Plan Year: October 1, 2025 – September 30, 2026	**HSA 4500**	**PPO 3000**
IN-NETWORK – Meritain, using the Aetna network		
DEDUCTIBLE		
Individual / Family	$4,500 / $9,000*	$3,000 / $6,000*
*If enrolled as a family, each covered member only needs to satisfy their individual deductible / out-of-pocket max		
MAXIMUM OUT-OF-POCKET		
Individual / Family	$6,650 / $13,300*	$7,900 / $15,800*
PREVENTIVE CARE		
Preventive Care – Annual Well Check, Immunizations, and Other Related Services	$0	
FACILITY VISITS		
Telemedicine – Teladoc	You pay $0 after deductible	$5
Rock Medical	$49 for first visit	$0
Primary Care	You pay $0 after deductible	$15 copay
Specialist	You pay $0 after deductible	$30 copay
Urgent Care	You pay $0 after deductible	$50 copay
Emergency Room	You pay $0 after deductible	$300 copay
Inpatient Hospital	You pay $0 after deductible	100% after deductible
Outpatient Surgery	You pay $0 after deductible	$500 after deductible
Imaging or Procedure through Valenz	You pay $0 after reimbursement	$0
OUTPATIENT DIAGNOSTIC SERVICES (Freestanding)		
X-Ray Services	You pay $0 after deductible	100% after deductible
CT/PET Scan, MRI	You pay $0 after deductible	100% after deductible
PRESCRIPTIONS		
Tier 1 – Generic	You pay $7 after deductible	$4 copay
Tier 2 – Preferred Brand	You pay $55 after deductible	$45 copay
Tier 3 – Nonpreferred Brand	You pay $80 after deductible	$70 copay
Specialty**	Covered at 100% after deductible	Covered at 100%/$0 copay
OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage at www.uzrcbenefits.org		

BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE		
Team Member Only	$0.00	$58.91
Team Member + Spouse	$135.94	$265.54
Team Member + Child(ren)	$88.26	$212.00
Team Member + Family	$214.80	$386.33

**May require a small manufacturer's copay.