## Employee and Non-Medicare-Eligible Retiree Health Plans Comparison Chart

**Effective September 1, 2017**

### Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>HealthSelect℠ of Texas¹</th>
<th>Consumer Directed HealthSelect℠ ¹</th>
<th>HMOs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Area</td>
<td>HealthSelect℠ of Texas Out-of-State²</td>
<td>Network</td>
</tr>
<tr>
<td>Calendar year deductible</td>
<td>Network</td>
<td>Non-Network</td>
<td>Network</td>
</tr>
<tr>
<td>Out-of-pocket coinsurance maximum³</td>
<td>None</td>
<td>$500 per person $1,500 per family</td>
<td>None</td>
</tr>
<tr>
<td>Total out-of-pocket maximum⁴ (including deductibles, coinsurance and copays)⁵</td>
<td><strong>$6,550 per person $13,100 per family</strong></td>
<td>None</td>
<td><strong>$6,550 per person $13,100 per family</strong></td>
</tr>
</tbody>
</table>

### Primary care physician required

- Yes
- No

### Primary care physicians’ office visits

- HealthSelect℠ of Texas: $25
- Consumer Directed HealthSelect℠: $25
- Community First, Scott & White: $25
- KelseyCare powered by Community Health Choice: $15

### Mental health care

#### a. Outpatient physician or mental health provider office visits

- **$25 copay**
- 40% coinsurance after you meet the annual Non-Network Deductible
- 20% coinsurance
- 40% coinsurance after you meet the annual Non-Network Deductible
- 20% coinsurance
- 40% coinsurance
- $25
- $25

#### b. Hospital Mental health inpatient stay (copay is $150 per day, up to a maximum of $750 per admission and a maximum of $2,250 per calendar year.)

- 20% coinsurance after copay
- 40% coinsurance after copay and you meet the annual Non-Network Deductible
- 20% coinsurance
- 40% coinsurance after copay and you meet the annual Non-Network Deductible
- 20% coinsurance
- 40% coinsurance
- 20% coinsurance
- 40% coinsurance
- 20% coinsurance
- 40% coinsurance
- 20% coinsurance
- 40% coinsurance
- $25 copay (prior authorization required)
- $25 copay

#### c. Outpatient facility care (partial hospitalization/day treatment and extensive outpatient treatment)

- 20% coinsurance
- 40% coinsurance after you meet the annual Non-Network Deductible
- 20% coinsurance
- 40% coinsurance after you meet the annual Non-Network Deductible
- 20% coinsurance
- 40% coinsurance
- 20% coinsurance
- 40% coinsurance
- 20% coinsurance
- 40% coinsurance
- 20% coinsurance
- 40% coinsurance
- $25 copay

### Physicals

- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- $40
- $25

### Routine eye exam, one per year per participant

- $40
- 40%
- $40
- 40%
- $40
- 40%
- $40
- 40%
- $25¹

### Routine preventive care

- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- No charge
- 40%
- $40³
- $25³

### Diagnostic x-rays, lab tests, and mammography

- 20%
- 40%
- 20%
- 40%
- 20%
- 40%
- $40
- 20%
- $15 PCP or $25 Specialist

### 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)⁷,⁸,¹²

- $100 copay plus 20%
- $100 copay plus 40%
- $100 copay plus 20%
- $100 copay plus 40%
- $100 copay plus 20%
- $100 copay plus 40%
- $100 copay plus 20%
- $150 copay per scan type per day (Outpatient testing only)

### Urgent care clinic

- $50 copay plus 20%
- $50 copay plus 40%
- $50 copay plus 20%
- $50 copay plus 40%
- $50 copay plus 20%
- $50 copay plus 20%
<table>
<thead>
<tr>
<th>Benefits</th>
<th>HealthSelect&lt;sup&gt;TM&lt;/sup&gt; of Texas&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Consumer Directed HealthSelect&lt;sup&gt;TM&lt;/sup&gt;</th>
<th>HealthSelect&lt;sup&gt;TM&lt;/sup&gt; of Texas Out-of-State&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Community First, Scott &amp; White</th>
<th>KelseyCare powered by Community Health Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Network</td>
<td>Non-Network</td>
<td>Network</td>
<td>Non-Network</td>
<td></td>
</tr>
<tr>
<td>Urgent care clinic</td>
<td>$50 copay plus 20%</td>
<td>$50 copay plus 20%</td>
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<td>$50 copay plus 20%</td>
</tr>
<tr>
<td></td>
<td>$50 copay plus 40%</td>
<td>$50 copay plus 40%</td>
<td>$50 copay plus 40%</td>
<td>40%</td>
<td>$50 copay plus 20%</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>No charge for routine prenatal appointments</td>
<td>No charge for routine prenatal appointments</td>
<td>$25 or $40 for first post-natal visit&lt;sup&gt;6&lt;/sup&gt;</td>
<td>20%</td>
<td>No charge</td>
</tr>
<tr>
<td>doctor charges only&lt;sup&gt;*&lt;/sup&gt;; inpatient hospital copays will apply</td>
<td>$25 or $40 for first post-natal visit&lt;sup&gt;6&lt;/sup&gt;</td>
<td>$25 or $40 for first post-natal visit&lt;sup&gt;6&lt;/sup&gt;</td>
<td>$25 or $40 for first post-natal visit&lt;sup&gt;6&lt;/sup&gt;</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>a. Coinsurance 20%; $40 copay plus 20% with office visit</td>
<td>20%; $40 copay plus 20%</td>
<td>20%; $40 copay plus 20%</td>
<td>20%</td>
<td>CFHP: 20%; $40 copay SWHP: 20%; $40 copay plus 20% with office visit</td>
</tr>
<tr>
<td></td>
<td>b. Maximum benefit per visit $75 $75 $75 $75 $75 $75 CFHP-$75/ SWHP - None –</td>
<td>$75 $75 $75 $75 $75 $75 CFHP-$75/ SWHP - None –</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Maximum visits Each participant Per calendar year</td>
<td>$2,250 copay max per person</td>
<td>$2,250 copay max per person</td>
<td>$2,250 copay max per person</td>
<td>$2,250 copay max per person</td>
</tr>
<tr>
<td>Inpatient hospital (semi-private room and day’s board, and intensive care unit)&lt;sup&gt;12&lt;/sup&gt;</td>
<td>$150/day copay plus 20% ($750 copay max-up to 5 days per hospital stay, $2,250 copay max per calendar year per person)</td>
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</tr>
<tr>
<td>Emergency care</td>
<td>$150 plus 20% (if admitted copay will apply to hospital copay)</td>
<td>$150 plus 20% (if admitted copay will apply to hospital copay)</td>
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</tr>
<tr>
<td>Outpatient surgery other than in physician’s office</td>
<td>$100 copay plus 20%</td>
<td>$100 copay plus 20%</td>
<td>$100 copay plus 20%</td>
<td>20%</td>
<td>$100 copay plus 20%</td>
</tr>
<tr>
<td>Bariatric surgery&lt;sup&gt;*,**14, 11&lt;/sup&gt;</td>
<td>a. Deductible $5,000</td>
<td>a. Deductible $5,000</td>
<td>a. Deductible $5,000</td>
<td>20%</td>
<td>a. Deductible $5,000</td>
</tr>
<tr>
<td></td>
<td>b. Coinsurance 20%</td>
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<td>20%</td>
<td>b. Coinsurance 20%</td>
</tr>
<tr>
<td></td>
<td>c. Lifetime max 13,000</td>
<td>c. Lifetime max 13,000</td>
<td>c. Lifetime max 13,000</td>
<td>20%</td>
<td>c. Lifetime max 13,000</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Plan pays up to $1,000 per ear every three years (no deductible).</td>
<td>Plan pays up to $1,000 per ear every three years (after deductible is met).</td>
<td>Plan pays up to $1,000 per ear every three years (no deductible).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment&lt;sup&gt;12&lt;/sup&gt;</td>
<td>20%</td>
<td>20%</td>
<td>40%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Ambulance services (non-emergency)&lt;sup&gt;12&lt;/sup&gt;</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

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<sup>1</sup> Benefits are paid on allowable amounts; using providers who contract with Blue Cross Blue and Shield of Texas will protect you from liability for amounts over the allowable amount. <sup>2</sup> HealthSelect Out-of-State applies to employees and retirees under age 65 and their eligible dependents who live or work outside of Texas. You cannot enroll in Out-of-State coverage unless your work or home address is outside of Texas. <sup>3</sup> Applies to plan year, September 1 - August 31. <sup>4</sup> Does not include copays. <sup>5</sup> Applies to plan year. <sup>6</sup> Outpatient testing only. Does not apply to inpatient services. <sup>7</sup> Active employees only; see health plan for additional requirements/limitations. <sup>8</sup> The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. <sup>9</sup> No copay if high-tech radiology is performed during ER visit or inpatient admission. <sup>10</sup> 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 copayments. (For example, a participant could pay up to $6,550 in copayments alone if there was no coinsurance paid throughout the year. If a participant met the $2,000 coinsurance out-of-pocket maximum, he/she would pay $4,550 in copayments, totaling $6,550 in overall out-of-pocket expense.) <sup>11</sup> Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services. <sup>12</sup> Preauthorization required. Mental Health Benefits follow those of medical and surgical benefits listed in this chart. This comparison chart offers a general overview of benefits and their associated out-of-pocket expenses under HealthSelect plans and the HMOs. Contact the plan’s customer service department for specific questions. <sup>13</sup> 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. **Effective calendar year.