

## 2024 Summary of Plan Benefits

The City of Fort Worth Health Center and Consumer Choice plans provide services in the office of a Primary Care Physician (PCP) and Specialist. For purposes of the City's Health Plan, a PCP will be a physician who has contracted with Aetna as a Primary Care Provider. This will include providers who have contracted as a Family Practitioner, General Practitioner, Internal medicine, Pediatric or OB/GYN provider and are listed in the Insurance provider directory as a PCP or an OB/GYN provider. All other providers will be considered Specialists. A member is not required to elect a specific PCP and a referral from the PCP is not required to see a Specialist. Below are some general services and your payment amount or percentage.

Plan Features	Health Center Plan	Consumer Choice Plan
<b>Network</b>	<b>Aenta Choice POS II</b>	<b>Aenta Choice POS II</b>
<b>Medical Lifetime Maximum</b>	Unlimited	Unlimited
<b>Annual Deductible</b>		
• Individual	\$1,500	<b>\$3,200</b>
• Family	\$3,000	\$5,400
<b>Plan Coinsurance</b>		
Percent the member pays after deductible is met	20%	20%
Facility Coinsurance	20%	20%
<b>Total Out of Pocket Max</b> —includes deductibles, copays, coinsurance, prescription deductible, prescription copays		
• Individual	\$6,000	\$6,550
• Family	\$12,000	\$13,000
<b>Physician Office Visit</b>		
• <b>Health Center PCP visit</b>	\$0 copay	\$60 contracted rate 20% after deductible****
• <b>PCP / OBGYN / Peds</b>	<b>\$30 copay</b>	20% after deductible
• <b>Specialist</b>	<b>\$50 copay</b>	20% after deductible
<b>Allergy Testing &amp; Treatment Office Visit (OV) (Serum/Injections)</b>	<b>\$50 Copay</b> OV & testing only. Injections without OV \$0 copay	20% after deductible
<b>Routine Physicals/Immunization</b>		
• Children *	\$0	\$0 deductible waived
• Adult 18 and older * 1 exam per calendar year	\$0	\$0 deductible waived
<b>Routine GYN Exam *</b>		
1 routine GYN exam per year with 1 Pap smear & related lab fees	\$0	\$0 deductible waived
<b>Routine Mammogram</b>		
Annual mammogram for females ages 40 & over if at a free-standing lab	\$0	\$0 deductible waived
<b>Colonoscopy</b>		
• Initial screening		
• 1 screening every 10 calendar years for individual age 50 & over or with family history	\$0 deductible waived	\$0 deductible waived
• Subsequent Colonoscopy(ies) (Physician charge)	20% after deductible	20% after deductible
<b>Refractive Eye Exam (1 exam every 24 months)</b>	\$0	\$0 deductible waived
<b>Short-Term Rehabilitation</b>		
Physical, speech or occupational therapy for acute conditions. 60 visits per calendar year.	<b>\$50</b>	20% after deductible
<b>Musculoskeletal Rehabilitation</b>		
Airrosti Clinic	\$15 copay	15% after deductible
<b>Spinal Manipulation</b> —24 visits per calendar year limited to one visit and treatment per day. Limited to actual spinal manipulation only.	\$50	20% after deductible
<b>Diagnostic X-ray &amp; Lab</b>		
• Free-standing facility & services rendered in a physician's office when office visit is not billed	\$0	20% after deductible
• Outpatient hospital	20% after deductible	20% after deductible
<b>Complex Imaging (MRI, PET &amp; CAT scans) (Facility)</b>	20% after deductible	20% after deductible
<b>Emergency Room</b>	\$300 copay waived if admitted	20% after deductible
<b>Non-emergency use of emergency room</b>	\$300 + 50% after deductible	50% after deductible
<b>Ambulance Services-Emergency Only</b>	20% after deductible	20% after deductible
<b>Urgent Care Center</b>	\$75 copay	20% after deductible
<b>Plan Features</b>		
<b>Convenient Care Clinic (eg Minute Clinic at CVS)</b>	\$30 copay	20% after deductible
<b>Virtual Visits</b>	\$0	20% after deductible
<b>Hospital Services</b>		
• Inpatient	20% after deductible	20% after deductible
• Outpatient	20% after deductible	20% after deductible
SurgeryPlus	\$0 deductible waived	0% after deductible
Physician Non-Office Visit (Hospital)	20% after deductible	20% after deductible
<b>Maternity</b>		
• Office Visit	<b>\$30</b> (copay for initial visit only)	20% after deductible
• Delivery Expenses	20% after deductible	20% after deductible
<b>Durable Medical Equipment</b>	20% after deductible	20% after deductible

<b>Skilled Nursing/Convalescent Facility</b> 60 days per calendar year	20% after deductible	20% after deductible
<b>Home Health Care</b> 60 visits per calendar year	20% after deductible	20% after deductible
<b>Hospice Care</b> 360 days lifetime maximum • Inpatient • Outpatient-includes bereavement counseling & respite care	20% after deductible 20% after deductible	20% after deductible 20% after deductible
<b>Mental Health &amp; Chemical Dependency Services</b> • Inpatient • Outpatient Visit (Physician)	20% after deductible \$0	20% after deductible 15% after deductible
<b>PRESCRIPTION DRUGS - OPTUM</b>		
Annual Rx deductible • Retail—up to 30 day supply	\$100	
- Generic	20% after deductible, \$10 min/\$30 max	20% after deductible**
- Preferred (formulary)	20% after deductible, \$30 min/\$50 max	20% after deductible***
- Non-Preferred (non-formulary)	20% after deductible, \$50 min/\$75 max	20% after deductible
- Specialty	20% after deductible to a max of \$200	20% after deductible
• RX90 Maintenance Medications - Walgreens/OPTUM Mail Order		
- Generic	20% after deductible, \$25 min/\$50 max	20% after deductible
- Preferred (formulary)	20% after deductible, \$75 min/\$125 max	20% after deductible
- Non-Preferred (non-formulary)	20% after deductible, \$125 min/\$175 max	20% after deductible

**Note:**

- \* Assumes service is provided by a primary care physician (PCP) per National guidelines
  - \*\*Certain generic preventive maintenance medications are covered at 100% deductible waived
  - \*\*\*Certain preferred preventive maintenance medications are covered at 50% deductible waived
  - \*\*\*\*The contracted rate for services at the Health Center is \$60
- A **PCP** can be a general practitioner, family practitioner, internal medicine, pediatrician, an OB/GYN.

THE SUMMARY PLAN DESCRIPTION (SPD) PROVIDES A MORE DETAILED DESCRIPTION OF EACH PLAN AND IN THE EVENT THIS SUMMARY DIFFERS FROM THE SPD, THE SPD PREVAILS