UT SELECT BENEFIT SUMMARY CHART

September 1, 2009 - August 31, 2010

Coverage	UT SELECT – Medical Plan		
	Network	Out-of-Network *	Out-of-Area *
Evidence of Insurability Required for Previously Eligible Dependents	Yes (unless covered under another group health plan at time of application)		
Annual Deductible	$250/person $750/family (applicable when coinsurance is required)	$500/person $1,500/family (applicable when coinsurance is required)	$250/person $750/family (applicable when coinsurance is required)
Annual Out-of-Pocket Maximum	$1,750/person $5,250/family	$4,000/person $12,000/family	$1,750/person $5,250/family
Pre-existing Condition Limitation	No	No	No
Hospital - Semi private Room and Board	$100 Copay/Day ($500 max/admission); then 80% Plan/20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Outpatient or Same Day Surgery	$100 Copay; then 80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Office Visit	FCP $30 Copay Specialist $35 Copay 100% covered after copay	60% Plan / 40% Member	75% Plan / 25% Member
Preventive Care Routine Physical Exam* Well-Woman Exam* Well-Child Exam (under age 2) Prostate Screening Immunizations (over age 6) *Limited to one per person per plan year	FCP $30 Copay Specialist $35 Copay 100% covered after copay	60% Plan / 40% Member	75% Plan / 25% Member
Preventive Care Routine Mammograms* Colonoscopy Osteoporosis Screening Immunizations (up to age 6) *Limited to one per person per plan year	No Copay; Plan pays 100%	60% Plan / 40% Member	75% Plan / 25% Member
Prenatal and Postnatal Care	$30 Copay (initial visit only)	60% Plan / 40% Member	75% Plan / 25% Member
Hospital Obstetrical Care	$100 Copay ($500 max/admission); then 80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Hospital Inpatient Surgery	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Surgical Assistant	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Office Surgery	FCP $30 Copay Specialist $35 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Skilled Nursing/Convalescent Facility	80% Plan / 20% Member (max. 180 days)	60% Plan / 40% Member (max. 180 days)	75% Plan / 25% Member (max. 180 days)
Radiologist, Pathologist, and Anesthesiologist	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Allergy Testing	FCP $30 Copay Specialist $35 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Hospice Care Services	80% Plan / 20% Member (max. 90 visits/yr)	60% Plan / 40% Member (max. 90 visits/yr)	75% Plan / 25% Member (max. 90 visits/yr)
Home Health Care Services	80% Plan / 20% Member (max. 120 visits)	60% Plan / 40% Member (max. 120 visits)	75% Plan / 25% Member (max. 120 visits)

Continued

Coverage	UT SELECT – Medical Plan		
	Network	Out-of-Network *	Out-of-Area *
Physical Rehabilitation Therapy	80% Plan / 20% Member (max. 20 visits/yr)	60% Plan / 40% Member (max. 20 visits/yr)	75% Plan / 25% Member (max. 20 visits/yr)
Laboratory Services	Included in Office Visit Copay	60% Plan / 40% Member	75% Plan / 25% Member
Diagnostic X-Rays, therapeutic radiology, mammography	Included in Office Visit Copay	60% Plan / 40% Member	75% Plan / 25% Member
Hospital Emergency Room	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)	75% Plan / 25% Member
Ambulance Service (if transported)	80% Plan / 20% Member	80% Plan / 20% Member	75% Plan / 25% Member
Chemical Dependency - Inpatient Treatment (max 30 days/yr)	$100 Copay/Day ($500 max/admission) then 80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Chemical Dependency - Outpatient Treatment (max 20 visits/yr for outpatient facility and office visits combined	**Outpatient Facility:** 80% Plan/20%Member **Office Setting:** FCP $30 Copay Specialist $35 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Smoking Cessation	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Serious Mental Illness – Inpatient	$100 Copay/Day ($500 max/admission) then 80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Serious Mental Illness - Outpatient	FCP $30 Copay Specialist $35 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Mental Illness - Inpatient (Other than Serious Mental Illness)	$100 Copay/Day ($500 max/admission) then 80% Plan / 20% Member (max. 30 days/yr)	60% Plan / 40% Member (max. 30 days/yr)	75% Plan / 25% Member (max. 30 days/yr)
Mental Illness Outpatient	FCP $30 Copay Specialist $35 Copay (max. 20 visits/yr.)	60% Plan / 40% Member (max. 20 visits/yr.)	75% Plan / 25% Member (max. 20 visits/yr.)
Birth Control Management	FCP $30 Copay Specialist $35 Copay	60% Plan / 40% Member	75% Plan / 25% Member
Durable Medical Equipment	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Prosthetic Devices	80% Plan / 20% Member	60% Plan / 40% Member	75% Plan / 25% Member
Speech and Hearing Therapy	80% Plan / 20% Member (max. 60 visits/yr)	60% Plan / 40% Member (max. 60 visits/yr)	75% Plan / 25% Member (max. 60 visits/yr)

* Out-of- Network and Out-of-Area, any charges over the allowable amount are the patient's responsibility.

NETWORK - Network benefits are available to UT SELECT participants living in Texas and certain areas of New Mexico and Washington, D.C. who receive services from providers who have a Network contract agreement with BCBSTX. Network benefits may also be available when services are rendered by providers outside of Texas if that provider has a Network contract agreement with the Blue Cross and Blue Shield plan in the state services were rendered. Network providers have agreed to charge only up to the BCBSTX allowed amount. You are responsible for applicable deductibles, copays and/or coinsurance.

OUT-OF-NETWORK - Out-of-Network benefits are available to UT SELECT participants living in Texas and certain areas of New Mexico and Washington, D.C. who receive services from providers who do not have a network contract agreement with BCBSTX. When receiving services from Out-of-Network providers, you may be responsible for applicable deductibles, copays and/or coinsurance, as well as any amounts exceeding the BCBSTX allowed amount.

OUT-OF-AREA - Out–of-Area benefits are available only to those UT SELECT participants who reside outside of Texas and who do not reside in certain areas of New Mexico and Washington, D.C.