

**Plan Year:**  
**July 1, 2026 – June 30, 2027**

**High Deductible Plan**

**Copay Plan**

**IN-NETWORK – Meritain**

**ANNUAL DEDUCTIBLE**

Individual / Family	\$1,700 / \$3,400*	\$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**

2026 Annual Maximum	\$4,400 individual / \$8,750 family	\$3,400 medical / \$7,500 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**

Team Member Only	\$42.85	\$64.27
Team Member + Spouse	\$348.61	\$409.28
Team Member + Child(ren)	\$250.34	\$296.96
Team Member + Family	\$571.63	\$661.83

**Successful completion of the Wellness Program allows you to save \$20 per pay on your medical and prescription coverage.**