

Plan Year:
January 1 – December 31, 2026

MEDICAL PLAN

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

Individual / Family \$2,500 / \$5,000*

**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*

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 \$30 copay

Specialist \$60 copay

Urgent Care \$100 copay

Teladoc \$30 copay

Emergency Room \$0 after deductible

Inpatient Hospital \$0 after deductible

Outpatient Surgery \$0 after deductible

Imaging or Procedure through KISx Card \$0 copay

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services \$60 copay

CT/PET Scan, MRI \$0 after deductible

PRESCRIPTIONS – SmithRx

Tier 1 – Generic \$20 copay

Tier 2 – Preferred Brand \$50 copay

Tier 3 – Non-Preferred Brand \$100 copay

Mail Order (31-90-day supply) 2x retail

Tier 4 – Specialty** \$0 copay

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.