

# 2017 medical plan comparison

		Consumer Basic Choice		Consumer Plus Limited	Consumer Plus Choice		Select Low
		Tier I	Tier II	Memorial Hermann network only	Tier I	Tier II	In-network only
<b>RATES</b>							
Based on 24 pay periods	Employee only	\$72.06		\$75.48		\$114.57	\$40.65
	Employee + spouse	\$371.34		\$389.03		\$484.49	\$232.79
	Employee + child	\$262.65		\$275.16		\$346.01	\$156.42
	Employee + child(ren)	\$345.48		\$361.93		\$448.62	\$213.39
	Employee + family	\$665.09		\$696.76		\$853.74	\$393.20
<b>HEALTHFUND<sup>2</sup></b>							
	Employee only			\$300			N/A
	Employee + spouse			\$425			
	Employee + child(ren)			\$425			
	Employee + family			\$550			
<b>PLAN LIMITS<sup>3</sup></b>							
Annual deductible	Individual	\$2,750	\$3,250	\$2,000	\$2,000	\$2,500	\$4,000
	Family	\$5,000	\$6,000	\$3,750	\$3,750	\$4,750	\$8,000
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance)	Individual	\$6,250	\$7,100	\$5,500	\$5,500	\$6,500	\$7,100
	Family	\$13,450	\$14,200	\$10,500	\$10,500	\$12,500	\$14,200
<b>YOUR COST FOR COVERED SERVICES</b>							
Preventive care exams <sup>4</sup>		Free		Free	Free		Free
Office visit	Primary care (PCP)	25% (all PCPs are Tier I)		20%	20% (all PCPs are Tier I)		0% for the first \$225, then 30%
	Non-designated specialists (NDS) <sup>5</sup>	25% (all NDSs are Tier I)		20%	20% (all NDSs are Tier I)		
	Designated specialists	25%	45%	20% <sup>6</sup>	20%	35%	
Inpatient—hospital (pre-certification required)		25%	45% + \$500 copay per admission <sup>7</sup>	20% <sup>7</sup>	20%	35% + \$500 copay per admission <sup>8</sup>	30%
Outpatient—hospital		25%	45%	20% <sup>7</sup>	20%	35%	
Outpatient—freestanding and surgical center		25%		20%	20%		30%
Emergency care		25% + \$250 copay (waived if admitted)		20% + \$250 copay (waived if admitted)	20% + \$250 copay (waived if admitted)		30%
Non-emergency care in an emergency room		45%		40%	40%		50%
Urgent care facility		25%		20%	20%		30%
Lab, X-ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) outpatient hospital		25%	45%	20% <sup>7</sup>	20%	35%	30%
Lab, X-ray, diagnostic mammogram, diagnostic scans (MRI, MRA, CAT, PET) freestanding facility, independent lab		25%		20%	20%		See office visit or 30% if in a facility
Maternity—delivery		25%	45%	20%	20%	35%	30%
Mental health and substance abuse—inpatient and outpatient		25% (no Tier II facilities)		20%	20% (no Tier II facilities)		30%

<sup>1</sup> Out-of-network facility charges exceeding the limited fee schedule amount are not covered and will not be applied to the deductible or coinsurance maximum. Employee is responsible for paying the difference between the covered amount and the facility charge.

<sup>2</sup> Assumes completion of health assessment Nov. 4–Nov. 15, 2016 to earn \$200.

<sup>3</sup> Medical copays and prescription drug deductible and copays, plus limited fee schedule or reasonable and customary cutback penalties, do not apply to the annual deductible. Annual deductible does not apply to the coinsurance maximum. Prescription drug deductible and copays, plus limited fee schedule or reasonable and customary cutback penalties, do not apply to the total out-of-pocket maximum.

<sup>4</sup> Some preventive care includes PSA and pap tests, annual mammogram (age 35+), osteoporosis screenings (age 65+), and colonoscopies (age 50+).

<sup>5</sup> These are in-network specialists who are not in the designated specialty areas.

<sup>6</sup> Specialists must be within the Memorial Hermann network in 12 designated areas.

<sup>7</sup> Must use Memorial Hermann facility.

<sup>8</sup> Limited to two \$500 copays per plan year.

# 2017 prescription drug comparison

		Consumer Basic Choice		Consumer Plus Limited	Consumer Plus Choice		Select Low
		Tier I	Tier II	Memorial Hermann network only	Tier I	Tier II	In-network only
Deductible	Individual	\$75		\$75	\$75		\$250
	Family						\$500
<b>RETAIL<sup>1</sup></b>							
Generic		\$15		\$15	\$15		30%
Preferred brand		\$35		\$35	\$35		
Non-preferred brand		\$60		\$55	\$55		
Specialty <sup>2</sup> Tier II (generic/preferred brand)		\$75		\$75	\$75		
Specialty <sup>2</sup> Tier III (non-preferred brand)		\$150		\$150	\$150		
<b>MAIL</b>							
Generic		\$37.50		\$37.50	\$37.50		30%
Preferred brand		\$87.50		\$87.50	\$87.50		
Non-preferred brand		\$150		\$137.50	\$137.50		
Specialty <sup>2</sup> Tier II (generic/preferred brand)		\$75		\$75	\$75		
Specialty <sup>2</sup> Tier III (non-preferred brand)		\$150		\$150	\$150		

<sup>1</sup> Specialty drugs limited to a 30-day supply and distribution amount.

<sup>2</sup> 90-day retail through ESI (Smart90) program is the same as mail order copays.