



SimplePay Benefits Summary: HireRight – Core Plan

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	\$0			
Family	\$0			
Out-Of-Pocket Maximum* (includes Copays – combined with Prescription Drug Card)				
Single	\$5,750			Unlimited
Family	\$11,500			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	Copay may apply based on place of service.			Copay applies
COVID-19 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			Copay applies
Durable Medical Equipment				
Durable Medical Equipment (DME)	\$130	\$170	\$285	\$350
Emergency Services/Urgent Care				
Emergency Services/Emergency Room Services	\$525 per visit			
Urgent Care Facility	\$55	\$75	\$125	\$150
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	\$2,850	\$3,800	\$5,750	\$6,900
Outpatient Hospital	\$925	\$1,235	\$2,050	\$2,500
Infertility Treatment	Not Covered			
Skilled Nursing Facility (160 visit limit)	\$2,515	\$3,350	\$5,585	\$6,750
Ambulance Services	\$525 per visit			
Ambulatory Surgical Center	\$925	\$1,235	\$2,050	\$2,500
Home Health Care (50 visit limit)	\$55	\$75	\$125	\$150
Hospice Care	\$310	\$410	\$685	\$825
Laboratory Services				
Routine Diagnostic Labs	\$20	\$25	\$40	\$50
Diagnostic Labs	\$80	\$110	\$180	\$225
Maternity				
Initial Office Visit	\$30	\$40	\$65	\$80
Preventive & On-going Prenatal Care	No Charge (included in global delivery copay)			
Delivery & Postnatal Care	\$2,850	\$3,800	\$5,750	\$6,900
Mental Disorders & Substance Use Disorders				
Office Visit	\$30	\$40	\$65	\$80
Inpatient	\$2,850	\$3,800	\$5,750	\$6,900
Outpatient	\$925	\$1,235	\$2,050	\$2,500
Physician Services				
Primary Care Physician	\$30	\$40	\$65	\$80
Specialist	\$55	\$75	\$125	\$150
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	\$80	\$110	\$180	\$225
Advanced Imaging MRI, MRA, CAT & PET Scans	\$285	\$380	\$635	\$775
Other Healthcare Facilities/Services				
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visit limit)	\$55	\$75	\$125	\$150
Outpatient Therapies (PT, OT, ST) (20 visit limit each)	\$55	\$75	\$125	\$150
Other Healthcare Facilities/Services				
Temporomandibular Joint Dysfunction (\$5,000 Lifetime Maximum Benefit)	\$925	\$1,235	\$2,050	\$2,500
Allergy Injections, Serum & Testing	\$55	\$75	\$125	\$150
Acupuncture (20 visit limit)	\$55	\$75	\$125	\$150
Transplants (Aetna IOE Program) *	\$2,850	\$3,800	\$5,750	\$6,900
*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 (\$75,00 Lifetime Limit)	\$2,850	\$3,800	\$5,750	\$6,900

*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	\$5,750 \$11,500	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	All other In-Network Pharmacies	CVS	Walgreens	Description
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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)	\$45	\$50	\$85	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3) (Up to a 31-day supply)	\$65	\$80	\$130	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)	\$0	Specialty medications are required to be filled through Mail Order.
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Mail Order Pharmacy (90-day supply)

Generic Drugs (Tier 1)	\$10	Maintenance drugs of up to a 90-day supply is available for twice the copay through Mail Service Pharmacy.
Preferred Brand Drugs (Tier 2)	\$90	
Non-Preferred Brand Drugs (Tier 3)	\$130	



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 2023" 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.