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

Benefit	Out-of-Pocket Expense	
Deductible	\$6,500 Individual \$13,000 Family	
Maximum Out-of-Pocket (Ind. Deductible, Medical and Rx Coinsurance)	\$6,500 Individual \$13,000 Family	
DOCTOR'S SERVICES		
Primary Care Physician	0% after deductible	
Specialist	0% after deductible	
Virtual Visit	0% after deductible	
PREVENTATIVE SERVICES		
Preventative Services	Covered at 100% (deductible and copays do not apply)	
ROUTINE LAB AND X-RAY		
In-Office Visit	0% after deductible	
Outpatient Basis	0% after deductible	
HOSPITAL		
Urgent Care	0% after deductible	
Advanced Imaging (MRI, CT, PET, etc)	0% after deductible	
Emergency Room	0% after deductible	
Inpatient Mental Health/Substance Abuse	0% after deductible	
Inpatient Hospital	0% after deductible	
Prescription Drug Plan	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
Employee Only	\$31.05	\$39.22
Employee + Spouse	Not offered	Not offered
Employee + Child(ren)	\$122.73	\$155.03
Employee + Family	Not offered	Not offered

^{*}Per pay period contributions without medical surcharge.

