## **MEDICAL**

## **CHOICE HSA**

The Choice HSA Plan includes an annual employer contribution amount of \$500 Individual / \$1000 Family coverage.

The Choice HSA Plan is offered through UHC and utilizes the Choice network. Benefits are ONLY for In-Network providers. If you are out of the area and have an emergency, you may seek emergency care. This plan meets "affordability" under the Affordable Care Act (ACA).

This plan is not FSA eligible.

## In-Network ONLY, Choice network providers

Benefit	Out-of-Pocket Expense	
Network	HSA Compatible Plan	
Health Savings Account (HSA) The Choice HSA Plan includes an annual employer contribution amount of \$500 Individual / \$1000 Family coverage.	\$500 Individual \$1,000 Family	
Deductible	\$4,000 Individual \$6,000 Family	
Maximum Out-of-Pocket (Ind. Deductible, Medical and Rx Coinsurance)	\$6,000 Individual \$12,000 Family	
DOCTOR'S SERVICES		
Primary Care Physician Specialist	20% after deductible 20% after deductible	
Virtual Visit	Covered in full	
PREVENTIVE SERVICES	Governou in ruin	
Preventive Services	Covered at 100% (deductible and copays do not apply)	
ROUTINE LAB AND X-RAY		
In-Office Visit	20% after deductible	
Outpatient Basis	20% after deductible	
HOSPITAL		
Urgent Care	20% after deductible	
Advanced Imaging (MRI, CT, PET, etc)	20% after deductible	
Emergency Room	20% after deductible	
Inpatient Mental Health / Substance Abuse	20% after deductible	
Inpatient Hospital	20% after deductible	
Prescription Drug Plan	20% after deductible  The amount you pay prior to meeting your deductible is based on the discounts CVS has negotiated with the pharmacy.	

## Additional Programs Included In Your Medical Premium:

Virtual Visits, Maternity Support, Surgery Plus, Airrosti, Real Appeal

Note: For a complete description of benefits, see the Summary of Benefits and Coverage or Summary Plan Description. https://www.fortbendisd.com/Page/166122

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
Employee Only	\$31.05	\$39.22
Employee + Spouse	\$179.98	\$227.34
Employee + Child(ren)	\$126.41	\$159.68
Employee + Family	\$229.69	\$290.13

<sup>\*</sup>Per pay period contributions



Fort Bend ISD 2024