

Plan Year: July 1, 2024 – June 30, 2025

High Deductible Plan

Copay Plan

IN-NETWORK – Meritain

ANNUAL DEDUCTIBLE

Individual / Family	\$1,600 / \$3,200*	\$0
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**If enrolled as a family, one member can satisfy the full deductible / out-of-pocket max*

MAXIMUM OUT-OF-POCKET

Individual / Family	\$6,450 / \$12,900*	\$6,600 / \$13,200*
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PREVENTIVE CARE

Preventive Care – Annual Well Check, Immunizations, and Other Related Services		\$0
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FACILITY VISITS

Primary Care	\$0 after deductible	\$30 copay
Specialist	\$0 after deductible	\$50 copay
Telemedicine – Teladoc	\$0 after deductible	\$10 copay
Urgent Care	\$0 after deductible	\$87 copay
Emergency Room	\$0 after deductible	\$125 copay
Inpatient Hospital	\$0 after deductible	\$250/day
Outpatient Surgery	\$0 after deductible	\$200 copay

OUTPATIENT DIAGNOSTIC SERVICES

Lab / Pathology	\$0 after deductible	\$0
Routine Radiology / Diagnostic Test	\$0 after deductible	\$50 copay
CT/PET Scan, MRI	\$0 after deductible	\$75 copay

TAX SAVINGS ACCOUNT

HSA

FSA

Annual Maximum	\$4,150 individual / \$8,300 family	\$3,200 medical / \$5,000 dependent
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PRESCRIPTIONS – SmithRx

Tier 1 – Generic	\$20 after deductible	\$20 copay
Tier 2 – Preferred Brand	\$40 after deductible	\$40 copay
Tier 3 – Non-Preferred Brand	\$70 after deductible	\$70 copay
Tier 4 – Specialty**	\$125 after deductible	\$125 copay
Mail Order	2x retail after deductible	2x retail

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

BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE

Employee Only	\$40.00	\$60.00
Employee + Spouse	\$325.44	\$382.08
Employee + Child(ren)	\$237.12	\$281.28
Employee + Family	\$541.44	\$626.88

Successful completion of the Passport to Health Wellness Program allows you to save \$30 per pay on your medical and prescription coverage.