




**SimplePay Benefits Summary: Workday, Inc - 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</b> (includes Copays – combined with Prescription Drug Card)				
Single	\$2,000			Unlimited
Family	\$4,000			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>Physician Services</b>				
Primary Care Physician	\$15	\$20	\$30	\$35
Specialist	\$30	\$40	\$65	\$80
<b>Premise Health</b>				
Clinic and Virtual 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			
<b>Radiology Services</b>				
Diagnostic X-Rays	\$25	\$35	\$60	\$70
Advanced Imaging MRI, MRA, CAT & PET Scans	\$140	\$190	\$315	\$380
<b>Other Healthcare Facilities/Services</b>				
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation	\$30	\$40	\$65	\$80
Outpatient Therapies (PT, OT, ST)	\$30	\$40	\$65	\$80
<b>Laboratory Services</b>				
Routine Labs	\$10	\$15	\$20	\$25
Diagnostic Labs	\$25	\$35	\$60	\$70
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$30	\$40	\$65	\$80
Acupuncture	\$30	\$40	\$65	\$80
Transplants (Aetna IOE Program) * travel and lodging \$10,000 per transplant	\$1,140	\$1,520	\$2,000	\$2,640
*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	\$1,140	\$1,520	\$2,000	\$2,640

<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$15	\$20	\$30	\$35
Inpatient	\$1,140	\$1,520	\$2,000	\$2,640
Outpatient	\$465	\$615	\$1,030	\$1,235
<b>Maternity</b>				
Initial Office Visit	\$15	\$20	\$30	\$35
Preventive & On-going Prenatal Care	No Charge (included in global delivery copay)			
Delivery & Postnatal Care	\$1,140	\$1,520	\$2,000	\$2,640
<b>Durable Medical Equipment</b>				
Durable Medical Equipment (DME) per item	\$65	\$85	\$140	\$170
<b>Covid 19 Services</b>				
Covid 19 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room Services	\$115			
Urgent Care Facility	\$30	\$40	\$65	\$80
<b>Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)</b>				
Inpatient Hospital	\$1,140	\$1,520	\$2,000	\$2,640
Outpatient Hospital	\$465	\$615	\$1,030	\$1,235
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility (120 days per calendar year)	\$930	\$1,240	\$2,000	\$2,485
Ambulance Services	\$115			
Ambulatory Surgical Center	\$465	\$615	\$1,030	\$1,235
Home Health Care (Annual Limit: 200 days; 16hr max per day)	\$30	\$40	\$65	\$80
Hospice Care	\$155	\$205	\$345	\$415
*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 Choice POS II Network</p> <p><b>How to Find a Provider:</b> Effective 1/1/2024, 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

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 for excluded or non-covered services.

Pharmacy Plan Feature	In-Network	Out-of-Network	Description
<b>Retail Pharmacy</b>			
<b>Generic Drugs (Tier 1)</b> (Up to a 30-day supply)	\$5	\$10	Generic drugs are covered at this copay level.
<b>Preferred Brand Drugs (Tier 2)</b> (Up to a 30-day supply)	\$15	\$20	All preferred brand drugs are covered at this copay level.
<b>Non-Preferred Brand Drugs (Tier 3)</b> (Up to a 30-day supply)	\$20	\$25	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. *Discuss using alternatives with your physician or pharmacist.
<b>Specialty Drug Program</b>			
<b>Specialty Drugs (Tier 4)</b> (Up to a 30-day supply)	\$15	Not Available	Specialty Drugs MUST be obtained directly from the CVS specialty pharmacy. Specialty Drugs are not available at mail order pharmacies.
<b>Specialty Drugs (Tier 4)</b> (31-90-day supply)	\$30		
<b>Mail Order Pharmacy (90-day supply)</b>			
Generic Drugs (Tier 1)	\$10	Maintenance drugs of up to a 90-day supply is available for twice the in-network copay through Mail Service Pharmacy.	
Preferred Brand Drugs (Tier 2)	\$30		
Non-Preferred Brand Drugs (Tier 3)	\$40		

\*Diabetic supplies (including continuous glucose monitors, insulin pumps and supplies) can be filled using Pharmacy Benefits and will be paid according to the applicable drug tier.



**Pharmacy Drug Vendor:** CVS Caremark

**How to Find a Drug:** Effective 1/1/2024, 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.