



SimplePay Health Benefits Summary - Choice Copay Plan
Client Name: Landmark Properties
Plan Year: March 1, 2025 - February 28, 2026

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

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
Physician Services				
Primary Care Physician	\$20	\$30	\$80	\$95
Specialist	\$65	\$80	\$145	\$175
Teladoc™		\$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	\$20	\$30	\$80	\$95
Routine Ongoing Prenatal Office Visit	Included with Delivery Copay			\$95
Delivery & Postnatal Care	\$3,275	\$4,355	\$6,500	\$8,835
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$3,275	\$4,355	\$6,500	\$8,835
Outpatient Hospital	\$1,065	\$1,415	\$2,340	\$2,875
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$2,895	\$3,850	\$6,500	\$7,810
Ambulance Services	\$600			
Ambulatory Surgical Center	\$1,065	\$1,415	\$2,340	\$2,875
Home Health Care (30 visits per plan year)	\$65	\$85	\$145	\$175
Home Infusion	\$65	\$85	\$145	\$175
Hospice Care	\$360	\$475	\$805	\$965



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	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	ⓘ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$95	\$125	\$210	\$250
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$330	\$440	\$740	\$885
Laboratory Services				
Routine Basic Labs	\$25	\$35	\$55	\$65
Advanced Diagnostic Labs	\$95	\$125	\$210	\$250
Emergency Services/Urgent Care				
Emergency Services / Emergency Room			\$600	
Urgent Care Facility			\$65	
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$30	\$80	\$95
Inpatient	\$3,275	\$4,355	\$6,500	\$8,835
Outpatient	\$1,065	\$1,415	\$2,340	\$2,875
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$65	\$80	\$145	\$175
Acupuncture (10 visits per plan year)	\$65	\$80	\$145	\$175
Outpatient Therapies (PT, OT, ST) (30 combined visits per plan year)	\$65	\$80	\$145	\$175
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$150	\$200	\$340	\$405
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$65	\$80	\$145	\$175
Hearing Aids (see plan document for benefit details)	\$150	\$200	\$340	\$405
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$3,275	\$4,355	\$6,500	\$8,835
*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 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 and Price Care".

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: CVS Caremark



Pharmacy Benefits

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

Pharmacy Plan Feature	CVS	Retail Pharmacies	Walgreens
Retail Pharmacy			
Generic Drugs (Up to a 30-day supply)	\$10	\$15	\$40
Preferred Brand Drugs (Up to a 30-day supply)	\$35	\$45	\$120
Non-Preferred Brand Drugs (Up to a 30-day supply)	\$75	\$90	\$170
Specialty Drug Program			

Specialty Drugs

Specialty Drug coverage is offered exclusively through OptiMed.
Call 877-884-0998 for assistance with your specialty prescription needs.

Mail Order (90 Day Supply)**

Generic Drugs (Tier 1)	\$25
Preferred Brand Drugs (Tier 2)	\$88
Non-Preferred Brand Drugs (Tier 3)	\$188

**A 90-day supply of maintenance drugs must be purchased through the mail order program or at an approved retail pharmacy (CVS/Kroger/Costco) 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 and Price Care".

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.