



## SimplePay Health Benefits Summary - Copay 1 Plan with Financing

**Client Name: Circle the City**

**Plan Year: January 1, 2025 - December 31, 2025**

Medical Benefits	
<b>Plan Year Deductible</b>	
Single	None
Family	None
<b>Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)</b>	
Single	\$6,500
Family	\$13,000

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

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$30	\$80	\$130	\$155
Specialist	\$60	\$125	\$210	\$250
Teladoc (General Medicine / Behavioral Health)		\$30		N/A
Teladoc (Dermatology)		\$40		N/A
CVS MinuteClinic		\$0		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	\$30	\$80	\$130	\$155
Routine/Ongoing Prenatal Office Visit		Included in Delivery Copay		
Delivery & Postnatal Care	\$4,370	\$5,815	\$6,500	\$11,800
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$4,370	\$5,815	\$6,500	\$11,800
Outpatient Hospital	\$1,495	\$1,990	\$3,365	\$4,040
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$3,680	\$4,895	\$6,500	\$9,940
Ambulance Services		\$1,150		
Ambulatory Surgical Center	\$1,495	\$1,990	\$3,365	\$4,040
Home Health Care	\$115	\$155	\$260	\$315
Home Infusion	\$115	\$155	\$260	\$315
Hospice Care	\$460	\$615	\$1,035	\$1,245



	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
<b>Radiology Services</b>				
Diagnostic X-Rays	\$0	\$170	\$455	\$545
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$300	\$535	\$910	\$1,090
<b>Laboratory Services</b>				
Routine Basic Labs	\$0	\$130	\$390	\$470
Advanced Diagnostic Labs	\$0	\$210	\$455	\$545
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room		\$1,150		
Urgent Care Facility		\$100		
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$30	\$80	\$130	\$155
Inpatient	\$4,370	\$5,815	\$6,500	\$11,800
Outpatient	\$1,495	\$1,990	\$3,365	\$4,040
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation	\$60	\$125	\$210	\$250
Outpatient Therapies (PT, OT, ST) (60 visits combined per plan year)	\$60	\$125	\$210	\$250
<b>Durable Medical Equipment**</b>				
Durable Medical Equipment (DME) / Item	\$230	\$310	\$520	\$625
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$60	\$125	\$210	\$250
Hearing Aids (1 set every 3 years, up to \$3,000)	\$230	\$310	\$520	\$625
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$4,370	\$5,815	\$6,500	\$11,800
*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](http://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](mailto:healthvalet@simplepayhealth.com)




**Phone:** 800-606-3564

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## 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	<div> In-Network Retail Pharmacies</div>	<div> CVS</div>	<div> Walgreens</div>
Retail Pharmacy			
Generic Drugs (Up to a 31-day supply)	\$5	\$30	\$130
Preferred Brand Drugs (Up to a 31-day supply)	\$15	\$90	\$210
Non-Preferred Brand Drugs	\$20	\$120	\$235
Specialty Drug Program			
Specialty Drugs	Not covered under the basic pharmacy benefit. For specialty drugs, contact the RxAlly patient care team at 1-877-794-2218		
Mail Order (90 Day Supply**)			
Generic Drugs (Tier 1)		\$15	
Preferred Brand Drugs (Tier 2)		\$45	
Non-Preferred Brand Drugs (Tier 3)		\$60	
**90-day Prescriptions must be filled via mail order 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](http://www.simplepayhealth.com) and click on "Find Drug Prices" under the "Benefits" tab.

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.