



SimplePay Health Benefits Summary - Copay Plan with Financing
Client Name: CATIC Financial
Plan Year: January 1, 2025 - December 31, 2025

Medical Benefits

Plan Year Deductible	
Single	None
Family	None
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)	
Single	\$4,500
Family	\$9,000

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

Medical Services	In-Network			Out-of-Network
	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$20	\$30	\$45	\$55
Specialist	\$45	\$55	\$95	\$115
Teladoc (General Medicine / Behavioral Health)		\$0		N/A
Teladoc (Dermatology)		\$20		N/A
Preventative Services & Routine Care				
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	See plan document for specific coverage based on age/necessity			
Maternity				
Initial Prenatal Office Visit	\$20	\$30	\$45	\$55
Routine/Ongoing Prenatal Office Visit	Included in Delivery Copay			\$55
Delivery & Postnatal Care	\$2,135	\$2,845	\$4,500	\$5,400
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$2,135	\$2,845	\$4,500	\$5,400
Outpatient Hospital	\$695	\$925	\$1,540	\$1,850
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$1,885	\$2,515	\$4,190	\$5,030
Ambulance Services		\$345		
Ambulatory Surgical Center	\$695	\$925	\$1,540	\$1,850
Home Health Care (100 visits per plan year)	\$45	\$55	\$95	\$115
Home Infusion	\$45	\$55	\$95	\$115
Hospice Care	\$230	\$310	\$515	\$620



Medical Services	In-Network			Out-of-Network
	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$60	\$80	\$135	\$160
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$215	\$285	\$475	\$570
Laboratory Services				
Routine Basic Labs	\$15	\$20	\$30	\$35
Advanced Diagnostic Labs	\$60	\$80	\$135	\$160
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$345		
Urgent Care Facility		\$55		\$115
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$30	\$45	\$55
Inpatient	\$2,135	\$2,845	\$4,500	\$5,400
Outpatient	\$695	\$925	\$1,540	\$1,850
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$45	\$55	\$95	\$115
Outpatient Therapies (PT, OT, ST) (60 combined visits per plan year)	\$45	\$55	\$95	\$115
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$95	\$130	\$215	\$260
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$45	\$55	\$95	\$115
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$2,135	\$2,845	\$4,500	\$5,400

*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





Pharmacy Drug Vendor: MedOne Rx



Pharmacy Benefits

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

Pharmacy Plan Feature	In-Network Pharmacies Excluding CVS/Walgreens	CVS	Walgreens
Retail Pharmacy			
Generic Drugs (Up to a 31-day supply)	\$5	\$10	\$15
Preferred Brand Drugs (Up to a 31-day supply)	\$25	\$30	\$55
Non-Preferred Brand Drugs	\$40	\$50	\$80
Specialty Drug Program			
Specialty Drugs (Up to a 31-day supply. Specialty drugs are required to be filled through mail order.)		\$55	
Mail Order (90 Day Supply**)			
Generic Drugs (Tier 1)		\$15	
Preferred Brand Drugs (Tier 2)		\$55	
Non-Preferred Brand Drugs (Tier 3)		\$80	
**90-day Prescriptions must be filled via mail order or through in-network retail pharmacies (except CVS/Walgreens) 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.