

Medical Plan Comparison Chart

| | | Memorial Hermann ACO | HDHP (High Deductible Health Plan) | Choice POS II |
|--|---|---|--|---|
| RATES ARE PER PAY PERIOD, based on 24 paychecks per year. | | | | |
| Employee Only | | \$46.00 | \$32.00 | \$67.00 |
| Employee + Spouse | | \$262.00 | \$235.00 | \$325.00 |
| Employee + Child(ren) | | \$168.00 | \$145.00 | \$213.00 |
| Employee + Family | | \$348.00 | \$303.00 | \$433.00 |
| PLAN LIMITS | | | | |
| Annual in-network deductible | Individual | \$1,750 | \$5,000 | \$2,250 |
| | Family | \$3,500 | \$10,000 | \$4,500 |
| Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance) | Individual | \$4,500 | \$5,000 | \$5,500 |
| | Family | \$9,000 | \$10,000 | \$11,000 |
| YOUR COST FOR IN-NETWORK COVERED SERVICES | | | | |
| Preventive | | Free | Free | Free |
| Office Visit | PCP | 20% after deductible | 0% after deductible | 25% after deductible |
| | Non-designated specialists (NDS) ¹ | 25% after deductible | 0% after deductible | 25% after deductible |
| | Designated specialists | 25% after deductible | 0% after deductible | 25% after deductible |
| Inpatient – hospital (pre-certification required) | | 20% after deductible | 0% after deductible | 25% after deductible |
| Outpatient – hospital (pre-certification required) | | 20% after deductible | 0% after deductible | 25% after deductible |
| Outpatient – freestanding and surgical center (pre-certification required) | | 20% after deductible | 0% after deductible | 25% after deductible |
| Emergency Care | | 50% after \$250 copay; after deductible; waived if admitted | 0% after deductible | 50% after \$250 copay; after deductible; waived if admitted |
| Urgent Care Facility | | 20% after deductible | 0% after deductible | 25% after deductible |
| Lab, X-Ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) | Outpatient hospital | 20% after deductible | 0% after deductible | 25% after deductible |
| | Freestanding facility, independent lab | 20% after deductible | 0% after deductible | 25% after deductible |
| Maternity – delivery | | 20% after deductible | 0% after deductible | 25% after deductible |
| Mental health and substance abuse (inpatient and outpatient) | | 20% after deductible | 0% after deductible | 25% after deductible |
| PRESCRIPTION | | | | |
| Annual prescription deductibles ² | Generic | \$0 | Shared deductible (medical and prescription) \$5,000 Individual / \$10,000 Family | \$0 |
| | Brand | \$200 | | \$200 |
| Prescription drug (30-day retail) | Generic | \$20 | | \$20 |
| | Preferred brand | \$40 | | \$40 |
| | Nonpreferred brand | \$80 | | \$80 |
| Prescription drug (90-day mail or retail) | Generic | \$40 | | \$40 |
| | Preferred brand | \$100 | | \$100 |
| | Nonpreferred brand | \$200 | | \$200 |

¹ These are in-network specialists who are not in the designated specialty areas.

² Premiums are all per paycheck amounts.

² The deductible applies once per year per person and a copay may also be requested.

