

## 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 &amp; 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.