

# THE OUT-OF-AREA PLAN

- Do you cover a spouse or child who doesn't live in Houston? Or do you work remotely full-time for Houston Methodist from another city? The Out-of-Area Plan might be the right choice for you.
- **The benefits are similar to the Premier Plan, but you or your dependents who are Out-of-Area will rely exclusively on the UHC network for care when not in Houston. When in Houston, you will only have access to the Houston Methodist Network.**
- Proof of need for the Out-of-Area Plan will be required for either yourself or any dependent annually. ConSova Corporation will be handling the verification process after you enroll. You'll receive a form to complete and return along with required documentation to verify you are eligible for this plan.
- More information on eligibility for the Out-of-Area plan can be found at [myHR.houstonmethodist.org](http://myHR.houstonmethodist.org).

You will pay the amounts shown for the in-network services listed:

Service	You Pay
<b>Annual Deductible</b> (applies anytime there is coinsurance)	
▪ Individual/Family	\$350/\$700
<b>Out-of-Pocket Maximums</b> (applies to both medical and pharmacy; includes all copays, coinsurance and deductibles)	
▪ Individual/Family	\$4,500/\$9,000
▪ Lifetime Maximum	Unlimited
<b>Preventive Services<sup>1</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	20% coinsurance
▪ Therapeutic Outpatient (chemotherapy, radiation, infusion therapy)	20% coinsurance
▪ Major Diagnostic (MRI, CAT scan, PET scan and nuclear medicine)	20% coinsurance
▪ Outpatient Surgery	20% coinsurance
▪ Emergency Room Services	\$250 after deductible (copay waived if admitted as an inpatient with 24 hours)

<sup>1</sup> See summary plan description for more detailed information on covered preventive services.

Service	You Pay
<b>Inpatient Hospitalization</b>	
▪ Emergency Admissions (per admission)	20% coinsurance
▪ Non-Emergency Admissions (per admission)	20% coinsurance
▪ Long-Term Acute Care	20% coinsurance
▪ Skilled Nursing Facility/Inpatient Rehabilitation Services <sup>2</sup> (per admission)	20% coinsurance
▪ Durable Medical Equipment	20% coinsurance
<b>Mental Health/Substance Abuse</b>	
▪ Outpatient Services	\$20
▪ Inpatient Services <sup>3</sup> (per admission)	
— Non-Emergency Admission	— 20% coinsurance
— Emergency Admission	— 20% coinsurance
▪ Residential; Day/Partial Treatment Programs; Intensive Outpatient; Recovery Home (per admission)	
— Non-Emergency Admission	— 20% coinsurance
— Emergency Admission	— 20% coinsurance
▪ 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>2</sup> Limitation on visits, days or treatments apply; see the summary plan description for detailed information.

<sup>3</sup> All mental health and substance abuse inpatient treatment requires prior notification to MyQHealth before treatment starts.

### Definition of Benefit Terms

- **Medical premium:** The amount you pay each pay period for medical insurance through your paycheck.
- **Copays:** A set amount you pay when you go to the doctor or use certain services.
- **Coinsurance:** A percentage you pay, based on the cost of service.
- **Annual deductible:** The amount you pay each year toward the cost of certain covered care before the plan begins to pay. If you cover dependents, each time a covered family member pays toward his or her individual deductible, that amount is also credited to the family deductible. The plan begins paying as soon as the family deductible is met, even for those family members who have not yet met their individual deductible. The deductible applies when you receive services, including MRIs, ER visits, outpatient surgeries and inpatient stays.
- **Out-of-pocket maximum:** When your share of the cost of eligible medical and pharmacy expenses (your copays, coinsurance and deductible) reaches the annual out-of-pocket maximum, the plan pays 100% of your eligible medical expenses for the rest of the calendar year. There is a separate out-of-pocket maximum for each individual, as well as a family out-of-pocket maximum. The individual and family out-of-pocket maximums work the same way as the deductibles.

### Insider Tip: Lower Your Medical Plan Premiums

There are ways to lower your Medical Plan Premiums. Take a look:

- **Nicotine Surcharge:** To avoid the surcharge, you'll need to verify when you enroll that you (and your covered spouse) are nicotine-free, meaning you have not used nicotine in the past 90 days. If you don't declare your nicotine status or you are a nicotine user, you will pay \$30 more per pay period for medical coverage. A \$30 surcharge also applies if your covered spouse is a nicotine user or you do not answer the question.
- **Spousal Surcharge:** There is a \$150 spousal surcharge per pay period for a spouse who is enrolled in the Medical Plan if the spouse is eligible for medical coverage through his or her employer.
- **HealthyDirections Premium:** Earn lower premiums by completing your Health Track. See pages 26–28 for details.