

Plan Year: January 1 – December 31, 2026

MEDICAL PLAN

IN-NETWORK – Meritain, using the Aetna network	
DEDUCTIBLE	
Individual / Family	\$2,000 / \$4,000
MAXIMUM OUT-OF-POCKET	
Individual / Family	\$7,900 / \$15,800
REFERRAL REQUIRED	
	No
PREVENTIVE CARE	
Preventive Care – Annual Well Check, Immunizations, and Other Related Services	\$0
FACILITY VISITS	
Telemedicine – Teladoc	\$0 copay
Primary Care	\$30 copay
Specialist	\$60 copay
Urgent Care	\$100 copay
Emergency Room	\$300 copay after deductible
Inpatient Hospital	You pay \$0 after deductible
Outpatient Surgery	You pay \$300 after deductible
Imaging or Procedure through Valenz	\$0
OUTPATIENT DIAGNOSTIC SERVICES	
CT/PET Scan, MRI	\$200 copay
X-Ray Services, Lab	\$60 copay
PRESCRIPTIONS – SmithRx	
Tier 1 – Generic	\$15 copay
Tier 2 – Preferred Brand	\$35 copay
Tier 3 – Non-Preferred Brand	\$50 copay
Mail Order	2x retail
Tier 4 – Specialty*	\$0 copay
OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage	

WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE	
Employee Only	\$86.21
Employee + Spouse	\$156.10
Employee + Child(ren)	\$126.99
Employee + Family	\$191.06

*May require a small manufacturer's copay.