Plan Year: October 1, 2026 – September 30, 2027 | In-Network Benefits – Meritain, using the Aetna network

	HSA 4500	PPO 3000
DEDUCTIBLE		
Individual / Family	$4,500 / $9,000*	$3,000 / $6,000*
MAXIMUM OUT-OF-POCKET		
Individual / Family	$6,650 / $13,300*	$7,900 / $15,800*
PREVENTIVE CARE		
Annual Well Check, Immunizations & Related Services	$0	$0
FACILITY VISITS		
Telemedicine – Teladoc	You pay $0 after deductible	You pay $25 after deductible
Rock Medical	$0	$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	You pay $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
BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE		
Team Member Only	$0.00	$61.85
Team Member + Spouse	$142.73	$278.81
Team Member + Child(ren)	$92.68	$222.60
Team Member + Family	$225.54	$405.65

*If enrolled as a family, each covered member only needs to satisfy their individual deductible / out-of-pocket max. **May require a small manufacturer's copay. Out-of-network: refer to the Summary of Benefits and Coverage at www.uzrcbenefits.org.

Meritain: 1-800-925-2272 | www.meritain.com | SmithRx: 1-844-454-5201 | www.smithrx.com