

Plan Year:
January 1 – December 31, 2026

HIGH DEDUCTIBLE WITH HEALTH SAVINGS ACCOUNT

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

Individual / Family	\$1,700 / \$3,400*
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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	\$6,450 / \$12,900
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Maximum Out-of-Pocket Includes: Deductible and Copays (including prescription copays)

PREVENTIVE CARE

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

Primary Care	100% covered after deductible
Specialist	100% covered after deductible
Urgent Care	100% covered after deductible
Emergency Room	100% covered after deductible
Inpatient Hospital	100% covered after deductible
Outpatient Surgery	100% covered after deductible

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services, CT/PET Scan, MRI	100% covered after deductible
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PRESCRIPTIONS – Meritain Pharmacy Solutions

Tier 1 – Generic	\$20 after deductible
Tier 2 – Preferred Brand	\$40 after deductible
Tier 3 – Non-Preferred Brand	\$60 after deductible
Mail Order	2x retail
Tier 4 – Specialty**	Covered at 100% after deductible

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

WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE

	NON-TOBACCO RATE	TOBACCO RATE
Employee Only	\$22.98	\$31.57
Employee + Spouse	\$127.36	\$135.95
Employee + Child(ren)	\$84.32	\$92.91
Employee + Family	\$147.27	\$155.86

**May require a small manufacturer's copay.