

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
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COINSURANCE

	You pay 10%	You pay 10%	N/A
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MAXIMUM OUT-OF-POCKET**

Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,000 / \$8,000
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PREVENTIVE CARE

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