

2018 Summary of Plan Benefits

The City of Fort Worth Basic and Consumer Choice plans provide services in the office of a Primary Care Physician (PCP) and Specialist. For purposes of the City's Health Plan, a PCP will be a physician who has contracted with UnitedHealth Care (UHC) as a Primary Care Provider. This will include providers who have contracted as a Family Practitioner, General Practitioner, Internal medicine, Pediatric or OB/GYN provider and are listed in the UHC Insurance provider directory as a PCP or an OB/GYN provider. All other providers will be considered Specialists. A member is not required to elect a specific PCP and a referral from the PCP is not required to see a Specialist. Below are some general services and your payment amount or percentage.

Plan Features	Health Center Plan	Consumer Choice Plan
	Health Center Network	
Medical Lifetime Maximum	Unlimited	Unlimited
Annual Deductible		
• Individual	\$1,500	\$2,700
• Family	\$3,000	\$5,400
Plan Coinsurance		
Percent the member pays after deductible is met	20%	20%
Facility Coinsurance	20%	20%
Total Out of Pocket Max —includes deductibles, copays, coinsurance, prescription deductible, prescription copays		
• Individual	\$6,000	\$6,550
• Family	\$12,000	\$13,000
Physician Office Visit		
Premium Providers		
• PCP	\$0 copay	20% after deductible****
	At Health Center Only	
• PCP	\$60 copay	20% after deductible
• OBGYN/Peds	\$60 copay	20% after deductible
• Specialist	\$75 copay	20% after deductible
Non-Premium Providers		
• PCP/OBGYN/Peds	\$60 copay plus 20% after deductible	20% after deductible
• Specialist	\$100 copay plus 20% after deductible	20% after deductible
Allergy Testing & Treatment Office Visit (Serum/Injections)	\$75 Copay OV & testing only. Injections without OV \$0 copay	20% after deductible
Routine Physicals/Immunization		
• Children *	\$0	\$0 deductible waived
• Adult 18 and older * 1 exam per calendar year	\$0	\$0 deductible waived
Routine GYN Exam *		
1 routine GYN exam per year with 1 Pap smear & related lab fees	\$0	\$0 deductible waived
Routine Mammogram		
Annual mammogram for females ages 40 & over if at a free-standing lab	\$0	\$0 deductible waived
Routine Prostate Specific Antigen (PSA) Test & Digital Rectal Exam		
Annual DRE & PSA for males age 40 & over	\$0	\$0 deductible waived
Colonoscopy		
• Initial screening		
• 1 screening every 10 calendar years for individual age 50 & over or with family history	\$0 deductible waived	\$0 deductible waived
• Subsequent Colonoscopy(ies) (Physician charge)	20% after deductible	20% after deductible
Refractive Eye Exam (1 exam every 24 months)	\$0	\$0 deductible waived
Short-Term Rehabilitation		
Physical, speech or occupational therapy for acute conditions. 60 visits per calendar year.	\$75	20% after deductible
Musculoskeletal Rehabilitation		
Airrosti Clinic	\$15 copay	15% after deductible
Spinal Manipulation —24 visits per calendar year limited to one visit and treatment per day. Limited to actual spinal manipulation only.	\$75	20% after deductible
Diagnostic X-ray & Lab		
• Free-standing facility & services rendered in a physician's office when office visit is not billed	\$0	20% after deductible
• Outpatient hospital	20% after deductible	20% after deductible
Complex Imaging (MRI, PET & CAT scans) (Facility)	20% after deductible	20% after deductible
Emergency Room	\$500 copay waived if admitted	20% after deductible
Non-emergency use of emergency room	\$500 + 50% after deductible	50% after deductible
Ambulance Services-Emergency Only	20% after deductible	20% after deductible
Urgent Care Center	\$75 copay	20% after deductible
Plan Features		
Convenient Care Clinic (eg Minute Clinic at CVS)	\$40 copay	20% after deductible
Virtual Visits	\$0	20% after deductible
Hospital Services		
• Inpatient	20% after deductible	20% after deductible
• Outpatient	20% after deductible	20% after deductible
SurgeryPlus	\$0 after deductible	0% after deductible
Physician Non-Office Visit (Hospital)	20% after deductible	20% after deductible
Maternity		
• Office Visit	\$60	20% after deductible
	(copay for initial visit only)	
• Delivery Expenses	20% after deductible	20% after deductible
Durable Medical Equipment	20% after deductible	20% after deductible
Skilled Nursing/Convalescent Facility		
60 days per calendar year	20% after deductible	20% after deductible
Home Health Care 60 visits per calendar year	20% after deductible	20% after deductible
Hospice Care 360 days lifetime maximum		
• Inpatient	20% after deductible	20% after deductible
• Outpatient-includes bereavement counseling & respite care	20% after deductible	20% after deductible
Mental Health & Chemical Dependency Services		
• Inpatient	20% after deductible	20% after deductible
• Outpatient Visit (Physician)	\$60 copay	15% after deductible

PRESCRIPTION DRUGS - OPTUM

Annual Rx deductible	\$100	
• Retail—up to 30 day supply		
- Generic	20% after deductible, \$10 min/\$30 max	20% after deductible**
- Preferred (formulary)	20% after deductible, \$30 min/\$50 max	20% after deductible***
- Non-Preferred (non-formulary)	20% after deductible, \$50 min/\$75 max	20% after deductible
- Specialty	20% after deductible to a max of \$200	20% after deductible
• RX90 Maintenance Medications - Walgreens/OPTUM Mail Order		
- Generic	20% after deductible, \$25 min/\$50 max	20% after deductible
- Preferred (formulary)	20% after deductible, \$75 min/\$125 max	20% after deductible
- Non-Preferred (non-formulary)	20% after deductible, \$125 min/\$175 max	20% after deductible

Note:

* Assumes service is provided by a primary care physician (PCP) per National guidelines

**Certain generic preventive maintenance medications are covered at 100% deductible waived

***Certain preferred preventive maintenance medications are covered at 50% deductible waived

****The contracted rate for services at the Health Center is \$60

A **PCP** can be a general practitioner, family practitioner, internal medicine, pediatrician, an OB/GYN.

THE SUMMARY PLAN DESCRIPTION (SPD) PROVIDES A MORE DETAILED DESCRIPTION OF EACH PLAN AND IN THE EVENT THIS SUMMARY DIFFERS FROM THE SPD, THE SPD PREVAILS