

MEDICAL

CHOICE PLUS

The Choice Plus Plan is offered through UHC and utilizes the Choice network. Benefits are for In-Network and Out-of-Network providers. If you are out of the area and have an emergency, you may seek emergency care.

Rx not covered at Out-of-Network.

In-Network (UHC Broad Network)

Out-of-Network (Not Contracted with UHC)

Benefit	In-Network	Out-of-Network
Deductible	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family
Maximum Out-of-Pocket (Ind. Deductible, Medical and Rx Coinsurance)	\$9,000 Individual \$15,000 Family	\$15,000 Individual \$30,000 Family
DOCTOR'S SERVICES		
Primary Care Physician	\$50 copay	50% after deductible
Specialist	\$75 copay	50% after deductible
Virtual Visit	\$0	Not covered
PREVENTATIVE SERVICES		
Preventative Services	Covered at 100% (deductible and copays do not apply)	50% after deductible
ROUTINE LAB AND X-RAY		
In-Office Visit	20% after deductible	50% after deductible
Outpatient Basis	20% after deductible	50% after deductible
HOSPITAL		
Urgent Care	\$75 copay	50% after deductible
Advanced Imaging (MRI, CT, PET, etc)	20% after deductible	50% after deductible
Emergency Room	\$300 copay + 20% after deductible	\$300 copay + 20% after deductible
Inpatient Mental Health / Substance Abuse	20% after deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible
Prescription Drug Plan	30% / 40% / 50% / Specialty 45%	Not covered

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>

Choice Plus Plan	24 Pay Period Rates	19 Pay Period Rates
Employee Only	\$101.97	\$128.80
Employee + Spouse	\$330.75	\$417.79
Employee + Child(ren)	\$281.75	\$355.89
Employee + Family	\$437.54	\$552.68