

# CHOICE HIGH DEDUCTIBLE

The Choice High Deductible 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).

**In-Network ONLY, Choice network providers, HSA Compatible Plan**

Benefit	Out-of-Pocket Expense
Network	HSA Compatible Plan
<b>Deductible</b>	\$6,500 Individual \$13,000 Family
<b>Maximum Out-of-Pocket</b> (Ind. Deductible, Medical and Rx Coinsurance)	\$6,500 Individual \$13,000 Family
<b>DOCTOR'S SERVICES</b>	
<b>Primary Care Physician</b>	0% after deductible
<b>Specialist</b>	0% after deductible
<b>Virtual Visit</b>	0% after deductible
<b>PREVENTATIVE SERVICES</b>	
<b>Preventative Services</b>	Covered at 100% (deductible and copays do not apply)
<b>ROUTINE LAB AND X-RAY</b>	
<b>In-Office Visit</b>	0% after deductible
<b>Outpatient Basis</b>	0% after deductible
<b>HOSPITAL</b>	
<b>Urgent Care</b>	0% after deductible
<b>Advanced Imaging</b> (MRI, CT, PET, etc)	0% after deductible
<b>Emergency Room</b>	0% after deductible
<b>Inpatient Mental Health / Substance Abuse</b>	0% after deductible
<b>Inpatient Hospital</b>	0% after deductible
<b>Prescription Drug Plan</b>	0% after deductible The amount you pay prior to meeting your deductible is based on the discounts ESI has negotiated with the pharmacy.

**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
<b>Employee Only</b>	\$31.05	\$39.22
<b>Employee + Spouse</b>	\$174.74	\$220.72
<b>Employee + Child(ren)</b>	\$122.73	\$155.03
<b>Employee + Family</b>	\$223.00	\$281.68

\*Per pay period contributions without medical surcharge.