

STANDARD PLAN

HDHP

IN-NETWORK - Meritain, using the Aetna network

DEDUCTIBLE

Individual / Family	\$500 employee / \$1,500 family	\$1,500 / \$3,000*
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**If enrolled as a family, the individual deductible does not apply, and one member can satisfy the full deductible*

MAXIMUM OUT-OF-POCKET

Individual / Family	\$6,350 / \$11,025	\$4,350 / \$6,525*
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PREVENTIVE CARE

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

Telemedicine - 98point6	\$0	\$0
Primary Care	\$25 copay	\$0 after deductible
Specialist	\$40 copay	\$0 after deductible
Urgent Care	\$40 copay	\$0 after deductible
Emergency Room	\$125 copay, waived if admitted	\$0 after deductible
Inpatient Hospital	20% after deductible	\$0 after deductible
Outpatient Surgery	20% after deductible	\$0 after deductible
Imaging or Procedure through KISx Card	\$0	\$0 after reimbursement

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services	20% after deductible	\$0 after deductible
CT/PET Scan, MRI	20% after deductible	\$0 after deductible

PRESCRIPTIONS - SmithRx

Tier 1 - Generic Preferred	15%	\$5 / \$10 copay after deductible
Tier 2 - Preferred Brand	20%	\$15 / \$30 copay after deductible
Tier 3 - Non-Preferred Brand	30%	\$30 / \$60 copay after deductible
Tier 4 - Specialty**	Covered at 100%/\$0 copay	Covered at 100% after deductible

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

BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE

Employee Only	\$55	\$20
Employee + Spouse	\$79	\$65
Employee + Child(ren)	\$115	\$75
Employee + Family	\$225	\$187

**May require a small manufacturer's copay.