

## MEDICAL

# MEDICAL PLAN COMPARISON

The Choice HSA Plan includes an annual employer contribution amount of \$500 Individual / \$1,000 Family coverage.

Plan Name	Kelsey UHC Charter		Surest		Choice HSA	
Network	Kelsey Seybold		Choice		Choice	
	In-Network ONLY, Kelsey Seybold Network Providers		In-Network ONLY		HSA compatible plan *FBISD HSA contribution: \$500 Individual / \$1,000 Family	
Deductible	In-Network		In-Network		In-Network	
Individual	\$750		\$0		\$4,000	
Family	\$1,500		\$0		\$6,000	
Out-of-Pocket Max						
Individual	\$3,750		\$8,500		\$6,000	
Family	\$7,500		\$17,000		\$12,000	
PRIMARY OFFICE VISIT						
Primary Care	\$25 copay		Combined Range \$45 - \$150		20% after deductible	
Specialist	\$35 copay				20% after deductible	
Virtual Visit¹	Covered in full		Covered in full		Covered in full	
OTHER SERVICES						
Preventive Care	Plan pays 100%		Plan pays 100%		Plan pays 100%	
Routine Labs, X-Rays	20% after deductible		\$0		20% after deductible	
Airrosti Muscle / Joint¹	\$35 copay		Combined Range \$30 – \$135 copay		20% after deductible	
Surgery Plus²	Covered at 100%		Covered at 100%		Covered 100% after deductible	
Inpatient Hospital Outpatient Hospital	20% after deductible		Up to \$5,500 In/Out Amb. Surg Center (Maternity \$2,400-\$4,500) \$4,500 Other IP Hosp \$250-\$1,150 Other OP Hosp		20% after deductible	
Urgent Care	\$75 copay		\$100 copay		20% after deductible	
Advanced Imaging (CT scan, MRI, PET)	20% after deductible		\$250 - \$1,150 copay		20% after deductible	
EMERGENCY ROOM						
Emergency Room (True Emergency)	\$300 copay³ then 20% after deductible (waived if admitted)		\$1,000 copay (waived if admitted)		20% after deductible (waived if admitted)	
Inpatient Mental Health and Substance Abuse Outpatient Mental Health and Substance Abuse	20% after Deductible IP \$25 dollar copay OP		\$4,500 Other IP Hosp \$45 - \$170 Other OP Hosp		20% after deductible	
PRESCRIPTION						
Retail Rx Drugs (30 days)	30% / 40% / 50%		\$10 / \$60 / \$90		20% after deductible	
Mail Order Rx (90 days)	25% / 35% / 45%		\$25 / \$150 / \$225		20% after deductible	
Specialty Pharmacy	45%, to a maximum of \$75		\$75		20% to a maximum of \$75, after deductible	
RATES BY PLAN⁴	Pay Periods		Pay Periods		Pay Periods	
	24	19	24	19	24	19
Employee Only	\$80.23	\$101.34	\$88.67	\$112.00	\$31.05	\$39.22
Employee + Spouse	\$255.84	\$323.17	\$296.24	\$374.20	\$179.98	\$227.34
Employee + Child(ren)	\$228.32	\$288.40	\$252.35	\$318.76	\$126.41	\$159.68
Employee + Family	\$338.45	\$427.52	\$391.89	\$495.01	\$229.69	\$290.13

\*Per pay period contributions

<sup>1</sup>Subject to change

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

<sup>3</sup>The copay is waived if admitted for the Kelsey, Surest, Choice HSA

<sup>4</sup>There are 19 pay period contributions for hourly employees (24 for all others) and do not include medical surcharge (see page 59 for more information).

<sup>5</sup>The Choice HSA Plan includes an annual employer contribution amount of \$500 Individual / \$1,000 Family coverage. This plan is not eligible for Medical FSA.