Plan Year: January 1 – December 31, 2026	Platinum Plan	Gold Plan	Silver Plan
IN-NETWORK – Meritain, using the Aetna network			
DEDUCTIBLE			
Individual / Family	$1,000 / $2,000	$4,000 / $8,000	$6,000 / $12,000
COINSURANCE			
Percentage you pay after your deductible is met	20%	0%	0%
Out-of-pocket limit (Ind. / Fam.)	$3,000 / $6,000	N/A	N/A
MAXIMUM OUT-OF-POCKET After you meet your out-of-pocket maximum, your insurance will pay 100% of covered healthcare costs for the rest of the plan year.			
Individual / Family	$6,600 / $13,200	$8,550 / $17,100	$9,100 / $18,200
PREVENTIVE CARE			
Preventive Care – Annual Well Check, Immunizations, screening mammograms, and other related services		$0	
FACILITY VISITS			
Teladoc	$20 copay	$20 copay	$20 copay
Primary Care	$20 copay	$20 copay	$20 copay
Specialist	$40 copay	$40 copay	$40 copay
Urgent Care	$40 copay	$40 copay	$40 copay
Emergency Room	$125 copay	$125 copay	$125 copay
Inpatient or Outpatient Hospital	20% after deductible	$0 after deductible	$0 after deductible
OUTPATIENT DIAGNOSTIC SERVICES			
X-Ray Services	20% after deductible	$0 after deductible	$0 after deductible
CT/PET Scan, MRI	20% after deductible	$0 after deductible	$0 after deductible
PRESCRIPTIONS – SmithRx			
Tier 1 – Generic	Up to $15 copay	Up to $15 copay	Up to $15 copay
Tier 2 – Preferred Brand	$40 copay	$40 copay	$40 copay
Tier 3 – Non-Preferred Brand	$70 copay	$70 copay	$70 copay
Mail Order	2.5x retail	2.5x retail	2.5x retail
Tier 4 – Specialty	0*	0*	0*
OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage (SBC) in Paycom			

WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE			
Employee Only	$74.00	$55.00	$43.33
Employee + Spouse	$198.00	$178.00	$170.00
Employee + Child	$151.00	$139.00	$132.00
Employee + Child(ren)	$222.00	$201.00	$194.00
Employee + Family	$250.00	$230.00	$222.00

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