



SimplePay Health Benefits Summary - HDHP Plan with Financing

Client Name: Durez

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

Medical Benefits	
Plan Year Deductible	
Single	\$1,700
Family	\$3,400
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays) - embedded	
Single	\$4,300
Family	\$8,600

Deductible and OOP Maximum apply to in-network services only; Out-of-Network OOP Max is unlimited
All copays are applied after the deductible has been met

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$15	\$20	\$30	\$40
Specialist	\$30	\$40	\$65	\$80
Teladoc (General Medicine, Behavioral Health)		\$15		N/A
Teladoc (Dermatology)		\$30		N/A
CVS MinuteClinic		No Charge		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	\$15	\$20	\$30	\$40
Routine/Ongoing Prenatal Office Visit	Included in Delivery Copay			\$40
Delivery & Postnatal Care	\$1,425	\$1,900	\$2,600	\$3,150
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,425	\$1,900	\$2,600	\$3,150
Outpatient Hospital	\$465	\$615	\$1,030	\$1,236
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$1,255	\$1,675	\$2,600	\$3,150
Ambulance Services		\$250		
Ambulatory Surgical Center	\$465	\$615	\$1,030	\$1,236
Home Health Care (120 visits per plan year)	\$30	\$40	\$65	\$80
Home Infusion	\$30	\$40	\$65	\$80
Hospice Care	\$155	\$205	\$345	\$420



	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	❗ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$40	\$55	\$90	\$110
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$140	\$190	\$315	\$400
Laboratory Services				
Routine Basic Labs	\$10	\$15	\$20	\$30
Advanced Diagnostic Labs	\$40	\$55	\$90	\$110
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$250		
Urgent Care Facility		\$40		\$80
Mental Disorders & Substance Use Disorders				
Office Visit	\$15	\$20	\$30	\$40
Inpatient	\$1,425	\$1,900	\$2,600	\$3,150
Outpatient	\$465	\$615	\$1,030	\$1,236
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$30	\$40	\$65	\$80
Outpatient Therapies (PT, OT, ST) (60 combined visits per plan year)	\$30	\$40	\$65	\$80
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$65	\$85	\$140	\$170
Other Healthcare Facilities/Services				
Acupuncture (10 visits per plan year)	\$30	\$40	\$65	\$80
Allergy Injections, Serum & Testing	\$30	\$40	\$65	\$80
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$1,425	\$1,900	\$2,600	\$3,150
*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).
All copays are applied after the deductible has been met

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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