

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

Individual / Family	\$2,250 / \$4,500*	\$0
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*If you're enrolled with a family member, one individual can satisfy the family deductible.

MAXIMUM OUT-OF-POCKET

Individual / Family	\$5,600 / \$11,200	\$5,000 / \$10,000
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Maximum Out-of-Pocket Includes: Deductible & Copayments (including prescription copays)

PREVENTATIVE CARE

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

Telemedicine – ReviveHealth	\$0	\$0
Imaging or Procedure through Valenz	\$0 after reimbursement	\$0
Primary Care	\$0 after deductible	\$30 copay
Specialist Visits	\$0 after deductible	\$50 copay
Inpatient Hospital	\$0 after deductible	\$400/day
Outpatient Surgery	\$500 after deductible	\$300 copay
Emergency Room	\$500 after deductible	\$400 copay
Urgent Care	\$0 after deductible	\$87 copay

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services	\$0 after deductible	\$50 copay
CT/PET Scan, MRI	\$0 after deductible	\$100 copay

PRESCRIPTIONS

Tier 1 – Generic	\$20 copay after deductible	\$30 copay
Tier 2 – Preferred Brand	\$40 copay after deductible	\$50 copay
Tier 3 – Non-Preferred Brand	\$60 copay after deductible	\$60 copay
Mail Order	100% after deductible	2x retail after deductible
Tier 4 – Specialty**	Covered at 100% after deductible	Covered at 100%/\$0 copay

OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage at www.benefitsatoliver.com/legal

BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE

Employee Only	\$0	\$188.71
Employee + Spouse	\$0	\$435.76
Employee + Child(ren)	\$0	\$325.78
Employee + Family	\$0	\$554.92

**May require a small manufacturer's copay.