

## MEDICAL

## KELSEY UHC CHARTER

The Kelsey UHC Charter Plan is a partnership between UHC and Kelsey Seybold and utilizes ONLY Kelsey Seybold physicians and affiliates. This is an in-network only plan. If you are out of the area and have an emergency, you may seek emergency care. If you have a dependent that is outside the Kelsey Seybold network area, they will have access to the Choice Network for care with authorization from UHC. Please call [877.805.1970](tel:877.805.1970) to receive the authorization before seeking care. When enrolling in the Kelsey UHC Charter Plan in My Self-Serve, enter in provider ID number 00006773183010.

## In-Network ONLY, Kelsey Seybold Network Providers

Benefit	Out-of-Pocket Expense
<b>Deductible</b>	\$750 Individual \$1,500 Family
<b>Maximum Out-of-Pocket</b> (Ind. Deductible, Medical and Rx Coinsurance)	\$3,750 Individual \$7,500 Family
<b>DOCTOR'S SERVICES</b>	
<b>Primary Care Physician</b>	\$45 copay
<b>Specialist</b>	\$55 copay
<b>Virtual Visit</b>	\$0
<b>PREVENTIVE SERVICES</b>	
<b>Preventive Services</b>	Covered at 100% (deductible and copays do not apply)
<b>ROUTINE LAB AND X-RAY</b>	
<b>In-Office Visit</b>	20% after deductible
<b>Outpatient Basis</b>	20% after deductible
<b>HOSPITAL</b>	
<b>Urgent Care</b>	\$75 copay
<b>Advanced Imaging</b> (MRI, CT, PET, etc)	20% after deductible
<b>Emergency Room</b>	\$300 copay (waived if admitted); deductible and coinsurance apply
<b>Inpatient Mental Health / Substance Abuse</b>	20% after deductible
<b>Inpatient Hospital</b>	20% after deductible
<b>Prescription Drug Plan</b>	30% / 40% / 50% / Specialty 45% to a maximum of \$75

## 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://flimp.live/FBISD-Employee-Resource-Center>

Plan Rates*	24 Per Pay Period Cost	19 Per Pay Period Cost
<b>Employee Only</b>	\$80.23	\$101.34
<b>Employee + Spouse</b>	\$277.40	\$350.39
<b>Employee + Child(ren)</b>	\$244.40	\$308.71
<b>Employee + Family</b>	\$369.56	\$466.81

\*Per pay period contributions without medical surcharge.