

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 KISx Card	\$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	\$79.09
---------------	---------

Employee + Spouse	\$143.21
-------------------	----------

Employee + Child(ren)	\$116.50
-----------------------	----------

Employee + Family	\$175.28
-------------------	----------

*May require a small manufacturer's copay.