



SimplePay Health Benefits Summary - HDHP Default (Non-Financing)

Client Name: Landmark Properties

Plan Year: March 1, 2025 - February 28, 2026

Medical Benefits

Plan Year Deductible - embedded

Single	\$4,000
Family	\$8,000

Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays) - embedded

Single	\$8,000
Family	\$16,000

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

Medical Services	In-Network	Out-of-Network
Physician Services		
Primary Care Physician	\$25	\$50
Specialist	\$50	\$95
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	\$25	\$50
Routine/Ongoing Prenatal Office Visit	Included with Delivery Copay	\$50
Delivery & Postnatal Care	\$2,180	\$4,425
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)		
Inpatient Hospital	\$2,180	\$4,425
Outpatient Hospital	\$715	\$1,445
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$1,920	\$3,900
Ambulance Services	\$305	
Ambulatory Surgical Center	\$715	\$1,445
Home Health Care (30 visits per plan year)	\$50	\$95
Home Infusion	\$50	\$95
Hospice Care	\$240	\$485



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Medical Services	In-Network	Out-of-Network
Radiology Services		
Diagnostic X-Rays	\$65	\$125
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$215	\$435
Laboratory Services		
Routine Basic Labs	\$15	\$35
Advanced Diagnostic Labs	\$65	\$125
Emergency Services/Urgent Care		
Emergency Services/Emergency Room		\$305
Urgent Care Facility		\$35
Mental Disorders & Substance Use Disorders		
Office Visit	\$25	\$50
Inpatient	\$2,180	\$4,425
Outpatient	\$715	\$1,445
Therapy Services		
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$50	\$95
Acupuncture (10 visits per plan year)	\$50	\$95
Outpatient Therapies (PT, OT, ST) (30 combined visits per plan year)	\$50	\$95
Durable Medical Equipment**		
Durable Medical Equipment (DME) / Item	\$100	\$205
Other Healthcare Facilities/Services		
Allergy Injections, Serum & Testing	\$50	\$95
Hearing Aids (see plan document for benefit details)	\$100	\$205
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)	\$2,180	\$4,425
*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).
 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 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.
All copays are applied after the deductible has been met**

Pharmacy Plan Feature	In-Network Retail Pharmacies
Retail Pharmacy	
Generic Drugs (Up to a 30-day supply)	\$10
Preferred Brand Drugs (Up to a 30-day supply)	\$20
Non-Preferred Brand Drugs (Up to a 30-day supply)	\$25
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)	\$50
Non-Preferred Brand Drugs (Tier 3)	\$63
*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.