Plan Year: March 1, 2025 – February 28, 2026	**PLAN A**	**PLAN B**
IN-NETWORK – Meritain using the Aetna Network		
DEDUCTIBLE		
Individual / Family	$1,650 / $3,300*	$3,000 / $6,000*
**If enrolled as a family, no one family member may contribute more than the individual deductible / out-of-pocket maximum*		
MAXIMUM OUT-OF-POCKET		
Individual / Family	$5,000 / $10,000*	$6,000 / $12,000
Maximum Out-of-Pocket Includes: Deductible & Copayments (including prescription copays)		
PREVENTIVE CARE		
Annual Well Check, Immunizations, and Other Related Services	$0	
FACILITY VISITS		
Telemedicine through Teladoc	$0	
Primary Care	$20 copay	
Specialist Visits	$30 copay	
Inpatient Hospital	$150/day for max 3 days, then $0 after deductible	
Outpatient Surgery	$0 after deductible	
Emergency Room	$500 copay	
Urgent Care	$50 copay	
Imaging or Procedure through KISx Card	$0	
OUTPATIENT DIAGNOSTIC SERVICES (Freestanding)		
X-Ray Services	$0 after deductible	
CT/PET Scan, MRI	$0 after deductible	
PRESCRIPTIONS – SmithRx		
Tier 1 – Generic	$15 copay	
Tier 2 – Preferred Brand	$45 copay	
Tier 3 – Nonpreferred Brand	$70 copay	
Mail Order	2x retail	
Tier 4 – Specialty	$0	
OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage		

BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE*		
Employee Only	$215.00	$160.00
Employee + Spouse	$340.00	$250.00
Employee + Child(ren)	$290.00	$212.00
Employee + Family	$390.00	$300.00

*The standard rate will be reduced by your earned Healthy Lifestyle Credits