

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

Individual / Family	\$0
---------------------	-----

COINSURANCE

You pay 10%

MAXIMUM OUT-OF-POCKET

Individual / Family	\$8,550 / \$17,100
---------------------	--------------------

PREVENTIVE CARE

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

FACILITY VISITS

Imaging or Procedure through KISx Card	\$0
--	-----

Telemedicine - Teladoc	\$5 copay
------------------------	-----------

Primary Care	\$10 copay
--------------	------------

Specialist Visits	\$40 copay
-------------------	------------

Occupational, Physical and Speech Therapy	\$20 copay
---	------------

Urgent Care	\$40 copay
-------------	------------

Mental Health/Substance Abuse Outpatient Visit	\$10 copay
--	------------

Outpatient Surgery - Facility Charge	You pay 10% coinsurance up to \$500 max
--------------------------------------	---

Outpatient Surgery - Physician Charge	You pay 10% coinsurance
---------------------------------------	-------------------------

Emergency Room	You pay 10% coinsurance
----------------	-------------------------

Inpatient Hospital	You pay 10% coinsurance
--------------------	-------------------------

Maternity Delivery (Facility + Physician Fees)	\$500 copay
--	-------------

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services	You pay 10% coinsurance
----------------	-------------------------

CT/PET Scan, MRI	You pay 10% coinsurance
------------------	-------------------------

Laboratory Services	\$0
---------------------	-----

PRESCRIPTIONS – SmithRx

Tier 1 – Generic	\$10 copay
------------------	------------

Tier 2 – Preferred Brand	50% coinsurance up to \$200 per fill
--------------------------	--------------------------------------

Tier 3 – Non-Preferred Brand	50% coinsurance up to \$300 per fill
------------------------------	--------------------------------------

Mail Order	2x retail
------------	-----------

Tier 4 – Specialty*	Covered at 100%/\$0 Copay
---------------------	---------------------------

OUT-OF-NETWORK - Not applicable

WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE

NON-UNION EMPLOYEE RATE

UNION EMPLOYEE RATE

Employee Only	\$0.00	\$11.26
---------------	--------	---------

Employee + Spouse	\$0.00	\$11.26
-------------------	--------	---------

Employee + Child(ren)	\$0.00	\$11.26
-----------------------	--------	---------

Employee + Family	\$0.00	\$11.26
-------------------	--------	---------

*May require a small manufacturer's copay.