

2017 Medical Benefits At-A-Glance

SEPTEMBER 1, 2016 – AUGUST 31, 2017

THIS GUIDE IS FOR:

RETIREEES

AND OTHERS WHO ARE ELIGIBLE FOR MEDICARE

HealthSelectSM of Texas

www.healthselectoftexas.com

(866) 336-9371



HealthSelectSM of Texas is the state's self-funded insurance plan available to employees, retirees, spouses and dependents who are eligible to participate in the Texas Employees Group Benefits Program (GBP) health plan.

Provider Network

The UnitedHealthcare provider network includes 58,250 doctors in Texas and more than 851,000 nationwide.

To find a network physician or facility near you, visit www.healthselectoftexas.com.

Are You In-Area or Out-of-Area?

- If you are retired and over 65 with Medicare, you are an out-of-area participant, even if you live in Texas.
- If you are a Return-to-Work retiree, working (at any age) for a state agency or higher education institution in the GBP (Group Benefits Program), and you have elected active employee benefits, then you have in-area benefits, as long as you live in Texas.
- If you are a Return-to-Work retiree (at 65 or over), working for a state agency or higher institution in the GBP and you have elected retiree benefits, then you have out-of-area benefits.
- If you are retired and under 65 with Medicare, you have in-area benefits, as long as you live in Texas.

Out-of-area benefits are shown on pages 2 and 3.

For in-area benefits, see the *2017 Medical Benefits At-A-Glance for Active Employees* booklet at www.healthselectoftexas.com, under the "Publications & Forms" tab.

You and family members with HealthSelect can have different coverage, based on age and Medicare eligibility. Even if you don't qualify for in-area coverage because you are eligible for Medicare, you can change your dependent's

coverage so that he or she qualifies for in-area benefits. For more information, contact Customer Care toll-free at **(866) 336-9371 (TTY 711)**.

If You Are Retired and Turned 65 After August 31, 1992, You Need to Enroll in Medicare Part B

HealthSelect will only pay secondary benefits on Part B services. If you do not have Medicare Part B coverage, you will have to pay the remaining charges. For additional information, please see health plan documents at www.healthselectoftexas.com.

Your Prescription Drug Program

Medicare-enrolled retirees and dependents have a prescription drug program called HealthSelect Medicare Rx. SilverScript will manage it through 12/31/16. Starting 1/1/17, UnitedHealthcare will administer HealthSelect Medicare Rx. If you are eligible for HealthSelect Medicare Rx and decline enrollment, you will not have any prescription drug coverage through ERS.

Retirees and dependents not enrolled in Medicare will continue coverage in the HealthSelect Prescription Drug Program administered by Caremark through 12/31/16 and OptumRx[®], an affiliate of UnitedHealthcare, effective 1/1/17.

Your Wellness Resources

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

KEY 2017 BENEFITS

Plan Overview	Retirees with Medicare Primary (Parts A and B) for services covered by Medicare ¹	Grandfathered Retirees (over age 65 and retired prior to 9/1/1992 without Medicare benefits)	When services are not covered by Medicare
Deductible (per participant/family)	\$200/\$600 (includes Medicare's Part B deductible)	\$200/\$600	\$200/\$600
Coinsurance maximum (per participant)	Medicare pays 80%, HealthSelect will coordinate paying secondary	\$3,000	\$3,000
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		
Lifetime maximum	None		
Primary care physician (PCP) required	No	No	No

		You pay	Plan pays	You pay	Plan pays
Physician's services	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Convenience care clinic and urgent care clinic In a non-emergency situation, consider these less expensive options before you go to the ER.	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Routine physicals (including vision screenings for children) and well-woman exams ² Covered at 100% when using a network provider.	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Eye exams Routine exams are limited to one per year.	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Office surgery and diagnostic procedures	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Allergy antigens/serum Allergy injections Allergy testing	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Diagnostic low-tech radiology: X-rays Mammography Bone density scan Echocardiogram Ultrasound	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
High-tech radiology: CT scan MRI Nuclear medicine	Medicare pays 80%, HealthSelect will coordinate paying secondary	\$100 copay + 30%	70%	\$100 copay + 30%	70%

¹ If you are eligible for Medicare Part A or Part B, but are not enrolled in Part A or Part B coverage, HealthSelect will be considered as secondary coverage and will estimate what Medicare would have paid, as if you had Part A or Part B coverage.

² 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	Retirees with Medicare Primary (Parts A and B) for services covered by Medicare ¹	Grandfathered Retirees (over age 65 and retired prior to 9/1/1992 without Medicare benefits)		When services are not covered by Medicare	
		You pay	Plan pays	You pay	Plan pays
Chiropractic care (benefit maximum of \$75 per visit and maximum 30 visits per calendar year, per participant)	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Inpatient hospital (facility charges, per admission) \$750 copay maximum per admission, \$2,250 calendar year inpatient copay max (per participant) Prior Authorization required unless you have Medicare Part A.	HealthSelect will coordinate with Medicare	HealthSelect will coordinate with Medicare		\$150 copay per day + 30%	70%
Inpatient physician (per admission)	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Emergency room	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Outpatient day-surgery	Medicare pays 80%, HealthSelect will coordinate paying secondary	\$100 copay + 30%	70%	\$100 copay + 30%	70%
Hearing aids	Plan pays up to \$1,000 maximum benefit (per ear) for any consecutive three-year period				
Durable Medical Equipment (DME) (Three-year replacement limit) Prior Authorization required for DME over \$1,000.	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Ambulance services	Medicare pays 80%, HealthSelect will coordinate paying secondary	30%	70%	30%	70%
Mental health and substance use disorder Hospital — Inpatient stay (copay is \$150 per day, up to a maximum of \$750 per admission and a maximum of \$2,250 per calendar year)	HealthSelect will coordinate with Medicare	HealthSelect will coordinate with Medicare		30% after you pay the copay	70%
Outpatient facility care (partial hospitalization/day treatment and intensive outpatient treatment)	HealthSelect will coordinate with Medicare	HealthSelect will coordinate with Medicare		30%	70%
Outpatient physician or mental health provider services	HealthSelect will coordinate with Medicare	HealthSelect will coordinate with Medicare		30%	70%

¹ If you are eligible for Medicare Part A or Part B, but are not enrolled in Part A or Part B coverage, HealthSelect will be considered as secondary coverage and will estimate what Medicare would have paid, as if you had Part A or Part B coverage.

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 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.

Prescription Drug Programs

- Prescription drug plan for Medicare-enrolled retirees and dependents (HealthSelect Medicare Rx):
 - SilverScript (through December 31, 2016) **(855) 344-0938**
 - UnitedHealthcare (beginning January 1, 2017) **(866) 336-9371 (TTY 711)**
 - Prescription drug plan for non-Medicare retirees and dependents:
 - Caremark (through December 31, 2016) **(888) 886-8490**
 - HealthSelect Customer Care (beginning January 1, 2017) **(866) 336-9371 (TTY 711)**
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Medicare **1-800-MEDICARE** or **(800) 633-4227**

HealthSelect Website **www.healthselectoftexas.com**

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.

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.

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.

All trademarks are the property of their respective owners.

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 हैल्थ 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