



SimplePay Health Benefits Summary - **Plan B**
 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	\$6,000
Family	\$12,000

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	\$60	\$70	\$115	\$140
Specialist	\$125	\$140	\$230	\$275
Teladoc™ General Medical and Behavioral Health		\$20		N/A

Maternity				
Initial Prenatal Office Visit	\$60	\$70	\$115	\$140
Routine Ongoing Prenatal Office Visit		Included with Delivery Copay		\$140
Delivery & Postnatal Care	\$3,500	\$4,745	\$6,000	\$7,800

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

Inpatient Hospital	\$3,500	\$4,745	\$600	\$7,800
Outpatient Hospital	\$1,200	\$1,540	\$2,570	\$3,085
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$3,200	\$4,190	\$6,000	\$780
Ambulance Services			\$860	
Ambulatory Surgical Center	\$1,200	\$1,540	\$2,570	\$3,085
Home Health Care (120 visits per plan year)	\$125	\$140	\$230	\$275
Home Infusion	\$125	\$140	\$230	\$275
Hospice Care	\$385	\$515	\$855	\$1,025



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Medical Services	✓ Tier 1	In-Network			Out-of-Network
		⊖ Tier 2	⚠ Tier 3		
Radiology Services					
Diagnostic X-Rays	\$125	\$140	\$230	\$275	
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$350	\$475	\$790	\$950	
Laboratory Services					
Routine Basic Labs	\$45	\$60	\$105	\$125	
Advanced Diagnostic Labs	\$125	\$140	\$230	\$275	
Emergency Services/Urgent Care					
Emergency Services/Emergency Room			\$860		
Urgent Care Facility	\$125	\$140	\$230	\$275	
Mental Disorders & Substance Use Disorders					
Office Visit	\$60	\$70	\$115	\$140	
Inpatient	\$3,500	\$4,745	\$6,000	\$7,800	
Outpatient	\$1,200	\$1,540	\$2,570	\$3,085	
Therapy Services					
Chiropractic Care/Spinal Manipulation	\$125	\$140	\$230	\$275	
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$125	\$140	\$230	\$275	
Durable Medical Equipment**					
Durable Medical Equipment (DME) / Item	\$160	\$215	\$355	\$425	
Other Healthcare Facilities/Services					
Allergy Injections, Serum & Testing	\$125	\$140	\$230	\$275	
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$3,500	\$4,745	\$6,000	\$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)	\$35	\$40	\$70
Preferred Brand Drugs (Up to a 31-day supply)	\$65	\$75	\$120
Non-Preferred Brand Drugs	\$95	\$110	\$185

Specialty Drug Program			
Specialty Drugs (Up to a 31-day supply. Specialty meds are required to go through mail order.)		\$120	

Mail Order (90 Day Supply**)			
Generic Drugs (Tier 1)		\$70	
Preferred Brand Drugs (Tier 2)		\$120	
Non-Preferred Brand Drugs (Tier 3)		\$185	

**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.