

Plan Year:
January 1 – December 31, 2026

MEDICAL PLAN

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

Individual / Family	\$2,500 / \$5,000*
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**If enrolled as a family, no one family member may contribute more than the individual deductible/out-of-pocket maximum*

MAXIMUM OUT-OF-POCKET

Individual / Family	\$6,650 / \$13,300*
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Maximum Out-of-Pocket Includes: Deductible and Copays (including prescription copays)

PREVENTIVE CARE

Annual Well Check, Immunizations, and Other Related Services	\$0
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FACILITY VISITS

Primary Care	\$30 copay
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Specialist	\$60 copay
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Urgent Care	\$100 copay
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Teladoc	\$0
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Emergency Room	\$0 after deductible
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Inpatient Hospital	\$0 after deductible
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Outpatient Surgery	\$0 after deductible
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Imaging or Procedure through KISx Card	\$0 copay
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OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services	\$60 copay
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CT/PET Scan, MRI	\$0 after deductible
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PRESCRIPTIONS – SmithRx

Tier 1 – Generic	\$20 copay
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Tier 2 – Preferred Brand	\$50 copay
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Tier 3 – Non-Preferred Brand	\$100 copay
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Mail Order (31-90-day supply)	2x retail
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Tier 4 – Specialty**	\$0 copay
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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
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Employee + Spouse	\$65.00
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Employee + Child(ren)	\$45.00
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Employee + Family	\$80.00
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**May require a small manufacturer's copay.