

Prior Plan Deductible Credit

If you are transferring from another medical plan, we may be able to credit the amount that was applied to that plan's deductible to the deductible on your new Memorial Hermann Health Plan (MHHP) coverage.

MHHP will credit the amount of deductible met with the prior plan, up to the new MHHP deductible amount, if the following two requirements are met:

- You were active with the employer's prior plan on the termination date of the plan, and;
- You become effective with MHHP on the same day as the employer plan.

A copy of the prior plan's explanation of benefits (EOB)/claim receipt or coverage report is required to request deductible credit. We must receive this form no later than 60 days after your group's effective date.

| | | | |
|--------------------------------|--------------|-------|-----|
| MHHP Member # | MHHP Group # | | |
| Subscriber name (please print) | | | |
| Subscriber address | City | State | Zip |
| Employer name | | | |
| Employer address | City | State | Zip |

Please list the dollar amount met by each member of your family covered by the health plan.

| Name (list the name of each covered family member) | Date of birth (mm/dd/yyyy) | Deductible amount met for this year |
|--|----------------------------|-------------------------------------|
| Subscriber | | \$ |
| Spouse | | \$ |
| Dependent | | \$ |
| Dependent | | \$ |
| Dependent | | \$ |
| Dependent | | \$ |
| Dependent | | \$ |
| Dependent | | \$ |

I certify that the information I have provided is true and accurate to the best of my knowledge.

| | |
|-------------|------|
| Signature X | Date |
|-------------|------|

To apply for deductible credit, fax this completed form and supporting documents to 713.338.4115. For questions, please call our customer service department at 888.594.0671

May not apply to all groups. Please check with your employer to find out if you are eligible for deductible credit.