

**Plan Year: January 1 –  
December 31, 2025**

**OPTION 1  
PPO PLAN**

**OPTION 2  
HSA PLAN**

**IN-NETWORK – Meritain, using the Aetna network**

**DEDUCTIBLE**

Individual / Family	\$1,500 / \$3,750*	\$3,300 / \$6,000*
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*\*If enrolled as a family, each family member is capped at the individual deductible, meaning no one person will pay more than the individual deductible amount*

**REFERRALS NEEDED**

No

**COINSURANCE**

You pay 20%

**MAXIMUM OUT-OF-POCKET**

Individual / Family	\$3,000 / \$7,500	\$6,000 / \$12,000
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**PREVENTIVE CARE**

Preventive Care – Annual Well Check, Immunizations, and Other Related Services	\$0
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**FACILITY VISITS**

Telemedicine – Teladoc	\$0	\$0 after deductible
Primary Care	\$20 copay	You pay 20% after deductible
Specialist	\$50 copay	You pay 20% after deductible
Urgent Care	\$75 copay	You pay 20% after deductible
Emergency Room	\$500 copay	You pay 20% after deductible
Inpatient Hospital	You pay 20% after deductible	You pay 20% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 20% after deductible

**OUTPATIENT DIAGNOSTIC SERVICES**

X-Ray Services	You pay 20% after deductible	You pay 20% after deductible
CT/PET Scan, MRI	You pay 20% after deductible	You pay 20% after deductible

**PRESCRIPTIONS – TrueScripts**

	Retail	Mail Order	Retail	Mail Order
Tier 1 – Generic	\$5 copay	\$15 copay	You pay 100% until deductible is met	You pay 20% after deductible
Tier 2 – Preferred Brand	\$90 copay	\$225 copay	You pay 100% until deductible is met	You pay 20% after deductible
Tier 3 – Non-Preferred Brand	\$180 copay	\$450 copay	You pay 100% until deductible is met	You pay 20% after deductible

**OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage at [www.lochbenefits.com/legal](http://www.lochbenefits.com/legal)**

**BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE (26 DEDUCTIONS PER YEAR)\***

	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$78.00	\$86.67	\$39.66	\$44.06
Employee + Spouse	\$180.56	\$200.62	\$107.09	\$118.99
Employee + Child(ren)	\$142.61	\$158.46	\$79.34	\$88.15
Employee + Family	\$250.72	\$278.58	\$148.78	\$165.31

\*Surcharge for tobacco use: \$20.00 per pay