

**Plan Year: January 1, 2025 –
December 31, 2025**

PLAN A

PLAN B

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

| | | |
|---------------------|-----|--------------------|
| Individual / Family | \$0 | \$2,000 / \$4,000* |
|---------------------|-----|--------------------|

*if you are enrolled with a family member, each person is capped at the individual deductible

MAXIMUM OUT-OF-POCKET

| | | |
|---------------------|--------------------|--------------------|
| Individual / Family | \$7,350 / \$14,700 | \$7,350 / \$14,700 |
|---------------------|--------------------|--------------------|

PREVENTIVE CARE

| | |
|--|-----|
| Annual Well Check, Immunizations, and Other Related Services | \$0 |
|--|-----|

FACILITY VISITS

| | | |
|--|-------------|------------------------------|
| Primary Care | \$15 copay | \$20 copay |
| Specialist Visits | \$30 copay | \$40 copay |
| Telemedicine – Teladoc | \$0 | \$0 |
| Imaging or Procedure through KISx Card | \$0 | \$0 |
| Inpatient Hospital | \$400/day | You pay 20% after deductible |
| Outpatient Surgery | \$400 copay | You pay 20% after deductible |
| Emergency Room | \$300 copay | \$300 copay |
| Urgent Care | \$100 copay | \$100 copay |

OUTPATIENT DIAGNOSTIC SERVICES

| | | |
|------------------|-------------|-------------|
| X-Ray Services | \$60 copay | \$60 copay |
| CT/PET Scan, MRI | \$200 copay | \$200 copay |

PRESCRIPTIONS

| | |
|------------------------------|---------------------------|
| Tier 1 – Generic* | \$15 copay |
| Tier 2 – Preferred Brand | \$35 copay |
| Tier 3 – Non-Preferred Brand | \$50 copay |
| Tier 4 – Specialty** | Covered at 100%/\$0 copay |

OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage

Please login to Wurk for your plan rates.

*Select mental health generic medications are \$0.

**May require a small manufacturer's copay.