

MEDICAL & PRESCRIPTION INSURANCE

Plan Year: October 1, 2026 - September 30, 2027 | In-Network Benefits - Meritain, using the Aetna Network

	PLAN 1	PLAN 2	PLAN 3
DEDUCTIBLE (INDIVIDUAL / FAMILY)			
In-Network	\$1,500 / \$3,000	\$2,500 / \$5,000	\$5,000 / \$10,000
COINSURANCE			
In-Network	0%	0%	0%
OUT-OF-POCKET MAX (INDIVIDUAL / FAMILY)			
In-Network	\$7,900 / \$15,800	\$7,900 / \$15,800	\$6,750 / \$13,500
FACILITY VISITS			
Telemedicine - Teladoc	\$0	\$0	\$0 after deductible
Primary Care Physician	\$20 copay	\$30 copay	\$40 copay after deductible
Specialist	\$40 copay	\$60 copay	\$70 copay after deductible
Urgent Care	\$85 copay	\$100 copay	\$100 after deductible
Emergency Room	\$250 after deductible	\$300 after deductible	\$300 after deductible
Inpatient Hospital	\$0 after deductible	\$0 after deductible	\$250 after deductible
Outpatient Surgery	\$250 after deductible	\$300 after deductible	\$250 after deductible
OUTPATIENT DIAGNOSTIC SERVICES			
Outpatient Lab - Freestanding	\$40	\$60	\$70 after deductible
Outpatient Lab - Hospital	\$80	\$120	\$140 after deductible
Outpatient X-Ray	\$40 copay	\$60 copay	\$70 after deductible
MRI, CT, or PET Scan	\$80 copay	\$200 copay	\$300 after deductible
PRESCRIPTIONS - SMITHRX			
Retail (Tiers 1 / 2 / 3)	\$15 / \$35 / \$50	\$20 / \$40 / \$60	\$20 / \$40 / \$70 after deductible
Mail Order	2x Retail	2x Retail	2x Retail
OUT-OF-NETWORK (DEDUCTIBLE / COINSURANCE / OOP MAX)			
Individual / Family	\$5,000 / \$10,000 ded. 50% coins. \$10,000 / \$20,000 max	\$5,000 / \$10,000 ded. 50% coins. \$10,000 / \$20,000 max	\$6,000 / \$12,000 ded. 50% coins. \$12,000 / \$24,000 max

Meritain: 1-800-925-2272 | www.meritain.com • SmithRx: 1-844-454-5201 | www.smithrx.com

MEDICAL - PER PAYCHECK COST

COVERAGE TIER	PLAN 1	PLAN 2	PLAN 3
Employee Only	\$104.65	\$66.51	\$0.00
Employee + Spouse	\$504.65	\$416.88	\$258.14
Employee + Child(ren)	\$290.26	\$222.24	\$99.24
Employee + Family	\$766.63	\$654.72	\$452.31

Costs reflect per-paycheck amounts over 26 pay periods. Employees enrolled in Plan 3 pay \$0 per paycheck for Employee Only coverage.