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*
**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*
PREVENTIVE CARE		
Preventive Care – Annual Well Check, Immunizations, and Other Related Services	$0	
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 KISx Card	$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.