

# MEDICAL PLAN COMPARISON CHART

		Memorial Hermann ACO	HDHP (High Deductible Health Plan)	Choice POS
<b>RATES ARE PER PAY PERIOD, based on 24 paychecks per year</b>				
Employee Only		\$54.50	\$38.50	\$96.50
Employee + Spouse		\$411.00	\$370.00	\$531.50
Employee + Child(ren)		\$202.00	\$169.50	\$300.00
Employee + Family		\$412.00	\$359.00	\$637.50
<b>PLAN LIMITS</b>				
Annual out-of-network deductible	Individual	no benefits	\$10,000	\$4,500
	Family	no benefits	\$20,000	\$9,000
Annual in-network deductible	Individual	\$1,750	\$5,000	\$3,250
	Family	\$3,500	\$10,000	\$5,750
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance)	Individual	\$4,500	\$10,000	\$11,000
	Family	\$9,000	\$20,000	\$22,000
<b>YOUR COST FOR IN-NETWORK COVERED SERVICES</b>				
Preventive		Free	Free	Free
Office visit	PCP	20% after deductible	0% after deductible	30% after deductible
	Specialists	25% after deductible	0% after deductible	30% after deductible
Inpatient – hospital (pre-certification required)		20% after deductible	0% after deductible	30% after deductible
Outpatient – hospital (pre-certification required)		20% after deductible	0% after deductible	30% after deductible
Outpatient – freestanding and surgical center (pre-certification required)		20% after deductible	0% after deductible	30% after deductible
Emergency care		50% after \$250 copay; after deductible; waived if admitted	0% after deductible	50% after \$750 copay; after deductible; waived if admitted
Urgent care facility		20% after deductible	0% after deductible	30% after deductible
Lab, X-Ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET)	Outpatient hospital	20% after deductible	0% after deductible	30% after deductible
	Freestanding facility, independent lab	20% after deductible	0% after deductible	30% after deductible
Maternity – delivery		20% after deductible	0% after deductible	30% after deductible
Mental health and substance abuse (inpatient and outpatient) <small>See Plan Documents at <a href="http://katybenefits.org">katybenefits.org</a> for information about out-of-network benefits.</small>		20% after deductible	0% after deductible	25% after deductible
<b>PRESCRIPTION</b>				
Annual prescription deductibles <sup>1</sup>	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

<sup>1</sup>The deductible applies once per year per person and a copay may also be requested.

# PERMANENT LIFE

## Tobacco Premiums

		Non-Tobacco – Life									
		18 – 25	26 – 30	31 – 35	36 – 40	41 – 45	46 – 50	51 – 55	56 – 60	61 – 65	66 – 70
Employee Only	\$25,000	\$5.84	\$6.79	\$8.03	\$10.06	\$12.99	\$16.94	\$23.43	\$34.48	\$44.51	\$68.25
	\$50,000	\$11.69	\$13.58	\$16.06	\$20.13	\$25.98	\$33.88	\$46.85	\$68.96	\$89.02	\$136.50
	\$75,000	\$17.53	\$20.38	\$24.09	\$30.19	\$38.97	\$50.81	\$70.28	\$103.44	\$133.53	\$204.75
	\$100,000	\$23.38	\$27.17	\$32.13	\$40.25	\$51.96	\$67.75	\$93.71	\$137.92	\$178.04	\$273.00
	\$125,000	\$29.22	\$33.96	\$40.16	\$50.31	\$64.95	\$84.69	\$117.14	\$172.40	\$222.55	\$341.25
	\$150,000	\$35.06	\$40.75	\$48.19	\$60.38	\$77.94	\$101.63	\$140.56	\$206.88	\$267.06	\$409.50
Spouse	\$12,500	\$3.26	\$3.79	\$4.48	\$5.61	\$7.20	\$9.23	\$12.38	\$17.41	\$25.63	\$38.94
	\$25,000	\$6.51	\$7.58	\$8.97	\$11.23	\$14.41	\$18.46	\$24.76	\$34.82	\$51.25	\$77.89
	\$37,500	\$9.77	\$11.38	\$13.45	\$16.84	\$21.61	\$27.69	\$37.14	\$52.23	\$76.88	\$116.83
	\$50,000	\$13.02	\$15.17	\$17.94	\$22.46	\$28.81	\$36.92	\$49.52	\$69.65	\$102.50	\$155.77

		Tobacco – Life									
		18 – 25	26 – 30	31 – 35	36 – 40	41 – 45	46 – 50	51 – 55	56 – 60	61 – 65	66 – 70
Employee Only	\$25,000	\$7.60	\$9.16	\$11.52	\$14.51	\$18.61	\$24.65	\$33.58	\$49.80	\$69.72	\$103.61
	\$50,000	\$15.21	\$18.31	\$23.04	\$29.02	\$37.23	\$49.29	\$67.17	\$99.60	\$139.44	\$207.23
	\$75,000	\$22.81	\$27.47	\$34.56	\$43.53	\$55.84	\$73.94	\$100.75	\$149.41	\$209.16	\$310.84
	\$100,000	\$30.42	\$36.63	\$46.08	\$58.04	\$74.46	\$98.58	\$134.33	\$199.21	\$278.88	\$414.46
	\$125,000	\$38.02	\$45.78	\$57.60	\$72.55	\$93.07	\$123.23	\$167.92	\$249.01	\$348.49	\$518.07
	\$150,000	\$45.63	\$54.94	\$69.13	\$87.06	\$111.69	\$147.88	\$201.50	\$298.81	\$418.31	\$621.69
Spouse	\$12,500	\$4.30	\$5.19	\$6.55	\$8.23	\$10.51	\$13.75	\$18.32	\$26.34	\$40.20	\$59.17
	\$25,000	\$8.60	\$10.39	\$13.09	\$16.47	\$21.01	\$27.50	\$36.65	\$52.69	\$80.40	\$118.33
	\$37,500	\$12.91	\$15.58	\$19.64	\$24.70	\$31.52	\$41.25	\$54.97	\$79.03	\$120.59	\$177.50
	\$50,000	\$17.21	\$20.77	\$26.19	\$32.94	\$42.02	\$55.00	\$73.29	\$105.38	\$160.79	\$236.67

## Child Permanent Life

Benefit Level	Rate
\$25,000	\$5.21