

## HSA 4500

## PPO 3000

### IN-NETWORK – Meritain, using the Aetna network

#### DEDUCTIBLE

Individual / Family	\$4,500 / \$9,000*	\$3,000 / \$6,000*
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\*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*
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#### PREVENTIVE CARE

Preventive Care – Annual Well Check, Immunizations, and Other Related Services	\$0
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#### 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 KISx Card	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 – Generic & Preferred (administered by PaydHealth)	You pay \$95 copay after deductible	\$95 copay
Specialty – Nonpreferred (administered by PaydHealth)	You pay 20% coinsurance up to \$350 max, after deductible	You pay 20% coinsurance up to \$350 max

### OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage at [www.uzrcbenefits.org](http://www.uzrcbenefits.org)

#### BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE

Team Member Only	\$0.00	\$57.47
Team Member + Spouse	\$132.62	\$259.06
Team Member + Child(ren)	\$86.11	\$206.83
Team Member + Family	\$209.56	\$376.91