

Medical Plan Options

The Total Health Medical Plans provide generous coverage for illness and injury. You pay nothing for an annual wellness exam and only a small in-network copay for office visits. Texas Health offers three Total Health Medical Plan options. All three cover the same medical services. Here are the differences.

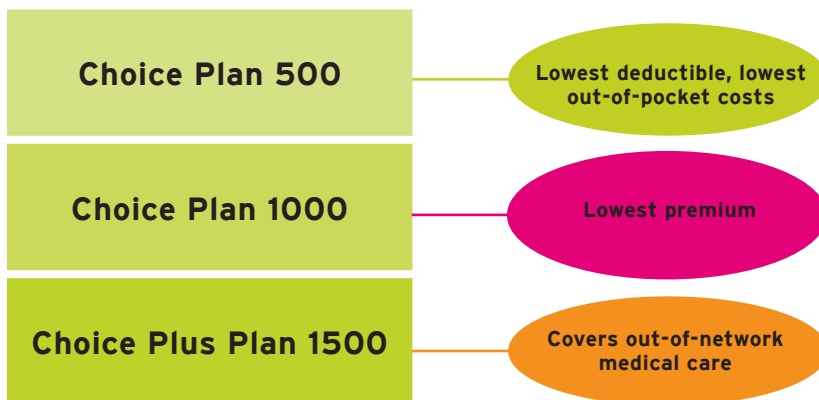
- The amount you pay for services, including your annual deductible and annual out-of-pocket maximums, varies by plan.
- Premiums depend on the plan you choose and your salary tier. Texas Health pays a large percentage of the premiums for all employees – and pays more for employees who earn less.
- Only the Choice Plus Plan covers out-of-network medical care.

Selecting the medical option that is right for your family is a three-step process. You will choose a medical plan, prescription drug option, and coverage for dependents. Each of these choices affects your premiums and out-of-pocket expenses.

CHOOSE YOUR MEDICAL PLAN

All three Total Health Medical Plans cover the same medical services. The differences are in the premiums and the amount you pay out of your own pocket for medical care. When choosing your option, you'll need to decide which factors are more important to you:

- Paying higher premiums but having a lower deductible
- Paying lower premiums but having a higher deductible
- Having coverage for out-of-network doctors and other medical care providers.



The tables on page 16 show how much you pay for medical care under each option.

CHOOSE YOUR PRESCRIPTION DRUG COVERAGE

Your medical plan includes the Low Rx prescription drug plan. When you enroll, you can choose to pay an additional amount each pay period to elect the High Rx plan. Both options cover the same medicines and have the same copay for generic drugs. They both have the same formulary — which is the list of covered preferred medications. The difference is in the coinsurance for preferred and non-preferred medications.



Under both the Low Rx and High Rx options, you pay a small copay for generic drugs. If you choose to use a preferred or non-preferred drug, your coinsurance applies. The table on page 17 shows how much you pay for generic, preferred, and non-preferred prescriptions.

TOTAL HEALTH MEDICAL PLANS

SPECIAL FEATURES OF THE TOTAL HEALTH MEDICAL PLAN

- Preventive Care is covered for an extensive array of preventive/wellness exams.
- Health Advocate offers a team of trained individuals who help you navigate the health care system and gives you a trusted source for health care information and support 24 hours a day.
- A Cancer Support Nurse is available to you or your family member covered by a Total Health Medical Plan that has been diagnosed with cancer. The experienced cancer nurse can assist you during active treatment of all forms of cancer.
- UHC Personal Health SupportSM helps you if you have to be admitted to a hospital. It is designed to improve your health care experience by providing support from the time you learn you need to go to the hospital until after you return home.
- Mental health and substance abuse treatment must be coordinated through United Behavioral Health (UBH).
- Case Managers are nurses, social workers and other professionals who help patients and their families effectively cope with complicated health conditions to achieve a better quality of life.
- To access any of these services, call 1-877-MyTHRLink (1-877-698-4754) and select prompt 2.

HOW MUCH YOU PAY FOR COVERED MEDICAL SERVICES

- Under all medical plans, you pay only an office visit copay for visits to your in-network family doctor or specialist.
- For other services, such as outpatient surgery, lab work, and diagnostic testing, the plan pays:
 - 90% when performed at Texas Health Preferred Hospitals (listed on page 18)
 - 50% when performed at UnitedHealthcare Choice network hospitals that are not Texas Health Preferred Hospitals
 - 90% when performed at in-network free-standing facilities that are not affiliated with a hospital
 - 50% at out-of-network hospitals (covered only under the Choice Plus Plan 1500).



To Contact the Medical Plan

- Go to www.myuhc.com.

- Call UHC at 1-877-698-4754, prompt 1.



TOTAL HEALTH MEDICAL PLANS

MEDICAL PLAN DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

Plan Name	Plan Feature	Preferred Hospitals ¹	UHC Choice Network ¹	Out-of-Network ²
These plans cover in-network care but do not cover services provided by out-of-network providers.				
Choice Plan 500	Deductible	\$500 individual \$1,500 family	\$3,000 individual \$9,000 family	No out-of-network coverage
	Out-of-pocket Maximum ¹	\$3,000 individual \$6,000 family	\$12,000 individual \$24,000 family	No out-of-network coverage
Choice Plan 1000	Deductible	\$1,000 individual \$3,000 family	\$4,000 individual \$12,000 family	No out-of-network coverage
	Out-of-pocket Maximum ¹	\$5,000 individual \$10,000 family	\$15,000 individual \$30,000 family	No out-of-network coverage
This plan covers in-network and out-of-network care.³				
Choice Plus Plan 1500	Deductible	\$1,500 individual \$4,500 family	\$4,000 individual \$12,000 family	\$5,000 individual \$15,000 family
	Out-of-pocket Maximum ¹	\$5,500 individual \$11,000 family	\$15,000 individual \$30,000 family	\$18,000 individual \$36,000 family

¹ Maximum does not include deductible or copays for medical care or prescriptions.

² Choice Plans 500 and 1000 do not cover out-of-network care unless it is for an emergency.

³ You generally only need Choice Plus Plan 1500 if a member of your family has an existing patient relationship with an out-of-network provider that should not be disrupted.

YOUR COST FOR COVERED SERVICES

Plan Feature	Coverage Under All Medical Plans		Coverage Only Under Choice Plus Plan 1500
	Preferred Hospitals	UHC Choice Network	Out-of-Network ⁴
Office Visits	\$30 copay for PCP; \$50 copay for specialist		50% after deductible
Maternity Office Visits	\$30 for initial office visit; no cost for additional visits		50% after deductible
Inpatient Hospital Care	10% after deductible	50% after deductible	50% after deductible with notification ⁶
Emergency Room	10% after deductible		
Urgent Care Center	\$50 copay		50% after deductible
Outpatient Surgery	Office visit copay applies; 10% after deductible if not in doctor's office	Office visit copay applies; 10% or 50% after deductible if not in doctor's office ⁷	50% after deductible with notification ⁶
Routine Physicals⁵	\$0		Not covered
Well-Woman/Man Exams (Including Pap Test or PSA Test)⁵	\$0		Not covered
Well-Child Care (Including Immunizations)⁵	\$0 for first visit of the year, \$30 copay for additional visits during the year		Not covered
Mammography⁸	\$0		Not covered
Colonoscopy⁵	\$0		Not covered
Outpatient Diagnostic Lab & X-ray (Excluding MRI, CAT, PET Scans)	No additional charge in doctor's office; 10% after deductible if not in doctor's office		50% after deductible
MRI, CAT & PET Scans	10% after deductible	10% or 50% after deductible ⁷	50% after deductible
Outpatient Therapy⁹	\$30 per visit	\$50 per visit	50% after deductible

⁴ Whenever you use an out-of-network provider, you pay for services when you receive them and file a claim for reimbursement of eligible expenses.

⁵ One well exam per year is covered in full if the claims administrator determines the physical is for preventive care. Additional screenings or services will be considered diagnostic services and will be covered after you pay the applicable copay or deductible and coinsurance. At the time of your preventive care visit, if other services are performed that are not preventive services, as determined by the claims administrator, they will not be paid at 100% even if they are submitted as part of a claim for preventive care. Some items that were previously covered as preventive care are no longer covered as preventive care and now require you to pay the appropriate copay or coinsurance, including electrocardiograms (EKGs), focused office visits, thyroid scans, breast MRI, vitamin D assays, and transvaginal ultrasounds.

⁶ \$1,000 penalty for failure to provide notification.

⁷ Coinsurance is 10% at a freestanding network facility and 50% at a hospital that is not a Texas Health Preferred Hospital.

⁸ One per year is covered. You pay the coinsurance for additional mammograms.

⁹ Up to combined 60 visits per year covered for outpatient physical, occupational, and speech therapy. Pulmonary and chiropractic rehabilitation are each covered up to 20 visits. Up to 36 cardiac rehabilitation visits are covered.

Prescription Drug Coverage

Type of Prescription	Low Rx		High Rx	
	Retail: 31-day supply	Mail Order ¹ : 90-day supply	Retail: 31-day supply	Mail Order ¹ : 90-day supply
Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay
Preferred	40% (\$20 minimum and \$150 maximum per prescription)	40% (\$40 minimum and \$300 maximum per prescription)	25% (\$20 minimum and \$100 maximum per prescription)	25% (\$40 minimum and \$200 maximum per prescription)
Non-Preferred	50% (\$40 minimum with no maximum per prescription)	50% (\$80 minimum with no maximum per prescription)	40% (\$40 minimum with no maximum per prescription)	40% (\$80 minimum with no maximum per prescription)
Annual Out-of-Pocket Maximum²	If you earn less than \$25,000, \$1,000 per person If you earn \$25,000 or more, \$2,000 per person		If you earn less than \$25,000, \$1,000 per person If you earn \$25,000 or more, \$2,000 per person	

¹ Up to a 90-day supply. Mail order is required for maintenance medications on the third time you fill it. You are required to refill maintenance medications with a 90-day supply through Caremark's mail order program, at the Texas Health Dallas or Plano retail pharmacies, or at your local CVS pharmacy. Otherwise, you will pay double the retail charge after the second time you fill the prescription.

² This maximum is for retail and mail order prescriptions combined. Copays for generic drugs apply toward the out-of-pocket maximum. Penalties for dispense as written (DAW) do not count toward the maximum. The prescription drug out-of-pocket maximum is separate from the medical plan out-of-pocket maximum.

GENERIC STEP THERAPY

When your doctor prescribes medication, ask if a generic drug is available. In order to have coverage for prescription drugs in certain drug classes, you must try a generic drug first. If you try (or have tried) a generic drug and it does not work for you, then you may receive coverage for a brand-name drug. If you choose to use a brand-name drug without trying a generic first or without getting prior approval, coverage may be denied. Find the list of drugs requiring generic step therapy by logging in to www.caremark.com.

ONLINE TOOLS

- **Check Drug Cost:** It is important to understand your pharmacy benefit options so you can make informed and cost-effective decisions about your care. To give you access to the most up-to-date information, Caremark provides a tool called "Check Drug Cost" on www.caremark.com. "Check Drug Cost" is a tool that you can use to learn about your options for filling prescription medications.
- **Formulary List:** Each calendar quarter, Caremark updates the formulary list. Before you fill a prescription, check to be sure the medication is on the formulary list. You can view it online at www.caremark.com.
- **Other Features:** Using www.caremark.com, you can order prescription refills, set refill reminders, check the status of your prescription order, check your pharmacy coverage, research drug information, view your prescription history, locate a pharmacy near you, view valuable health information, and send an email message to Caremark Customer Care if you have questions.

Generic birth control prescriptions are now covered at 100%.



Your Preferred Hospital List

Below is a list of Preferred Hospitals. Whenever you need hospital care, your Total Health benefits will be greatest when you use a hospital on this list.

ALLEN

- Texas Health Allen
- Texas Health Springwood Allen

ARLINGTON

- Texas Health Arlington Memorial
- Texas Health Heart and Vascular Hospital Arlington
- USMD Hospital of Arlington

ATLANTA

- Atlanta Memorial Hospital

AZLE

- Texas Health Azle

BEDFORD

- Texas Health HEB
- Texas Health Springwood HEB

BURLESON

- Texas Health Burleson

CLEBURNE

- Texas Health Cleburne

DALLAS

- Children's Medical Center
- LifeCare Hospitals of Dallas
- Methodist Charlton Medical Center
- Methodist Dallas Medical Center
- Parkland Health and Hospital System
- Texas Health Dallas
- Texas Institute for Surgery at Presbyterian Hospital of Dallas
- UT Southwestern Univ. Hospitals - St. Paul
- UT Southwestern Univ. Hospitals - Zale Lipshy

DECATUR

- Wise Regional Health System

DENTON

- Texas Health Denton

ENNIS

- Ennis Regional Medical Center

FLOWER MOUND

- Texas Health Flower Mound

FORT WORTH

- Cook Children's Medical Center
- Texas Health Specialty Hospital
- Texas Health Fort Worth
- Texas Health Alliance
- Texas Health Southwest
- John Peter Smith Hospital
- LifeCare Hospitals of Fort Worth
- USMD Hospital at Fort Worth
- Texas Rehabilitation Hospital of Fort Worth

GAINESVILLE

- North Texas Medical Center

GRAND SALINE

- Cozby-Germany Hospital

GREENVILLE

- Hunt Regional Medical Center at Greenville

HENDERSON

- Henderson Memorial Hospital

KAUFMAN

- Texas Health Kaufman

KILGORE

- Laird Memorial Hospital

LINDEN

- Good Shepherd Medical Center - Linden

LONGVIEW

- Good Shepherd Medical Center

MADILL, OK

- Integris Marshall County Medical Center

MANSFIELD

- Methodist Mansfield Medical Center

MARSHALL

- Marshall Regional Medical Center

MINERAL WELLS

- Palo Pinto General Hospital

MOUNT PLEASANT

- Titus Regional Medical Center

MUENSTER

- Muenster Memorial Hospital

PALESTINE

- Palestine Regional Medical Center

PARIS

- Paris Regional Medical Center

PLANO

- LifeCare Hospitals of Plano
- Texas Health Plano
- Children's Medical Center
- Presbyterian Plano Center for Diagnostics & Surgery

RICHARDSON

- Methodist Richardson Medical Center

ROCKWALL

- Presbyterian Hospital of Rockwall

SHERMAN

- Texas Health Presbyterian Hospital-WNJ

SOUTHLAKE

- Harris Methodist Southlake Center for Diagnostics and Surgery
- Springwood Behavioral Health Center of Southlake

STEPHENVILLE

- Texas Health Stephenville

SULPHUR SPRINGS

- Hopkins County Memorial Hospital

TYLER

- Mother Frances Hospital-Tyler
- University of Texas Health Center at Tyler

WEATHERFORD

- Weatherford Regional Medical Center

WHITNEY

- Lake Whitney Medical Center

WINNSBORO

- Trinity Mother Frances Hospital-Winnsboro

Saving Money on Healthcare

Every doctor's office visit or medical treatment presents you with choices and responsibilities. Texas Health encourages you to be a careful health care consumer. By being informed, asking questions, and making wise decisions regarding your medical care and treatment, you take charge of your health.

KNOW BEFORE YOU GO

Before you get medical care, check your Employee Benefits Handbook to be sure you understand how your care is covered and what you will be expected to pay. Take this Employee Benefits Guide with you to the doctor's office in case they have any questions about your coverage.

TIPS FOR HOLDING DOWN YOUR MEDICAL COSTS

- **Use generic or mail-order prescription drugs whenever possible:** Caremark's mail order program saves you money on medications you take regularly. You can also get up to a 90-day supply of maintenance medications filled at the Texas Health Dallas or Plano retail pharmacies or at your local CVS pharmacy.
- **Use the UHC Choice or Choice Plus network:** Always use network providers. They are listed online at www.myuhc.com. When you use an out-of-network provider, you must first meet a much higher annual deductible, then you pay 50% of the cost of covered services.
- **Use Preferred Hospitals:** Your out-of-pocket costs will be lower when you use a Preferred Hospital listed on page 18. Your coinsurance after deductible will be 50% at a hospital not on the Preferred Hospital list, compared to 10% at Preferred Hospitals.
- **There is an added benefit to using a Texas Health facility:** You and your covered dependents receive an employee discount and pay 15% on average less for services than others covered by UnitedHealthcare. That savings is in addition to your low copay.

ALWAYS CHECK YOUR BILL

When you go to a hospital for a procedure (such as surgery or childbirth), you may receive services from hospital-based physicians that you are not aware you have received. For example, if you have an MRI, you typically will not meet the radiologist who interprets the results.

Under most employer-sponsored medical plans, charges are often considered out-of-network for services provided by hospital-based physicians, including radiologists, anesthesiologists, pathologists and emergency physicians. Under the Texas Health Medical Plan, however, when you use a Preferred Hospital, Texas Health saves you money by covering these services as in-network.

Because most employers do not offer this same advantage, these claims are often processed incorrectly. When you receive your explanation of benefits from UnitedHealthcare, you should carefully check your hospital charges to be sure you are not being charged out-of-network rates for these services. If you believe you are being overcharged, call UHC at 1-877-698-4754 (prompt 1) and ask for a review of the claim.



Katie Brown
RN
THFW

Peggy Moss
Total Health/Total Rewards Consultant
System Services

TICKET TO HEALTH

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RESEARCH PREPARES YOU
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