



Meritain Health (Aetna Network) Plan Comparison Chart

	In-Network	Out-of-Network (Subject to Usual & Customary Charges)	In-Network	Out-of-Network (Subject to Usual & Customary Charges)
	Meritain Copay Plan		Meritain CDHP Plan	
Calendar Year Deductible				
Individual	\$500	\$800	\$1,500	\$2,500
Family	\$1,200	\$2,000	\$3,000	\$5,000
Coinsurance				
% Shared by Meritain and You	90% (Meritain) / 10% (You)	70% (Meritain) / 30% (You)	90% (Meritain) / 10% (You)	70% (Meritain) / 30% (You)
Annual Out-of-Pocket Maximum				
Individual	\$3,000	\$5,000	\$3,500	\$6,000
Family	\$6,000	\$10,000	\$7,000	\$12,000
Preventive Care				
Routine preventive physical exams, including related preventative screenings and immunizations covered in full when in network		30% coinsurance after deductible	\$0	30% coinsurance after deductible
Office Visits and Outpatient Services				
Primary Care Provider (PCP)	\$20 copay	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Specialist	\$35 copay	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Urgent Care	\$35 copay	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Hospital Services				
Emergency Room (waived if admitted)	\$250 copay, then 10% coinsurance after deductible*		10% coinsurance after deductible*	
Ambulance Services	10% coinsurance after deductible*		10% coinsurance after deductible*	
Physician Services	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Hospital Outpatient	\$150 copay, then 10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Hospital Inpatient	\$250 copay, then 10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Laboratory and X-Ray Services				
Physician's Office	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Mental Health & Substance Abuse/Chemical Dependency				
Inpatient	No Charge	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient — Physician's office visit	\$20 copay**		10% coinsurance after deductible**	
Outpatient — Facility	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Maternity Services				
Office Visits	\$20 copay 1st visit, then \$0 after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Childbirth/delivery professional services	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Childbirth/delivery facility services	\$250 copay, then 10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Additional Services				
Home Health Care	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Rehabilitation Services	\$35 copay	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Habilitation Services	\$35 copay	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Skilled Nursing Care	\$250 copay, then 10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Durable Medical Equipment	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Hospice Services	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Prescription Retail (30-day supply) Provided by CVS				
Generic	\$10	Not Covered	10% coinsurance after deductible (max of \$150)	Not Covered
Preferred Brand	\$25	Not Covered	10% coinsurance after deductible (max of \$150)	Not Covered
Non-Preferred Brand	\$40	Not Covered	10% coinsurance after deductible (max of \$150)	Not Covered
Preferred Formulary Specialty	\$25	Not Covered	10% coinsurance after deductible (max of \$150)	Not Covered
Non-Preferred Formulary Specialty	\$40	Not Covered	10% coinsurance after deductible (max of \$150)	Not Covered
Prescription Mail Order (90-day supply) Provided by CVS				
Generic	\$20	Not Covered	10% coinsurance after deductible (max of \$450)	Not Covered
Preferred Brand	\$50	Not Covered	10% coinsurance after deductible (max of \$450)	Not Covered
Non-Preferred Brand	\$80	Not Covered	10% coinsurance after deductible (max of \$450)	Not Covered
Preferred Formulary Specialty	Not Covered through Mail Order	Not Covered	Not Covered through Mail Order	Not Covered
Non-Preferred Formulary Specialty	Not Covered through Mail Order	Not Covered	Not Covered through Mail Order	Not Covered
*Paid at the Participating Provider level of benefits				
**Services received from Non-Participating Providers for treatment of Mental Disorders and/or Substance Use Disorders will not be subject to Usual and Customary Charges, the Plan will pay the billed charges subject to the applicable benefit listed above.				
Excluded Services				
Cosmetic Surgery	Glasses (Adult & Child)	Non-emergency care outside the U.S.	Routine eye care (Adult & Child)	Weight Loss Programs
Dental Care (Adult & Child)	Long-term care	Private-duty nursing (inpatient)	Routine foot care (except for metabolic or peripheral vascular disease)	
Other Covered Services				
Accupuncture (24 visits per year)	Chiropractic Care (24 visits per year)	Inferility (through Progyny only)		
Bariatric Surgery	Hearing Aids (1 per hearing impaired ear 24 months)	Private-duty nursing (outpatient)		