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*
**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*
Maximum Out-of-Pocket Includes: Deductible and Copays (including prescription copays)	
PREVENTIVE CARE	
Annual Well Check, Immunizations, and Other Related Services	$0
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
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.