

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

**DEDUCTIBLE**

Individual / Family	\$0 / \$0	\$3,000 / \$6,000
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*If enrolled as a family, the entire family deductible must be satisfied by one individual or collectively before benefits will be paid at the coinsurance rate*

**REFERRALS NEEDED**

No

**MAXIMUM OUT-OF-POCKET**

Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000
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**PREVENTIVE CARE**

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

Telemedicine – 98point6	\$0	\$8 copay
Primary Care	\$10 copay	100% after deductible
Specialist	\$20 copay	100% after deductible
Urgent Care	\$100 copay	100% after deductible
Emergency Room	\$250 copay	100% after deductible
Inpatient Hospital	\$250/day copay (max 5 days)	100% after deductible
Outpatient Surgery	\$250 copay	100% after deductible
Imaging or Procedure through KISx Card	\$0	\$0

**OUTPATIENT DIAGNOSTIC SERVICES**

X-Ray Services	\$50 copay	100% after deductible
CT/PET Scan, MRI	\$250 copay	100% after deductible

**PRESCRIPTIONS – SmithRx**

Tier 1 – Generic	\$10 copay	100% after deductible
Tier 2 – Preferred Brand	\$20 copay	100% after deductible
Tier 3 – Non-Preferred Brand	\$50 copay	100% after deductible
Mail Order	2x retail after deductible	100% after deductible
Tier 4 – Specialty	Up to \$30 copay*	Up to \$30 copay after deductible*

**OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage (SBC) in Paycom**

**SEMI-MONTHLY COST FOR MEDICAL & PRESCRIPTION COVERAGE**

Associate Only	\$59.67	\$75.69
Associate + Spouse	\$137.15	\$173.93
Associate + Child(ren)	\$110.57	\$140.23
Associate + Family	\$181.70	\$230.44

\*May qualify for additional savings through the SmithRx Connect Program.