




## SimplePay Benefits Summary: Builders FirstSource, Inc – Copay Plan

Plan Year: January 1<sup>st</sup>, 2025 – December 31<sup>st</sup>, 2025

MEDICAL BENEFITS				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Calendar Year Deductible - embedded				
Single	None			None
Family	None			None
Out-Of-Pocket Maximum (includes Copays – combined with Prescription Drug Card) - embedded				
Single	\$6,000			Unlimited
Family	\$12,000			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	\$140	\$190	\$315	\$380
Emergency Services/Urgent Care				
Emergency Services/Emergency Room Services	\$580			
Urgent Care Facility	\$85			\$170
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	\$3,130	\$4,175	\$6,000	\$7,800
Outpatient Hospital	\$1,020	\$1,355	\$2,260	\$2,710
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility (60 days per calendar year)	\$2,765	\$3,685	\$6,000	\$7,375
Ambulance Services	\$580			
Ambulatory Surgical Center	\$1,020	\$1,355	\$2,260	\$2,710
Home Health Care (100 visits per calendar year)	\$65	\$85	\$140	\$170
Hospice Care	\$340	\$450	\$755	\$905
Laboratory Services				
Routine Labs	\$20	\$30	\$45	\$55
Diagnostic Labs	\$90	\$120	\$195	\$235
Maternity				
Initial Office Visit	\$30	\$40	\$70	\$85
Preventive & On-going Prenatal Care	No Charge (included in global delivery copay)			
Delivery & Postnatal Care	\$3,130	\$4,175	\$6,000	\$7,800
Mental Disorders & Substance Use Disorders				
Office Visit	\$30	\$40	\$70	\$85
Inpatient	\$3,130	\$4,175	\$6,000	\$7,800
Outpatient	\$1,020	\$1,355	\$2,260	\$2,710
Physician Services				
Primary Care Physician	\$30	\$40	\$70	\$85
Specialist	\$65	\$85	\$140	\$170

Telehealth				
Clinic and Virtual 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	\$90	\$120	\$195	\$235
Advanced Imaging MRI, MRA, CAT & PET Scans	\$315	\$415	\$695	\$835
Other Healthcare Facilities/Services				
Therapy Services				
Chiropractic Care/Spinal Manipulation (25 visits per year)	\$65	\$85	\$140	\$170
Outpatient Therapies (PT, OT, ST) (60 visits per year combined)	\$65	\$85	\$140	\$170
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$65	\$85	\$140	\$170
Bariatric Surgery	Coverage only through Surgery Plus			
Transplants (Aetna IOE Program) * travel and lodging \$10,000 per transplant	\$3,130	\$4,175	\$6,000	\$7,800
*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 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).				
<div></div> <div><p><b>Medical Network:</b> Aetna Open Choice POS II Network</p><p><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><b>For Questions about your SimplePay Health Plan, please contact your SimplePay Health Valet.</b></p><p>Email: <a href="mailto:HealthValet@simplepayhealth.com">HealthValet@simplepayhealth.com</a></p><p>Phone: 800-606-3564</p></div>				

## 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	In-Network excluding CVS & Walgreens	Walgreens	Description
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### Retail Pharmacy

<b>Generic Drugs (Tier 1)</b> (Up to a 31-day supply)	\$20	\$25	\$40	Generic drugs are covered at this copay level.
<b>Preferred Brand Drugs (Tier 2)</b> (Up to a 31-day supply)	\$50	\$60	\$100	All preferred brand drugs are covered at this copay level.
<b>Non-Preferred Brand Drugs (Tier 3)</b> (Up to a 31-day supply)	\$75	\$90	\$150	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)	\$100 *available from Specialty Pharmacy only	Specialty Drugs MUST be obtained directly from the specialty pharmacy and there are no grace fills provided to Covered Persons.
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### Mail Order Pharmacy (90-day supply)

\*A 90-day supply of maintenance drugs must be purchased at a CVS retail pharmacy or through the mail order program to receive the savings of a 90-day supply.

Generic Drugs (Tier 1)	\$40	Maintenance drugs of up to a 90-day supply is available for twice the copay only through Mail Service Pharmacy.
Preferred Brand Drugs (Tier 2)	\$100	
Non-Preferred Brand Drugs (Tier 3)	\$150	

\*Covered Diabetic supplies will be paid according to the applicable drug tier.



**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.