MEDICAL PLAN COMPARISON CHART

Katy Independent School District

New Changes!

New Plan!

	HDHP (High Deductible Health Plan)	Memorial Herman ACO	Kelsey-Seybold	PPO (Choice POS II)
Plan Limits				
Annual In-Network Deductible	Individual: $5,350 Family: $10,600	Individual: $1,950 Family: $3,775	Individual: $1,950 Family: $3,775	Individual: $5,000 Family: $8,000
Annual Out-of-Network Deductible	Individual: $10,000 Family: $20,000	Individual: No Benefits Family: No Benefits	Individual: No Benefits Family: No Benefits	Individual: $5,500 Family: $10,000
Annual In-Network Out-of-Pocket Maximum	Individual: $5,350 Family: $10,600	Individual: $4,700 Family: $9,200	Individual: $4,700 Family: $9,200	Individual: $8,000 Family: $14,000
Annual Out-of-Network Out-of-Pocket Maximum[1]	Individual: $10,000 Family: $20,000	Individual: No Benefits Family: No Benefits	Individual: No Benefits Family: No Benefits	Individual: $11,000 Family: $22,000
Your Cost for In-Network Covered Services				
Preventive	Free	Free	Free	Free
Primary Care Office Visit	0% after deductible	$10 copay	$10 copay	30% after deductible
Specialist Office Visit	0% after deductible	$50 copay	$50 copay	30% after deductible
Inpatient - Hospital	0% after deductible	20% after deductible	20% after deductible	30% after deductible
Outpatient - Hospital	0% after deductible	20% after deductible	20% after deductible	30% after deductible
Outpatient - Freestanding and Surgical Center	0% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Care[2]	0% after deductible	$500 copay; waived if admitted	$500 copay; waived if admitted	50% after $750 copay; after deductible; waived if admitted
Urgent Care Facility[2]	0% after deductible	$75 copay	$75 copay	30% after deductible
Lab, X-Ray	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Diagnostic Complex Imaging	0% after deductible	20% after deductible	$500 copay	30% after deductible
Maternity - Delivery	0% after deductible	20% after deductible	20% after deductible	30% after deductible
Mental Health and Substance Abuse	0% after deductible	20% after deductible	20% after deductible	30% after deductible
Prescriptions				
Annual Prescription Deductibles	Shared Deductible (Medical and Prescription) $5,350 Individual $10,600 Family	Generic: $0 Brand: $200	Generic: $0 Brand: $200	Generic: $0 Brand: $200
Prescription Drug (30-Day Retail)		Generic: $20 Preferred Brand: $40 Nonpreferred Brand: $80	Generic: $20 Preferred Brand: $40 Nonpreferred Brand: $80	Generic: $20 Preferred Brand: $40 Nonpreferred Brand: $80
Prescription Drug (90-Day Retail)		Generic: $40 Preferred Brand: $100[3] Nonpreferred Brand: $200	Generic: $40 Preferred Brand: $100[3] Nonpreferred Brand: $200	Generic: $40 Preferred Brand: $100[3] Nonpreferred Brand: $200
Cost Per Pay Period (based on 24 paychecks a year)				
Employee Only	$45.50	$67.50	$77.50	$147.50
Employee + Spouse	$448.50	$520.00	$600.00	$811.50
Employee + Child(ren)	$210.50	$251.00	$264.00	$458.50
Employee + Family	$445.00	$513.50	$618.00	$973.50

[1] When using out-of-network (OON) providers, you may be responsible for balance-billed charges in addition to the amounts shown above. Balance-billed charges are not subject to the plan maximums listed above.

[2] Non-Emergency not covered.

[3] $200 deductible must be met on brand medications before copays apply.