

KELSEY UHC CHARTER

The Kelsey UHC Charter Plan is a partnership between UHC and Kelsey Seybold and utilizes ONLY Kelsey Seybold physicians and affiliates. This is an in-network only plan. If you are out of the area and have an emergency, you may seek emergency care. If you have a dependent that is outside the Kelsey Seybold network area, they will have access to the Choice Network for care with authorization from UHC. Please call [877.805.1970](tel:877.805.1970) to receive the authorization before seeking care. When enrolling in the Kelsey UHC Charter Plan in My Self Serve, enter in provider ID number 00006773183010.

In-Network ONLY, Kelsey Seybold Network Providers

Benefit	Out-of-Pocket Expense
Deductible	\$750 Individual \$1,500 Family
Maximum Out-of-Pocket (Ind. Deductible, Medical and Rx Coinsurance)	\$3,750 Individual \$7,500 Family
DOCTOR'S SERVICES	
Primary Care Physician	\$25 copay
Specialist	\$35 copay
Virtual Visit	\$0
PREVENTATIVE SERVICES	
Preventative Services	Covered at 100% (deductible and copays do not apply)
ROUTINE LAB AND X-RAY	
In-Office Visit	20% after deductible
Outpatient Basis	20% after deductible
HOSPITAL	
Urgent Care	\$75 copay
Advanced Imaging (MRI, CT, PET, etc)	20% after deductible
Emergency Room	\$300 copay (waived if admitted); deductible and coinsurance apply
Inpatient Mental Health / Substance Abuse	20% after deductible
Inpatient Hospital	20% after deductible
Prescription Drug Plan	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	\$80.23	\$101.34
Employee + Spouse	\$248.39	\$313.76
Employee + Child(ren)	\$221.67	\$280.00
Employee + Family	\$328.59	\$415.06

*Per pay period contributions without medical surcharge.