



SimplePay Health Benefits Summary - Copay 2 Plan (Without Financing)

Client Name: Circle the City

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		\$6,500
Family		\$13,000
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited		
Medical Services	In-Network	Out-of-Network
Physician Services		
Primary Care Physician	\$80	\$155
Specialist	\$125	\$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	\$80	\$155
Routine Ongoing Prenatal Office Visit	Included in delivery copay	\$155
Delivery & Postnatal Care	\$5,815	\$11,800
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)		
Inpatient Hospital	\$5,815	\$11,800
Outpatient Hospital	\$1,990	\$4,040
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$4,895	\$9,940
Ambulance Services		\$1,150
Ambulatory Surgical Center	\$1,990	\$4,040
Home Health Care	\$155	\$315
Home Infusion	\$155	\$315
Hospice Care	\$615	\$1,245



Medical Services	In-Network	Out-of-Network
Radiology Services		
Diagnostic X-Rays	\$170	\$545
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$535	\$1,090
Laboratory Services		
Routine Basic Labs	\$130	\$470
Advanced Diagnostic Labs	\$210	\$545
Emergency Services/Urgent Care		
Emergency Services/Emergency Room		\$1,150
Urgent Care Facility		\$100
Mental Disorders & Substance Use Disorders		
Office Visit	\$80	\$155
Inpatient	\$5,815	\$11,800
Outpatient	\$1,990	\$4,040
Therapy Services		
Chiropractic Care/Spinal Manipulation	\$125	\$250
Outpatient Therapies (PT, OT, ST) (60 visits combined per plan year)	\$125	\$250
Durable Medical Equipment**		
Durable Medical Equipment (DME) / Item	\$310	\$625
Other Healthcare Facilities/Services		
Allergy Injections, Serum & Testing	\$125	\$250
Hearing Aids (1 set every 3 years, up to \$3,000)	\$310	\$625
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)	\$5,815	\$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 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: 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 Retail Pharmacies
Retail Pharmacy	
Generic Drugs (Up to a 31-day supply)	\$30
Preferred Brand Drugs (Up to a 31-day supply)	\$90
Non-Preferred Brand Drugs	\$120
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)	\$75
Preferred Brand Drugs (Tier 2)	\$225
Non-Preferred Brand Drugs (Tier 3)	\$300
**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.