



# SimplePay Health Benefits Summary - SimplePay Copay 1 Plan

**Client Name: Metro Fire**

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

Medical Benefits	
<b>Plan Year Deductible</b>	
Single	None
Family	None
<b>Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)</b>	
Single	\$6,300
Family	\$12,600

**\*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	\$25	\$40	\$100	\$200
Specialist	\$65	\$100	\$250	\$350
Teladoc General Medicine / Behavioral Health / Dermatology		\$25		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	\$40	\$100	\$200
Routine/Ongoing Prenatal Office Visit	Included in Delivery Copay			\$200
Delivery & Postnatal Care	\$3,100	\$4,500	\$6,300	\$11,200
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$3,100	\$4,500	\$6,300	\$11,200
Outpatient Hospital	\$1,100	\$1,500	\$3,500	\$3,800
Skilled Nursing /Rehabilitation Facility (180 days combined max per plan year)	\$2,750	\$3,700	\$6,300	\$10,000
Ambulance Services		\$575		
Ambulatory Surgical Center	\$1,100	\$1,500	\$3,500	\$3,800
Home Health Care (up to 6 hours/day)	\$65	\$85	\$190	\$230
Home Infusion	\$65	\$100	\$250	\$350
Hospice Care	\$340	\$500	\$1,200	\$1,500



		In-Network		Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$90	\$150	\$260	\$310
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$315	\$415	\$930	\$1,200
Laboratory Services				
Routine Basic Labs	\$25	\$35	\$70	\$85
Advanced Diagnostic Labs	\$90	\$150	\$260	\$310
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$575		
Urgent Care Facility		\$65		\$150
Mental Disorders & Substance Use Disorders				
Office Visit	\$25	\$40	\$100	\$200
Inpatient	\$3,100	\$4,500	\$6,300	\$11,200
Outpatient	\$1,100	\$1,500	\$3,500	\$3,800
Therapy Services				
Chiropractic Care/Spinal Manipulation (60 visits per plan year)	\$65	\$100	\$250	\$350
Outpatient Therapies (PT, OT, ST) (120 combined visits per plan year)	\$65	\$100	\$250	\$350
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$140	\$185	\$415	\$500
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$65	\$100	\$250	\$350
Hearing Aids	\$140	\$185	\$415	\$500
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$3,100	\$4,500	\$6,300	\$11,200
*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).

**Medical Network:** Aetna Choice POS II

**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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an aetna company



## Pharmacy Drug Vendor: MedOne Rx



Pharmacy Benefits			
NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.			
Pharmacy Plan Feature	<div> In-Network Retail Pharmacies</div>	<div> CVS</div>	<div> Walgreens</div>
Retail Pharmacy			
Generic Drugs (Up to a 31-day supply)	\$10	\$15	\$35
Preferred Brand Drugs (Up to a 31-day supply)	\$50	\$65	\$140
Non-Preferred Brand Drugs	\$70	\$95	\$210
Specialty Drug Program			
Specialty Drugs	Not covered under the basic pharmacy benefit. For specialty drugs, contact the RxAlly patient care team at 1-877-794-2218		
Mail Order (90 Day Supply**)			
Generic Drugs (Tier 1)	\$25		
Preferred Brand Drugs (Tier 2)	\$125		
Non-Preferred Brand Drugs (Tier 3)	\$175		
**90-day Prescriptions must be filled via mail order or through in-network retail pharmacies (except CVS/Walgreens) in order 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](http://www.simplepayhealth.com) and click on “Find Drug Prices” under the “Benefits” tab.

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 rights not given through the benefit plan.