

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	\$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	\$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.