Plan Year: November 1, 2026 – October 31, 2027 | In-Network Benefits – Allied, using the Aetna Network

	PLAN 1 - PPO	PLAN 2 - QHDHP
DEDUCTIBLE		
Individual / Family	$2,000 / $4,000	$3,500 / $7,000*
MAXIMUM OUT-OF-POCKET		
Individual / Family	$4,000 / $8,000	$3,500 / $7,000
PREVENTIVE CARE		
Annual Well Check, Immunizations & Related Services	$0	$0
FACILITY VISITS		
Telemedicine – Recuro Health	$0	$0
Primary Care	$10 copay	$0 after deductible
Specialist	$40 copay	$0 after deductible
Urgent Care	$40 copay	$0 after deductible
Emergency Room	$300 copay	$0 after deductible
Inpatient Hospital	20% coins. after deductible	$0 after deductible
Outpatient Surgery	20% coins. after deductible	$0 after deductible
Physical Therapy / Chiropractic	$40 copay	$0 after deductible
OUTPATIENT DIAGNOSTIC SERVICES		
X-Ray, CT / PET Scan, MRI	20% coins. after deductible	$0 after deductible
PRESCRIPTIONS – SMITHRX		
Tier 1 – Generic	$10 copay	$0 after deductible
Tier 2 – Preferred Brand	$55 copay	$0 after deductible
Tier 3 – Non-Preferred Brand	$90 copay	$0 after deductible
Mail Order	2x retail after deductible	$0 after deductible
Tier 4 – Specialty	$125 copay	$0 after deductible
OUT-OF-NETWORK		
	Refer to Summary of Benefits and Coverage	Refer to Summary of Benefits and Coverage

*If enrolled as a family, the entire family deductible must be satisfied by one individual or collectively before benefits will be paid at the coinsurance rate.

Allied: 1-800-288-2078 | www.alliedbenefit.com • SmithRx: 1-844-454-5201 | www.smithrx.com