



Medical Insurance

Your 2027 Medical Plan Summary

Below are highlights of your 2027 medical plan.

Plan Features	Meritain with Aetna POS II Network	
	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$750 / \$1,500	\$2,250 / \$4,500
Out-of-Pocket Maximum (Individual/Family)	\$2,000 / \$4,000	\$5,000 / \$10,000
Preventive Services and Routine Care		
Preventive Care Services	100% covered, deductible waived	40% after deductible
Routine Care	100% covered, deductible waived	40% after deductible
Physician's Services		
Inpatient/Outpatient	10% after deductible	40% after deductible
Office Visits Primary Care Physician Specialist	\$20 Copay*, then 100%; deductible waived \$35 Copay*, then 100%; deductible waived	40% after deductible
Physician Office Surgery Primary Care Physician Specialist	\$20 Copay*, then 100%; deductible waived \$35 Copay*, then 100%; deductible waived	40% after deductible
Teladoc	\$10 Copay, then 100%; deductible waived	N/A
Telemedicine	\$20 Copay, then 100%; deductible waived	40% after deductible
Walk-In Clinic	\$20 Copay, then 100%; deductible waived	40% after deductible
Hospital Services		
Urgent Care Facility	\$50 Copay**, then 100%; deductible waived	40% after deductible
Emergency Services Emergency Medical Condition	\$250 Copay, then 100%; deductible waived	Paid at the participating provider level of benefits
Ambulance Services Medically Necessary	10% after deductible	Paid at the participating provider level of benefits
Diagnostic Testing X-ray and Lab Services (Outpatient)	10% after deductible	40% after deductible

* Copay applies per visit regardless of what services are rendered.

** Copay applies to the physician office visit component only. All other services are paid subject to any deductible and coinsurance percentages.

Marathon Health for \$0 Copay

Close to Home Healthcare by Marathon Health offers high quality affordable healthcare for you and your family members at convenient locations in Hilliard, Grove City and at Easton.

Comprehensive Care

- Annual check-ups
- Acute (sick) care needs
- Chronic conditions
- Medications and lab tests
- Behavioral health services
- Health coaching
- Same or next-day appointments
- Online scheduling and digital check-in
- In-person, video and phone appointments
- **\$0 copay** for Marathon Health Clinic visits

Marathon Health Clinic is only available to employees enrolled in the Hilliard City Schools Health Plan.

Schedule in person visits by calling Marathon Health at **866-434-3255** or text **REGISTER** to **77239**.

Appointments by video and phone are also available.



Prescription Drug Insurance

Your prescription drug plan details are as follows:

	CVS Caremark
	In-Network
Retail - 30-day supply	
Generic	\$10 Copay
Preferred Brand	\$30 Copay
Non-preferred Brand	\$50 Copay
Preventive Drug	\$0 Copay (100% paid)
Maintenance Medication Through Retail * & Mail Order Pharmacy - 90-day supply	
Generic	\$25 Copay
Preferred Brand	\$75 Copay
Non-preferred Brand	\$125 Copay
Preventive Drug	\$0 Copay (100% paid)
Calendar Year Out-of-Pocket Maximum	
Includes Copays - combined with medical plan out-of-pocket maximum (Individual/Family)	\$2,000 / \$4,000

***Valid Pharmacies Include: CVS, Kroger, and Costco**

Are You Taking Specialty Medications?

If you're taking specialty medications for a chronic or complex condition (like multiple sclerosis, rheumatoid arthritis or cancer), you know how costly they can be – and that the cost continues to rise. Because we want to make sure you can get the medications you need at an affordable cost, we're pleased to continue offering a program that reduces your out-of-pocket cost for specialty medications to \$0.

Pay \$0 with The PrudentRx Copay Program

As part of your prescription plan, The PrudentRx Copay Program allows you to get all of your specialty medications at no cost to you. That means \$0 out of pocket for any medications on your Specialty Drug List when you fill at CVS Specialty®.

PrudentRx will work with manufacturers to get copay card assistance, and will manage enrollment and renewals on your behalf. Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program. Maximizing your manufacturer copay assistance results in lower costs for you, your family and your health plan. The table is an example of how the program works.

Specialty Pharmacy Program - PrudentRx
Out-of-pocket cost IF enrolled in program
Medication cost: \$1,000 for a 30-day supply Copay Responsibility: \$0 Your out-of-pocket cost: \$0 Amount applied to out-of-pocket maximum: \$0
Out-of-pocket cost IF NOT enrolled
Medication cost: \$1,000 for a 30-day supply Copay Responsibility (30%): \$300 Your out-of-pocket cost: \$300 Amount applied to out-of-pocket maximum: \$300