

MEDICAL PLAN COMPARISON

Plan Name	Kelsey UHC Charter		Nexus		Choice Plus		Choice HRA		Choice High Deductible	
Network	Kelsey Seybold		Nexus ACO OA		Choice		Choice		Choice	
	In-Network ONLY, Kelsey Seybold Network Providers		Designated Provider: Memorial Herman ACO Designated Hospital: Memorial Herman		Out-of-Network Preventive Care and Pharmacy benefits are not covered		FBISD HRA contribution: \$500 Individual / \$1,000 Family		HSA compatible plan	
Deductible	In-Network		Designated Network	Network	In-Network	Out-of-Network	In-Network		In-Network	
Individual	\$750		\$1,500	\$2,000	\$2,000	\$4,000	\$2,500		\$6,500	
Family	\$1,500		\$3,000	\$4,000	\$4,000	\$8,000	\$5,000		\$13,000	
Out-of-Pocket Max										
Individual	\$3,750		\$5,000	\$6,000	\$6,000	\$12,000	\$6,000		\$6,500	
Family	\$7,500		\$10,000	\$12,000	\$12,000	\$24,000	\$12,000		\$13,000	
PRIMARY OFFICE VISIT										
Primary Care	\$25 copay		\$25 copay	\$50 copay	\$50 copay	50% after deductible	30% after deductible		0% after deductible	
Specialist	\$35 copay		\$40 copay	\$75 copay	\$75 copay	50% after deductible	30% after deductible		0% after deductible	
Virtual Visit¹	\$0		\$0		\$0		\$0		0% after deductible	
OTHER SERVICES										
Preventive Care	Plan pays 100%		Plan pays 100%		100%	50% after deductible	Plan pays 100%		Plan pays 100%	
Routine Labs, X-Rays	20% after deductible		20% after deductible		20% after deductible	50% after deductible	30% after deductible		0% after deductible	
Airrosti Muscle/Joint¹	\$35 copay		\$40 copay		\$50 copay		30% eligible expenses after deductible		0% after deductible	
Surgery Plus²	Covered at 100%		Covered at 100%		Covered at 100%		Covered at 100%		100% after deductible	
Inpatient Hospital	20% after deductible		20% after deductible		20% after deductible	50% after deductible	30% after deductible		0% after deductible	
Urgent Care	\$75 copay		\$75 copay		\$75 copay	50% after deductible	30% after deductible		0% after deductible	
Advanced Imaging (CT scan, MRI, PET)	20% after deductible		20% after deductible		20% after deductible	50% after deductible	30% after deductible		0% after deductible	
EMERGENCY ROOM										
Emergency Room (True Emergency)	\$300 copay³ then 20% after deductible		\$300 copay³ then 20% after deductible		\$300 copay³ then 20% after deductible		30% after deductible		0% after deductible	
Inpatient Mental Health and Substance Abuse	20% after deductible		20% after deductible		20% after deductible	50% after deductible	30% after deductible		0% after deductible	
PRESCRIPTION										
Retail Rx Drugs (30 days)	30% / 40% / 50%		30% / 40% / 50%		30%/ 40% / 50%	Not Covered	30% / 40% / 50%		0% after deductible	
Mail Order Rx (90 days)	25% / 35% / 45%		25% / 35% / 45%		25% / 35% / 45%	Not Covered	25% / 35% / 45%		0% after deductible	
Specialty Pharmacy	45%, maximum of \$75		45%, maximum of \$75		45%, maximum of \$75	Not Covered	45%, maximum of \$75		0% after deductible	
RATES BY PLAN⁴	Pay Periods		Pay Periods		Pay Periods		Pay Periods		Pay Periods	
	24	19	24	19	24	19	24	19	24	19
Employee Only	\$80.23	\$101.34	\$88.67	\$112.00	\$101.97	\$128.80	\$52.92	\$66.85	\$31.05	\$39.22
Employee + Spouse	\$248.39	\$313.76	\$287.61	\$363.30	\$330.75	\$417.79	\$194.16	\$245.25	N/A	N/A
Employee + Child(ren)	\$221.67	\$280.00	\$245.00	\$309.47	\$281.75	\$355.89	\$136.08	\$171.89	\$122.73	\$155.03
Employee + Family	\$328.59	\$415.06	\$380.47	\$480.59	\$437.54	\$552.68	\$247.78	\$312.99	N/A	N/A

¹Subject to change

²These benefits are separate from UHC, and made available in your medical plan at no additional cost to your premium

³The copay is waived if admitted for the Kelsey, Choice Plus and Nexus.

⁴There are 19 pay period contributions for hourly employees (24 for all others) and do not include medical surcharge (see page 11 for more information).

[^]The funds that are contributed to your HRA by FBISD WILL REMAIN with the district. The dollars in your HRA account balance is FULLY funded by FBISD.