

**Plan Year: January 1 – December 31, 2026**

**STANDARD PLAN**

**HDHP**

**IN-NETWORK** – Meritain, using the Aetna network

**DEDUCTIBLE**

Individual / Family	\$500 employee / \$1,000 employee + 1 / \$1,500 family	\$1,700 / \$3,400*
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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	\$6,350 / \$11,025	\$4,350 / \$6,525*
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**PREVENTIVE CARE**

Preventive Care – Annual Well Check, Immunizations, and Other Related Services	\$0
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**FACILITY VISITS**

Direct Primary Care (Alere Family Health in Lancaster & Command Health in Branson)	\$0	\$0
Primary Care	\$25 copay	\$0 after deductible
Specialist	\$40 copay	\$0 after deductible
Urgent Care	\$40 copay	\$0 after deductible
Emergency Room	\$125 copay, waived if admitted	\$0 after deductible
Inpatient Hospital	20% after deductible	\$0 after deductible
Outpatient Surgery	20% after deductible	\$0 after deductible
Imaging or Procedure through Valenz	\$0	\$0 after reimbursement

**OUTPATIENT DIAGNOSTIC SERVICES**

X-Ray Services	20% after deductible	\$0 after deductible
CT/PET Scan, MRI	20% after deductible	\$0 after deductible

**PRESCRIPTIONS – SmithRx**

Maximum Out-of-Pocket	\$1,000 per person with a family max of \$3,000	Combined with medical
Tier 1 – Generic Preferred	15%	\$5 / \$10 copay after deductible
Tier 2 – Preferred Brand	20%	\$15 / \$30 copay after deductible
Tier 3 – Non-Preferred Brand	30%	\$30 / \$60 copay after deductible
Tier 4 – Specialty**	Covered at 100%/\$0 copay	Covered at 100% after deductible

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

**PER PAY COST FOR MEDICAL & PRESCRIPTION COVERAGE – 24 PAYS**

Employee Only	\$138.00	\$110.00
Employee + Spouse	\$237.00	\$187.00
Employee + Child(ren)	\$237.00	\$187.00
Employee + Family	\$292.00	\$225.00

*\*\*May require a small manufacturer's copay.*