



2025 RETIREE BENEFIT GUIDE



**University
Health**

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Please be advised, should you elect to drop medical, dental or vision coverage, you will not be allowed to re-enroll at a later time.

Human Resources Contact Information

Retirement
210-358-2072
210-358-2887
210-358-2057

Fax and Email
210-358-4765 (Fax)
Retirement@uhtx.com

Mailing Address
4502 Medical Drive
San Antonio, Texas 78229
MS 99-1

Physical Address
5800 Farinon Drive
San Antonio, Texas 78249

Benefit Vendor Contact Information

Medical

CFHP Member Services (HMO)
210-358-6090

Commercial.CommunityFirstHealthPlans.com
Group #004012-0008

First Health (PPO)
myFirstHealth.com

Prescription (Navitus)
866-333-2757
Navitus.com



Healthcare Access

NurseLink
210-358-3000



Dental

Humana DHMO
800-233-4013
Humana.com
Group Policy #413752
Network: HS 405 DHMO



Humana DPO
800-233-4013
Humana.com
Group Policy #413752
Network: PPO/Traditional Preferred

Vision

EyeMed
866-299-1358
EyeMed.com
Group #9718800
Network: Select



Envolve
(under University Family Care Plan)
800-434-2347
VisionBenefits.EnvolveHealth.com

This booklet is not a comprehensive description of plan benefits. For more detailed information, please refer to the plan documents available in Human Resources. You can find additional information in the legal documents that govern the plans. University Health reserves the right to amend, modify, or terminate any of the plans, in whole or in part, at any time. The employee benefit programs are not, individually or collectively, an employment contract and do not give any employee any right to be retained in the services of University Health. Contact the Human Resources Department for more information.



Dual Network Plan (HMO & PPO Extended Network)

University Family Care Plan includes TWO networks for your health care needs

1. University Health Network (HMO)

\$0 DEDUCTIBLE

A large, high-quality and reliable network of local doctors, specialists and hospitals from University Medicine Associates (UMA) and UT Health San Antonio.

When accessing care from the University Health network, you'll experience the most cost-savings, including a \$0 deductible, and fully coordinated care.

2. First Health Network (PPO)

An extended network offering managed out-of-pocket costs and national coverage on health care services across the United States.

Members can see most First Health Network specialists without a referral.

Together, University Health Network and First Health Network provide you and your family both affordability and access.

2025 Family Care Plan Retiree Rates (without Medicare)

	2025 Retiree Monthly Premiums (No Change)
Retiree	\$174.44
Retiree + Spouse/Domestic Partner	\$331.44

2025 Family Care Plan Retiree Rates (with Medicare)

	2025 Retiree Monthly Premiums (Medicare Primary)
Retiree	\$136.06
Retiree + Spouse/Domestic Partner	\$258.52

Did You Know?

If you currently see a provider that is NOT on the University Health network, you may still be able to see them after joining University Family Care Plan if they are part of the extended First Health Network.



Use this chart to review cost comparisons when getting care through University Health vs. First Health.

Plan Features	University Family Care Plan Network	First Health Network
Annual Deductible Individual/Family	None	\$625/\$1,250
Out-of-Pocket Maximum (after deductible) Individual/Family	None	\$5,000/\$10,000
Medical Care Physician's office, including prenatal care	\$15 per visit	30% co-insurance after deductible
Preventive Care Services Well-baby care (under age two) & physical exams (annually) Pediatric & adult immunizations/mammography services	No co-payment	30% co-insurance after deductible
Prescribed Medical Services and Supplies Radiation therapy & lab tests Durable medical equipment	No co-payment No co-payment	30% co-insurance after deductible 30% co-insurance after deductible
Hospital Inpatient (pre-authorization required) All inpatient covered services & supplies, ICU, oxygen & hospital ancillary charges (excludes mental health) Physicians' charges, including surgery	\$100/day; \$500 max per confinement No co-payment	30% co-insurance after deductible 30% co-insurance after deductible
Outpatient Surgery (pre-authorization required) Services supplied in connection with surgery Outpatient surgery facility charge Outpatient therapy	No co-payment \$100 per visit \$15 per visit	30% co-insurance after deductible 30% co-insurance after deductible 30% co-insurance after deductible
Behavioral Health Services Acute inpatient covered services, supplies for the treatment of mental illness, residential treatment center for children and adolescents, crisis stabilization unit Outpatient visits for crisis intervention & evaluation Outpatient visits for mental illness	\$100/day; \$500 max per confinement \$15 per visit \$15 per visit	30% co-insurance after deductible 30% co-insurance after deductible 30% co-insurance after deductible
Alcoholism and Chemical Dependency All medically necessary outpatient covered services Inpatient Outpatient	\$100/day; \$500 max per confinement \$15 per visit	30% co-insurance after deductible 30% co-insurance after deductible
Skilled Nursing Facility Up to 60 days per condition/year including semi-private room, lab & X-ray	\$15 per day	30% co-insurance after deductible
Home Health Care Part-time or intermittent	No co-payment (\$60 visit max, per service)	30% co-insurance after deductible
Hospice	Hospice Inpatient \$100 co-payment (5 day co-payment max per related inpatient stay.) Hospice Outpatient (in-home) \$50 co-payment (10 day co-payment max).	30% co-insurance after deductible
Urgent Care	\$20 per visit	30% co-insurance after deductible
Emergency Room	\$100 co-payment waived if admitted	30% co-insurance after deductible



Annual deductible	The amount you must pay before your plan begins paying benefits. University Family Care Plan is a \$0 deductible health plan if you see providers in the University Health network. This means you do not need to meet a minimum out-of-pocket amount before the plan begins paying your medical expenses.
Co-pay	A set fee that you pay for medical services, such as \$15 for an office visit with your primary care provider in the University Health network. After your co-pay, the plan generally pays 100% of covered expenses.
Co-insurance	The percentage of cost associated with the medical services paid by you. For example, if you see a provider in the First Health extended network, your co-insurance will be 30% of the medical service cost after the deductible and co-payment (up to the annual out-of-pocket maximum).
Network	The hospitals, providers, urgent care centers and specialists your health plan has contracted with to provide health care services. University Family Care Plan includes TWO networks for your health care needs: 1. University Health Network (HMO) and 2. the extended First Health Network (PPO).
Primary Care Physician (PCP)	A provider who acts as your main doctor and may refer you to specialists. Your PCP can be a family practitioner, general practitioner, internal medicine physician or pediatrician. When you join University Family Care Plan, you'll be asked to select a PCP in the network.

Primary and Secondary Insurance

Some people choose to enroll in more than one insurance plan. For example, you and your spouse may decide to both enroll in your respective employers' family plans. Your insurance companies will coordinate benefits to decide which plan will serve as your primary and secondary insurance.

- **Primary insurance:** The insurance that pays first is your "primary" insurance. This plan will pay up to coverage limits. You may owe cost sharing.
- **Secondary insurance:** Once your primary insurance has paid its share, the remaining bill goes to your "secondary" insurance. Your secondary insurance may cover part or all of the remaining cost.

Having more than one plan may reduce your out-of-pocket costs. You may also get access to more coverage and greater benefits if your two plans are complementary.

MEDICAL PRESCRIPTION COVERAGE



If you are enrolled in medical coverage, your prescription drug coverage is provided and managed by **Navitus** through **Community First Health Plans**. The **Prescription Drug Program** provides benefits for both short-term and long-term medication.

The chart below is an example of what you may pay for a prescription drug, depending on the drug tier and quantity.*

	30-day supply	90-day supply
Tier 1 (Preferred generic drugs)	\$20 co-pay	\$40 co-pay
Tier 2 (Generic drugs)	\$40 co-pay	\$60 co-pay
Tier 3 (Brand-name drugs)	\$60 co-pay	\$100 co-pay



Prescriptions can easily be managed and refilled through MyChart.

This app can be downloaded on your smartphone and has the following features:

- Refill prescriptions
- Text message alerts when your prescription is ready
- Medication delivery to your home
- Access to your medication list

For questions about prescription refills call 210-358-2904.

*Co-pays are waived if filled at a University Health Pharmacy.

The Preferred Drug List has been provided with your enrollment materials. For more information regarding prescriptions, please call Member Services at 210-358-6090.



Pharmacy Rx and Go Program (Mail-Order Medication)

Medications on the preferred drug list with a mailbox symbol are eligible for the mail-order program at no cost. Some medications you take regularly may be eligible for stress-free prescriptions delivery, at no cost.

1st Step: Fill out the Prescription Mail Order Request Form available at: universityhealth.com/pharmacy

2nd Step: If it is a new prescription or refill:

- New Prescriptions: Attach the prescription to the Mail-Order Request Form or have the prescription sent electronically to University Health Downtown Pharmacy (Robert B. Green Campus).
- Refills/Transfers: Submit Mail-Order Request Form by fax to 210-358-9650.

Your Prescription Drug Coverage and Medicare

For more information about how your prescription drug coverage interacts with your options under Medicare's medical and prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program
- Call 1-800-MEDICARE (1-800-633-4227).

*Prescription must be written by a University Health, UMA or UT Health physician.




Humana's DHMO (Dental Health Maintenance Organization) Dental Plan offers comprehensive nationwide dental coverage and encourages prevention, early diagnosis and treatment. This plan requires you and your covered family members to select a general dentist from the Humana network to access benefits. Your primary general dentist will refer you to a specialist for extended services if needed.

To locate a contracted dentist, visit [Humana.com/findadentist](https://www.humana.com/findadentist) and select the **Coverage Type: DHMO**, select the **Network: HS405 DHMO**, select a contracted dentist or call 800-233-4013. Download the Humana Mobile App, or register as a member at [MyHumana.com](https://www.MyHumana.com) to view ID Cards, benefits, claims and access member discounts. Below is a partial listing of covered services and costs.

	Description	What you pay
Preventive Services	Oral exam	No charge
	X-ray (complete series)	No charge
	Prophylaxis (periodontal) cleaning (adult/child)	No charge
	Topical application of fluoride (child <16)	No charge
	Sealant (per tooth)	\$10
Basic Services	Amalgam filling (one surface)	\$5
	Resin-based composite filling (one surface, anterior)	\$30
	Resin-based composite filling (one surface posterior)	\$45
	Extractions	\$0 - \$110
Major Services	Crown	\$270
	Endodontic therapy, molar tooth	\$250*
	Periodontal maintenance	\$45
	Implants: Maximum of \$1,500 per year/ Lifetime maximum of \$10,000	Covered at 50%
	Temporomandibular Joint (TMJ)	Not covered
	Dentures	\$263 - \$425
Orthodontia	Adults and Children up to 19 years of age, up to 24 Orthodontia months of routine orthodontic treatment	See Schedule

Coverage Category	Monthly Premium
Employee	\$12.80
Employee + Spouse/Domestic Partner	\$20.68



Get the
Mobile App

View benefits, ID cards, and much more!



Humana's DPO Dental Plan offers comprehensive nationwide dental coverage and encourages preventions, early diagnosis and treatment. Under the PPO plans, you and your covered family members will receive additional savings by using a contracted dentist.

To locate a contracted dentist, visit [Humana.com/findadentist](https://www.humana.com/findadentist) and select the **Coverage Type: PPO**, select the **Network: PPO/Traditional Preferred**, select a network provider or call 800-233-4013. Download the Humana Mobile App, or register as a member at [MyHumana.com](https://www.MyHumana.com) to view ID Cards, benefits, claims and access member discounts.





	Bronze Plan	Silver Plan	Gold Plan
Calendar Year Deductibles Deductibles are waived for diagnostic & preventive and orthodontics	\$50 per person \$150 per family	\$50 per person \$100 per family	\$50 per person \$100 per family
Calendar Year Maximum Diagnostic and preventive count toward the maximum	\$1,500 per person	\$2,000 per person	Unlimited
Extended annual maximum Additional coverage for preventative basic, and major services after the calendar-year maximum is met (excludes orthodontia)	Plan pays 30% of covered expenses	Plan pays 30% of covered expenses	N/A
Benefits and Covered Services	Humana PPO Dentist	Humana PPO Dentist	Humana PPO Dentist
Diagnostic & Preventive Exams, cleanings, x-rays and sealants	100%	100%	100%
Basic Services Filings, crowns and denture adjustments	80%	80%	80%
Endodontics (root canals)	80%	80%	80%
Periodontics (gum treatment)	80%	80%	80%
Oral Surgery	80%	80%	80%
Crowns and cast restorations	80%	80%	80%
Major Services Inlays and onlays	50%	50%	50%
Prosthodontics Bridges and dentures	50%	50%	50%
Temporomandibular Joint (TMJ) Benefit	0%	50%	50%
Implant Services	0%	50%	50%
Orthodontic Benefits Adults and dependent children	0%	50%	50%
Orthodontic Lifetime Maximums	N/A	\$1,500	\$1,500
Covered Out-of-Network Services	Claims are paid on Humana's In-Network Fee Schedule		

	Bronze Plan	Silver Plan	Gold Plan
Employee	\$26.00	\$28.56	\$30.48
Employee + Spouse/DP	\$51.78	\$57.06	\$60.86

ENVOLVE VISION INCLUDED WITH MEDICAL



You and your eligible dependents enrolled in University Health Family Care Plan are also enrolled in the Envolve Vision plan at no additional cost. To locate a network provider under this plan, you can visit their website at [VisionBenefits.EnvolveHealth.com](https://www.visionbenefits.envolvehealth.com). Below is a list of services provided under this plan.

Vision Care Services	In-Network Cost
	Eye Exam \$10 co-pay
	Contact Lenses Fit and Follow-up (in lieu of glasses) Fitting, Follow-up, & Lenses \$125 allowance
	Standard Plastic Lenses Single Bifocal Trifocal Lenticular Paid in full
	Frames (in lieu of contacts) Frames - Retail Value \$125 allowance
	Frequency Exam Once every 12 months Lenses Frames Contacts Once every 24 months

Discounts

Discounts on contacts, sunglasses and eyeglasses are available to members at [FramesDirect.com](https://www.framesdirect.com)



EyeMed offers vision coverage for eye exams and your choice of frames and lenses or contacts. To locate a participating provider, download the mobile app or log onto EyeMed.com and go to "Select" network or call 866-299-1358. Register online at EyeMed.com/member to view all I.D. cards, benefits, claims, member discounts and other plan features.

Vision Care Services	In-Network Cost
	<p>Eye Exam with Dilation as Necessary \$20 Co-pay</p>
<p>Contact Lens Fit and Follow-up</p>	
<p>(Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.)</p>	
	<p>Standard Up to \$40 Fit and Follow-up < 19 years of age \$0 Co-pay; Paid in full fit and two follow-up visits</p>
	<p>Premium 10% off retail price Fit and Follow-up < 19 years of age \$0 Co-pay; 10% off retail price, then apply \$40 allowance</p>
<p>Frames and Lenses</p>	
	<p>Frames \$0 Co-pay, \$180 allowance; 20% off balance over \$180 Standard Plastic Lenses \$20 Co-pay Premium Progressive Lenses \$20 Co-pay plus 80% less of \$120 allowance Polycarbonate (Standard) < 19 years of age \$0 Co-pay Photochromic (Non-Glass) < 19 years of age \$0 Co-pay</p>
<p>Contact Lenses (allowance covers materials only)</p>	
	<p>Conventional \$0 Co-pay, \$180 allowance; 15% off balance over \$180 Disposables \$0 Co-pay, \$180 allowance; plus balance over \$180 Medically Necessary \$0 Co-pay, paid in full</p>
	<p>Vision Discount Lasik or PRK from N.S. Laser Network Call:1-800-988-4221 Amplifon Hearing Call:1-877-203-0675</p>
<p>Frequency</p>	
	<p>Exams/Lenses or Contacts Once every plan year (Child(ren) up to age 19 - two exams every plan year) Frames Once every other plan year</p>

Coverage Category	Monthly Premium
Retiree	\$7.14
Retiree + Spouse/Domestic Partner	\$13.58



Get the Mobile App

View benefits, ID cards, and much more!



Women's Health & Cancer Rights Act Annual Notice

Do you know that the Family Care Plan, as required by the Women's Health & Cancer Rights Act of 1998, provides benefits for mastectomy-related services: including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy including lymphedema? If you have questions about this notice or about the coverage described herein, contact Community First Health Plans at 210-358-6090.

Notice of Grandfathered Status Under the Patient Protection and Affordable Care Act

As permitted by the Patient Protection and Affordable Care Act (the Affordable Care Act), a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being enrolled in a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. For example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with other consumer protections in the Affordable Care Act. For example, the elimination of lifetime limits on benefits. This group health plan believes this coverage is a "grandfathered health plan" under the Affordable Care Act.

Questions regarding the protections that do and do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Human Resources at 210-358-2275. You may also contact the U.S. Department of Health and Human Services at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act>.

Exchange Notice Under the Patient Protection and Affordable Care Act (PPACA)

Review your very important notice regarding the health benefit exchange under the Patient Protection and Affordable Care Act (PPACA). This notice informs employees of the existence of the health benefits exchange and gives a description of the services provided by the exchange. This notice is enclosed with your benefit materials. Additional copies may be requested by contacting Human Resources at 210-358-2275.

Summary of Benefits and Coverage

Your Summary of Benefit Coverage (SBC) provides important information regarding the University Family Care Plan. The SBC is enclosed with your benefit materials. Additional copies may be requested by contacting Human Resources at 210-358-2275.

Medicaid and the Children's Health Insurance Program (CHIP) Offers Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact the Texas Medicaid or CHIP office at 800-440-0493 (YourTexasBenefits.com) or dial 877-KIDS-NOW (InsureKidsNow.gov) to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, University Health will permit you and your dependents to enroll in the Family Care Plan: as long as you and your dependents are eligible, but not already enrolled in the plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

Children's Health Insurance Program Reauthorization Act (CHIPRA) - Special Enrollment Rights

Employees who experience the termination of an individual's Medicaid or SCHIP coverage due to a loss of eligibility or the individual becomes eligible for a premium assistance subsidy through Medicaid or SCHIP, have 60 days to enroll in group coverage through their employer.

Privacy Reminder Notice

The HIPAA Privacy Rule gives individuals a fundamental right to be informed of privacy practices of their health plans and of most of their privacy rights with respect to their personal health information. Call Human Resources at 210-358-2275 for a copy of our HIPAA guidelines.

Important Medicare Notices

Important notices about your prescription drug coverage and Medicare are enclosed in your benefit materials. These notices are for participants enrolled in the University Family Care Plan and the Cancer, Dread Disease and ICU policy.



Thinking beyond

4502 Medical Drive
San Antonio, Texas 78229
210-358-4000
UniversityHealth.com

