

IN-NETWORK BENEFITS – Meritain

ANNUAL DEDUCTIBLE – Calendar Year

Individual / Family	\$2,500 / \$5,000* <i>Combined Rx and medical</i>	\$1,500 / \$3,000 <i>medical only</i>	\$500 / \$1,000 <i>medical only</i>
---------------------	--	--	--

*If enrolled as a family, the individual deductible does not apply, and one member can satisfy the full deductible

MAXIMUM OUT-OF-POCKET – Calendar Year

Individual / Family	\$6,000 / \$12,000 <i>Combined Rx and medical</i>	\$5,000 / \$10,000 <i>medical only</i>	\$3,000 / \$6,000 <i>medical only</i>
---------------------	--	---	--

PREVENTIVE CARE

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

VISITS

Primary Care	You pay 20% after deductible	\$10 copay	\$10 copay
Specialist	You pay 20% after deductible	\$40 copay	\$40 copay
Urgent Care	You pay 20% after deductible	\$40 copay	\$40 copay
Emergency Room	You pay 20% after deductible	\$100 copay then you pay 20%	\$100 copay then you pay 20%
Inpatient Hospital	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray and Lab Services	You pay 20% after deductible	You pay 20% after deductible <i>(For services provided at outpatient facility)</i>	You pay 20% after deductible <i>(For services provided at outpatient facility)</i>
CT/PET Scan, MRI	You pay 20% after deductible	You pay \$0 <i>(For services provided at physician's office or Lab Corp / Quest)</i>	You pay \$0 <i>(For services provided at physician's office or Lab Corp / Quest)</i>

PRESCRIPTIONS – SmithRx

Deductible (Individual / Family)	\$2,500 / \$5,000 <i>Combined Rx and medical</i>	\$50 per person <i>Rx only</i>	\$50 per person <i>Rx only</i>
Max. Out-of-Pocket (Ind. / Fam.)	\$6,000 / \$12,000 <i>Combined Rx and medical</i>	\$1,500 / \$3,000 <i>Rx only</i>	\$1,500 / \$3,000 <i>Rx only</i>
Tier 1 – Generic	\$20 copay after deductible	\$20 copay after Rx deductible	\$20 copay after Rx deductible
Tier 2 – Preferred Brand	\$40 copay after deductible	\$40 copay after Rx deductible	\$40 copay after Rx deductible
Tier 3 – Non-Preferred Brand	\$70 copay after deductible	\$70 copay after Rx deductible	\$70 copay after Rx deductible
Mail Order – 90-day supply		2x retail	

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

MEDICAL BI-WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$84.46	\$106.90	\$197.68
Maximum Wellness Discount	(\$35.00)	(\$35.00)	(\$35.00)
Net Payroll Deduction	\$49.46	\$71.90	\$162.68
Employee + Spouse	\$168.91	\$213.87	\$395.52
Maximum Wellness Discount	(\$35 Employee + \$15 Spouse)	(\$35 Employee + \$15 Spouse)	(\$35 Employee + \$15 Spouse)
Net Payroll Deduction	\$118.91	\$163.87	\$345.52
Employee + Child(ren)	\$143.80	\$182.06	\$336.71
Maximum Wellness Discount	(\$35.00)	(\$35.00)	(\$35.00)
Net Payroll Deduction	\$108.80	\$147.06	\$301.71
Employee + Family	\$277.15	\$350.86	\$648.91
Maximum Wellness Discount	(\$35 Employee + \$15 Spouse)	(\$35 Employee + \$15 Spouse)	(\$35 Employee + \$15 Spouse)
Net Payroll Deduction	\$227.15	\$300.86	\$598.91