Medical Benefits:

Meritain - Aetna Choice POS II Network

	MED 1 EPO HSA PLAN	MED 2 EPO PLAN	MED 3 PPO PLAN	
BENEFIT	**IN-NETWORK ONLY**	**IN-NETWORK ONLY**	**IN-NETWORK**	**OUT-OF-NETWORK**
Deductible Individual/Family	$2,000/$4,000*	$1,500/$3,000	$500/$1,000	$1,500/$3,000
Out-of-Pocket Maximum Individual/Family	$4,000/$6,750**	$4,000/$8,000	$3,000/$6,000	$6,000/$12,000
Preventive Care Services	Plan pays 100% no deductible	Plan pays 100% no deductible	Plan pays 100% no deductible	Plan pays 60% after deductible
Primary Care Physician (PCP) Required?	No	No	No	
PCP Office Visit	Plan pays 90% after deductible	$20 copay	$20 copay	Plan pays 60% after deductible
Specialist Office Visit	Plan pays 90% after deductible	$40 copay	$40 copay	Plan pays 60% after deductible
Diagnostic Laboratory Office Based Hospital Based	Plan pays 100% after deductible Plan pays 70% after deductible	$20 (PCP) / $40 (Specialist) - no deductible Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 60% after deductible
Diagnostic X-Ray/Imaging (MRI, CT-Scan) Freestanding Hospital Based	Plan pays 100% after deductible Plan pays 70% after deductible	$20 (PCP) / $40 (Specialist) - no deductible Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 60% after deductible
Emergency Room	Plan pays 70% after deductible	$100 copay; Plan pays 70% after deductible	Plan pays 100% after deductible	
Inpatient Hospital	Plan pays 70% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 60% after deductible
Urgent Care Center	Plan pays 90% after deductible	$40 copay	$40 copay	Plan pays 60% after deductible
Outpatient Surgery Ambulatory Surgical Center Hospital Setting	Plan pays 70% after deductible Plan pays 70% after deductible	Plan pays 70% after deductible $100 copay; Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 60% after deductible
Teladoc	$54 copay per consult	$0 copay	$0 copay	
Vision Care Maximum Benefit Per Year (exam, refractions, lenses, frames, contacts)	$100	$100	$100	$100

* The entire family deductible must be satisfied if you cover any dependent child(ren) or spouse before the plan begins to pay.

** The entire family out-of-pocket maximum must be met (by any combination of one or more family members) before the plan will pay 100% for covered services.

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