

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

Individual / Family

\$1,650 / \$3,300*

**If enrolled as a family, the individual deductible does not apply,
and one member can satisfy the full deductible*

MAXIMUM OUT-OF-POCKET

Individual / Family

\$6,650 / \$13,300*

Maximum Out-of-Pocket Includes: Deductible and Copays (including prescription copays)

PREVENTIVE CARE

Annual Well Check, Immunizations,
and Other Related Services

\$0

FACILITY VISITS

Primary Care

\$40 copay after deductible

Specialist

\$70 copay after deductible

Urgent Care

\$100 copay after deductible

Emergency Room

\$300 copay after deductible

Inpatient Hospital

100% covered after deductible

Outpatient Surgery

100% covered after deductible

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services, CT/PET Scan, MRI

\$300 copay after deductible

PRESCRIPTIONS – SmithRx

Tier 1 – Generic

\$20 copay after deductible

Tier 2 – Preferred Brand

\$40 copay after deductible

Tier 3 – Non-Preferred Brand

\$70 copay after deductible

Mail Order (31-90-day supply)

2x retail

Tier 4 – Specialty**

Covered at 100% after deductible

OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage found at
www.bracbenefits.com/legal

WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE

Employee Only

\$16.00

Employee + Spouse

\$65.00

Employee + Child(ren)

\$45.00

Employee + Family

\$80.00

**May require a small manufacturer's copay.