SimplePay Benefits Summary: HD Supply **- Health and Welfare Program**
Plan Year: January 1st, 2024 – December 31st, 2024

MEDICAL BENEFITS				
Medical Services	**Tier 1**	**Tier 2**	**Tier 3**	**Out-of-Network**
Calendar Year Deductible				
Single Family	None None			None None
Out-Of-Pocket Maximum (includes Copays – combined with Prescription Drug Card)				
Single Family	$5,000 $10,000			Unlimited 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 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			
Durable Medical Equipment				
Durable Medical Equipment (DME) per item	$100	$200	$300	$500
Emergency Services/Urgent Care				
Emergency Services/Emergency Room Services	$500			
Urgent Care Facility	$45	$60	$100	$150
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	$2,200	$3,000	$5,000	$6,000
Outpatient Hospital	$750	$1,000	$1,700	$3,000
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility	$2,000	$2,700	$4,500	$5,400
Ambulance Services	$500			
Ambulatory Surgical Center	$750	$1,000	$1,700	$3,000
Home Health Care (150 visits per calendar year)	$45	$60	$100	$120
Hospice Care	$250	$350	$550	$750
Laboratory Services				
Routine Labs	$15	$25	$35	$50
Diagnostic Labs	$65	$85	$145	$175
Maternity				
Initial Office Visit	$45	$60	$100	$250
Preventive & On-going Prenatal Care	No Charge (included in global delivery copay)			
Delivery & Postnatal Care	$2,200	$3,000	$5,000	$6,000
Mental Disorders & Substance Use Disorders				
Office Visit	$25	$30	$50	$120
Inpatient	$2,200	$3,000	$5,000	$6,000
Outpatient	$750	$1,000	$1,700	$3,000
Physician Services				
Primary Care Physician	$25	$30	$50	$120
Specialist	$45	$60	$100	$250
Telehealth Services				
Teladoc including Behavioral Health	$0			N/A

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	No Charge			
Radiology Services				
Diagnostic X-Rays	$65	$85	$145	$175
Advanced Imaging MRI, MRA, CAT & PET Scans	$250	$350	$500	$600
Other Healthcare Facilities/Services				
Therapy Services				
Chiropractic Care/Spinal Manipulation	$45	$60	$100	$120
Outpatient Therapies (PT, OT, ST) (90 visits combined, per calendar year)	$45	$60	$100	$120
Other Healthcare Facilities/Services				
Temporomandibular Joint Dysfunction ($5,000 Lifetime Maximum Benefit)	$750	$1,000	$1,700	$3,000
Allergy Injections, Serum & Testing	$45	$60	$100	$250
Acupuncture	$45	$60	$100	$250
Transplants (Aetna IOE Program) * travel and lodging $10,000 per transplant	$2,200	$3,000	$5,000	$6,000
*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				
Bariatric Surgery (Once every 2 years)	$2,200	$3,000	$5,000	$6,000

*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).

aetna MERITAIN HEALTH

Medical Network: Aetna Open Choice POS II Network

How to Find a Provider: Log in to your member portal at www.simplepayhealth.com and click on "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	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	CVS	All other In-Network Pharmacies	Walgreens	Description
Retail Pharmacy				
Generic Drugs (Tier1) (Up to a 31-day supply)	$5	$10	$20	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 31-day supply)	$30	$50	$75	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3) (Up to a 31-day supply)	$50	$70	$95	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)	$120			Specialty Drugs MUST be obtained directly from the specialty pharmacy. Specialty Drugs are not available at mail order pharmacies, and there are no grace fills provided to Covered Persons.
Mail Order Pharmacy (90-day supply)				
**CVS Maintenance Choice Voluntary – Allow Opt-Out: This Plan allows for 2 30-day fills of maintenance drugs at any retail pharmacy. After 2 fills, a 90-day supply of maintenance drugs must be purchased at a CVS retail pharmacy only or through the mail order program unless you call the 800-606-3564 and opt out. If you opt out, you may continue to purchase a 30-day supply of maintenance drugs, however, you will not benefit from the savings of a 90-day supply. For additional information, please contact your Health Pro at 800-606-3564.				
Generic Drugs (Tier 1)	$15			Maintenance drugs of up to a 90-day supply is available for twice the copay through Mail Service Pharmacy.
Preferred Brand Drugs (Tier 2)	$60			
Non-Preferred Brand Drugs (Tier 3)	$90			

Pharmacy Drug Vendor: CVS caremark

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".

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.

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