



2025

Enrollment Guide

Wasserstrom Holdings, Inc.

The health plan you'll be **happy** to see.

Experience healthcare without coinsurance or unexpected bills. SimplePay partners with top-quality providers to offer price certainty for every medical service, putting you in control of your healthcare decisions.

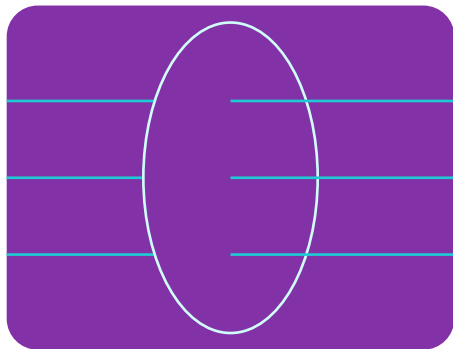
Enjoy the convenience of one simple monthly statement and the flexibility to finance your medical expenses at zero percent interest. **SimplePay is designed to save you time and money, so you can focus more on your health and worry less about the paperwork.**

Clear and supportive healthcare.

Price certainty

Know the price of every medical service ahead of time. No add-ons or surprise bills.

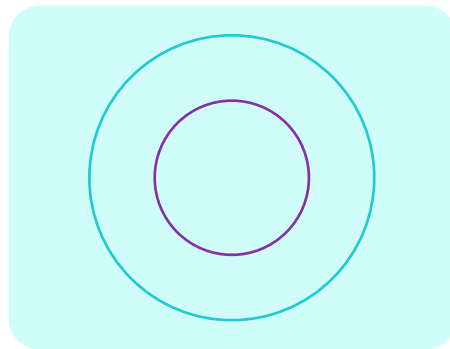
Enjoy hassle-free billing with a single monthly statement and the convenience of online or mail payments.



Affordability options

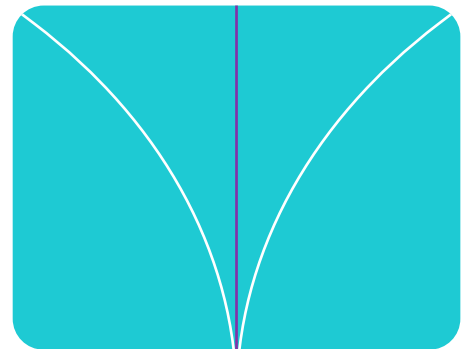
Enjoy 0% financing on all covered medical services - focus on your health, not the cost of your care.

Pay your statement in full and receive a 1.5% credit towards your next bill.



Great care and value

Find top-quality providers offering all services at fixed, predetermined costs — from routine checkups to advanced procedures. High-quality providers cost you less.



Health Valet Service

Work alongside a SimplePay Health Valet to confidently navigate your healthcare journey. Health Valets can assist with:


- Finding a high-quality provider
- Answering questions on billing or coverage information
- And more



Reach out to the Health Valet team:

 1-800-606-3564

 healthvalet@simplepayhealth.com

 Monday-Friday
8:00 a.m. - 8:00 p.m. Central

Price certainty you can count on.

Going for care is easy-going when you know the cost ahead of time.

What to expect:

1.

Look up a service and know exactly what you'll owe.



2.

Go to the doctor and receive great care.



3.

Receive one monthly statement.



Use the SimplePay member portal to find the best provider based on cost and quality rankings.

Present your SimplePay ID card and pay nothing at the time of service.

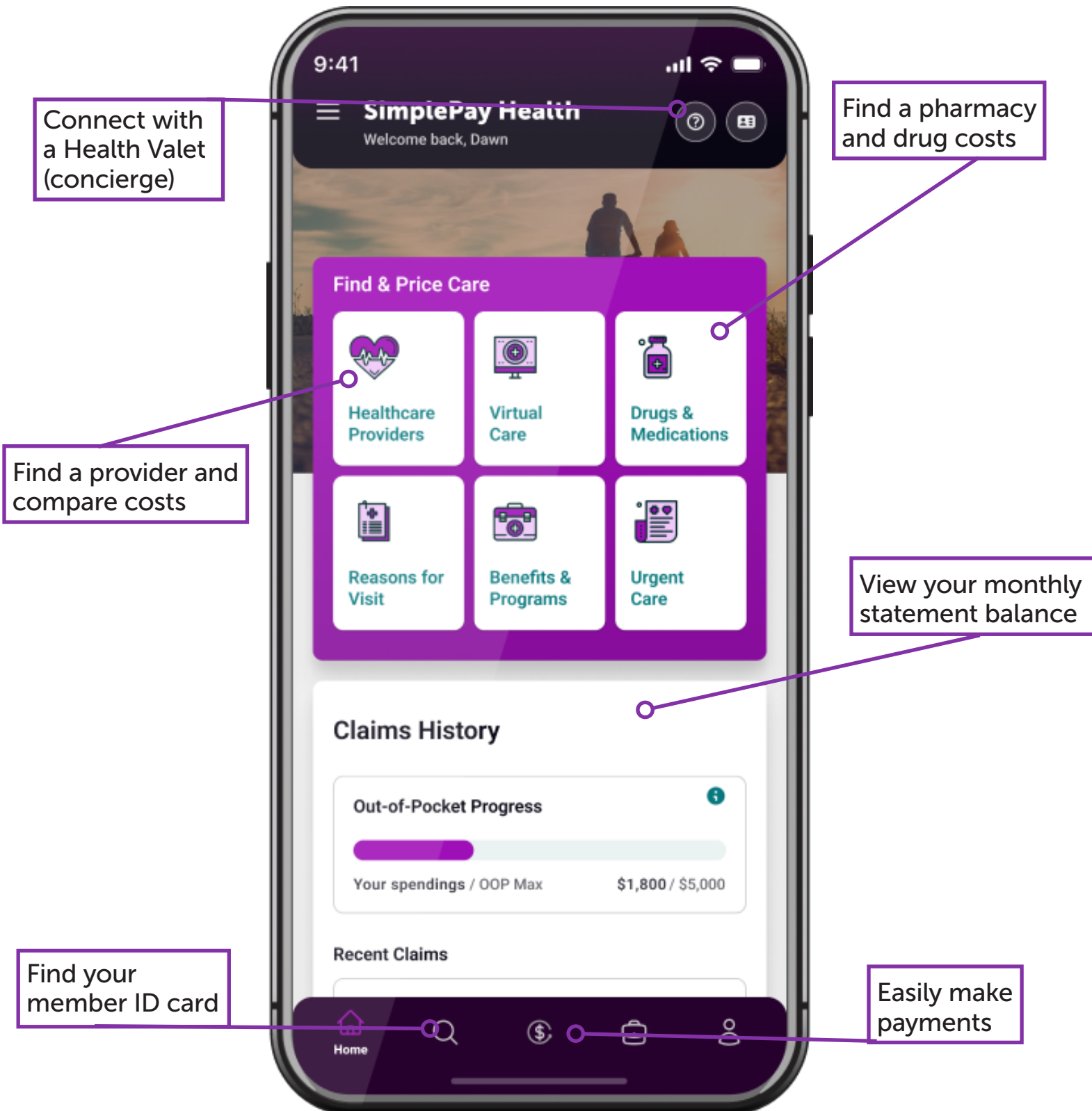
Get one statement for all medical expenses and pay how you prefer with 0% financing.



For questions, reach out to your Health Valet or visit <https://employers.simplepayhealth.com/Wasserstrom.html>

Member Portal




Explore the member portal anytime from your mobile app or desktop. It's your one-stop hub for all of your benefit information!



Quality you can trust.

SimplePay is designed to help you find **high-quality**, low-cost providers so you can prioritize your health and your bank account.

With SimplePay, providers are categorized into three copay rankings based on the following criteria:

-  Tier 1 provider
-  Tier 2 provider
-  Tier 3 provider

Quality

Providers renowned for their best-in-class training, certifications, and commitment to delivering excellent care outcomes.

Relationship

Providers that are associated with top-quality service lines at their facility, ensuring great care with every visit.

Experience

Providers that consistently deliver positive patient experiences and outcomes.

Efficiency

Providers that offer the best results for their patients, delivering just the right amount of care to ensure health needs are met.

Provider Ranking Legend



Meets all standards above



Meets most standards above

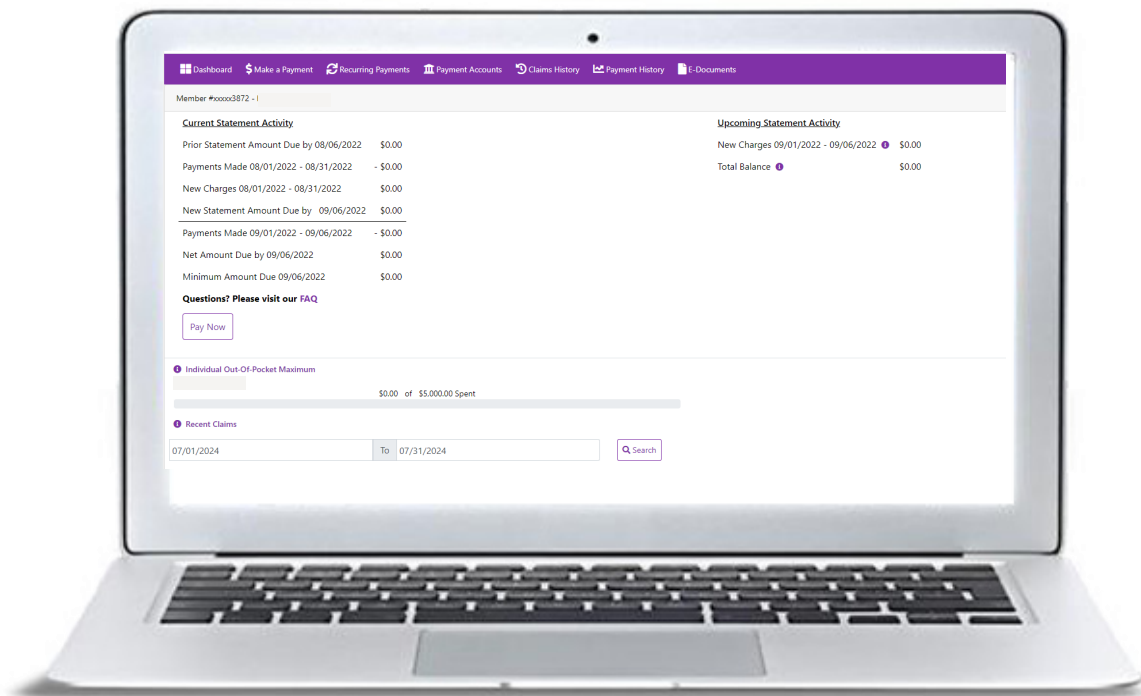


Meets some standards above

Simplified Payment

Stress less with hassle free billing.

With SimplePay Health, enjoy the convenience of owing nothing at the time of service. Our simplified billing consolidates all of your monthly services into a single statement. You can choose your preferred payment method or set up hassle-free auto-pay to simplify your life and gain peace of mind.



“

I got my first SimplePay bill and have loved the new plan. I am so excited to have the transparency to my family's medical information and cost! And to not be getting massive EOB mail is a dream!

— SimplePay Member

Pay It Forward: Earn Credit Towards Your Next Medical Bill

When you pay your SimplePay Health statement in full by the due date, you'll receive a 1.5% credit on your next monthly statement. It's our way of saying thank you for your timely payment, and makes managing your healthcare expenses even more rewarding.

Payments Made Easy

SimplePay Health works with Paytient, your financial payment partner, to offer you 0% financing for your medical bills and medications.

Benefits you receive with the SimplePay Health payment plan:

- + Single monthly statement
- + No payment at the time of service
- + 0% financing
- + Pay manually or autopay

Why Sign the Financial Form?

In order to offer 0% financing with no background check, you are required to sign a financial onboarding form and provide a payment method.

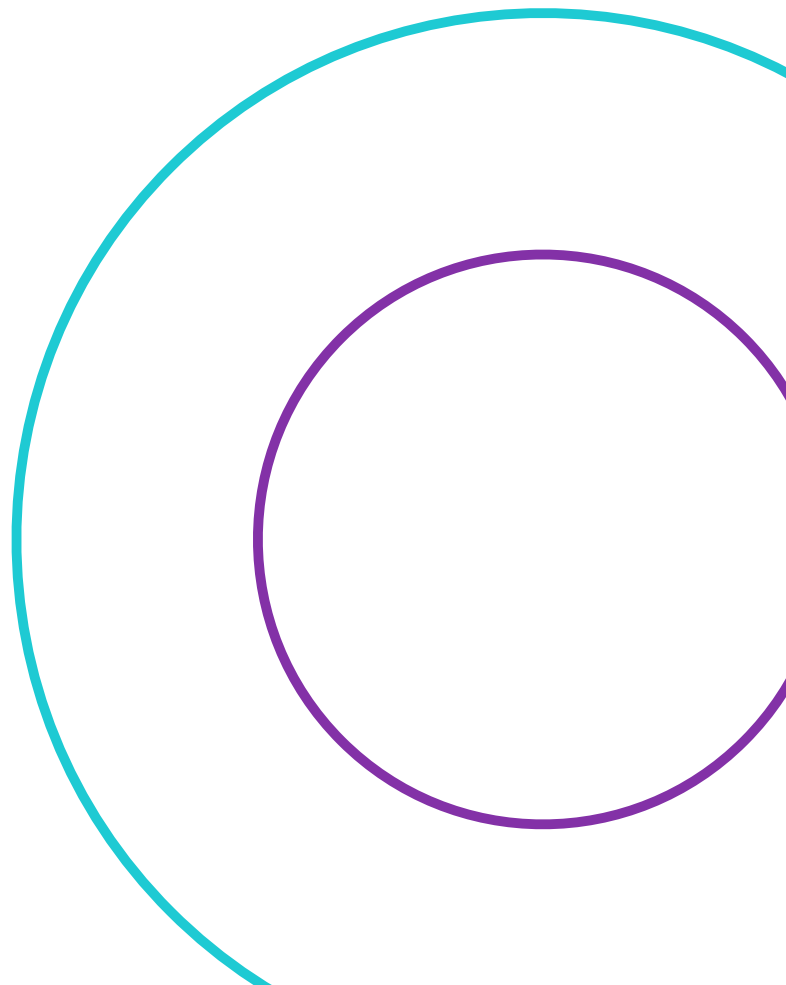
If you do not fill out the financing form, you will be enrolled in your company's default plan.

[Learn More](#)

Secondary Insurance

SimplePay Health does not support billing to secondary insurance plans. If any of the below situations apply to you, we recommend enrolling in another plan option:

- You, your spouse, or any dependents have another form of insurance.
- You, your spouse, or any dependents receive financial assistance from a healthcare provider.



Pharmacy



SimplePay Health pharmacy plans are provided by CVS Caremark® Pharmacy Benefit Solutions.

CVS is a nationally recognized pharmacy benefit manager that contracts with almost all licensed U.S. pharmacies. On a SimplePay Health Plan, you pay your out-of-pocket pharmacy cost or copays to SimplePay Health and not directly to your pharmacy at the time you pick up your prescription(s). Your copay will vary based on the pharmacy you choose.

| What to expect when visiting the pharmacy:

1.

Visit the SimplePay Member Portal to find a pharmacy and your prescription cost.

2.

Visit the pharmacy and present your SimplePay ID card to pay nothing at the time of pickup.

3.

Receive one monthly statement and pay how you prefer with 0% financing.



For more information on pharmacy benefits and to do a prescription drug lookup, please visit <https://employers.simplepayhealth.com/Wasserstrom.html>

SimplePay HDHP Plan

SimplePay Health HDHP Plan Summary

Client Name: Wasserstrom Holdings, Inc.

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

Network: Aetna Choice POS II

Medical Benefits				
	In-Network			Out-of-Network
	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Calendar Year Deductible (Indiv/Family)	\$3,500 / \$7,000			N/A
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$5,000 / \$10,000			N/A
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+ Virtual Care	\$10	\$20	\$30	\$50
Retail Health Clinic (CVS Minute Clinic is a \$0 copay)	\$10	\$20	\$30	\$50
Specialist + Virtual Care	\$30	\$50	\$75	\$150
Preventative Services & Routine Care(No deductible needs to be met)				
Well-Child Care (including exams and immunizations)	No Charge			
Adult Physical Examination (including routine GYN visit)	No Charge			
Routine Eye Care	No Charge			
COVID 19 Vaccine	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Teledoc Services				
Teladoc- Medical, Behavioral & Dermatology	No Charge (Deductible must be met first)			N/A
Maternity				
Initital Prenatal Office Visit	\$10	\$20	\$30	\$50
Routine/Ongoing Prenatal Office Visit	No Charge			\$50
Delivery & Postnatal Care	\$1,400	\$2,000	\$3,000	\$7,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,400	\$2,000	\$3,000	\$7,000
Outpatient Hospital	\$450	\$600	\$1,000	\$2,250
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$1,250	\$1,700	\$2,800	\$6,250
Ambulance Services	\$250			
Ambulatory Surgical Center	\$450	\$600	\$1,000	\$2,250
Home Health Care (120 visits per plan year)	\$30	\$50	\$75	\$150
Home Infusion	\$30	\$50	\$75	\$150
Hospice Care	\$150	\$200	\$350	\$750

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	⚠ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$10	\$15	\$20	\$50
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$150	\$200	\$300	\$750
Laboratory Services				
Basic Labs	\$10	\$15	\$20	\$50
Advanced Diagnostic Labs	\$40	\$60	\$90	\$200
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$250			
Urgent Care Facility	\$30			
Mental Disorders & Substance Use Disorders				
Office Visit	\$10	\$20	\$30	\$50
Inpatient	\$1,400	\$2,000	\$3,000	\$7,000
Outpatient	\$450	\$600	\$1,000	\$2,250
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$30	\$50	\$75	\$150
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$30	\$50	\$75	\$150
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$60	\$90	\$140	\$300
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$30	\$50	\$75	\$150
Acupuncture	\$30	\$50	\$75	\$150
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)	See plan document for coverage details			
Bariatric Surgery	See plan document for coverage details			

*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 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: 1-800-606-3564

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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.

Calendar Year Deductible (Indiv/Family)	\$3,500 / \$7,000	N/A
Out-of-Pocket Maximum (Indiv/Family)	\$5,000 / \$10,000	N/A

Pharmacy Plan Feature	✓ Tier 1	⊖ Tier 2	⚠ Tier 3
	CVS	In-Network Pharmacies Excluding CVS/Walgreens	Walgreens

Retail Pharmacy

Generic Drugs (Up to a 31-day supply)	\$5	\$10	\$15
Preferred Brand Drugs (Up to a 31-day supply)	\$10	\$15	\$25
Non-Preferred Brand Drugs	\$15	\$20	\$30

Specialty Drug Program

Specialty Drugs* (Up to a 31-day supply)	\$300 for a 31-day supply
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*Specialty medications are required to be filled through Mail Order.

Mail Order (90 Day Supply*)

Generic Drugs (Tier 1)	\$10
Preferred Brand Drugs (Tier 2)	\$20
Non-Preferred Brand Drugs (Tier 3)	\$30

*A 90-day supply of maintenance drugs must be purchased at a CVS retail pharmacy or through the mail order program 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: 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 rights not given through the benefit plan.

SimplePay No Deductible Plan

SimplePay Health No Deductible Plan Summary

Client Name: Wasserstrom Holdings, Inc.

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

Network: Aetna Choice POS II

Medical Benefits				
	In-Network			Out-of-Network
	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Calendar Year Deductible (Indiv/Family)	\$0			N/A
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$6,500 / \$13,000			N/A
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 + Virtual care	\$30	\$60	\$100	\$150
Retail Health Clinic (CVS Minute Clinic is a \$0 copay)	\$30	\$60	\$100	\$150
Specialist + Virtual Care	\$60	\$125	\$200	\$300
Well-Child Care (including exams and immunizations)	No Charge			
Adult Physical Examination (including routine GYN visit)	No Charge			
Routine Eye Care	No Charge			
COVID 19 Vaccine	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Teledoc Services				
Teladoc - Medical, Behavioral & Dermatology	No Charge			N/A
Maternity				
Initital Prenatal Office Visit	\$30	\$60	\$100	\$150
Routine/Ongoing Prenatal Office Visit	No Charge			\$60
Delivery & Postnatal Care	\$3,500	\$5,000	\$6,500	\$17,500
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$3,500	\$5,000	\$6,500	\$17,500
Outpatient Hospital	\$1,100	\$1,500	\$2,500	\$5,500
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$3,000	\$4,000	\$6,500	\$15,000
Ambulance Services	\$700			
Ambulatory Surgical Center	\$1,100	\$1,500	\$2,500	\$5,500
Home Health Care (120 visits per plan year)	\$60	\$125	\$200	\$300
Home Infusion	\$60	\$125	\$200	\$300
Hospice Care	\$350	\$500	\$800	\$1,750

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⚠ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$50	\$70	\$90	\$250
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$350	\$500	\$750	\$1,750
Laboratory Services				
Basic Labs	\$50	\$70	\$90	\$250
Advanced Diagnostic Labs	\$100	\$150	\$250	\$500
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$700			
Urgent Care Facility	\$75	\$75	\$75	\$75
Mental Disorders & Substance Use Disorders				
Office Visit	\$30	\$60	\$100	\$150
Inpatient	\$3,500	\$5,000	\$6,500	\$17,500
Outpatient	\$1,100	\$1,500	\$2,500	\$5,500
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$60	\$125	\$200	\$300
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$60	\$125	\$200	\$300
Durable Medical Equipment*				
Durable Medical Equipment (DME)	\$150	\$200	\$350	\$750
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$60	\$125	\$200	\$300
Acupuncture	\$60	\$120	\$200	\$300
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)	See plan document for coverage details			
Bariatric Surgery	See plan document for coverage details			

*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

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Email: healthvalet@simplepayhealth.com

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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.

Calendar Year Deductible (Indiv/Family)	\$0	N/A
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Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$6,500 / \$13,000	N/A
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Pharmacy Plan Feature	✓ Tier 1	⊖ Tier 2	⚠ Tier 3
	CVS	In-Network Pharmacies Excluding CVS/Walgreens	Walgreens

Retail Pharmacy

Generic Drugs (Up to a 31-day supply)	\$10	\$35	\$60
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Preferred Brand Drugs (Up to a 31-day supply)	\$45	\$75	\$125
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Non-Preferred Brand Drugs	\$90	\$115	\$175
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Specialty Drug Program

Specialty Drugs* (Up to a 31-day supply)	\$300 for a 31-day supply
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*Specialty medications are required to be filled through Mail Order.

Mail Order or CVS Retail (90 Day Supply*)

Generic Drugs (Tier 1)	\$20
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Preferred Brand Drugs (Tier 2)	\$90
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Non-Preferred Brand Drugs (Tier 3)	\$180
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*A 90-day supply of maintenance drugs must be purchased at a CVS retail pharmacy or through the mail order program to receive the savings of a 90-day supply.

Drug Descriptions

Generic Drugs	Generic drugs are covered at this copay level.
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Preferred Brand Drugs	All preferred drugs are covered at this copay level.
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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.
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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."

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Find a happier way to healthcare.

Access your SimplePay Health Valet:

1-800-606-3564
healthvalet@simplepayhealth.com

Monday-Friday
8:00 a.m.-8:00 p.m. Central

For questions regarding provider and pharmacy information, visit your company's microsite or reach out to your Health Valet.

[Click Here](#)

SimplePayHealth.com

