

Plan Year: January 1 – December 31, 2026		QHDHP (HSA Plan)	PPO (Non-HSA Plan)	PPO Plus (Non-HSA Plan)
IN-NETWORK – Meritain, using the Aetna network				
DEDUCTIBLE				
Individual / Family	\$2,000 / \$4,000*	\$4,000 / \$8,000	\$0	
COINSURANCE				
	You pay 10%	You pay 10%	N/A	
MAXIMUM OUT-OF-POCKET**				
Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,000 / \$8,000	
PREVENTIVE CARE				
Annual Well Check, Immunizations, and Other Related Services	\$0	\$0	\$0	
FACILITY VISITS				
98point6	\$0	\$0	\$0	
Primary Care	10% after deductible	\$20 copay	\$30 copay	
Specialist Visits	10% after deductible	\$40 copay	\$50 copay	
Inpatient Hospital	10% after deductible	10% after deductible	\$250 copay	
• Maternity	10% after deductible	\$400 copay	\$250 copay	
Outpatient Surgery	10% after deductible	10% after deductible	\$125 copay	
Emergency Room	10% after deductible	10% after deductible	\$500 copay	
Urgent Care	10% after deductible	\$75 copay	\$50 copay	
Imaging or Procedure through Valenz	\$0 after deductible	\$0	\$0	
OUTPATIENT DIAGNOSTIC SERVICES				
X-Ray Services	10% after deductible	\$40 copay	\$50 copay	
CT/PET Scan, MRI	10% after deductible	10% after deductible	\$75 copay	
PRESCRIPTIONS – SmithRx				
Rx Deductible	N/A	N/A	\$250 / \$500	
Tier 1 – Generic	\$15 copay after deductible	\$20 copay after deductible	\$15 copay	
Tier 2 – Preferred Brand	\$35 copay after deductible	\$35 copay after deductible	\$35 copay	
Tier 3 – Nonpreferred Brand	\$50 copay after deductible	\$50 copay after deductible	\$50 copay	
Mail Order – 90-day supply	2x retail	2x retail	2x retail	
OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage				
WEEKLY COST FOR MEDICAL, VISION & PRESCRIPTION COVERAGE				
Employee Only	\$20.00	\$0.00	\$75.00	
Employee + Spouse	\$60.00	\$30.00	\$170.00	
Employee + Child(ren)	\$44.00	\$22.00	\$132.00	
Employee + Family	\$79.00	\$39.00	\$215.00	

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

\*\*Maximum Out-of-Pocket Includes: Deductible, Coinsurance & Copayments (including prescription copays)