ERS®
Employees Retirement System of Texas

EMPLOYEE AND NON-MEDICARE-ELIGIBLE RETIREE HEALTH PLANS COMPARISON CHART

Effective September 1, 2019

Benefits	HealthSelect of Texas				Consumer Directed HealthSelect		HMOs	
	Living and Working in Texas		HealthSelect Out-of-State		Network	Non-Network	Community First	Scott and White
	Network	Non-Network	Network	Non-Network				
Annual Deductible	None	$500 per person[1] $1,500 per family[1]	None	$500 per person[1] $1,500 per family[1]	$2,100 per person[1] $4,200 per family[1]	$4,200 per person[1] $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]	$6,750 per person[1] $13,500 per family[1]	None	$6,750 per person[1] $13,500 per family[1]	None	$6,750 per person[1] $13,500 per family[1]	None	$6,750 per person[3] $13,500 per family[3]	$6,750 per person[3] $13,500 per family[3]
Primary care provider required	Yes	No	No	No	No	No	Yes	No
Primary care provider office visit	$25 copay	40%*	$25 copay	40%*	20%**	40%*	$25	$25
a. Outpatient physician or mental health provider office visit	$25 copay	40%*	$25 copay	40%*	20%**	40%*	$25	$25
b. Inpatient hospital mental health stay[6]	$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)	$150/day copay plus 20% ($750 copay max, up to 5 days per hospital stay. $2,250 copay max per plan year per person)
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)[7]	20%	40%*	20%	40%*	20%**	40%*	20%	20%
Specialty physicians' office visits	$40 copay[13]	40%*	$40 copay	40%*	20%**	40%*	$40 copay[13]	$40 copay[13]
Routine eye exam, one per year per participant	$40 copay	40%*	$40 copay	40%*	20%**	40%*	$40 copay[3]	$40 copay[3]
Routine preventive care#	No cost to participant(s)	40%*	No cost to participant(s)	40%*	No cost to participant(s)	40%*	No cost to participant(s)	No cost to participant(s)
Diagnostic x-rays, lab tests, and mammography	20%	40%*	20%	40%*	20%**	40%*	20%	20%
Office surgery and diagnostic procedures	20%	40%*	20%	40%*	20%**	40%*	20%	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[8]	40%*	No charge for routine prenatal appointments $25 or $40 for first post-natal visit[8]	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	No charge for routine prenatal appointments $25 or $40 for first post-natal visit[8]
High-tech radiology (CT scan, MRI, and nuclear medicine)[6,7,9]	$100 copay plus 20%	$100 copay plus 40%*	$100 copay plus 20%	$100 copay plus 40%*	20%**	40%*	$100 copay plus 20% coinsurance	$100 copay plus 20% coinsurance

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Urgent care clinic	$50 copay plus 20%	40%*	$50 copay plus 20%	40%*	20%**	40%*	$50 copay plus 20%	$50 copay plus 20%
Chiropractic Care a. Coinsurance	20%; $40 copay plus 20% with office visit	40%*	20%; $40 copay plus 20% with office visit	40%*	20%**	40%*	$40 copay plus 20%	$40 copay plus 20% with office visit
b. Maximum benefit per visit	$75	$75	$75	$75	$75	$75	$75	None
c. Maximum visits Each participant Per calendar year	30	30	30	30	30	30	30	35 (maximum manipulative therapy visits)
Inpatient hospital (semi-private room and day's board, and intensive care unit)[6]	$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)	$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)[10]	$150 plus 20% (if admitted copay will apply to hospital copay)[10]	$150 plus 20% (if admitted copay will apply to hospital copay)[10]	$150 plus 20% (if admitted copay will apply to hospital copay)[10]	20%**[10]	20%**[10]	$150 plus 20% (if admitted copay will apply to hospital copay)	$150 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%	$100 copay plus 20%
Bariatric surgery[11,12]	Deductible: $5,000 Coinsurance: 20% Lifetime max: $13,000	Not covered	Deductible: $5,000 Coinsurance: 20% Lifetime max: $13,000	Not covered	Not covered	Not covered	Not covered	Not covered
Hearing aids[14]	Plan pays up to $1,000 per ear every three years (no deductible)				20%** 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[6]	20%	40%*	20%	40%*	20%**	40%*	20%	20%
Ambulance Services	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]Preauthorization required.

[7]Outpatient testing only. Does not apply to inpatient services.

[8]Copay depends on whether treatment is given by PCP or specialist.

[9]No copay if high-tech radiology is performed during ER visit or inpatient admission.

[10]Benefits shown do not apply to out-of-network freestanding ERs. For information about this coverage, see your plan's Master Benefit Plan Document.

[11]The deductible and coinsurance paid for bariatric surgery does not apply to the total out-of-pocket maximum.

[12]Active employees only; see health plan for additional requirements/limitations.

[13] Referrals to see specialists are required from your designated PCP on file in order to receive in-network benefits for specialist office visits, even if the specialist is in your plan's network.

[14]The $1,000 hearing aid maximum benefit does not apply to hearing aids for minors 18 years and younger.

[#]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.