



SimplePay Benefits Summary: HireRight - Value HDHP

Plan Year: January 1st, 2022 – December 31st, 2022

MEDICAL BENEFITS				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Calendar Year Deductible				
Single	\$2,000			
Family	\$4,000			
Out-Of-Pocket Maximum* (includes Copays – combined with Prescription Drug Card)				
Single	\$5,000			Unlimited
Family	\$10,000			Unlimited
OOP Max applies to In-Network services only; Out-of-Network OOP Max is unlimited				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
COVID-19 Services				
COVID-19 Testing	No Charge			
COVID-19 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			
Durable Medical Equipment				
Durable Medical Equipment (DME)	\$65	\$85	\$140	\$170
Emergency Services/Urgent Care				
Emergency Services/Emergency Room Services	\$265 per visit			
Urgent Care Facility	\$30	\$40	\$65	\$80
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	\$1,425	\$1,900	\$3,165	\$3,800
Outpatient Hospital	\$465	\$615	\$1,030	\$1,236
Infertility Treatment	Not Covered			
Skilled Nursing Facility (160 visit limit)	\$1,255	\$1,675	\$2,795	\$3,400
Ambulance Services	\$265 per visit			
Ambulatory Surgical Center	\$465	\$615	\$1,030	\$1,236
Home Health Care (50 visit limit)	\$30	\$40	\$65	\$80
Hospice Care	\$155	\$205	\$345	\$420
Laboratory Services				
Routine Diagnostic Labs	\$10	\$15	\$20	\$30
Diagnostic Labs	\$40	\$55	\$90	\$110
Maternity				
Initial Office Visit	\$30	\$40	\$65	\$80
Preventive & On-going Prenatal Care	No Charge (included in global delivery copay)			
Delivery & Postnatal Care	\$1,425	\$1,900	\$3,165	\$3,800
Mental Disorders & Substance Use Disorders				
Office Visit	\$15	\$20	\$30	\$40
Inpatient	\$1,425	\$1,900	\$3,165	\$3,800
Outpatient	\$465	\$615	\$1,030	\$1,236
Physician Services				
Primary Care Physician	\$15	\$20	\$30	\$40
Specialist	\$30	\$40	\$65	\$80
Teladoc	No Charge			Not Covered
Preventive Services and Routine Care				
Well-Child Care (including exams & immunizations)	No Charge			
Adult Physical Examination (including routine GYN visit)	No Charge			
Breast Cancer Screening (any age)	No Charge			

Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	No Charge			
Routine Eye Exam	Not Covered			
Radiology Services				
Diagnostic X-Rays	\$40	\$55	\$90	\$110
Advanced Imaging MRI, MRA, CAT & PET Scans	\$140	\$190	\$315	\$400
Other Healthcare Facilities/Services				
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visit limit)	\$30	\$40	\$65	\$80
Outpatient Therapies (PT, OT, ST) (20 visit limit each)	\$30	\$40	\$65	\$78
Other Healthcare Facilities/Services				
Temporomandibular Joint Dysfunction (\$5,000 Lifetime Maximum Benefit)	\$1,425	\$1,900	\$3,165	\$3,800
Allergy Injections, Serum & Testing	\$30	\$40	\$65	\$80
Acupuncture (20 visit limit)	\$30	\$40	\$65	\$80
Transplants (Aetna IOE Program) *	\$1,425	\$1,900	\$3,165	\$3,800
*Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit, including travel and lodging maximums. No charge for travel and lodging				
Weight Control/Bariatric Surgery (\$75,000 Lifetime Limit)	\$1,425	\$1,900	\$3,165	\$3,800

*Diabetic equipment and supplies provided by Livongo are covered at \$0. All other Diabetic Supplies that are provided by an in-network preferred provider will be paid according to the applicable category of this Medical Schedule of Benefits, such as Durable Medical Equipment (DME).



Medical Network: Aetna Choice® POS II (Open Access)

How to Find a Provider: Log in to your member portal at www.simplepayhealth.com and find the "Find A Doctor and Compare Costs" under the "Benefits" tab

For Questions about your SimplePay Health Plan, please contact your SimplePay Health Pro.

Email: HealthPro@simplepayhealth.com

Phone: 800-606-3564

PHARMACY BENEFITS

NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Provider.

Single
Family

\$5,000
\$10,000

If you reach your out-of-pocket maximum, SimplePay Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.

Pharmacy Plan Feature

**All other In-
Network
Pharmacies**

CVS

Walgreens

Description

Retail Pharmacy

Generic Drugs (Tier1)

(Up to a 31-day supply)

\$5

\$5

\$10

Generic drugs are covered at this copay level.

Preferred Brand Drugs (Tier 2)

(Up to a 31-day supply)

\$10

\$15

\$25

All preferred brand drugs are covered at this copay level.

Non-Preferred Brand Drugs (Tier 3)

(Up to a 31-day supply)

\$15

\$15

\$30

All non-preferred brand drugs on this copay level are not on the Preferred Drug List. * Discuss using alternatives with your physician or pharmacist.

Specialty Drug Program

Specialty Drugs (Tier 4)

(Up to a 31-day supply)

\$15

Specialty medications are required to be filled through Mail Order.

Mail Order Pharmacy (90-day supply)

Generic Drugs (Tier 1)

\$10

Preferred Brand Drugs (Tier 2)

\$25

Non-Preferred Brand Drugs (Tier 3)

\$30

Maintenance drugs of up to a 90-day supply is available for twice the copay through Mail Service Pharmacy.



Pharmacy Drug Vendor: Medone RX

How to Find a Drug: Look up the cost of your medications in the SimplePay member portal on the Benefits tab under the card that says, "Find Drug Prices". Please refer to the "MedOne Preventative Drug List 2021" found on the *Employer Benefit Page* within the *SimplePay Health Member Portal* for all preventative medications covered at 100% with a \$0 cost to you.

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Visit www.simplepayhealth.com for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from SimplePay Health before they can be filled and drugs that can be filled in limited quantities.