%* | No charge | 40%* | No charge | 40%* | No charge | No charge |
| **Specialty physicians' office visits** | $40 | 40%* | $40 | 40%* | 20%** | 40%* | $40 | $25 |
| **Routine eye exam, one per year per participant** | $40 | 40%* | $40 | 40%* | 20%** | 40%* | $40[3,6] | $25[3] |
| **Routine preventive care**[#] | No charge | 40%* | No charge | 40%* | No charge | 40%* | No charge | No charge |
| **Diagnostic x-rays, lab tests, and mammography** | 20% | 40%* | 20% | 40%* | 20%** | 40%* | 20% | No charge* (physician office) |
| **Office surgery and diagnostic procedures** | 20% | 40%* | 20% | 40%* | 20%** | 40%* | 20% | $15 PCP or $25 Specialist |
| **High-tech radiology** (CT scan, MRI, and nuclear medicine)[7,8,9] | $100 copay plus 20% | $100 copay plus 40%* | $100 copay plus 20% | $100 copay plus 40%* | 20%** | 40%* | $100 copay plus 20% coinsurance | $150 copay per scan type per day (Outpatient testing only) |

| Benefits | HealthSelect of Texas | | | | Consumer Directed HealthSelect | | HMOs | |
|---|---|---|---|---|---|---|---|---|
| | In-Area | | HealthSelect Out-of-State | | Network | Non-Network | Community First, Scott & White | KelseyCare powered by Community Health Choice |
| | Network | Non-Network | Network | Non-Network | | | | |
| **Urgent care clinic** | $50 copay plus 20% | 40%* | $50 copay plus 20% | 40%* | 20%** | 40%* | $50 copay plus 20% | $50 copay plus 20% |
| **Maternity Care doctor charges only#; inpatient hospital copays will apply** | No charge for routine prenatal appointments<br>$25 or $40 for first post-natal visit[6] | 40%* | No charge for routine prenatal appointments<br>$25 or $40 for first post-natal visit[6] | 40%* | No charge for routine prenatal appointments<br>20%** for first post-natal visit | 40%* | No charge for routine prenatal appointments<br>$25 or $40 for first post-natal visit[6] | No charge |
| **Chiropractic Care** | | | | | | | | |
| **a. Coinsurance** | 20%; $40 copay plus 20% with office visit | 40%* | 20%; $40 copay plus 20% with office visit | 40%* | 20%** | 40%* | CFHP: $40 copay plus 20%<br>SWHP: 20%; $40 copay plus 20% with office visit | $25 copay |
| **b. Maximum benefit per visit** | $75 | $75 | $75 | $75 | $75 | $75 | CFHP-$75/<br>SWHP - None | – |
| **c. Maximum visits Each participant Per calendar year** | 30 | 30 | 30 | 30 | 30 | 30 | CFHP-30;<br>SWHP-35 (maximum manipulative therapy visits) | 30 |
| **Inpatient hospital** (semi-private room and day's board, and intensive care unit)[9] | $150/day copay plus 20%<br>($750 copay max, up to 5 days per hospital stay. $2,250 copay max per calendar year per person) | $150/day copay plus 40%*<br>($750 copay max, up to 5 days per hospital stay. $2,250 copay max per calendar year per person) | $150/day copay plus 20%<br>($750 copay max, up to 5 days per hospital stay. $2,250 copay max per calendar year per person) | $150/day copay plus 40%*<br>($750 copay max, up to 5 days per hospital stay. $2,250 copay max per calendar year per person) | 20%** | 40%* | $150/day copay plus 20%<br>($750 copay max-up to 5 days per hospital stay, $2,250 copay max per plan year per person[3]) | $150/day copay plus 20%<br>($750 copay max-up to 5 days per hospital stay, $2,250 copay max per plan year per person) |
| **Emergency care** | $150 plus 20% (if admitted copay will apply to hospital copay) | $150 plus 20% (if admitted copay will apply to hospital copay)[12] | $150 plus 20% (if admitted copay will apply to hospital copay) | $150 plus 20% (if admitted copay will apply to hospital copay)[12] | 20%** | 20%**[12] | $150 plus 20% (if admitted copay will apply to hospital copay) | $150 copay plus 20% (if admitted copay will apply to hospital copay) |
| **Outpatient surgery other than in physician's office**[9] | $100 copay plus 20% | $100 copay plus 40%* | $100 copay plus 20% | $100 copay plus 40%* | 20%** | 40%* | $100 copay plus 20% | $150 copay plus 20% |
| **Bariatric surgery**[9,10,11] | a. Deductible $5,000<br>b. Coinsurance 20%<br>c. Lifetime max $13,000 | Not covered | a. Deductible $5,000<br>b. Coinsurance 20%<br>c. Lifetime max $13,000 | Not covered | Not covered | Not covered | Not covered | Not covered |
| **Hearing aids** | Plan pays up to $1,000 per ear every three years (no deductible). | | | | Plan pays up to $1,000 per ear every three years (after deductible is met). | | Plan pays up to $1,000 per ear every three years (no deductible). | |
| **Durable medical equipment**[9] | 20% | 40%* | 20% | 40%* | 20%** | 40%* | 20% | 20% |
| **Ambulance services** (non-emergency)[9] | 20% | 20% | 20% | 20% | 20%** | 20%** | 20% | 20% |

*Note: 40% coinsurance after you meet the annual out-of-network deductible **Note: 20% coinsurance after you meet the annual in-network deductible

[1]Applies to calendar year, January 1 - December 31. [2]Does not include copays. [3]Applies to plan year, September 1 - August 31. [4]Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a participant's total network out-of-pocket maximum could contain a combination of coinsurance and/or copayments. [5]Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services. [6]Copay depends on whether treatment is given by PCP or specialist. [7]Outpatient testing only. Does not apply to inpatient services. [8]No copay if high-tech radiology is performed during ER visit or inpatient admission. [9]Preauthorization required. [10]Active employees only; see health plan for additional requirements/limitations. [11]The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. [12]Benefits shown do not apply to out-of-network freestanding ERs. For information about this coverage, see the Master Benefit Plan Document.

#Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) dependent upon physician billing and diagnosis. In some cases, the participant will still be responsible for payment on some services.