

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

HealthSelectSM of Texas

www.healthselectoftexas.com

(866) 336-9371

HealthSelectSM of Texas is the state's insurance plan available to employees, retirees, spouses and dependents who are eligible to participate in a 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.

Designating a Primary Care Physician (PCP)

It is important to choose a PCP, because he or she will help you maintain your overall health and issue referrals for specialty care.

Referrals

If your visit requires a referral, your PCP will need to submit the referral request to UnitedHealthcare prior to your appointment. You can verify with your PCP and/or HealthSelect Customer Care that you have a referral. New referrals are valid for up to 12 months or up to 12 visits (whichever occurs first). You will need to discuss additional referrals with your PCP, if they are needed. Certain chronic conditions, such as cancer or allergy treatment, may be eligible for a standing referral which is valid for up to 12 months.

Referrals from your PCP are not required for the following services: eye exams, OB/GYN visits, behavioral health counseling, outpatient therapies (including chiropractic visits), virtual visits, urgent care centers and convenience care clinics.

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.

These requirements are in addition to any referrals from your PCP to specialists.

Your Prescription Drug Program

Caremark will administer the 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 HealthSelect of Texas.

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 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	In-Area		Out-of-Area (for out-of-state residents)
	Network	Non-Network	
Deductible (per participant/family)	\$0	\$500/\$1,500	\$200/\$600
Coinsurance maximum (per participant)	\$2,000/per participant only	\$7,000/per participant only	\$3,000/per participant only
Inpatient copayment maximum (per participant)	\$2,250	\$2,250	\$2,250
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	None	<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	None	None
Primary care physician (PCP) required	Yes	No	No

Plan Details	In-Area		Out-of-Area (for out-of-state residents)
	Network	Non-Network	
PCP office visit	\$25 copay	40% coinsurance	30% coinsurance
Specialist office visit Be sure to get a referral from your PCP to avoid possible out-of-pocket costs.	\$40 copay		
Routine physicals* (including vision screenings for children) and well-woman exams*	\$0	40% coinsurance	\$0 if services are in-network
Virtual visits	\$10 copay	Not covered	30% coinsurance if services are in-network
Convenience care clinic (no PCP referral required)	\$25 copay	40% coinsurance	30% coinsurance
Urgent care clinic (no PCP referral required)	\$50 copay + 20% coinsurance		
Eye exams (no PCP referral required) Routine exams are limited to one exam per year.	\$40 specialist copay + 20% coinsurance for lab or radiology done outside office visit	40% coinsurance	30% coinsurance
Maternity care* Physician charges only, including delivery fees; inpatient hospital copay benefit applies for the inpatient stay (complications of pregnancy are treated as any other medical condition)	\$0 (routine prenatal obstetrical office visits)	40% coinsurance	\$0 for routine prenatal obstetrical office visits if services are in-network
Office surgery and diagnostic procedures	20% coinsurance (office surgery) \$0 (office diagnostics)	40% coinsurance	30% coinsurance
Allergy antigens/serum Allergy injections Allergy testing	\$0 (office-based allergy services)		
DME (Durable Medical Equipment) (3-year replacement limit) Prior Authorization required for DME over \$1,000.	20% coinsurance	40% coinsurance	30% 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	In-Area		Out-of-Area (for out-of-state residents)
	Network	Non-Network	
Diabetic Supplies	20% coinsurance	20% coinsurance	30% coinsurance
Diagnostic low-tech radiology X-rays Mammography Bone density scan Echocardiogram Ultrasound	\$0 (for office-based services) 20% coinsurance (for non-office based services)	40% coinsurance	30% coinsurance
High-tech radiology CT scan MRI Nuclear medicine Prior Authorization required.	\$100 copay + 20% coinsurance	\$100 copay + 40% coinsurance	\$100 copay + 30% coinsurance
Chiropractic care (benefit maximum of \$75 per visit and maximum 30 visits per calendar year, per participant)	You pay \$40 specialist copay and/or 20% coinsurance in addition to amounts above the benefit maximum	40% coinsurance, after deductible, plus amount over benefit maximum	30% coinsurance, after deductible, plus amount over benefit maximum
Inpatient hospital (facility charges per admission, \$750 copay maximum per admission, \$2,250 calendar year inpatient copay max per participant) Prior Authorization required.	\$150 copay per day up to five days + 20% coinsurance	\$150 copay per day up to five days + 40% coinsurance	\$150 copay per day up to five days + 30% coinsurance
Inpatient physician (per admission) You may have to pay additional costs if treated by a non-network physician during your hospital stay. To find a network physician, go to www.healthselectoftexas.com .	20% coinsurance	40% coinsurance	30% coinsurance
Emergency room In a non-emergency situation, consider less expensive options, such as a virtual visit, convenience care clinic or urgent care clinic.	\$150 copay + 20% coinsurance (copay waived if admitted)	\$150 copay + 20% coinsurance (copay waived if admitted)	30% coinsurance
Outpatient day-surgery — Facility (facility charges)	\$100 copay + 20% coinsurance	\$100 copay + 40% coinsurance	\$100 copay + 30% coinsurance
Outpatient day-surgery — Physician (physician charges)	20% coinsurance	40% coinsurance	30% coinsurance
Hearing aids Plan pays up to \$1,000 maximum benefit (per ear) for any consecutive three-year (36-month) period.	\$0 (plus any amount over the benefit maximum)	\$0 (plus any amount over the benefit maximum)	\$0 (plus any amount over the benefit maximum)
Ambulance services (Prior Authorization required for non-emergent air)	20% coinsurance	20% coinsurance	30% coinsurance
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)	20% coinsurance after you pay the copay	40% coinsurance after you pay the copay and after you meet the annual Non-Network Deductible	30% coinsurance after you pay the copay and after you meet the annual Out-of-Area Deductible
Outpatient facility care (partial hospitalization/day treatment and intensive outpatient treatment)	20% coinsurance	40% coinsurance after you meet the annual Non-Network Deductible	30% coinsurance after you meet the annual Out-of-Area Deductible
Outpatient physician or mental health provider services	\$25 copay	40% coinsurance after you meet the annual Non-Network Deductible	30% coinsurance after you meet the annual Out-of-Area Deductible

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.

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 **(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.

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**

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.

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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