

Medical plan

MEDICAL PLANMeritain using the Aetna network

TerrAscend offers three medical plans. SmithRx prescription coverage is included with medical enrollment. In-network member costs for January 1 - December 31, 2027 are shown below. Refer to the official plan documents for full coverage details.

| Covered service                                 | Plan A                                                                  | Plan B                          | Plan C <span>NEW</span> |
|-------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|-------------------------|
| PLAN BASICS                                     |                                                                         |                                 |                         |
| Deductible: individual / family                 | \$0                                                                     | \$2,000 / \$4,000*              | \$5,000 / \$10,000*     |
| Out-of-pocket maximum: individual / family      | \$7,350 / \$14,700                                                      | \$7,350 / \$14,700              | \$7,350 / \$14,700      |
| Preventive care                                 | \$0                                                                     | \$0                             | \$0                     |
| OFFICE & FACILITY VISITS                        |                                                                         |                                 |                         |
| Primary care office visit                       | \$15 copay                                                              | \$20 copay                      | \$20 copay              |
| Specialist office visit                         | \$30 copay                                                              | \$40 copay                      | \$40 copay              |
| Teladoc network providers                       | \$0                                                                     | \$0                             | \$0                     |
| Outpatient mental / behavioral / substance care | \$15 copay                                                              | \$20 copay                      | \$20 copay              |
| Urgent care                                     | \$100 copay                                                             | \$100 copay                     | \$100 copay             |
| Emergency room                                  | \$500 copay; waived if admitted                                         | \$500 copay; waived if admitted | 20% after deductible    |
| Inpatient hospital                              | \$400/day                                                               | 20% after deductible            | 20% after deductible    |
| Outpatient surgery                              | \$600 copay                                                             | 20% after deductible            | 20% after deductible    |
| OUTPATIENT DIAGNOSTIC SERVICES                  |                                                                         |                                 |                         |
| X-ray services                                  | \$60 copay                                                              | \$60 copay                      | \$60 copay              |
| CT / PET / MRI                                  | \$500 copay                                                             | \$500 copay                     | 20% after deductible    |
| Valenz contracted services                      | \$0                                                                     | \$0                             | \$0                     |
| PRESCRIPTION DRUGS • SMITHRX                    |                                                                         |                                 |                         |
| Generic                                         | \$15 retail (30-day)   \$30 mail order (90-day)                         |                                 |                         |
| Preferred brand                                 | \$35 retail (30-day)   \$70 mail order (90-day)                         |                                 |                         |
| Non-preferred brand                             | \$50 retail (30-day)   \$100 mail order (90-day)                        |                                 |                         |
| Select preventive drugs                         | \$0 under applicable plan terms                                         |                                 |                         |
| Specialty (30-day supply)                       | \$0, subject to specialty program rules; use specialty pharmacy network |                                 |                         |
| Mail order                                      | 90-day supply = 2× the 30-day retail copay (third month free)           |                                 |                         |

\*Plan B and Plan C have embedded individual deductibles: when enrolled with a family member, each person is capped at the individual deductible. Select preventive care medications are covered at 100%; select mental health generic medications may be \$0. Verify your medication with SmithRx. The formulary can change, and a listed drug is not a guarantee of coverage.

Mail order: Amazon or Cost Plus Drugs. Specialty: Costco or Senderra Rx. Ask SmithRx about the specialty assistance program before starting a specialty medication.

Meritain (using the Aetna network) | 1-800-925-2272 | [www.meritain.com](http://www.meritain.com). See the Summary of Benefits and Coverage for full terms and out-of-network benefits.

SmithRx | 1-844-454-5201 | [www.smithrx.com](http://www.smithrx.com) | Member portal: [portal.mysmithrx.com/login](http://portal.mysmithrx.com/login)