SIMPLEPAY HEALTH

SimplePay Health Benefits Summary

Client Name: **CATIC Financial**

Plan Year: **January 1, 2024 – December 31, 2024**

Medical Benefits				
Calendar Year Deductible				
Single **Family**	**None** **None**			
Out-of-Pocket Maximum (Includes medical copays combined with prescription copays.)				
Single **Family**	**$4,500** **$9,000**			
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 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			
Durable Medical Equipment				
Durable Medical Equipment (DME) per item	$95	$130	$215	$260
Emergency Services/Urgent Care				
Ambulance Services	$345			
Emergency Services/Emergency Room	$345			
Urgent Care Facility	$45	$55	$95	$115
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	$2,135	$2,845	$4,500	$5,400
Outpatient Hospital	$695	$925	$1,540	$1,850
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility/Rehabilitation Facility (60 days max per plan year)	$1,885	$2,515	$4,190	$5,030
Ambulatory Surgical Center	$695	$925	$1,540	$1,850
Home Health Care (100 visits per plan year)	$45	$55	$95	$115
Hospice Care	$230	$310	$515	$620
Laboratory Services				
Routine Diagnostic Labs	$15	$20	$30	$35
Diagnostic Labs	$60	$80	$135	$160
Maternity				
Initial Office Visit	$20	$30	$45	$55
Preventive & Ongoing Prenatal Care	No Charge (Included in global delivery copay)			
Delivery & Postnatal Care	$2,135	$2,845	$4,500	$5,400

Mental Disorders & Substance Use Disorders				
Office Visit	$20	$30	$45	$55
Inpatient	$2,135	$2,845	$4,500	$5,400
Outpatient	$695	$925	$1,540	$1,850
Physician Services				
Primary Care Physician	$20	$30	$45	$55
Specialist	$45	$55	$95	$115
Teladoc Virtual Physician Services				
Teladoc General Medicine	$0			
Teladoc Behavioral Health	$0			
Teladoc Dermatology	$20			
Preventive Services & Routine Care				
Well-Child Care (Including exams and 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	See plan document for specific coverage based on age/necessity			
Routine Eye Exam	No Charge			
Radiology Services				
Diagnostic X-Rays	$60	$80	$135	$160
Advanced Imaging (MRI, MRA, CAT & PET Scans)	$215	$285	$475	$570
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	$45	$55	$95	$115
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	$45	$55	$95	$115
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	$45	$55	$95	$115
Transplants (Aetna IOE Program)* (Travel/lodging $10,000 per transplant)	$2,135	$2,845	$4,500	$5,400

*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.

*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 Open Choice POS II Network
How to Find a Provider: Log into your member portal at www.simplepayhealth.com and click “Find a Doctor and Compare Costs” under the “Benefits” tab.

For questions about your SimplePay Health Plan, please contact your SimplePay Health Valet:

Meritain Health® an aetna company

Email: healthvalet@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.

Pharmacy Plan Feature	In-Network Pharmacies Excluding CVS/Walgreens	CVS	Walgreens
Retail Pharmacy			
Generic Drugs (Up to a 31-day supply) 90-day supply is 3 x copay amount	$5	$10	$15
Preferred Brand Drugs (Up to a 31-day supply) 90-day supply is 3 x copay amount	$25	$30	$55
Non-Preferred Brand Drugs (Up to a 31-day supply) 90-day supply is 3 x copay amount	$40	$50	$80
Specialty Drug Program			
Specialty Drugs **(Up to a 31-day supply. Specialty drugs are required to be filled through mail order.)**	$55		
Mail Order Only (90-day supply)			
Generic Drugs	$15		
Preferred Brand Drugs	$55		
Non-Preferred Brand Drugs	$80		

Pharmacy Drug Vendor: MedOne

How to Find a Drug: Log into your member portal at www.simplepayhealth.com and click “Find Drug Prices” under the “Benefits” tab.
Please refer to the “MedOne Preventative Drug List” found on the Employer Benefits page within your member portal for all preventative medications covered at 100% with a $0 cost to you.

Visit www.simplepayhealth.com for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate which drugs require a prior authorization from MedOne before the drugs can be filled.
This plan summary is for comparison purposes only and does not create right not given through the benefit plan.

medone