NEXUS

The Nexus Plan is offered through UHC and utilizes the Nexus ACO OA network. Benefits are ONLY for In-Network providers. If you are out of the area and have an emergency, you may seek emergency care. When you choose a Designated Network Provider, you are choosing providers in the Memorial Herman Hospital System.

Designated Provider: Memorial Herman
Designated Hospital: Memorial Hermann

Designated Network deductibles and Out-of-Pocket maximums track towards your Network deductibles and Out-of-Pocket maximums.

Benefit	Designated Network	Network
Deductible	$1,500 Individual $3,000 Family	$2,000 Individual $4,000 Family
Maximum Out-of-Pocket (Ind. Deductible, Medical and Rx Coinsurance)	$5,000 Individual $10,000 Family	$6,000 Individual $12,000 Family
DOCTOR'S SERVICES		
Primary Care Physician	$25 copay	$50 copay
Specialist	$40 copay	$75 copay
Virtual Visit	$0	$0
PREVENTATIVE SERVICES		
Preventative Services	Covered at 100% (deductible and copays do not apply)	Covered at 100% (deductible and copays do not apply)
ROUTINE LAB AND X-RAY		
In-Office Visit	20% after deductible	20% after deductible
Outpatient Basis	20% after deductible	20% after deductible
HOSPITAL		
Urgent Care	$75 copay	$75 copay
Advanced Imaging (MRI, CT, PET, etc)	20% after deductible	20% after deductible
Emergency Room	$300 copay (waived if admitted); deductible and coinsurance apply	$300 copay (waived if admitted); deductible and coinsurance apply
Inpatient Mental Health/Substance Abuse	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible
Prescription Drug Plan	30% / 40% / 50% / Specialty 45%	30% / 40% / 50% / Specialty 45%

Additional Programs Included In Your Medical Premium:

Virtual Visits, Healthy Pregnancy, 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/75664

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
Employee Only	$88.67	$112.00
Employee + Spouse	$287.61	$363.30
Employee + Child(ren)	$245.00	$309.47
Employee + Family	$380.47	$480.59

*Per pay period contributions without medical surcharge.

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