

UT System 2021 - 2022

High Level Plan Comparison – Please refer to the Benefit Booklets for detailed benefit descriptions

Coverage	UT SELECT	UT CONNECT
Annual Deductible (applicable when coinsurance is required)	\$350/person \$1,050/family	\$250/person \$750/family
Coinsurance Maximum	\$2,150/person \$6,450/family	\$2,150/person \$6,450/family
Annual Out-Of-Pocket Maximum	\$8,550/person \$17,100/family (includes medical and prescription drug deductibles, copayments and coinsurance)	\$8,550/person \$17,100/family (includes medical and prescription drug deductibles, copayments and coinsurance)
Pre-existing Condition Limitation	None	
Lifetime Maximum Benefit	No Limit	
OFFICE SERVICES		
Preventive Care	Plan pays 100% (no copayment required)	Plan pays 100% (no copayment required)
Diagnostic Office Visit – Office Setting Family Care Physician (PCP) Internal Medicine OB/GYN Pediatrics	PCP \$30	PCP \$5 NOTE: First PCP Copay Waived per patient, thereafter copay is applicable
Specialist Office Visit	\$35 Copay	\$35 Copay
Urgent Care	\$35 Copay	THR Urgent Care Centers - \$30 Copay Non-THR Urgent Care Centers - \$35 Copay
Diagnostic Lab and X-Ray	Included in Office Visit Copay	Included in Office Visit Copay
Other Diagnostic Tests	PCP \$30 Copay; Specialist \$35 Copay	PCP \$5 Copay; Specialist \$35 Copay
Allergy Testing	PCP \$30 Copay; Specialist \$35 Copay	PCP \$5 Copay; Specialist \$35 Copay
Allergy Serum/Injections (if no office visit billed)	Plan pays 100% (no copayment required)	Plan pays 100% (no copayment required)
MDLIVE Virtual Visits (medical and behavioral health)	\$0 copay	\$0 copay
EMERGENCY CARE		
Ambulance Service (if transported)	80% Plan/20% Member	80% Plan/20% Member
Hospital Emergency Room	\$150 Copay/Visit, then 20% Member (no deductible; copay waived if admitted) If admitted, ER services are added to claims for inpatient services	\$150 Copay/Visit, then 20% Member (no deductible; copay waived if admitted) If admitted, ER services are added to claims for inpatient services
Emergency Physician Services	80% Plan/20% Member – no deductible	80% Plan/20% Member after deductible
OUTPATIENT CARE		
Observation	80% Plan/20% Member	80% Plan/20% Member
Surgery – Facility	\$100 Copay; Then 80% Plan/20% Member	\$50 Copay; Then 80% Plan/20% Member
Surgery – Physician	80% Plan/20% Member	80% Plan/20% Member
Diagnostic Lab and X-Ray	100% covered (except when billed with surgery; then 80% Plan/20% Member)	100% covered (except when billed with surgery; then 80% Plan/20% Member)
MRI/CT Scans	\$100 Copay/Service (copay waived if member calls Health Advocate prior to service) – including contrast materials	\$100 Copay NOTE: For related services, such as contrast materials or injections, 80% Plan/20% Member
Other Diagnostic Tests	80% Plan/20% Member	80% Plan/20% Member
Outpatient Procedures	80% Plan/20% Member	80% Plan/20% Member

Coverage	UT SELECT	UT CONNECT
INPATIENT CARE		
Hospital – Semi private Room and Board**	\$100 Copay/Day (\$500 max/admission); then 80% Plan/20% Member	\$0 Copay; then 80% Plan/20% Member
Hospital Inpatient Surgery**	80% Plan/20% Member	80% Plan/20% Member
Physician	80% Plan/20% Member	80% Plan/20% Member
OBSTETRICAL CARE		
Prenatal and Postnatal Care Office Visits	PCP \$30 Copay; Specialist \$35 Copay (initial visit only)	PCP \$5 Copay; Specialist \$35 Copay (initial visit only)
Delivery – Facility/Inpatient Care**	\$100 Copay (\$500 max/admission); then 80% Plan/20% Member	\$0 Copay; then 80% Plan/20% Member
Obstetrical Care and Delivery – Physician	80% Plan/20% Member	80% Plan/20% Member
THERAPY		
Physical Therapy (max. 35 visits/year/condition)	\$35 Copay	\$35 Copay
Chiropractic Care (subject to Physical Therapy or Occupational Therapy visit maximum depending on service rendered)	\$35 Copay	\$35 Copay
Occupational Therapy (max. 35 visits/year/condition)	\$35 Copay	\$35 Copay
Speech and Hearing Therapy (max. 60 visits/year/therapy)	\$35 Copay	\$35 Copay
EXTENDED CARE		
Skilled Nursing/Convalescent Facility** (max. 180 visits)	80% Plan/20% Member	80% Plan/20% Member
Home Health Services** (max 120 visits)	80% Plan/20% Member	80% Plan/20% Member
Private Duty Nursing in the home (max 90 visits)	80% Plan/20% Member	80% Plan/20% Member
Hospice Care Services**	80% Plan/20% Member	80% Plan/20% Member
Home Infusion Therapy**	80% Plan/20% Member	80% Plan/20% Member
BEHAVIORAL HEALTH		
Behavioral Health – Office	PCP \$30 Copay; Specialist \$35	PCP \$5 Copay; Specialist \$35
Behavioral Health – Outpatient**	80% Plan/20% Member	80% Plan/20% Member
Behavioral Health – Inpatient**	\$100 Copay/Day (\$500 max/admission) then 80% Plan/20% Member	\$0 Copay; then 80% Plan/20% Member
Substance Use Disorder – Office	PCP \$30 Copay; Specialist \$35	PCP \$5 Copay; Specialist \$35
Substance Use Disorder – Outpatient Treatment**	80% Plan/20% Member	80% Plan/20% Member
Substance Use Disorder – Inpatient Treatment**	\$100 Copay/Day (\$500 max/admission) then 80% Plan/20% Member	\$0 Copay; then 80% Plan/20% Member
OTHER SERVICES		
Durable Medical Equipment**	80% Plan/20% Member	80% Plan/20% Member
Prosthetic Devices	80% Plan/20% Member	80% Plan/20% Member
Hearing Aids (\$1000 per ear; once every 3 years)	80% Plan/20% Member	
Bariatric Surgery (pre-determination recommended)	\$3,000 deductible (does not apply to plan year deductible or out-of-pocket maximum) After \$3,000 bariatric surgery deductible, plan pays 100% of covered services—for example: surgeon, assistant surgeon, anesthesia and facility charges—when using network providers. (For non-network providers, after \$3,000 deductible, plan pays 100% up to the allowable amount; member pays charges exceeding the allowable amount). Individual must be enrolled in a UT health plan (SELECT or CONNECT or both) for 36 continuous months prior to the date of the surgery to receive benefits	

**These services require preauthorization to establish medical necessity