

**Rois Phoenix Inc.**

Medical Plan Analysis

Effective Date: April 1, 2026

**2026 Rois Medical**

In-Network Benefits / Member Cost Share <sup>1</sup>	Aetna		
	Consumer Choice HDHP	Point of Service PPO	In-Network Only PPO
HSA Employer Contribution	\$350 / \$700	n/a	n/a
Calendar Year Annual Deductible (Indiv / Family)	\$1,700 / \$3,400	\$800 / \$2,400	\$600 / \$1,200
Coinsurance (Plan / Member)	80% / 20%	80% / 20%	80% / 20%
Medical Maximum Out-of-Pocket <sup>1</sup>	\$4,700 / \$9,400	\$4,800 / \$9,600	\$2,800 / \$5,600
Rx Maximum Out-of-Pocket	Subject to Medical Deductible	\$2,000 / \$4,000	\$2,000 / \$4,000
<b>Benefit Overview</b>			
Primary Care Office Visit	Deductible then 20%	Deductible then 20%	\$30 Copay
Specialist Office Visit	Deductible then 20%	Deductible then 20%	\$50 Copay
Preventive Care	No Charge	No Charge	No Charge
Emergency Room	Deductible then 20%	Deductible then 20%	Deductible then 20%
Rx Deductible	Subject to Medical Deductible	Subject to Medical Deductible	No Coverage
Rx Copays	Deductible then Tier 1: \$10 Tier 2: 20% to \$50 Rx Max Tier 3: 20% to \$80 Rx Max	Tier 1: \$15 Tier 2: 20% to \$50 Rx Max Tier 3: 20% to \$80 Rx Max	Tier 1: \$15 Tier 2: 20% to \$50 Rx Max Tier 3: 20% to \$80 Rx Max
Mail Order Rx Copays	Deductible then Tier 1: \$25 Tier 2: 20% to \$125 Rx Max Tier 3: 20% to \$200 Rx Max	Tier 1: \$37.50 Tier 2: 20% to \$125 Rx Max Tier 3: 20% to \$200 Rx Max	Tier 1: \$37.50 Tier 2: 20% to \$125 Rx Max Tier 3: 20% to \$200 Rx Max
Enrollment Eligibility Tier	Monthly Employee Contribution		
	HDHP	PPO	PPO
Employee	\$119.00	\$231.00	\$132.00
Employee + Spouse	\$261.00	\$507.00	\$290.00
Employee + Child(ren)	\$213.00	\$415.00	\$237.00
Family	\$356.00	\$692.00	\$395.00
Estimated Monthly Premium	\$3,848		
Estimated Annual Premium	\$46,176		
Percent Change from Current	-		
Annual Premium Change from Current	-		