Plan year: January 1 - December 31, 2027
In-network benefits · Meritain, using the Aetna network

BENEFIT	BASE POS / PPO	HSA 3000
Deductible — individual / family	$0 / $0	$3,000 / $6,000
Maximum out-of-pocket — individual / family	$1,500 / $3,000	$3,000 / $6,000
Referrals needed	No	No
Preventive care / annual well check	$0	$0
Telemedicine (Transcarent)	$0	$0
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
Valenz imaging or procedure	$0	$0; see reimbursement on page 7
X-ray services	$50 copay	100% after deductible
CT / PET scan / MRI	$250 copay	100% after deductible
Tier 1 — generic Rx	$10 copay	100% after deductible
Tier 2 — preferred brand Rx	$20 copay	100% after deductible
Tier 3 — non-preferred brand Rx	$50 copay	100% after deductible
Mail order Rx	2× retail after deductible	100% after deductible
Tier 4 — specialty Rx	Up to $30 copay*	Up to $30 copay after deductible*

Family deductible: Under HSA 3000, the entire family deductible must be met by one individual or collectively before benefits are paid at the coinsurance rate.

*Specialty prescriptions may qualify for additional savings through the SmithRx Connect Program. Out-of-network details: see the SBC in Paycom.