

**Plan Year: March 1, 2026 –  
February 28, 2027**

**PLAN A**

**PLAN B**

**IN-NETWORK – Meritain using the Aetna Network**

**DEDUCTIBLE**

Individual / Family	\$1,650 / \$3,300*	\$3,000 / \$6,000*
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*\*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
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Maximum Out-of-Pocket Includes: Deductible & Copayments (including prescription copays)

**PREVENTIVE CARE**

Annual Well Check, Immunizations, and Other Related Services	\$0
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**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 Valenz	\$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	\$240.80	\$179.20
Employee + Spouse	\$380.80	\$280.00
Employee + Child(ren)	\$324.80	\$237.44
Employee + Family	\$436.80	\$336.00

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