

2022-2023 Medical Plan Design Changes – Quick Reference Chart

	UT CONNECT		UT SELECT	
	Current (2021-2022) Gold Level Plan	New (2022-2023) Gold Level Plan	Current (2021-2022) Gold Level Plan	New (2022-2023) Gold Level Plan
Physician Office Visit	\$5 PCP (1 st visit free)/ \$35 Specialist	\$5 PCP (1 st visit free)/ \$50 Specialist	\$30 PCP/\$35 Specialist UT Tier - \$20 PCP/ \$25 Specialist	\$30 PCP/ \$50 Specialist UT Tier - \$20 PCP/ \$40 Specialist
Urgent Care Copayment	\$35 (non-THR) \$25 THR	\$50 (non-THR) \$40 THR	\$35	\$50
Deductible	\$250/person \$750/family	\$500 /person \$1,500 /family	\$350/\$750/\$350/person \$1050/\$2250/\$1050/family (network/out-of-network/ out-of-area)	\$600 /\$1,800/ \$600 /person \$1,800 /\$5,400/ \$1,800 /family (network/out-of-network/ out-of-area)
Coinsurance Stop Loss	\$2,150	\$3,500	\$2,150	\$3,500
Out-of-Pocket Maximum (Includes MD & RX expenses)	\$8,550 Individual \$17,100 Family (Federal Limit; No OOP Maximum on Out-of-Network)	\$8,700 Individual \$17,400 Family (Federal Limit; No OOP Maximum on Out-of-Network)	\$8,550 Individual \$17,100 Family (Federal Limit; No OOP Maximum on Out-of-Network)	\$8,700 Individual \$17,400 Family (Federal Limit; No OOP Maximum on Out-of-Network)
Emergency Room	\$150 copay plus 20% coinsurance for room and physician fees	\$500 all inclusive	\$150 copay plus 20% coinsurance for room and physician fees (10% coins. For UT Tier)	\$500 all inclusive
Inpatient Copayment	\$0 per day Plus 20% coinsurance	\$100 per day Plus 20% coinsurance	\$100 per day (\$0 UT Health), 5-day max, plus 20% coinsurance (10% at UT Health)	\$200 per day (\$0 UT Health), 5-day max, plus 20% coinsurance (10% at UT Health)
Outpatient Copayment	\$50 per day Plus 20% coinsurance	\$150 per day Plus 20% coinsurance	\$100 per day (\$0 UT Health), plus 20% coinsurance; 10% coinsurance UT Health	\$200 per day (\$0 UT Health), plus 20% coinsurance; 10% coinsurance UT Health
High-Cost Imaging	\$100 imaging	\$150 imaging	\$100 imaging with waiver program	\$150, removal of waiver program
Prescription Deductible	\$100 deductible	\$200 deductible	\$100 deductible	\$200 deductible
Prescription Copayment	\$10/\$35/\$50 retail \$20/\$87.50/\$125.00 mail	\$10/\$35/ \$60 retail \$20/\$87.50/ \$150 mail	\$10/\$35/\$50 retail \$20/\$87.50/\$125.00 mail	\$10/\$35/ \$60 retail \$20/\$87.50/ \$150 mail
Fertility Benefit	Not Covered	Not Covered	Not Covered	2 Smart Cycles Covered Lifetime