Plan year: January 1 – December 31, 2027 · You pay amounts shown

BENEFIT	OPTION 1 · PPO PLAN	OPTION 2 · HSA PLAN
IN-NETWORK – MERITAIN, USING THE AETNA NETWORK		
Deductible — individual / family	$1,500 / $3,750*	$3,500 / $6,000*
Maximum out-of-pocket — individual / family	$3,000 / $7,500	$6,000 / $12,000
Referrals needed	No	No
Coinsurance	You pay 20%	You pay 20%
Preventive care — annual well check, immunizations and related services	$0	$0
Telemedicine — Teladoc	$0	$0 after deductible
Primary care	$20 copay	20% after deductible
Specialist	$50 copay	20% after deductible
Urgent care	$75 copay	20% after deductible
Minute Clinic	$50 copay	20% after deductible
Emergency room	$500 copay	20% after deductible
Inpatient hospital	20% after deductible	20% after deductible
Outpatient surgery	20% after deductible	20% after deductible
Mental health office visit	$20 copay	20% after deductible
Chiropractic care — up to 20 visits	$50 copay	20% after deductible
Physical / occupational therapy	$60 copay	20% after deductible
Organ transplant	Covered 100% with participating provider	Covered 100% with participating provider
X-ray services	20% after deductible	20% after deductible
CT / PET scan, MRI	20% after deductible	20% after deductible
PRESCRIPTIONS – SMITHRX (RETAIL / MAIL ORDER)		
Tier 1 — generic	$5 / $15 copay	20% after deductible
Tier 2 — preferred brand	$90 / $225 copay	20% after deductible
Tier 3 — non-preferred brand	$180 / $450 copay	20% after deductible
Tier 4 — specialty	Up to $30 copay**	Up to $30 after deductible**

*If enrolled as a family, each family member is capped at the individual deductible, so no one person pays more than the individual deductible amount.
**May qualify for additional savings through the SmithRx Connect Program.
Out-of-network benefits: refer to the Summary of Benefits and Coverage (SBC) in Paycom.