

2019 BI-WEEKLY PREMIUMS

Medical and Prescription Drug

(Does not include residents or part-time employees)

	Premier Plan		Premier Plus Plan	
	Standard hours of 32+	Full-time ≤ \$14.25/hour	Standard hours of 32+	Full-time ≤ \$14.25/hour
HealthyDirections Premium (if you or your covered spouse completed the Health Track requirements or you are a new employee or newly eligible employee as of Sept. 1, 2018)				
Employee Only	\$51.73	\$38.79	\$174.32	\$159.72
Employee + Spouse	\$224.64	\$211.31	\$543.72	\$529.13
Employee + Child(ren)	\$164.63	\$151.31	\$367.20	\$352.59
Employee + Family	\$296.11	\$282.78	\$538.81	\$569.22
Standard Premium (if you or your covered spouse did not complete the Health Track requirements)				
Employee Only	\$81.73	\$58.79	\$204.32	\$179.72
Employee + Spouse	\$284.64	\$271.31	\$603.72	\$589.13
Employee + Child(ren)	\$194.63	\$171.31	\$397.20	\$372.59
Employee + Family	\$356.11	\$342.78	\$643.81	\$629.22

Medical Surcharges

You pay surcharges on Medical Plan premiums for the following:

	Employee Only	All Other Coverage Levels
Nicotine Surcharge ▪ If you use nicotine as of Jan. 1, 2019, or don't disclose your nicotine status	\$30	\$30 If your covered spouse uses nicotine, or you don't confirm their nicotine-free status
Part-Time Surcharge ▪ If your standard weekly hours are less than 32	\$20	\$40
Spousal Surcharge ▪ If you cover your spouse who has access to coverage through his or her employer	N/A	\$150

Dental, Vision and Legal

	Dental Plan		Vision Plan	Legal Plan
	DeltaCare USA (DHMO)	Delta Dental PPO		
Employee Only	\$4.04	\$9.93	\$2.97	\$7.62
Employee + Spouse	\$7.70	\$24.72	\$5.64	
Employee + Children	\$8.13	\$32.23	\$5.94	
Employee + Family	\$12.57	\$43.24	\$8.73	

Optional Employee Life Insurance

Age as of Jan. 1, 2019	Cost per \$1,000 of coverage	Age as of Jan. 1, 2019	Cost per \$1,000 of coverage
Under 30	\$0.012	55 – 59	\$0.11492
30 – 34	\$0.01567	60 – 64	\$0.13523
35 – 39	\$0.02123	65 – 69	\$0.19431
40 – 44	\$0.03184	70 – 74	\$0.40938
45 – 49	\$0.04708	75 & older	\$0.84
50 – 54	\$0.07477		

Optional Spouse Life Insurance

Coverage Amount	Bi-weekly Premium
\$10,000	\$0.91
\$20,000	\$1.81
\$50,000	\$4.52

Optional Child Life Insurance

Coverage Amount	Bi-weekly Premium
\$10,000	\$0.91
\$15,000	\$1.36

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Option	Cost per \$1,000 of Coverage
Employee	\$0.006
Spouse & Dependent Children*	\$0.00462

* Employee must be enrolled for spouse and children to have coverage.

Emergency Medical Transportation – AirMed

Option	Bi-weekly Premium
Dependent (child or spouse)*	\$0.25

* Cost is per dependent.

Accidental Injury Insurance

	Plan 1	Plan 2
Employee Only	\$1.87	\$3.86
Employee + Spouse	\$3.97	\$7.63
Employee + Children	\$4.04	\$7.76
Employee + Family	\$4.99	\$10.02

Critical Illness Insurance

Bi-weekly costs depend on your age, the coverage level you select and the benefit amount you select. See the Summary of Benefit Coverage on myHR.houstonmethodist.org to get details.

Hospital Care Indemnity Insurance

	Plan 1
Employee Only	\$9.13
Employee + Spouse	\$16.91
Employee + Children	\$14.94
Employee + Family	\$23.18

Legal Plan

All Coverage Levels	\$7.62 per paycheck
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