

Plan Year: June 1, 2025 – May 31, 2026**Buy Up Plan****Base Plan****IN-NETWORK BENEFITS – Meritain****ANNUAL DEDUCTIBLE**

Individual / Family

\$0

\$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

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PREVENTIVE CAREAnnual 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

\$125 copay

\$0 after deductible is met

Inpatient Hospital

\$150/day

\$0 after deductible is met

Outpatient Surgery

\$150 copay

\$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

\$120 copay

\$0 after deductible is met

PRESCRIPTIONS – Prime Therapeutics

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

\$51.59

\$0.00

Employee + Spouse

\$478.52

\$351.99

Employee + Child(ren)

\$310.64

\$221.22

Employee + Family

\$687.03

\$514.10

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