

MEDICAL PLAN COMPARISON CHART

		Memorial Hermann ACO	HDHP (High Deductible Health Plan)	Choice POS
RATES ARE PER PAY PERIOD , based on 24 paychecks per year				
Employee Only		\$60.00	\$40.00	\$111.00
Employee + Spouse		\$452.00	\$390.00	\$611.00
Employee + Child(ren)		\$222.00	\$186.50	\$345.00
Employee + Family		\$454.50	\$394.50	\$733.00
PLAN LIMITS				
Annual in-network deductible	Individual	\$1,850	\$5,250	\$4,000
	Family	\$3,675	\$10,500	\$7,000
Annual out-of-network deductible	Individual	no benefits	\$10,000	\$4,500
	Family	no benefits	\$20,000	\$9,000
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
YOUR COST FOR IN-NETWORK COVERED SERVICES				
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)		20% after deductible	0% after deductible	25% after deductible
PRESCRIPTION				
Annual prescription deductibles ¹	Generic	\$0	Shared deductible (medical and prescription) \$5,250 Individual / \$10,500 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

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