

Effective September 1, 2017

The new UT Health Network is part of an enhanced plan design for the UT SELECT Medical plan. When receiving services from certain UT providers and certain UT medical facilities, UT SELECT Medical plan participants will save on out-of-pocket costs.

How Does the UT Health Network Benefit Work?

The UT Health Network benefit tier features lower copays and coinsurance when you visit a participating UT provider at a participating UT facility. You can also save on provider charges when treatment is received from a participating UT provider at a non-participating facility.

	NEW! UT HEALTH NETWORK BENEFIT	CURRENT UT SELECT BENEFIT
PRIMARY CARE	\$20 copay	\$30 copay
SPECIALIST	\$25 copay	\$35 copay
EMPLOYEE CLINIC	\$10 copay	\$30 copay
DEDUCTIBLE	\$350	
COINSURANCE	10%	20%
INPATIENT COPAY	\$0 / day	\$100 / day (max \$500)

Where Can I Receive Services Under the UT Health Network?

Services received at participating UT facilities and Employee/Nursing Clinics offer the greatest savings under the UT Health Network. Below is a listing of the points of service as of September 1, 2017.

Who is Participating in the UT Health Network?

- UT Medical Branch Galveston facilities & providers;
- UT Health Northeast (Tyler) facilities & providers; and
- UT Austin, UT Health Houston, and UT Health San Antonio providers and Employee & Nursing Clinics.

The UT Health Network benefit is **not** available at this time for services received from UT Rio Grande Valley, UT Southwestern, or UT MD Anderson Cancer Center facilities or providers. Your regular UT SELECT Medical in-network benefits apply for these providers and locations.

For details about specific facilities & providers, please log into Blue Access for Members and use the BCBSTX Provider Finder.

BENEFITS EXAMPLES

Your UT Health Network benefit applies depending on the status of the provider and facility as shown below.

1) Visit to a Participating Employee or Nursing Clinic

Member pays \$10 copay.

2) Office Visit with a UT Provider (at any Facility)

Member pays office visit copay of \$20 or \$25.

3) Inpatient or Outpatient Services with a UT Provider at a participating UT Facility

Member pays regular \$350 deductible, 10% coinsurance on provider and facility charges, and a \$0 inpatient/\$100 outpatient copay.

4) Inpatient or Outpatient Services with a UT Provider at a non-participating Facility

Member pays regular \$350 deductible, 10% coinsurance on provider charges, 20% coinsurance on facility charges, and \$100 facility copay per day.