ERS
Employees Retirement System of Texas

Employee and Non-Medicare-Eligible Retiree
HEALTH PLANS COMPARISON CHART
Effective September 1, 2017

Benefits	HealthSelect℠ of Texas[1]				Consumer Directed HealthSelect℠ [1]		HMOs	
	In-Area		HealthSelect℠ of Texas Out-of-State[2]		Network	Non-Network	Community First, Scott & White	KelseyCare powered by Community Health Choice
	Network	Non-Network	Network	Non-Network				
Calendar year deductible	None	$500 per person $1,500 per family	None	$500 per person $1,500 per family	$2,100 per person $4,200 per family	$4,200 per person $8,400 per family	None	None
Out-of-pocket coinsurance maximum[4]	$2,000 per person per calendar year	$7,000 per person per calendar year	$2,000 per person per calendar year	$7,000 per person per calendar year	None	None	$2,000 per person[3]	$2,000 per person[3]
Total out-of-pocket maximum[10] (including deductibles, coinsurance and copays)[11]	**$6,550 per person $13,100 per family	None	**$6,550 per person $13,100 per family	None	**$6,550 per person $13,100 per family	**$13,100 per person $26,200 per family	$6,550 per person $13,100 per family[3]	$6,550 per person $13,100 per family[3]
Primary care physician required	Yes	No	No	No	No	No	Community First - yes Scott & White - no	No
Primary care physicians' office visits	$25	40%	$25	40%	20%	40%	$25	$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 (plus $150 a day copay per admission)	20% coinsurance (plus $150 a day copay per admission)
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	$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)[7,9,12]	$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)
Urgent care clinic	$50 copay plus 20%	$50 copay plus 40%	$50 copay plus 20%	$50 copay plus 40%	20%	40%	$50 copay plus 20%	$50 copay plus 20%

Benefits	HealthSelect℠ of Texas[1]				Consumer Directed HealthSelect℠[1]		HMOs	
	In-Area		HealthSelect℠ of Texas Out-of-State[2]		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%	$50 copay plus 40%	$50 copay plus 20%	$50 copay plus 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 $25 or $40 for first post-natal visit[5]	40%	No charge for routine prenatal appointments $25 or $40 for first post-natal visit[5]	40%	No charge for routine prenatal appointments 20% for first post-natal visit	40%	No charge for routine prenatal appointments $25 or $40 for first post-natal visit[5]	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: 20%; $40 copay SWHP: 20%; $40 copay plus 20% with office visit	$25 copay
b. Maximum benefit per visit	$75	$75	$75	$75	$75	$75	CFHP-$75/ SWHP - None	–
c. Maximum visits Each participant Per calendar year	30	30	30	30	30	30	CFHP-30; SWHP-35 (maximum manipulative therapy visits)	30
Inpatient hospital (semi-private room and day's board, and intensive care unit)[12]	$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%	$150/day copay plus 20% ($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% ($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)	$150 plus 20% (if admitted copay will apply to hospital copay)	$150 plus 20% (if admitted copay will apply to hospital copay)	20%	20%	$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	$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[8, 8A,11]	a. Deductible $5,000 b. Coinsurance 20% c. Lifetime max $13,000	Not covered	a. Deductible $5,000 b. Coinsurance 20% 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[12]	20%	40%	20%	40%	20%	40%	20%	20%
Ambulance services (non-emergency)[12]	20%	20%	20%	20%	20%	20%	20%	20%

[1] 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. [2] 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. [3] Applies to plan year, September 1 - August 31. [4] Does not include copays. [5] Copay depends on whether treatment is given by PCP or specialist. [6] For treatment charges, one visit per plan year. [7] Outpatient testing only. Does not apply to inpatient services. [8] Active employees only; see health plan for additional requirements/limitations. [8A] The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum. [9] No copay if high-tech radiology is performed during ER visit or inpatient admission. [10] 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. (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.) [11] Includes medical and prescription drug copays, coinsurance and deductibles. Excludes non-network and bariatric services.
[12] 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. *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