

# OUT-OF-AREA PLAN

## A HEALTHY JOURNEY



To be eligible for the Out-of-Area Plan the following must all apply:

1. Dependents:
  - a. Must not reside within 100 miles of any HM facility
  - b. Have a verifiable address (lease agreement, utilities, college enrollment, etc.).
2. Employees:
  - a. Must have an alternative worksite arrangement on file and approved by HR that applies to all working hours.
  - b. Reside more than 100 miles from any HM facility
  - c. Verifiable address per item b above

Consova will be handling the third party validation. You will receive a form to complete with options for applicable documentation that can be submitted. Consova will mail the form to employees who enroll in the Out of Area plans during Open Enrollment in early January 2018.

### Out-of-Area Plan Highlights:

Below is summary of benefits that would apply for eligible for members when services are needed more than 100 miles away from any Houston Methodist facility. If the member is within 100 miles of a Houston Methodist facility, then the applicable medical plan would apply.

Service	You Pay
<b>Annual Deductible</b>	
▪ High <sup>1</sup> — Individual/Family	\$1,100/\$2,200
▪ Low — Individual/Family	\$350/\$700
<b>Out-of-Pocket Maximums</b> (applies to both medical and pharmacy)	
▪ Individual/Family	\$4,500/\$9,000
▪ Lifetime Maximum	Unlimited
<b>Preventive Services<sup>2</sup></b> Includes physical exams, treatment of illness, minor diagnostic tests billed by physician, injections received in a physician's office	\$0
<b>Primary Care Office Visit</b>	\$25
<b>Specialist Office Visit</b>	\$50
<b>Urgent Care</b>	\$30
<b>Convenience Care</b>	\$25 at CVS Minute Clinics
<b>Outpatient Services</b>	
▪ Minor Lab, X-ray and Diagnostics	\$0 as part of an office visit
▪ Diagnostic Mammogram	\$50
▪ Rehabilitation Services/Outpatient Therapy	\$30
▪ Therapeutic Outpatient Dialysis	\$35 + 20% coinsurance after deductible
▪ Therapeutic Outpatient (chemotherapy, radiation, infusion therapy)	\$35 + 20% coinsurance after deductible
▪ Major Diagnostic (MRI, CAT scan, PET scan and nuclear medicine)	\$50 + 20% coinsurance after deductible
▪ Outpatient Surgery	\$150 + 20% coinsurance after deductible
▪ Emergency Room Services	\$250 after deductible (copay waived if admitted as an inpatient with 24 hours)

<sup>1</sup> See page 26 or visit the HealthyDirections Hot Spot to learn how to be eligible for a lower Medical Plan deductible.

<sup>2</sup> See summary plan description for more detailed information on covered preventive services.

Service	You Pay
<b>Inpatient Hospitalization</b>	
• Emergency Admissions (per admission)	\$250 + 20% coinsurance after deductible
• Non-Emergency Admissions (per admission)	\$250 + 20% coinsurance after deductible
• Long-Term Acute Care	\$150 + 20% coinsurance after deductible
• Skilled Nursing Facility/Inpatient Rehabilitation Services <sup>3</sup> (per admission)	\$150 + 20% coinsurance after deductible
• Durable Medical Equipment	\$35 + 20% coinsurance after deductible
<b>Mental Health/Substance Abuse</b>	
• Outpatient Services	\$20
• Inpatient Services <sup>4</sup> (per admission)	
– Non-Emergency Admission	– \$250 + 20% coinsurance after deductible
– Emergency Admission	– \$250 + 20% coinsurance after deductible
• Residential; Day/Partial Treatment Programs;	
Intensive Outpatient; Recovery Home (per admission)	
– Non-Emergency Admission	– \$150 + 20% coinsurance after deductible
– Emergency Admission	– \$150 + 20% coinsurance after deductible
• Employee Assistance Program (EAP) Visits	Each year, you and your immediate family may be provided with up to three, free professional face-to-face counseling sessions per issue (some conditions apply). Contact MyQHealth for more information.

<sup>3</sup> Limitation on visits, days or treatments apply; see the summary plan description for detailed information.

<sup>4</sup> All mental health and substance abuse inpatient treatment requires prior notification to MyQHealth before treatment starts.