

PREMIER PLAN BENEFITS

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

	Houston Methodist Network	UHC Network	Pediatrics ¹	High-Risk Obstetrics
Annual Deductible (applies anytime there is coinsurance)				
▪ Individual/Family	\$350/\$700	\$700/\$1,400	\$350/\$700	\$350/\$700
Out-of-Pocket Maximum (applies to both medical and pharmacy; includes all copays, coinsurance and deductibles)				
▪ Individual/Family	\$4,500/\$9,000	\$6,000/\$12,000	\$4,500/\$9,000	\$4,500/\$9,000
▪ Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Doctor Care				
▪ Preventive Services ²	\$0	\$0 (physician office only)	\$0	\$0
▪ Video Visits	\$0 via Houston Methodist Virtual Urgent Care app ³			
▪ Primary Care Office Visit	HMCC Network: \$15 HM Network: \$20	\$30	\$25	Not available
▪ Specialist Office Visit	\$50	\$80	\$50	\$80 or \$50 if doctor is in HM Network
▪ Urgent Care	\$30 at Next Level Urgent Care Centers	\$50	\$30 Houston Methodist Network \$50 UHC Network	\$30 Houston Methodist Network \$50 UHC Network
▪ Convenience Care	\$25 at CVS Minute Clinics	\$35	\$25 at CVS Minute Clinics \$35 UHC Network	\$25 at CVS Minute Clinics \$35 UHC Network
Outpatient Services				
▪ Minor Lab and X-ray	\$0 as part of an office visit (out-of-network labs will not be covered — Houston Methodist labs, Quest and LabCorp should be used)			
▪ Diagnostic Mammogram	\$0	Not available	Not available	Not available
▪ Rehabilitation Services/ Outpatient Therapy	\$20	Not available	\$30	Not available
▪ Nurse Home Visits	\$25 per visit			
▪ Therapeutic Outpatient Dialysis	Not available	20% coinsurance	Not available	Not available
▪ Therapeutic Outpatient (chemotherapy, radiation, infusion therapy)	10% coinsurance	Not available	\$20% coinsurance	Not available
▪ Major Diagnostic (MRI, CAT scan, PET scan and nuclear medicine)	10% coinsurance	Not available	20% coinsurance	20% coinsurance
▪ Outpatient Surgery	10% coinsurance	Not available	20% coinsurance	20% coinsurance
▪ Emergency Room Services	\$250 after deductible (copay waived if admitted as an inpatient within 24 hours)			
▪ Infertility Benefits ⁴	Limited to a lifetime total of \$10,000			

¹ Pediatrics is defined as any covered dependent 19 and under in age.

² Includes preventive care and screenings for infants, children, adolescents and adults (office visits, routine and travel immunizations, influenza vaccinations, preventive mammograms, etc.) See summary plan description for more detailed information on covered preventive services.

³ Dependents must be at least 2 years old to get care through the Houston Methodist Virtual Urgent Care app.

⁴ See the summary plan description in the HR Library on [myHR.houstonmethodist.org](#) for further information on the limited coverage within the medical plan.

	Houston Methodist Network	UHC Network	Pediatrics ⁵	High-Risk Obstetrics
Inpatient Hospitalization				
▪ Emergency Admissions (per admission)	10% coinsurance	20% coinsurance until transferable to the HM network; 50% coinsurance after	20% coinsurance	20% coinsurance
▪ Non-Emergency Admissions (per admission)	10% coinsurance	Not available	20% coinsurance	\$20% coinsurance
▪ Long-Term Acute Care	10% coinsurance	20% if not available at HM	Not available	Not available
▪ Skilled Nursing Facility/ Inpatient Rehabilitation Services ⁶ (per admission)	10% coinsurance	20% if not available at HM	Not available	Not available
▪ Durable Medical Equipment	20%			
Mental Health/Substance Abuse				
▪ Outpatient Services	\$20	\$20	\$20	N/A
▪ Inpatient Services ⁷ (per admission)				N/A
— Non-Emergency Admission	— 10% coinsurance	— 20% coinsurance	— 20% coinsurance	
— Emergency Admission	— 10% coinsurance	— 20% coinsurance	— 20% coinsurance	
▪ Residential; Day/Partial Treatment Programs; Intensive Outpatient; Recovery Home (per admission)				N/A
— Non-Emergency Admission	— 10% coinsurance	— 20% coinsurance	— 20% coinsurance	
— Emergency Admission	— 10% coinsurance	— 20% coinsurance	— 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.			N/A

⁵ Pediatrics is defined as any covered dependent 19 and under in age.

⁶ Limitation on visits, days or treatments apply; see the summary plan description for detailed information.

⁷ All mental health and substance abuse inpatient treatment requires prior notification to MyQHealth before treatment starts.

Does the Deductible Apply?

- **Is there a copay?** That's all you pay. You don't have to meet the deductible before the plan pays the remaining cost. The only exception is for Emergency Room visits, where the deductible applies before the \$250 copay.
- **Is there a percentage?** You will pay the full cost of the service until you meet your annual deductible. Then, you'll pay the percentage listed (also called coinsurance), and the plan generally pays the remaining cost.

Emergency Medical Transportation

Because you're a Houston Methodist employee, you can use AirMed for emergency medical transportation to a Houston Methodist facility at no cost to you. You can also use the service for eligible dependents with a low-cost election into the plan. It's available 24/7 from just about anywhere in the world. When would you use a service like AirMed? If you are:

- Hospitalized or injured while at least 150 miles out of town and want to return home
- Taken to a non-Houston Methodist facility during an emergency and transferred to a Houston Methodist facility.