MEDICAL BENEFITS

MERITAIN

FIND A PROVIDER

To find a provider in the Aetna Choice POS II network, call **800.343.3140**, **CLICK HERE**, or scan the QR Code.

Archer offers eligible employees the following medical plans administered by Meritain. Meritain utilizes the Aetna Choice POS II network of providers. The table below provides a high-level overview of the plan offerings. For more details, please refer to the plan information available on BenePortal at ***archerbeneportal.com****.*

Don't Forget! ***Preventive Care services for adults and children are covered 100% in-network under both plans — no copays, deductibles, or coinsurance.***

	HDHP		STANDARD POS PLAN	
BENEFITS	**IN-NETWORK (AETNA CHOICE POS II)**	**OUT-OF-NETWORK**	**IN-NETWORK (AETNA CHOICE POS II)**	**OUT-OF-NETWORK**
Deductible (Individual/Family)	$2,200 / $4,400 [2]	$3,700 / $7,200 [2]	$1,100 / $2,200 [4]	$3,300 / $6,600 [4]
Out-of-Pocket Maximum [1] (Individual/Family)	$6,900 / $13,800 [3]	$6,900 / $13,800 [3]	$5,500 / $11,000 [5]	$7,500 / $15,000 [5]
Preventive Care Services	Plan pays 100%	Plan pays 50%	Plan pays 100%	Plan pays 60% after deductible
PCP Office Visit	Plan pays 80% after deductible	Plan pays 50% after deductible	$30 copay	Plan pays 60% after deductible
Specialist Office Visit	Plan pays 80% after deductible	Plan pays 50% after deductible	$50 copay	Plan pays 60% after deductible
Teladoc (General Medical and Behavioral Health)	$10 copay		$10 copay	
Emergency Care	Plan pays 80% after deductible		Plan pays 80% after deductible	
Urgent Care	Plan pays 80% after deductible		$30 copay [6]	Plan pays 60% after deductible
Inpatient Hospital	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible

1 All deductibles, coinsurance, and copays count toward the in-network out-of-pocket maximum.
2 The full family deductible applies if you cover yourself and dependents.
3 Each family member must meet their own out-of-pocket limit until the family maximum is reached.
4 Each family member must meet their own deductible until the total family maximum is reached.
5 Each family member must meet their own out-of-pocket limit until the family maximum is reached.
6 Copay applies to the Physician office visit component only. All other services are paid subject to any deductible and coinsurance.

REMINDER: Once the individual out-of-pocket maximum is met, the plan will cover 100% of all covered services for that individual for the remainder of the plan year. Once the family out-of-pocket maximum is met, the plan will cover 100% of all services for all enrolled family members for the remainder of the plan year. This applies to both the HDHP and Standard POS plan.

NOTE: If you enroll in the HDHP, your provider may require you to pay upfront for any services subject to deductible.

CHOOSING THE RIGHT CARE MATTERS

Knowing where to go, whether it is urgent care, the emergency room, or a telemedicine visit, helps you get the right care and manage your costs. Urgent care and telemedicine are great for minor issues and often cost less than the emergency room. Take a moment to understand your options so you can make the best choice for your health and your wallet when you need care.