

2019 Medical Plan Comparison

Administered By Aetna

	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	\$32	\$43		\$46	\$67	
Employee + Spouse	\$235	\$250		\$262	\$325	
Employee + Child(ren)	\$145	\$165		\$168	\$213	
Employee + Family	\$303	\$344		\$348	\$433	
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						
Preventive	Free	Free		Free	Free	
Office Visit						
PCP	25%	25% (all PCPs are Tier I)		20%	20% (all PCPs are Tier I)	
Non-designated specialists (NDS) ¹	25%	25% all (NDS' are Tier I)		20%	20% all (NDS' are Tier I)	
Designated specialists	25%	25%	45%	20%	20%	35%
Inpatient – hospital (pre-certification required)	25%	25%	45% + \$500 copay per admission ²	20%	20%	35% + \$500 copay per admission ²
Outpatient- hospital (pre-certification required)	25%	25%	45%	20%	20%	35%
Outpatient – freestanding and surgical center (pre-certification required)	25%	25%		20%	20%	

	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
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%	
PRESCRIPTION						
Annual prescription deductibles³	\$0 Generic					
	\$200 Brand					
Prescription drug 30-day retail	\$20 Generic					
	\$40 Preferred brand					
	\$80 Nonpreferred brand					
Prescription drug 90-day mail or retail	\$40 Generic					
	\$100 Preferred brand					
	\$200 Nonpreferred brand					

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

2 Limited to two \$500 copays per plan year.

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