



# SimplePay Benefits Summary

Client Name HILTI

Plan Year: January 1<sup>st</sup>, 2025 – December 31<sup>st</sup>, 2025

Medical Benefits				
Medical Services		In-Network		Out-of-Network
Calendar Year Deductible				
Single Family		None None		None None
Out-of-Pocket Maximum(Includes all copays)				
Single Family		\$3,400- <i>new in 2025!</i> \$6,800- <i>new in 2025!</i>		Unlimited Unlimited
*OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited*				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Durable Medical Equipment				
Durable Medical Equipment (DME) / item	\$90	\$120	\$200	\$240
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$175- <i>new in 2025!</i>		
Urgent Care Facility		\$40- <i>new in 2025!</i>		\$110
Hospital Expenses or Long-Term Acute Care Facility/Hospital				
Inpatient Hospital	\$1,760	\$2,345	\$3,400- <i>new in 2025!</i>	\$4,320
Outpatient Hospital	\$650	\$865	\$1,440	\$1,730
Infertility Treatment		See plan document for specific coverages and exclusions		
Skilled Nursing Facility/Rehabilitation Facility (90-day limit per plan)	\$1,550	\$2,070	\$3,400- <i>new in 2025!</i>	\$4,140
Ambulance Services		\$290		
Ambulatory Surgical Center	\$650	\$865	\$1,440	\$1,730
Home Health Care (120 visits per plan year)	\$40	\$55	\$90	\$110
Hospice Care	\$215	\$290	\$480	\$575
Laboratory Services				
Routine Labs	\$15	\$20	\$30	\$35
Diagnostic Labs	\$50	\$70	\$115	\$140
Maternity				
Initial Office Visit	\$20	\$25	\$45	\$55
Preventive & Ongoing Prenatal Care		No Charge (Included in global delivery copay)		
Delivery & Postnatal Care(Uncomplicated care)	\$1,760	\$2,345	\$3,600	\$4,320

Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$25	\$45	\$55
Inpatient	\$1,760	\$2,345	\$3,600	\$4,320
Outpatient	\$650	\$865	\$1,440	\$1,730
Physician Services				
Primary Care Physician	\$20	\$25	\$45	\$55
Specialist	\$40	\$55	\$90	\$110
Telehealth Services				
Teladoc Primary Care & Behavioral Health		\$20		N/A
Teledoc Dermatology		\$40		N/A
Preventive Services & Routine Care				
Well-Child Care (Including exams and immunizations)		No Charge		
Adult Physical Examination (Including routine GYN visit)		No Charge		
Breast Cancer Screening (any age)		No Charge		
Pap Test		No Charge		
Prostate Cancer Screening		No Charge		
Colorectal Cancer Screening		No Charge		
Radiology Services				
Diagnostic X-Rays	\$50	\$70	\$115	\$140
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$180	\$240	\$400	\$480
Therapy Services				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	\$40	\$55	\$90	\$110
Outpatient Therapies (PT, OT, ST) (180 visits per plan year)	\$40	\$55	\$90	\$110

**Medical Network:** Aetna Open Choice POS II Network

**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 Benefits

Pharmacy Plan Feature	CVS	In-Network Pharmacies Excluding CVS/Walgreens	Walgreens	Description
<b>Retail Pharmacy</b>				
<b>Generic Drugs (Tier 1)</b> (Up to a 31-day supply)	\$0	\$5	\$15	Generic drugs are covered at this copay level.
<b>Preferred Brand Drugs (Tier 2)</b> (Up to a 31-day supply)	\$25	\$30	\$45	All preferred brand drugs are covered at this copay level.
<b>Non-Preferred Brand Drugs (Tier 3)</b>	\$35	\$40	\$70	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. *Discuss using alternatives with your physician or pharmacist.
<b>Specialty Drugs (Tier 4)</b> (Up to a 31-day supply)	\$45	N/A	N/A	Specialty medications are only allowed to be filled through CVS Mail Order
<b>Mail Order Pharmacy (90-day supply)</b>				
Generic Drugs (Tier 1)	\$15	N/A	N/A	Maintenance drugs of up to a 90-day supply are available through CVS Pharmacy or through Mail Order Pharmacy.
Preferred Brand Drugs (Tier 2)	\$45	N/A	N/A	
Non-Preferred Brand Drugs (Tier 3)	\$70	N/A	N/A	

**NOTE:** There is no coverage under the plan for prescription drugs obtained from a non-participating provider.

**Pharmacy Drug Vendor:** CVS Caremark

**How to Find a Drug:** Look up the cost of your medications in the SimplePay member portal on the "Benefits" tab under the card that says, "Find Drug Prices."

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 right not given through the benefit plan.

