




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

<b>MEDICAL BENEFITS</b>				
<b>Medical Services</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Out-of-Network</b>
<b>Calendar Year Deductible</b>				
Single	None			None
Family	None			None
<b>Out-Of-Pocket Maximum (includes Copays – combined with Prescription Drug Card)</b>				
Single	\$5,000			Unlimited
Family	\$10,000			Unlimited
<b>*OOP Max applies to In-Network services only; Out-of-Network OOP Max is unlimited*</b>				
<b>Medical Services</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Out-of-Network</b>
<b>Covid 19 Services</b>				
Covid 19 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			
<b>Durable Medical Equipment</b>				
Durable Medical Equipment (DME) per item	\$100	\$200	\$300	\$500
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room Services	\$500			
Urgent Care Facility	\$45	\$60	\$100	\$150
<b>Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)</b>				
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
<b>Laboratory Services</b>				
Routine Labs	\$15	\$25	\$35	\$50
Diagnostic Labs	\$65	\$85	\$145	\$175
<b>Maternity</b>				
Initial Office Visit	\$25	\$30	\$50	\$120
Preventive & On-going Prenatal Care	No Charge (included in global delivery copay)			
Delivery & Postnatal Care	\$2,200	\$3,000	\$5,000	\$6,000
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$25	\$30	\$50	\$120
Inpatient	\$2,200	\$3,000	\$5,000	\$6,000
Outpatient	\$750	\$1,000	\$1,700	\$3,000
<b>Physician Services</b>				
Primary Care Physician	\$25	\$30	\$50	\$120
Specialist	\$45	\$60	\$100	\$250
<b>Telehealth Services</b>				
Teladoc including Behavioral Health	\$0			N/A

<b>Preventive Services and Routine Care</b>				
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			
<b>Radiology Services</b>				
Diagnostic X-Rays	\$65	\$85	\$145	\$175
Advanced Imaging MRI, MRA, CAT & PET Scans	\$250	\$350	\$500	\$600
<b>Other Healthcare Facilities/Services</b>				
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation	\$45	\$60	\$100	\$120
Outpatient Therapies (PT, OT, ST) (90 visits combined, per calendar year)	\$45	\$60	\$100	\$120
<b>Other Healthcare Facilities/Services</b>				
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).				
				
<p align="center"><b>Medical Network:</b> Aetna Open Choice POS II Network</p> <p align="center"><b>How to Find a Provider:</b> Log in to your member portal at <a href="http://www.simplepayhealth.com">www.simplepayhealth.com</a> and click on "Find A Doctor and Compare Costs" under the "Benefits" tab</p>				
<p align="center"><b>For Questions about your SimplePay Health Plan, please contact your SimplePay Health Valet.</b></p> <p align="center">Email: <a href="mailto:HealthValet@simplepayhealth.com">HealthValet@simplepayhealth.com</a></p> <p align="center">Phone: 800-606-3564</p>				

## 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.
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Pharmacy Plan Feature	CVS	All other In-Network Pharmacies	Walgreens	Description
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### Retail Pharmacy

<b>Generic Drugs (Tier1)</b> (Up to a 31-day supply)	\$5	\$10	\$20	Generic drugs are covered at this copay level.
<b>Preferred Brand Drugs (Tier 2)</b> (Up to a 31-day supply)	\$30	\$50	\$75	All preferred brand drugs are covered at this copay level.
<b>Non-Preferred Brand Drugs (Tier 3)</b> (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.
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### Mail Order Pharmacy (90-day supply)

**\*\*CVS Maintenance Choice Voluntary – Allow Opt-Out:** This Plan allows for two 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 Valet 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](http://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.