

Plan Year: June 1, 2026 – May 31, 2027

Buy Up Plan

Base Plan

IN-NETWORK BENEFITS – Meritain		
ANNUAL DEDUCTIBLE		
Individual / Family	\$500 / \$1,000*	\$2,500 / \$5,000*
*If enrolled as a family, no one family member may contribute more than the individual deductible / out-of-pocket max		
MAXIMUM OUT-OF-POCKET		
Individual / Family	\$7,150 / \$14,300	\$7,150 / \$14,300
PREVENTIVE CARE		
Annual Well Check, Immunizations, and Other Related Services		\$0
VISITS		
Primary Care	\$10 copay	\$10 copay
Specialist	\$40 copay	\$40 copay
Urgent Care	\$87 copay	\$75 copay
Emergency Room	\$0 after deductible is met	\$0 after deductible is met
Inpatient Hospital	\$0 after deductible is met	\$0 after deductible is met
Outpatient Surgery	\$0 after deductible is met	\$0 after deductible is met
Telemedicine - Teladoc	\$0	\$0
Outpatient Mental Health Therapy	\$0	\$0
OUTPATIENT DIAGNOSTIC SERVICES		
X-Ray and Lab Services	\$40 copay	\$60 copay
CT/PET Scan, MRI	\$0 after deductible is met	\$0 after deductible is met
PRESCRIPTIONS – SmithRx		
Tier 1 – Generic	\$10 copay	\$10 copay
Tier 2 – Preferred Brand	\$40 copay	\$40 copay
Tier 3 – Non-Preferred Brand	\$70 copay	\$200 copay
Mail order	2x retail	2x retail
Mental Health Medications*	\$0	\$0
OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage		
MEDICAL BI-WEEKLY PAYROLL DEDUCTIONS		
Employee Only	\$61.91	\$0.00
Employee + Spouse	\$574.22	\$394.23
Employee + Child(ren)	\$372.77	\$247.77
Employee + Family	\$824.44	\$575.79

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