2017 medical plan comparison

		Consumer Basic Limited	Consumer Basic Choice		Consumer Plus Limited	Consumer Plus Choice	
		Memorial Hermann network only	Tier I	Tier II	Memorial Hermann network only	Tier I	Tier II
RATES							
Based on 24 pay periods	Employee only	$46	$56		$63	$81	
	Employee + spouse	$244	$271		$271	$338	
	Employee + child(ren)	$164	$183		$185	$232	
	Employee + family	$326	$365		$361	$451	
HEALTHFUND							
	Employee only	$400	$400		$650	$650	
	Employee + spouse	$650	$650		$900	$900	
	Employee + child(ren)	$650	$650		$900	$900	
	Employee + family	$900	$900		$1,150	$1,150	
PLAN LIMITS							
Annual deductible	Individual	$2,250	$2,250	$2,750	$1,750	$1,750	$2,250
	Family	$4,500	$4,500	$5,000	$3,500	$3,500	$4,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance)	Individual	$5,500	$5,500	$6,850	$4,500	$4,500	$6,000
	Family	$11,000	$11,000	$12,500	$9,000	$9,000	$10,500
YOUR COST FOR COVERED SERVICES[1]							
Preventive care exams		Free	Free		Free	Free	
Office visit	Primary care (PCP)	25%	25% (all PCPs are Tier I)		20%	20& (all PCPs are Tier I)	
	Non-designated specialists (NDS)[2]	25%	25% (all NDSs are Tier I)		20%	20% (all NDSs are Tier I)	
	Designated specialists	25%	25%	45%	20%	20%	35%
Inpatient—hospital (pre-certification required)		25%	25%	45% + $500 copay per admission[3]	20%	20%	35% + $500 copay per admission[3]
Outpatient—hospital (pre-certification required)		25%	25%	45%	20%	20%	35%
Outpatient—freestanding and surgical center (pre-certification required)		25%	25%		20%	20%	
Emergency care		35% + $250 copay (waived if admitted)	35% + $250 copay (waived if admitted)		30% + $250 copay (waived if admitted)	30% + $250 copay (waived if admitted)	
Urgent care facility		25%	25%		20%	20%	
Lab, X-ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) outpatient hospital		25%	25%	45%	20%	20%	35%
Lab, X-ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) freestanding facility, independent lab		25%	25%		20%	20%	
Maternity—delivery		25%	25%	45%	20%	20%	35%
Mental health and substance abuse—inpatient and outpatient		25%	25%		20%	20%	

[1] Coinsurance amounts are paid after the annual deductible is met. Medical and pharmacy deductibles do not apply to the annual coinsurance maximum.
[2] These are in-network specialists who are not in the designated specialty areas.
[3] Limited to two $500 copays per plan year.

BENEFITS OUTLOOK

KATY
Katy Independent School District

2017 prescription drug plan

<table>
<tr><th colspan="2"></th><th>Consumer Basic Limited</th><th colspan="2">Consumer Basic Choice</th><th>Consumer Plus Limited</th><th colspan="2">Consumer Plus Choice</th></tr>
<tr><th colspan="2"></th><th>Memorial Hermann network only</th><th>Tier I</th><th>Tier II</th><th>Memorial Hermann network only</th><th>Tier I</th><th>Tier II</th></tr>
<tr><td rowspan="2">Annual prescription deductibles*</td><td>Generic</td><td colspan="6">$0</td></tr>
<tr><td>Brand</td><td colspan="6">$200</td></tr>
<tr><td rowspan="3">Prescription drug 30-day retail</td><td>Generic</td><td colspan="6">$20</td></tr>
<tr><td>Preferred brand</td><td colspan="6">$40</td></tr>
<tr><td>Non-preferred brand</td><td colspan="6">$80</td></tr>
<tr><td rowspan="3">Prescription drug 90-day mail or retail</td><td>Generic</td><td colspan="6">$40</td></tr>
<tr><td>Preferred brand</td><td colspan="6">$100</td></tr>
<tr><td>Non-preferred brand</td><td colspan="6">$200</td></tr>
</table>

* The deductible applies once per year per person and a copay may also be requested.