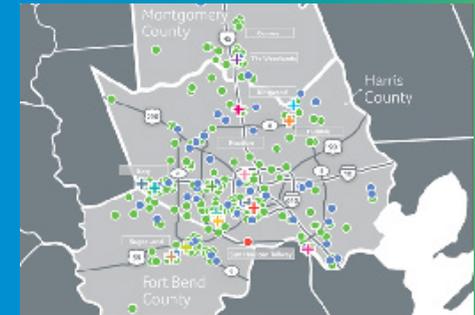


Want lower medical contributions? Consider choosing the Memorial Hermann Plan Network

Employees in the greater Houston area have an opportunity to enroll in a plan through the preferred Memorial Hermann network. These plans offer quality care along with great value to you and your family. Below are a few coverage highlights.

- The Memorial Hermann options mirror our Enhanced PPO Plan, Basic PPO Plan, Value Care PPO Plan and HDHP w/HSA with one major difference: your "in-network" care is contained exclusively within the Memorial Hermann Health System.
- Using Memorial Hermann doctors and facilities is designed to improve the quality of your care and provide a better experience, all while saving you money.
- The Memorial Hermann Plans are offered at a lower cost per pay when compared to their traditional counterpart.
- Learn more about the system at www.memorialhermann.org.



This is the Memorial Hermann Coverage Area.

You have the option of enrolling in medical plans which fall into 2 categories:

Traditional Aetna Medical Plans and Memorial Hermann/Aetna Medical Plans.

Traditional Aetna Medical Plans

Provide medical coverage in and out of Aetna's broad network at a higher cost per pay.

- 1 Enhanced PPO Plan
- 2 Basic PPO Plan
- 3 Value Care PPO Plan
- 4 HDHP w/HSA

Memorial Hermann/Aetna Medical Plans

Provide preferred coverage within the Memorial Hermann Network, and are offered at a lower cost per pay.

- 1 MH Enhanced PPO Plan
- 2 MH Basic PPO Plan
- 3 MH Value Care PPO Plan
- 4 MH HDHP w/HSA



The Memorial Hermann plans mirror our traditional plan offerings, with one major difference: For coverage to be considered "in-network", you must obtain care from MH doctors and facilities. When you go out-of-network, you have two options: 1) you can use any other participating Aetna provider, or 2) you can use any provider. These differences are noted in the example at right.

The payroll contributions for the Memorial Hermann options are also lower than the other plans. See the difference on Page 15.

Memorial Hermann is healthcare focused on you!

Imagine your doctors all working together, all on the same page. Not having to repeat a test you took last week. Or how about a nurse calling to check on your health when you're not even sick?

With The Memorial Hermann plans, you're at the center. You get a special network of doctors, specialists and nurses - putting their heads together to work for you. So your care makes sense to you.

Memorial Hermann (MH) Network Example			
Benefit Descriptions	MH Basic PPO Plan		
	In-Network (Memorial Hermann System Only)	Any Aetna Participating Provider	Out-of-Network
Annual Deductible Individual / Family	\$3,500 / \$10,500	\$10,500 / \$31,500	
Out-of-Pocket Max. Individual / Family	\$8,150 / \$16,300	\$16,300 / \$48,900	
Coinsurance	30%	50%	

Above is an example of how in-network and out-of-network benefits work with the Memorial Hermann option. (Remember, the underlying plan benefits are all the same as the grids on pages 8 and 9.)

- In-network benefits provide the highest level of coverage. All in-network benefits must be obtained within the MH network.
- By utilizing the broader Aetna network, you can still receive discounts on allowable charges, but will be covered at the out-of-network benefit levels.
- Out-of-network coverage allows you to visit any provider, but at reduced benefit levels. You may also be subject to balance-billing.
- Emergency care can be received anywhere and is considered in-network.



Your primary doctor leads the team

Your primary doctor can:

- Make sense of various visits and test.
- Help you find programs tailored to you.
- Guide you on important health decisions
- See you for yearly exams and screenings, not just when you are sick.



You get an entire healthcare team

Your team can:

- Keep tabs on your prescription and lab results.
- Spot issues, even before you make an appointment.
- Build care plans personalized for you.
- Help you cut down on unnecessary care and costs.

Here's how it works:



PLAN CONTRIBUTIONS



HEALTH BENEFIT PLANS

What to Expect in 2023: There are no changes to the dental and vision contributions for 2023. However, there will be minimal changes to medical plan contributions.

Medical Benefits*										
Plan Options:	Employee Only		Employee + Spouse			Employee + Children		Family		
	Without Wellness Discount	With Wellness Discount	Without Wellness Discount	With 1 Wellness Discount	With 2 Wellness Discounts	Without Wellness Discount	With Wellness Discount	Without Wellness Discount	With 1 Wellness Discount	With 2 Wellness Discounts
Enhanced PPO	\$103.87	\$86.56	\$243.56	\$226.25	\$208.94	\$209.69	\$192.38	\$385.70	\$368.39	\$351.08
Basic PPO Plan	\$65.18	\$47.88	\$164.53	\$147.22	\$129.91	\$135.16	\$117.85	\$250.84	\$233.53	\$216.22
Value Care PPO Plan	\$51.12	\$33.81	\$133.66	\$116.35	\$99.04	\$108.99	\$91.68	\$188.83	\$171.52	\$154.21
HDHP w/HSA	\$48.46	\$31.15	\$119.52	\$102.21	\$84.90	\$102.29	\$84.99	\$178.99	\$161.68	\$144.38
Memorial Hermann Plans										
MH Enhanced PPO	\$83.09	\$65.78	\$194.85	\$177.54	\$160.23	\$167.75	\$150.44	\$308.56	\$291.25	\$273.94
MH Basic PPO Plan	\$52.14	\$34.84	\$131.62	\$114.31	\$97.01	\$108.12	\$90.82	\$200.67	\$183.36	\$166.06
MH Value Care PPO Plan	\$40.89	\$23.58	\$106.92	\$89.62	\$72.31	\$87.19	\$69.89	\$151.06	\$133.75	\$116.45
MH HDHP w/HSA	\$38.77	\$21.46	\$95.62	\$78.31	\$61.00	\$81.84	\$64.53	\$143.19	\$125.88	\$108.58

*If you completed the 2022 wellness program , you can earn discounts on your contributions, and pay less out of each paycheck in 2023. If you previously claimed your 2022 wellness reward in cash/gift cards, then you will pay the non-discounted rate in 2023.

*1 Discount = Employee OR Spouse completes wellness activities. 2 Discounts = Employee AND Spouse complete wellness activities.

Dental Benefits				
Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
High Dental Plan	\$7.82	\$15.01	\$15.76	\$25.80
Low Dental Plan	\$5.82	\$11.36	\$11.93	\$19.20

Vision Benefits				
Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
Base Plan	\$1.91	\$3.20	\$3.36	\$4.72
Easy Option Plan	\$5.44	\$9.14	\$9.59	\$13.45

• If your spouse has access to group medical insurance through their employer and you choose to cover them under the Inframark plan, you will pay a Spousal Surcharge of \$69.23 per pay.

• If you or a covered spouse/domestic partner use tobacco regularly, you will pay an additional \$57.69 per pay for Inframark medical coverage. You can have this surcharge waived by participating in the Health Advocate Tobacco Cessation Program. If it is unreasonably difficult or medically inadvisable for you to attempt to achieve these standards because of a health condition, contact Health Advocate at 855-424-6400. These surcharges are subject to change throughout the year based on any tobacco usage or spousal coverage changes you report.

• If you cover a domestic partner and their child(ren), Inframark is required to calculate the imputed income (also called fair market value) of their health benefits. This means that the imputed income will be added to your W2 and subject to income tax withholding and employment taxes.