

FY25 Plan Premiums

This document includes all employee premiums for FY25.

Medical plans

Medical plan premiums for employees making under \$25/hour base pay rate as of 4/15/24.

| Coverage Level | FY25 Annual | | FY25 Biweekly | |
|------------------------------------|-----------------------------|--------------------------------|-----------------------------|--------------------------------|
| | With Employee Health Credit | Without Employee Health Credit | With Employee Health Credit | Without Employee Health Credit |
| MH Care Plan | | | | |
| Employee | \$1,612.00 | \$2,212.08 | \$62.00 | \$85.08 |
| Employee + Spouse | \$5,642.00 | \$6,242.08 | \$217.00 | \$240.08 |
| Employee + Child(ren) | \$4,472.00 | \$5,072.08 | \$172.00 | \$195.08 |
| Employee + Family | \$7,514.00 | \$8,114.08 | \$289.00 | \$312.08 |
| MH Care Broad Access | | | | |
| Employee | \$3,224.00 | \$3,824.08 | \$124.00 | \$147.08 |
| Employee + Spouse | \$11,284.00 | \$11,884.08 | \$434.00 | \$457.08 |
| Employee + Child(ren) | \$8,944.00 | \$9,544.08 | \$344.00 | \$367.08 |
| Employee + Family | \$15,028.00 | \$15,628.08 | \$578.00 | \$601.08 |
| MH Care Plan - Supplemental | | | | |
| Employee | \$3,926.00 | \$4,526.08 | \$151.00 | \$174.08 |
| Employee + Child(ren) | \$9,516.00 | \$10,116.08 | \$366.00 | \$389.08 |

Medical plan premiums for employees making \$25/hour base pay rate and over as of 4/15/24.

| Coverage Level | FY25 Annual | | FY25 Biweekly | |
|------------------------------------|-----------------------------|--------------------------------|-----------------------------|--------------------------------|
| | With Employee Health Credit | Without Employee Health Credit | With Employee Health Credit | Without Employee Health Credit |
| MH Care Plan | | | | |
| Employee | \$1,820.00 | \$2,420.08 | \$70.00 | \$93.08 |
| Employee + Spouse | \$6,292.00 | \$6,892.08 | \$242.00 | \$265.08 |
| Employee + Child(ren) | \$4,940.00 | \$5,540.08 | \$190.00 | \$213.08 |
| Employee + Family | \$8,372.00 | \$8,972.08 | \$322.00 | \$345.08 |
| MH Care Broad Access | | | | |
| Employee | \$3,640.00 | \$4,240.08 | \$140.00 | \$163.08 |
| Employee + Spouse | \$12,584.00 | \$13,184.08 | \$484.00 | \$507.08 |
| Employee + Child(ren) | \$9,880.00 | \$10,480.08 | \$380.00 | \$403.08 |
| Employee + Family | \$16,744.00 | \$17,344.08 | \$644.00 | \$667.08 |
| MH Care Plan - Supplemental | | | | |
| Employee | \$4,342.00 | \$4,942.08 | \$167.00 | \$190.08 |
| Employee + Child(ren) | \$9,542.00 | \$10,142.08 | \$367.00 | \$390.08 |

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Dental plans

| Coverage Level | Delta Dental PPO | | DeltaCare USA HMO | |
|-----------------------|------------------|---------------|-------------------|---------------|
| | FY25 Annual | FY25 Biweekly | FY25 Annual | FY25 Biweekly |
| Employee | \$398.64 | \$15.33 | \$158.64 | \$6.10 |
| Employee + Spouse | \$777.60 | \$29.91 | \$363.36 | \$13.98 |
| Employee + Child(ren) | \$936.84 | \$36.03 | \$332.64 | \$12.79 |
| Employee + Family | \$1,455.12 | \$55.97 | \$469.80 | \$18.07 |

Vision plan

| Coverage Level | FY25 Annual | FY25 Biweekly |
|-----------------------|-------------|---------------|
| Employee | \$81.84 | \$3.15 |
| Employee + Spouse | \$162.24 | \$6.24 |
| Employee + Child(ren) | \$159.24 | \$6.13 |
| Employee + Family | \$241.68 | \$9.30 |

Short-term disability (STD)

| Coverage Level | Eligibility Criteria | Benefit Level | FY25 Biweekly Cost |
|--|--|--|--|
| Employer Paid Short-Term Disability | For employees with 12 months or more of employment | 60% of average base salary up to 180 days (less applicable elimination period) | \$0 |
| Employee Paid Short-Term Disability | For employees with less than 12 months of employment | 60% of your base weekly income up to 180 days (less applicable elimination period) | Your annual salary divided by 52 = your weekly salary Weekly salary x 0.0219 Premiums end when you reach 12 months of employment and you are automatically enrolled in the Employer Paid STD |

Long-term disability (LTD)

| Coverage Level | Eligibility Criteria | Benefit Level | FY25 Biweekly Cost |
|--|--|---------------------------------|--|
| Basic Long-Term Disability | 50% after the 180- calendar-day elimination period | 50% of your monthly base salary | \$0 |
| Supplemental Long-Term Disability | 60% after the 180-calendar-day elimination period | 60% of your monthly base salary | Your annual salary divided by 26 = your biweekly salary Biweekly salary x 0.00174 |

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Basic life insurance

Memorial Hermann pays 100% of the premium for basic life insurance. Eligible full-time employees are enrolled automatically. Benefit coverage is your annual base salary rounded up to the nearest \$1,000 with a maximum coverage amount of \$200,000.



Supplemental life insurance

| Option | Annual cost (see below for rates) |
|-----------------------------------|---|
| 1x your annual base salary | Annual base salary (rounded up to next \$1,000) x rate divided by 1,000 |
| 2x your annual base salary | Annual base salary x 2 (rounded up to next \$1,000) x rate divided by 1,000 |
| 3x your annual base salary | Annual base salary x 3 (rounded up to next \$1,000) x rate divided by 1,000 |
| 4x your annual base salary | Annual base salary x 4 (rounded up to next \$1,000) x rate divided by 1,000 |
| 5x your annual base salary | Annual base salary x 5 (rounded up to next \$1,000) x rate divided by 1,000 |
| 6x your annual base salary | Annual base salary x 6 (rounded up to next \$1,000) x rate divided by 1,000 |
| 7x your annual base salary | Annual base salary x 7 (rounded up to next \$1,000) x rate divided by 1,000 |
| 8x your annual base salary | Annual base salary x 8 (rounded up to next \$1,000) x rate divided by 1,000 |



Supplemental life insurance rates

| For every \$1,000 age band (age as of 7/1/2024) | Non-smoker | Smoker |
|---|-------------|---------------|
| | FY25 Annual | FY25 Biweekly |
| <25 | \$0.336 | \$0.660 |
| 25-29 | \$0.444 | \$0.828 |
| 30-34 | \$0.660 | \$1.104 |
| 35-39 | \$0.708 | \$1.248 |
| 40-44 | \$0.792 | \$1.380 |
| 45-49 | \$1.188 | \$2.076 |
| 50-54 | \$1.812 | \$3.180 |
| 55-59 | \$3.384 | \$5.940 |
| 60-64 | \$5.184 | \$9.108 |
| 65-69 | \$9.996 | \$17.532 |
| 70+ | \$16.200 | \$28.428 |

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Dependent life insurance

| Options | Spouse dependent life | | Child dependent life | |
|----------|-----------------------|---------------|----------------------|---------------|
| | FY25 Annual | FY25 Biweekly | FY25 Annual | FY25 Biweekly |
| \$5,000 | N/A | N/A | \$4.80 | \$0.19 |
| \$10,000 | \$41.52 | \$1.60 | \$9.60 | \$0.37 |
| \$20,000 | \$83.04 | \$3.19 | N/A | N/A |
| \$30,000 | \$124.56 | \$4.79 | N/A | N/A |
| \$40,000 | \$166.08 | \$6.39 | N/A | N/A |
| \$50,000 | \$207.60 | \$7.98 | N/A | N/A |



Accidental death and dismemberment (AD&D) insurance

| Options | Employee only | | Employee + family | |
|-----------|---------------|---------------|-------------------|---------------|
| | FY25 Annual | FY25 Biweekly | FY25 Annual | FY25 Biweekly |
| \$50,000 | \$7.20 | \$0.28 | \$12.60 | \$0.48 |
| \$100,000 | \$14.40 | \$0.55 | \$25.20 | \$0.97 |
| \$200,000 | \$28.80 | \$1.11 | \$50.40 | \$1.94 |
| \$300,000 | \$43.20 | \$1.66 | \$75.60 | \$2.91 |
| \$400,000 | \$57.60 | \$2.22 | \$100.80 | \$3.88 |
| \$500,000 | \$72.00 | \$2.77 | \$126.00 | \$4.85 |

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Critical illness insurance

| | Employee | Employee/ spouse | Employee/ child(ren) | Employee/ spouse/ Child(ren) | Employee | Employee/ spouse | Employee/ child(ren) | Employee/ spouse/ Child(ren) |
|-------|------------------------|---------------------|-------------------------|------------------------------------|------------------------|---------------------|-------------------------|------------------------------------|
| Ages | Biweekly - 15k benefit | | | | Biweekly - 30k benefit | | | |
| <25 | \$4.22 | \$6.85 | \$5.88 | \$8.52 | \$8.45 | \$13.71 | \$11.77 | \$17.03 |
| 25-29 | \$4.22 | \$7.13 | \$5.88 | \$8.93 | \$8.45 | \$14.26 | \$11.77 | \$17.86 |
| 30-34 | \$5.82 | \$9.90 | \$7.55 | \$11.63 | \$11.63 | \$19.80 | \$15.09 | \$23.26 |
| 35-39 | \$8.10 | \$13.85 | \$9.76 | \$15.58 | \$16.20 | \$27.69 | \$19.52 | \$31.15 |
| 40-44 | \$12.18 | \$20.70 | \$13.98 | \$22.43 | \$24.37 | \$41.40 | \$27.97 | \$44.86 |
| 45-49 | \$16.89 | \$28.59 | \$18.62 | \$30.25 | \$33.78 | \$57.18 | \$37.25 | \$60.51 |
| 50-54 | \$22.57 | \$38.01 | \$24.30 | \$39.74 | \$45.14 | \$76.02 | \$48.60 | \$79.48 |
| 55-59 | \$28.59 | \$48.05 | \$30.32 | \$49.71 | \$57.18 | \$96.09 | \$60.65 | \$99.42 |
| 60-64 | \$35.38 | \$58.43 | \$37.11 | \$60.09 | \$70.75 | \$116.86 | \$74.22 | \$120.18 |
| 65-69 | \$40.57 | \$66.81 | \$42.30 | \$68.47 | \$81.14 | \$133.62 | \$84.60 | \$136.94 |
| 70+ | \$49.78 | \$81.90 | \$51.58 | \$83.63 | \$99.55 | \$163.80 | \$103.15 | \$167.26 |

Group accident insurance

| Coverage Level | FY25 Annual | FY25 Biweekly |
|-----------------------|-------------|---------------|
| Employee | \$293.28 | \$11.28 |
| Employee + Spouse | \$479.88 | \$18.46 |
| Employee + Child(ren) | \$501.24 | \$19.28 |
| Employee + Family | \$687.60 | \$26.45 |

MetLife Legal plan

| Coverage Level | FY25 Annual | FY25 Biweekly |
|----------------|-------------|---------------|
| Employee | \$195.00 | \$7.50 |

Pet insurance

| Coverage | FY25 Annual starting at | FY25 Biweekly starting at |
|--|-------------------------|---------------------------|
| Major Medical Plan and Pet Wellness Plan | \$572.00 | \$22.00 |
| Major Medical Plan Comprehensive | \$338.00 | \$13.00 |
| Pet Wellness Plan Everyday Care | \$260.00 | \$10.00 |