Plan Year: September 1, 2025 – August 31, 2026	PLAN 1 HDHP 2750	PLAN 2 POS 3000	PLAN 3 POS 5000
IN-NETWORK – Meritain, using the Aetna network			
DEDUCTIBLE			
Individual / Family	$2,750 / $5,500*	$3,000 / $6,000**	$5,000 / $10,000**
MAXIMUM OUT-OF-POCKET			
Individual / Family	$3,450 / $6,900	$6,000 / $12,000	$7,500 / $15,000
PREVENTIVE CARE			
Preventive Care – Annual Well Check, Immunizations, and Other Related Services	$0	$0	$0
FACILITY VISITS			
Telemedicine – Teladoc	$20 copay after deductible	$20 copay	$20 copay
Primary Care	You pay $0 after deductible	$35 copay	$40 copay
Specialist	You pay $0 after deductible	$70 copay	$80 copay
Urgent Care	You pay $0 after deductible	$75 copay	$75 copay
Emergency Room	$500 copay after deductible	$500 copay	$500 copay
Inpatient Hospital	You pay $0 after deductible	You pay $0 after deductible	You pay 20% after deductible
Outpatient Surgery	You pay $0 after deductible	You pay $0 after deductible	You pay 20% after deductible
Imaging or Procedure through KISx Card	$0 after reimbursement	$0	$0
OUTPATIENT DIAGNOSTIC SERVICES			
X-Ray Services, CT/PET Scan, MRI	You pay $0 after deductible	You pay $0 after deductible	You pay 20% after deductible
PRESCRIPTIONS – CVS Caremark			
Tier 1 – Generic	$10 copay after deductible	$10 copay	$10 copay
Tier 2 – Preferred Brand	$50 copay after deductible	$45 copay	$50 copay
Tier 3 – Non-Preferred Brand	$80 copay after deductible	$75 copay	$80 copay
Tier 4 – Specialty***	Covered at 100% after deductible	Covered at 100%/$0 copay	Covered at 100%/$0 copay
Mail Order	2x retail after deductible	2x retail	2x retail
OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage			
WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE			
Employee Only	$0.00	$0.00	$0.00
Employee + Spouse	$405.72	$445.86	$304.50
Employee + Child(ren)	$343.30	$377.26	$257.66
Employee + Family	$717.86	$788.86	$538.78

*If enrolled as a family, the entire family deductible must be satisfied collectively by all family members before benefits will be paid at the coinsurance rate.

**If enrolled as a family, the entire family deductible must be satisfied by one individual or collectively before benefits will be paid at the coinsurance rate.

***Some specialty drugs may qualify for copay assistance through the CARE Program. If you do not use this program for eligible drugs, you will pay 100% of the cost.