

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

| | |
|---------------------|-------------------|
| Individual / Family | \$1,000 / \$2,000 |
|---------------------|-------------------|

MAXIMUM OUT-OF-POCKET

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|---------------------|-------------------|
| Individual / Family | \$2,150 / \$4,300 |
|---------------------|-------------------|

Maximum Out-of-Pocket Includes: Deductible, Coinsurance & Copayments (including prescription copays)

PREVENTIVE CARE

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

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|-------------------------------------|---------------------------------|
| 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 Valenz | \$0 |

OUTPATIENT DIAGNOSTIC SERVICES

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|----------------------------------|--------------------------------------|
| 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

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|------------------------------|-----------------------------|
| 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 | BI-WEEKLY PAYROLL DEDUCTION |
|--|-----------------------------|
| Employee Only | \$1.00 |
| Employee + Spouse | \$224.00 |
| Employee + Child(ren) | \$204.00 |
| Employee + Family | \$354.00 |

**May require a small manufacturer's copay.