

2017 Medical Benefits At-A-Glance

SEPTEMBER 1, 2016 – AUGUST 31, 2017

THIS GUIDE IS FOR:

ACTIVE EMPLOYEES AND RETIREES WHO ARE NOT ELIGIBLE FOR MEDICARE

CONSUMER DIRECTED

HealthSelectSM

www.healthselectoftexas.com/cdhs

(866) 336-9371

Consumer Directed HealthSelectSM is the state's high-deductible health plan (HDHP) with a health savings account (HSA), available to Texas Employees Group Benefits Program (GBP) participants who are not eligible for Medicare.

How Consumer Directed HealthSelect Works

Consumer Directed HealthSelect is made up of two key parts:

- An HDHP, administered by UnitedHealthcare, and
- An HSA program, administered by Optum Bank®, a subsidiary of United HealthCare Services, Inc.

To help cover the cost of the deductible and other eligible out-of-pocket health care expenses, this plan allows you to open and contribute to a tax-advantaged HSA.

- **You pay less when you stay in the network.** While you can use any doctor or hospital, out-of-network providers will charge you more. The UnitedHealthcare provider network includes more than 58,250 doctors in Texas and 843,000 nationwide. To find a network physician or hospital, go to www.healthselectoftexas.com/cdhs and go to **Find a Doctor/Hospital**.
- **You do not need to choose a primary care physician (PCP) or get referrals to see a specialist.** Even though it's not required, you will likely get better results when you work with a PCP to help manage your care.
- **Preventive care is covered 100% when you use a network provider even if the deductible has not been met.**

Prior Authorizations

Certain health services like inpatient hospital stays, skilled nursing services, home health services and durable medical equipment over \$1,000 must be pre-authorized. When you use a network provider, that provider will be responsible for obtaining any prior authorizations required by the plan.

Ongoing treatments including outpatient rehabilitation therapies, such as physical therapy or occupational therapy, durable medical equipment and chiropractic treatment must be considered medically necessary, and would require the provider to submit a treatment plan.

Your Prescription Drug Program

Caremark will administer the Consumer Directed HealthSelect Prescription Drug Program through December 31, 2016. As of January 1, 2017, OptumRx®, an affiliate of UnitedHealthcare, will become the third-party administrator of the prescription drug program for Consumer Directed HealthSelect.

Your Wellness Resources

Your benefits include many complimentary programs to help you achieve your healthy living goals. To learn more, visit www.healthselectoftexas.com/cdhs or call toll-free at **(866) 336-9371** and ask about Real Appeal®, Rally®, virtual visits, health coaching programs related to diabetes, heart health, nutrition, tobacco cessation, weight management and more.

KEY 2017 BENEFITS

Plan Overview	Consumer Directed HealthSelect	
	Network	Non-Network
Deductible (per participant/family)	\$2,100/\$4,200	\$4,200/\$8,400
Coinsurance maximum (per participant)	None	None
Inpatient copayment maximum (per participant)	None	None
TOTAL ANNUAL OUT-OF-POCKET MAXIMUM (per participant/family; includes copayments for medical services and prescription medications, deductibles and coinsurance)	<i>Effective January 1, 2016:</i> \$6,450 per participant, \$12,900 per family <i>Effective January 1, 2017:</i> \$6,550 per participant, \$13,100 per family	<i>Effective January 1, 2016:</i> \$12,900 per participant, \$25,800 per family <i>Effective January 1, 2017:</i> \$13,100 per participant, \$26,200 per family
Lifetime maximum	None	None
Primary care physician (PCP) required	No	No
Plan Details	Network	Non-Network
PCP office visit	20% coinsurance	40% coinsurance
Specialist office visit		
Routine physicals* (including vision screenings for children) and well-woman exams*	\$0	40% coinsurance
Virtual visits	20% coinsurance	Not covered
Convenience care clinic (no PCP referral required)	20% coinsurance	40% coinsurance
Urgent care clinic (no PCP referral required)		
Eye exams Routine exams are limited to one exam per year.	20% coinsurance	40% coinsurance
Maternity care* Physician charges only, including delivery fees; inpatient hospital benefit applies for the inpatient stay (complications of pregnancy are treated as any other medical condition)	\$0 for routine prenatal obstetrical office visits	40% coinsurance
Office surgery and diagnostic procedures	20% coinsurance	40% coinsurance
Allergy antigens/serum Allergy injections Allergy testing		
DME (Durable Medical Equipment) (3-year replacement limit) Prior Authorization required for DME over \$1,000.	20% coinsurance	40% coinsurance
Diabetic supplies	20% coinsurance	20% coinsurance

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

Plan Details	Consumer Directed HealthSelect	
	Network	Non-Network
Diagnostic low-tech radiology X-rays Mammography Bone density scan Echocardiogram Ultrasound	20% coinsurance	40% coinsurance
High-tech radiology CT scan MRI Nuclear medicine Prior Authorization required.	20% coinsurance	40% coinsurance
Chiropractic care (benefit maximum of \$75 per visit and maximum 30 visits per calendar year, per participant)	20% coinsurance, plus amount over benefit maximum	40% coinsurance, plus amount over benefit maximum
Inpatient hospital Prior Authorization required.	20% coinsurance	40% coinsurance
Inpatient physician (per admission) You may have to pay additional costs if treated by a non-network physician during your hospital stay.	20% coinsurance	40% coinsurance
Emergency room In a non-emergency situation, consider less expensive options, such as a virtual visit, convenience care clinic or urgent care clinic.	20% coinsurance	20% coinsurance
Outpatient day-surgery — Facility (facility charges)	20% coinsurance	40% coinsurance
Outpatient day-surgery — Physician (physician charges)	20% coinsurance	40% coinsurance
Hearing aids Plan pays up to \$1,000 maximum benefit (per ear) for any consecutive three-year (36-month) period.	20% coinsurance (plus any amount over the benefit maximum)	20% coinsurance (plus any amount over the benefit maximum)
Ambulance services (Prior Authorization required for non-emergent air)	20% coinsurance	20% coinsurance
Mental health and substance use disorder Inpatient hospital Prior Authorization required.	20% coinsurance	40% coinsurance
Outpatient facility care (partial hospitalization/day treatment and intensive outpatient treatment)		
Outpatient physician or mental health provider services		

The charts on these two pages include out-of-pocket costs for common services. For detailed information about benefits, limitations and exclusions, refer to the Master Benefit Plan Document (MBPD) under the Publications and Forms tab at www.healthselectoftexas.com/cdhs on or after September 1, 2016.

KEY HEALTHSELECT CONTACT INFORMATION

HealthSelect Customer Care **(866) 336-9371 (TTY 711)**

8 a.m. – 7 p.m. CT, Monday – Friday and 7 a.m. – 3 p.m. CT on Saturday

24/7 Nurse Access **(866) 336-9371 (say “speak with a nurse”)**

Speak to a registered nurse day or night about your health care concerns, or ask for more information on disease management or health coaching programs.

Healthy Pregnancy **(888) 246-7389**

Enroll in the program and receive guidance through every stage of your pregnancy and delivery, plus 24-hour access to experienced nurses.

Prescription Drug Program

- Caremark (through December 31, 2016) **(888) 886-8490**
 - HealthSelect Customer Care (beginning January 1, 2017) **(866) 336-9371 (TTY 711)**
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HealthSelect Website **www.healthselectoftexas.com/cdhs**

A website designed to help State of Texas employees and retirees become more familiar with the HealthSelect benefit plan.

Personal Online Account **www.myuhc.com/hs**

An exclusive member website where you can find network doctors and hospitals, manage benefits, track claims, use health improvement tools and much more.

Apps **Health4Me**

Take advantage of our complimentary UnitedHealthcare Health4Me[®], your go-to app for your health.

To download the app, go to the App Store[®] for iPhones[®] or Google Play[™] for Androids[™].

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Consumer Directed HealthSelect includes a high-deductible health plan and health savings account administered by UnitedHealthcare and Optum Bank, both subsidiaries of United HealthCare Services, Inc. Consumer Directed HealthSelect is a high-deductible health plan (HDHP) with a health savings account (HSA) that is designed to comply with IRS requirements and eligible enrollees may open a health savings account (HSA) with Optum Bank, Member of FDIC. The HSA refers only and specifically to the health savings account that is administered by Optum Bank, and not to the associated HDHP. Health savings accounts (HSAs) are individual accounts offered by Optum Bank[®], Member FDIC, and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Advocate services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate (Advocate4Me) services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time. Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program cannot diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care.

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UnitedHealthcare Services, Inc., on behalf of itself and its affiliated companies complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UnitedHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters
- Information written in other languages

If you need these services, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

If you believe that the Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing by mail or email. A grievance must be sent within 60 calendar days of the date that you become aware of the discriminatory action and contain the name and address of the person filing it along with the problem and the requested remedy.

A written decision will be sent to you within 30 calendar days. If you disagree with the decision, you may file an appeal within 15 calendar days of receiving the decision.

Civil Rights Coordinator
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@UHC.com

If you need help filing a grievance, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

You can also file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone or mail:

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-868-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

You have the right to get help and information in your language at no cost. To request an interpreter, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

This letter is also available in other formats like large print. To request the document in another format, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

1	Spanish	Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 866-336-9371 TTY 711
2	Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 866-336-9371 TTY 711
3	Chinese	您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡上的免付費會員電話號碼，再按 866-336-9371。聽力語言殘障服務專線 711
4	Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 866-336-9371 번을 누르십시오. TTY 711
5	Arabic	لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل برقم الهاتف المجاني الخاص بالأعضاء المدرج ببطاقة مُعرّف العضوية الخاصة بخططك الصحية، واضغط على 866-336-9371. الهاتف النصي (TTY) 711
6	Urdu	آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی ترجمان سے بات کرنے کے لئے، ٹول فری ممبر فون نمبر پر کال کریں جو آپ کے ہیلتھ پلان آئی ڈی کارڈ پر درج ہے، 866-336-9371 دبائیں۔ TTY 711
7	Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 866-336-9371 TTY 711
8	French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 866-336-9371 ATS 711.
9	Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुल्क प्राप्त करने का अधिकार है। दुभाषिए के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फ़ोन करें, 866-336-9371 दबाएं। TTY 711

10	Persian	شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و 866-336-9371 را فشار دهید. TTY 711
11	German	Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte an und drücken Sie die 866-336-9371 TTY 711
12	Gujarati	તમને વિના મૂલ્યે મદદ અને તમારી ભાષામાં માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા માટે વિનંતી કરવા, તમારા હેલ્થ પ્લાન ID કાર્ડ પરની સૂચીમાં આપેલ ટોલ-ફ્રી મેમ્બર ફોન નંબર ઉપર કોલ કરો, 866-336-9371 દબાવો. TTY 711
13	Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 866-336-9371 Линия TTY 711
14	Japanese	ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードに記載されているメンバー用のフリーダイヤルまでお電話の上、866-336-9371を押してください。TTY専用番号は711です。
15	Laotian	ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຂໍຮ້ອງນາຍພາສາ, ໂທພຣີຫາຫມາຍເລກໂທລະສັບສໍາລັບສະມາຊິກທີ່ໄດ້ລະບຸໄວ້ໃນບັດສະມາຊິກຂອງທ່ານ, ກົດເລກ 866-336-9371 TTY 711