# Medical Coverage

## Meritain – Aetna Choice POS II Network

| | MED 1 EPO HSA<br>In-Network Only | MED 2 EPO<br>In-Network Only | MED 3 PPO<br>In-Network | MED 3 PPO<br>Out-of-Network |
|---|---|---|---|---|
| **Deductible**<br>Individual/Family | $2,000/$4,000* | $1,500/$3,000 | $500/$1,000 | $1,500/$3,000 |
| **Out-of-Pocket Maximum**<br>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 |
| **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 (Lax/X-Ray)**<br>Office Based<br>Hospital Based | <br>Plan pays 90% after deductible<br>Plan pays 70% after deductible | <br>$20 (PCP) / $40 (Specialist)<br>Plan pays 70% after deductible | <br>Plan pays 100% after deductible<br>Plan pays 100% after deductible | <br>Plan pays 60% after deductible<br>Plan pays 60% after deductible |
| **Advanced Imaging (MRI, CT-Scan)**<br>Freestanding<br>Hospital Based | <br>Plan pays 100% after deductible<br>Plan pays 70% after deductible | <br>$20 (PCP) / $40 (Specialist)<br>Plan pays 70% after deductible | <br>Plan pays 100% after deductible<br>Plan pays 100% after deductible | <br>Plan pays 60% after deductible<br>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**<br>Ambulatory Surgical Center<br>Hospital Setting | <br>Plan pays 70% after deductible<br>Plan pays 70% after deductible | <br>Plan pays 70% after deductible<br>$100 copay; Plan pays 70% after deductible | <br>Plan pays 100% after deductible<br>Plan pays 100% after deductible | <br>Plan pays 60% after deductible<br>Plan pays 60% after deductible |
| **Teladoc** | $56 copay per consult | $0 copay | $0 copay | |
| **Vision Care**<br>Maximum Benefit Per Year<br>(exam, lenses, frames, contacts) | $100 | $100 | $100 | $100 |

*True Family Deductible: If you are covering any dependents under the plan, the entire family deductible must be met before the plan begins to pay toward the cost of covered services
**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

# Prescription Drug Coverage

## Express Scripts (ESI)

| | Med 1: EPO HSA | Med 2: EPO | Med 3: PPO |
|---|---|---|---|
| **Retail (up to a 30-day supply)** | | | |
| Generic | Plan pays 70% after deductible | $15 copay | |
| Preferred Brand | Plan pays 70% after deductible | $35 copay | |
| Non-Preferred Brand | Plan pays 70% after deductible | $70 copay | |
| Specialty | Plan pays 70% after deductible | Plan pays 80% - no deductible | |
| **Mail Order (up to a 90-day supply)** | | | |
| Generic | Plan pays 70% after deductible | $30 copay | |
| Preferred Brand | Plan pays 70% after deductible | $70 copay | |
| Non-Preferred Brand | Plan pays 70% after deductible | $140 copay | |

- **REMINDER:** Prescription drug costs accumulate toward your medical plan out-of-pocket maximum in all three plans, and toward your deductible in the Med 1 EPO HSA plan.
- Visit www.express-scripts.com
  - Manage your prescriptions
  - Order a refill
  - View claim status
  - Speak with a pharmacist