

**Plan Year:
January 1 – December 31, 2025**

MEDICAL PLAN

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

Individual / Family	\$1,000 / \$2,000
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MAXIMUM OUT-OF-POCKET

Individual / Family	\$2,150 / \$4,300
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Maximum Out-of-Pocket Includes: Deductible, Coinsurance & Copayments (including prescription copays)

PREVENTIVE CARE

Annual Well Check, Immunizations, and Other Related Services	\$0
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FACILITY VISITS

Telemedicine – Teladoc	\$15 copay
Primary Care	\$15 copay
Specialist Visits	\$50 copay
Physical Therapy Visits	\$15 copay
Urgent Care	\$75 copay
Emergency Room	\$200 copay, waived if admitted
Inpatient Hospital	You pay \$0 after deductible
Outpatient Hospital	You pay \$0 after deductible
Imaging or Procedure through KISx Card	\$0

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services, CT/PET Scan, MRI	You pay \$0 after deductible
Laboratory Services	\$0 independent; \$50 facility based

PRESCRIPTIONS – deductible of \$250 individual / \$500 with dependents applies to Brand medications

Tier 1 – Generic	\$4 copay
Tier 2 – Preferred Brand	\$45 copay after deductible
Tier 3 – Non-Preferred Brand	\$70 copay after deductible
Mail Order	2x retail
Tier 4 – Specialty**	Covered at 100%/\$0 Copay

OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage

COST FOR MEDICAL & PRESCRIPTION COVERAGE	ONE TIME, ANNUAL CONTRIBUTION	BI-WEEKLY PAYROLL DEDUCTION
Employee Only	\$5.00	\$0.00
Employee + Spouse	\$5.00	\$197.00
Employee + Child(ren)	\$5.00	\$179.00
Employee + Family	\$5.00	\$311.00

**May require a small manufacturer's copay.