



SimplePay Health Benefits Summary - **Plan A**
 Client Name: **Behavioral Perspective Inc**
 Plan Year: **July 1, 2025 - June 30, 2026**

Medical Benefits

Plan Year Deductible

| | |
|--------|------|
| Single | None |
| Family | None |

Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)

| | |
|--------|----------|
| Single | \$6,500 |
| Family | \$13,000 |

OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited

Preventative Services & Routine Care - See plan document for specific coverage based on age/necessity

| | |
|---|-----------|
| Well-Child Care (including exams and immunizations) | No Charge |
| Adult Physical Examination (including routine GYN visit) | No Charge |
| COVID 19 Vaccine | No Charge |
| Breast Cancer Screening | No Charge |
| Pap Test | No Charge |
| Prostate Cancer Screening | No Charge |
| Colorectal Cancer Screening | No Charge |

| Medical Services | In-Network | | | Out-of-Network |
|------------------|------------|----------|----------|----------------|
| | ✓ Tier 1 | ⊖ Tier 2 | ⚠ Tier 3 | |

| Physician Services | | | | |
|--|------|------|-------|-------|
| Primary Care Physician | \$30 | \$40 | \$70 | \$85 |
| Specialist | \$60 | \$85 | \$140 | \$170 |
| Teladoc™ General Medical and Behavioral Health | | \$20 | | N/A |

| Maternity | | | | |
|---------------------------------------|------------------------------|---------|---------|---------|
| Initial Prenatal Office Visit | \$30 | \$40 | \$70 | \$85 |
| Routine Ongoing Prenatal Office Visit | Included with Delivery Copay | | | \$85 |
| Delivery & Postnatal Care | \$2,990 | \$3,985 | \$6,500 | \$7,800 |

Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)

| | | | | |
|--|---------|---------|---------|---------|
| Inpatient Hospital | \$2,990 | \$3,985 | \$6,500 | \$7,800 |
| Outpatient Hospital | \$970 | \$1,295 | \$2,160 | \$2,590 |
| Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year) | \$2,640 | \$3,520 | \$5,865 | \$7,040 |
| Ambulance Services | | | \$575 | |
| Ambulatory Surgical Center | \$970 | \$1,295 | \$2,160 | \$2,590 |
| Home Health Care (120 visits per plan year) | \$60 | \$85 | \$140 | \$170 |
| Home Infusion | \$60 | \$85 | \$140 | \$170 |
| Hospice Care | \$325 | \$430 | \$720 | \$865 |



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| Medical Services | ✓ Tier 1 | In-Network | | | Out-of-Network |
|---|----------|------------|----------|---------|----------------|
| | | ⊖ Tier 2 | ⚠ Tier 3 | | |
| Radiology Services | | | | | |
| Diagnostic X-Rays | \$85 | \$115 | \$190 | \$230 | |
| Advanced Imaging (MRI, MRA, CAT & PET Scans) | \$300 | \$400 | \$665 | \$800 | |
| Laboratory Services | | | | | |
| Routine Basic Labs | \$25 | \$35 | \$60 | \$70 | |
| Advanced Diagnostic Labs | \$85 | \$115 | \$190 | \$230 | |
| Emergency Services/Urgent Care | | | | | |
| Emergency Services/Emergency Room | | | \$575 | | |
| Urgent Care Facility | \$60 | \$85 | \$140 | \$170 | |
| Mental Disorders & Substance Use Disorders | | | | | |
| Office Visit | \$30 | \$40 | \$70 | \$85 | |
| Inpatient | \$2,990 | \$3,985 | \$6,500 | \$7,800 | |
| Outpatient | \$970 | \$1,295 | \$2,160 | \$2,590 | |
| Therapy Services | | | | | |
| Chiropractic Care/Spinal Manipulation | \$60 | \$85 | \$140 | \$170 | |
| Outpatient Therapies (PT, OT, ST) (60 visits per plan year) | \$60 | \$85 | \$140 | \$170 | |
| Durable Medical Equipment** | | | | | |
| Durable Medical Equipment (DME) / Item | \$135 | \$180 | \$300 | \$360 | |
| Other Healthcare Facilities/Services | | | | | |
| Allergy Injections, Serum & Testing | \$60 | \$85 | \$140 | \$170 | |
| Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant) | \$2,990 | \$3,985 | \$6,500 | \$7,800 | |
| *Please refer to the Aetna Institute of Excellence (IOE) Program section in the plan document for a more detailed description of this benefit, including travel and lodging maximums. No charge for travel and lodging. | | | | | |

**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

How to Find a Provider: Log into 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 Valet:

Email: healthvalet@simplepayhealth.com

Phone: 800-606-3564





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Pharmacy Drug Vendor: CVS Caremark



Pharmacy Benefits

NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.

| Pharmacy Plan Feature | ✔ CVS | ✖ Retail Pharmacies | ! Walgreens |
|--|----------|------------------------|----------------|
| Retail Pharmacy | | | |
| Generic Drugs (Up to a 31-day supply) | \$15 | \$20 | \$35 |
| Preferred Brand Drugs (Up to a 31-day supply) | \$45 | \$55 | \$95 |
| Non-Preferred Brand Drugs | \$70 | \$85 | \$140 |

| Specialty Drug Program | | | |
|---|--|------|--|
| Specialty Drugs (Up to a 31-day supply. Specialty meds are required to go through mail order.) | | \$95 | |

| Mail Order (90 Day Supply**) | | | |
|------------------------------------|--|-------|--|
| Generic Drugs (Tier 1) | | \$35 | |
| Preferred Brand Drugs (Tier 2) | | \$95 | |
| Non-Preferred Brand Drugs (Tier 3) | | \$140 | |

**A 90-day supply of maintenance drugs must be purchased through the mail order program or at an approved Costco/Kroger/CVS retail pharmacy in order to receive the savings of a 90-day supply.

| Drug Descriptions | |
|---------------------------|---|
| Generic Drugs | Generic drugs are covered at this copay level. |
| Preferred Brand Drugs | All preferred drugs are covered at this copay level. |
| Non-Preferred Brand Drugs | All non-preferred brand drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist. |

How to Find a Drug: Log into your member portal at www.simplepayhealth.com and click on “Find Drug Prices” under the “Benefits” tab.

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.