

COMPARE YOUR COVERAGE OPTIONS

2021 MEDICAL PLAN COMPARISON

		Kelsey Basic ACO	Memorial Hermann Basic ACO	TX Medical Neighborhood Basic	Kelsey Plus ACO	Memorial Hermann Plus ACO	TX Medical Neighborhood Plus
RATES							
Based on 24 pay periods	Employee only	\$17.50	\$19.25	\$30.54	\$35.26	\$38.79	\$61.48
	Employee + spouse	\$91.08	\$100.19	\$158.80	\$122.95	\$135.25	\$204.84
	Employee + child(ren)	\$87.61	\$96.37	\$152.77	\$118.27	\$130.10	\$197.70
	Employee + family	\$157.51	\$173.27	\$274.65	\$212.64	\$233.91	\$332.21
PLAN LIMITS							
Annual deductible	Individual	\$2,500	\$2,500	\$2,500	\$1,750	\$1,750	\$1,750
	Family	\$5,000	\$5,000	\$5,000	\$3,500	\$3,500	\$3,500
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays, and coinsurance)	Individual	\$6,900	\$6,900	\$6,900	\$5,150	\$5,150	\$5,150
	Family	\$13,800	\$13,800	\$13,800	\$10,300	\$10,300	\$10,300
COST FOR COVERED SERVICES AFTER YOUR DEDUCTIBLE HAS BEEN MET							
Preventive care exams ⁶		Free	Free	Free	Free	Free	Free
Office visits	Primary care (PCP)	\$30 copay ^{1,7}	25%	25%	\$30 copay ^{1,7}	20%	20%
	Specialists	\$65 copay ^{1,7}	25%	25%/45%	\$65 copay ^{1,7}	20%	20%/40%
	HISD clinics ²	Free	Free	Free	Free	Free	Free
Inpatient—hospital ³		25%	25%	25%	20%	20%	20%
Outpatient—hospital ³		25%	25%	25%	20%	20%	20%
Outpatient—freestanding and surgical center ³		25%	25%	25%	20%	20%	20%
Emergency care		25% + \$300 copay (Copay waived if admitted)	25% + \$300 copay (Copay waived if admitted) tted)	25% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)
Virtual Health/Telemedicine	Kelsey Telemedicine	\$20 PCP/\$55 Specialist ¹	N/A	N/A	\$20 PCP/\$55 Specialist ¹	N/A	N/A
Urgent care facility		25%	25%	25%	20%	20%	20%
Lab, X-ray, diagnostic mammogram		25%	25%	25%	20%	20%	20%
Diagnostic scans (MRI, MRA, CAT, PET)		25%	25%	25%	20%	20%	20%
Maternity—delivery		25%	25%	25%/45% ⁴	20%	20%	20%/40% ⁴
Mental health and substance abuse—inpatient		25%	25%	25%	20%	20%	20%
Mental health and substance abuse—outpatient		\$65 Copay ¹	25%	25%	\$65 Copay ¹	20%	20%

1. Kelsey ACO PCP and specialist copays do not count toward the annual deductible but do apply toward the annual out-of-pocket maximum
 2. Free if you are enrolled in an HISD medical plan
 3. Pre-certification may be required

4. OBGYN Specialists are tiered.
 5. Copay applies after pharmacy deductible has been met
 6. Preventive services are not subject to the deductible
 7. The copays in the Kelsey plans are not subject to the deductible