

**Plan Year: June 1, 2024 –
May 31, 2025**

Option 1

Option 2

Option 3

IN-NETWORK BENEFITS – Meritain

ANNUAL DEDUCTIBLE

Individual / Family	\$0	\$0	\$0
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*If enrolled as a family, the individual deductible does not apply, and one member can satisfy the full deductible

MAXIMUM OUT-OF-POCKET

Individual / Family	\$7,150 / \$14,300	\$7,150 / \$14,300	\$7,150 / \$14,300
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PREVENTIVE CARE

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

Primary Care	\$5 copay	\$10 copay	\$20 copay
Specialist	\$30 copay	\$40 copay	\$60 copay
Urgent Care	\$87 copay	\$87 copay	\$140 copay
Emergency Room	\$125 copay	\$125 copay	\$200 copay
Inpatient Hospital	\$100/day	\$150/day	\$500/day
Outpatient Surgery	\$50 copay	\$150 copay	\$500 copay
Telemedicine - Teladoc	\$0	\$0	\$0
Therapy	\$0	\$0	\$0

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray and Lab Services	\$30 copay	\$40 copay	\$60 copay
CT/PET Scan, MRI	\$60 copay	\$120 copay	\$200 copay

PRESCRIPTIONS – Magellan Rx

Tier 1 – Generic	\$10 copay	\$10 copay	\$10 copay
Tier 2 – Preferred Brand	\$20 copay	\$40 copay	\$40 copay
Tier 3 – Non-Preferred Brand	\$35 copay	\$70 copay	\$200 copay
Mail order	2x retail	2x retail	2x retail
Mental Health Medications*	\$0	\$0	\$0

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

MEDICAL BI-WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$74.49	\$51.59	\$22.60
Employee + Spouse	\$527.65	\$478.52	\$414.10
Employee + Child(ren)	\$349.35	\$310.64	\$260.26
Employee + Family	\$760.54	\$687.03	\$604.82

*Certain medications to manage mental health conditions are available at no cost. For a full list, visit www.plbenefits.org/medical.