



SimplePay Benefits Summary

Client Name: Invited Clubs

Plan Year: 1/1/2025-12/31/2025

Medical Benefits				
Medical Services		In Network		Out-of-Network
Calendar Year Deductible				
Single Family		None None		None None
Out-of-Pocket Maximum (includes copays – combine with prescription drug card)				
Single Family		\$6,500 \$13,000		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
Physician Services				
Primary Care Physician	\$30	\$40	\$70	\$85
Specialist	\$65	\$85	\$140	\$170
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$580		
Urgent Care Facility		\$65		\$170
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	\$3,130	\$4,175	\$6,500	\$7,800
Outpatient Hospital	\$1,020	\$1,355	\$2,260	\$2,710
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility/Rehabilitation Facility (Limited to 25 days a year)	\$2,765	\$3,685	\$6,145	\$7,375
Ambulance Services		\$580		
Ambulatory Surgical Center	\$1,020	\$1,355	\$2,260	\$2,710
Home Health Care (30 visits per plan year)	\$65	\$85	\$140	\$170
Hospice Care	\$340	\$450	\$755	\$905
Laboratory Services				
Routine Diagnostic Labs	\$20	\$30	\$45	\$55
Diagnostic Labs	\$90	\$120	\$195	\$235
Maternity				
Initial Office Visit	\$65	\$85	\$140	\$170
Preventive & Ongoing Prenatal Care		No Charge (Included in global delivery copay)		
Delivery & Postnatal Care	\$3,130	\$4,175	\$6,500	\$7,800

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Mental Disorders & Substance Use Disorders

Office Visit	\$30	\$40	\$70	\$85
Inpatient	\$3,130	\$4,175	\$6,500	\$7,800
Outpatient	\$1,020	\$1,355	\$2,260	\$2,710

Virtual Care

Teladoc Including Behavioral Health through HealthJoy

[HealthJoy's Navigation Platform Centralizes Benefits and Virtual Care](#)

To access Teledoc services through HealthJoy:
Call (877-500-3212) or 24/7/365 support through the HealthJoy app.

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 (age 40 and above) No Charge

Pap Test No Charge

Prostate Cancer Screening No Charge

Colorectal Cancer Screening See plan document for specific coverage based on age/necessity

Radiology Services

Diagnostic X-Rays	\$90	\$120	\$195	\$235
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Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$315	\$415	\$695	\$835
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Therapy Services

Chiropractic Care/Spinal Manipulation (Unlimited visits of Manipulative Treatments)	\$65	\$85	\$140	\$170
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Outpatient Therapies (30 visits each for PT, OT, ST per plan year)	\$65	\$85	\$140	\$170
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Durable Medical Equipment

Durable Medical Equipment(DME)/Item	\$140	\$190	\$315	\$380
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Other Healthcare Facilities/Services

Temporomandibular Joint Dysfunction Not Covered

Allergy Injections, Serum & Testing	\$65	\$85	\$140	\$170
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Acupuncture Not Covered

Transplants (Aetna IOE Program)* (Travel/lodging \$10,000 per transplant)	\$3,130	\$4,175	\$6,500	\$7,800
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*Please refer to the Aetna Institute of Excellence (IOE) Program section of this plan for a more detailed description of this benefit, including travel and lodging maximums. No charge for travel and lodging.

Bariatric Surgery	See plan document for specific coverages and exclusions
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*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 Open Choice POS II Network

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 Benefits

Single
Family

If you reach your out-of-pocket maximum, SimplePay Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.

Pharmacy Plan Feature	CVS	In-Network Pharmacies Excluding CVS/Walgreens	Walgreens	Description
Retail Pharmacy				
Generic Drugs (Tier 1) (Up to a 31-day supply)	\$20	\$25	\$40	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 31-day supply)	\$50	\$60	\$100	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3)	\$75	\$90	\$150	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. *Discuss using alternatives with your physician or pharmacist.
Specialty Drug Program				
Specialty Drugs (Tier 4) (Up to a 31-day supply)		\$200		Specialty medications are required to be filed through Mail Order.
Mail Order Pharmacy (90-day supply)				
Generic Drugs (Tier 1)		\$40		Maintenance drugs of up to a 90-day supply is available for 1.5 the copay through Mail Service Pharmacy.
Preferred Brand Drugs (Tier 2)		\$100		
Non-Preferred Brand Drugs (Tier 3)		\$150		

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

*Diabetic supplies (including continuous glucose monitors, insulin pumps and supplies) can be filled using Pharmacy Benefits and will be paid according to the applicable drug tier.

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 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.

