

Texas Employees Group Benefit Program Fact Sheet

Plan Year 2016
September 1, 2015 -
August 31, 2016



Affordable Care from the Doctors You Count On!

Open access to Kelsey-Seybold Clinic – No referrals!

24/7 appointment scheduling by phone or online

Saturday appointment hours

After-hours nurse hotline

Email your doctor's office, get test results and more through MyKelseyOnline.

We're Here to Help!

(713) 295-6792 or (844) 515-4877 o ERSKelseyCare.com



KelseyCare[®]
powered by COMMUNITY HEALTH CHOICE



About the KelseyCare Network

KelseyCare powered by Community Health Choice members can go to any Kelsey-Seybold Clinic provider without a referral. You may choose a network PCP if you would like to designate one, but it is not required. If you would like to designate a PCP, select the Kelsey-Seybold Clinic most convenient to you, and then choose a PCP from those professionals. If you need assistance selecting a PCP, just contact Member Services at (713) 295-6792 or toll-free at (844) 515-4877 or visit the KelseyCare powered by Community Health Choice website at ERSKelseyCare.com, and click Find a Provider.

Prescription Drug Benefit

The KelseyCare powered by Community Health Choice Plan includes a prescription drug benefit that is administered by Navitus, in accordance with the plan design specified by the Employees Retirement System of Texas (ERS).

For more information on the prescription drug benefit, formulary and a complete list of participating pharmacies, go to the KelseyCare powered by Community Health Choice website at ERSKelseyCare.com. To contact Navitus, call toll-free (844) 268-9788, Monday – Friday, 8 a.m. – 5 p.m.

Behavioral Health

If you or your dependent has a problem with drugs, alcohol or mental health, call Beacon Health Options toll-free at (844) 265-7587, the KelseyCare powered by Community Health Choice Provider of mental health and drug and alcohol abuse treatment services. You can call Beacon Health Options 24 hours a day, seven days a week. Information is available in English and Spanish. Call us to get an interpreter. In case of an emergency, call 9-1-1 or go to the nearest hospital.

You do not need to see your PCP first or get a referral from your PCP. Some mental health or substance abuse problems may also need urgent care. For help with these problems or for more information, please call Beacon Health Options.

KelseyCare powered by Community Health Choice follows the Mental Health Parity Addiction Equity Act (MHPAEA). We review to make sure that requirements for authorization and treatment of mental health benefits are the same or less than medical benefits.

Disease Management Programs

For those undergoing treatment for specific conditions, KelseyCare powered by Community Health Choice offers personalized support from a licensed medical professional. Help is available for members with the following conditions:

Asthma Diabetes High-Risk Pregnancy

Please contact Member Services to learn more. Or, go online to ERSKelseyCare.com to take our online Health Risk Assessment.

**NOTE: ERS cannot and does not guarantee the length of time that a specific or type of value-added product will be offered or that a product will be offered in the future. If you have questions or concerns about these products, please contact KelseyCare powered by Community Health Choice Health Plan directly.*

KelseyCare Concierge

As a KelseyCare powered by Community Health Choice member, you have access to KelseyCare Concierge – a team of experts who want to help you look after your special healthcare needs and maximize your healthcare benefits. It's like having a personal assistant and a healthcare advocate rolled into one! To reach a KelseyCare Concierge representative, call (713) 442-1ERS (1377) or toll-free at (855) 442-1ERS (1377); available Monday - Friday, 8:00 a.m. - 5:00 p.m.

KelseyCare Concierge offers:

- Personal assistance in scheduling appointments
- After-hours nurse hotline
- Help finding the right physician for your needs
- Clinic directions
- Guidance regarding specific clinic services

KelseyCare powered by Community Health Choice Summary of Benefits

Benefit Description	Member's Cost Share PY 2016
Plan year out-of-pocket ("OOP") coinsurance maximum per person (Not mutually exclusive from other out-of-pocket limits)	\$2,000
Overall plan year out-of-pocket maximum per person, including coinsurance and copayments (Not mutually exclusive from other out-of-pocket limits) (OOP includes both medical and pharmacy)	\$6,450
Overall plan year out-of-pocket maximum per family, including coinsurance and copayments (Not mutually exclusive from other out-of-pocket limits) (OOP includes both medical and pharmacy)	\$12,900
Lifetime maximum	None
Physicians and Lab Services	
*Physician office visit primary care physician (If applicable)	\$15
*Specialist office visit	\$25
*Routine preventive care – One per calendar year or as directed by the primary care physician (If applicable) <ul style="list-style-type: none"> o Children and Well-baby periodic exams o Well-woman exam (to include Cervical cancer screening) o Men's health exam 	No charge
*Diagnostic x-rays, mammography, and lab tests (Office visit only)	No charge

Benefit Description	Member's Cost Share PY 2016
High tech radiology (CT scan, MRI, and nuclear medicine) outpatient testing only	\$150 copay per scan type per day
*Immunizations - for children and adults	No charge
*Vision, speech, and hearing screenings - for all enrolled participants	\$15 PCP or \$25 Specialist
*Colorectal cancer screening - (Zero cost sharing for certain preventive services under the Affordable Care Act)	No charge
*Exam for detection and prevention of osteoporosis - (Zero cost sharing for certain preventive services under the Affordable Care Act)	No charge
*Cervical cancer screening - (Zero cost sharing for certain preventive services under the Affordable Care Act)	No charge
*Tubal ligation - (Zero cost sharing for certain preventive services under the Affordable Care Act)	No charge
Speech and hearing testing - For all enrolled participants	\$15 PCP or \$25 Specialist
Speech therapy and rehabilitative therapy, including physical and occupational therapy - Covered as any other illness and not subject to any maximum	\$25
Allergy testing	\$15 PCP or \$25 Specialist
Allergy serum	No charge
Allergy serum administration - When allergy shot is administered without an office visit (nurse administration)	No charge
Allergy serum administration - When allergy shot is administered with an office visit	Lesser of \$15 PCP or \$25 Specialist or actual charge
*Routine eye exam - One per plan year	\$25
Office surgery and procedures (all office surgeries, excluding vasectomies and tubal ligations)	\$15 PCP or \$25 Specialist
*Maternity care (Physician services only) - Pre- and post-natal care, and network obstetrician delivery charges (including delivery by C-section) - see "Hospital Services" for Inpatient charges (Does not include complications of pregnancy)	Pre-natal office visit and obstetrician delivery: No charge Post-natal office visit: No charge
Family planning	No Charge
Vasectomy	\$25
Infertility benefits	50%
Hospital Services	
Inpatient hospital - Facility: Semi-private room and board or intensive care units; other inpatient charges, including medically necessary surgical procedures. Includes orthognathic surgery. Personal items not covered are as follows: Guest trays, cots, telephone, maternity kits, and paternity kits.	\$150 per day copayment per admission, up to \$750 copayment max; per admission, \$2250 copayment max; per person, per year plus 20%.
Inpatient hospital - Physician	No charge
Outpatient day surgery	\$150 copay
Blood and blood products - Inpatient and outpatient	20%
Outpatient facilities, including pre-admission testing and/or treatment room	20%
Emergency care - Facility: In-area and out-of-area covered at listed copayment. Copay is waived if admitted.	\$150 copayment plus 20%
Emergency care - Physician	No charge
Urgent care - Includes physician's after-hours care or at an urgent care facility	\$50 copayment plus 20%
Extended Care Services (Based on medical necessity)	
Skilled nursing facility (Based on medical necessity)	20%
Hospice care - Inpatient and outpatient (Based on medical necessity)	20%
Home health	20%
Private duty nursing	20%
Other Medical Services	
Hearing aids (Repairs not covered)	Plan pays \$1,000 per year every 3 years
Hearing aid batteries - Not subject to any maximum amounts	20%
Accidental dental - Restoration or replacement of dental work that was in place at the time of the injury, including, but not limited to, crowns, veneers, bridges, and implants, occurring while covered under the plan for services provided within 24 months of the date of the accident. Certain oral surgeries are covered.	\$25

Benefit Description	Member's Cost Share PY 2016
Durable medical equipment - Includes medically necessary purchase and/or rental. Benefits for rental are limited to, and will not exceed, the purchase price of the equipment. (Repairs are covered if not due to neglect or abuse.) This benefit also includes diabetic supplies other than insulin, diabetic oral agent(s), and syringes as specified in Section 1358.051(2), Tex. Ins. Code.	20%
Prostheses - Artificial devices, surgical or non-surgical, which replace body parts, including arms, legs, eyes and cochlear implants are covered. Replacements and repairs are covered as required by medical necessity. Prosthetic devices, orthotic devices, and professional services related to the fitting and use of these devices are included, if services are pre-authorized and provided by a contracted provider.	20%
Organ transplants - Covered as any other illness for kidney, cornea, liver, heart, heart-lung, lung, pancreatic-kidney, bone marrow, and other organ transplants that the HMO Carrier determines to be not experimental and/or not investigational according to current medical plan guidelines. Donor expenses are covered. Artificial organs (e.g. heart) not covered.	\$150 per day copayment per admission, up to \$750 copayment max; per admission, \$2250 copayment max; per person, per year plus 20%.
Ambulance - Professional local ground or air ambulance transportation services to the nearest hospital, appropriately equipped and staffed for the treatment of the participant's condition	20%

Behavioral Health Care Benefits

Inpatient mental health	\$150 per day copayment per admission, up to \$750 copayment max; per admission, \$2250 copayment max; per person, per year plus 20%.
Inpatient serious mental illness - Covered as any other illness	\$150 per day copayment per admission, up to \$750 copayment max; per admission, \$2250 copayment max; per person, per year plus 20%.
Inpatient chemical dependency - Covered as any other illness (based on medical necessity)	\$150 per day copayment per admission, up to \$750 copayment max; per admission, \$2250 copayment max; per person, per year plus 20%.
Outpatient mental health therapy	\$25
Outpatient serious mental illness therapy - Covered as any other illness	\$25
Outpatient chemical dependency therapy - Same as any other illness and not subject to any maximums	\$25

Benefit Description	Member's Cost Share PY 2016
Prescription Drugs	
Plan year deductible	\$50
If a brand-name medication is dispensed when a generic is available, member will be responsible for the generic copayment plus the cost difference between the generic and the brand-name medication.	
Participating Retail Pharmacy - Tier 1, Tier 2, & Tier 3	
Up to 30-day supply per prescription or refill of Non-Maintenance medication	\$10/\$35/\$60
Up to a 30-day supply per prescription or refill of Maintenance medication	\$10/\$45/\$75
Infertility drugs	50%
Up to a 30-day supply of insulin for one copayment	\$10/\$35/\$60
Up to a 30-day supply of each diabetic oral agent for one copayment	\$10/\$35/\$60
The supply of necessary disposable syringes for the insulin supply for one copayment	\$35
Diabetic supplies other than insulin, diabetic oral agent(s), and syringes as specified in Section 1358.051(2) - Tex. Ins. Code up to a 30-day supply.	20%
Mail-Order Pharmacy - Tier 1, Tier 2, & Tier 3	
Up to a 90-day supply per prescription or refill for one mail-order copayment	\$30/\$105/\$180
Infertility drugs	50%
Up to a 90-day supply of insulin for one mail-order copayment	\$30/\$105/\$180
Up to a 90-day supply of each diabetic oral agent for one mail-order copayment	\$30/\$105/\$180
The supply of necessary disposable syringes for the insulin supply for one mail-order copayment	\$105
Diabetic supplies other than insulin, diabetic oral agent(s), and syringes as specified in Section 1358.051(2), Tex. Ins. Code up to a 90-day supply.	20%

For a list of Summer Enrollment Benefit Fair dates KelseyCare powered by Community Health Choice will be attending, visit the KelseyCare powered by Community Health Choice website at ERSKelseyCare.com.