

MEDICAL

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 Hermann Hospital System.

Designated Provider: Memorial Hermann ACO

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	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
Maximum Out-of-Pocket (Ind. Deductible, Medical and Rx Coinsurance)	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family
DOCTOR'S SERVICES		
Primary Care Physician	\$40 copay	\$50 copay
Specialist	\$60 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	\$90 copay	\$90 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.

