



# SimplePay Health Benefits Summary - SimplePay HDHP Plan

**Client Name: Patriot Rail**

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

Medical Benefits				
Plan Year Deductible - aggregate				
Single				\$1,700
Family				\$3,400
Out-of-Pocket Maximum - embedded (includes medical copays combined with prescriptions copays)		In-Network		Out-of-Network
Single				\$6,800
Family				\$13,600
All copays are applied after the deductible has been met				
		In-Network		Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$5	\$10	\$20	\$50
Specialist	\$20	\$30	\$50	\$100
Teladoc (All Services)		\$20		N/A
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)		No Charge		
Adult Physical Examination (including routine GYN visit)		No Charge		
Routine Annual Eye Exam (one exam per plan year)		No Charge		
COVID 19 Vaccine		No Charge		
Breast Cancer Screening		No Charge		
Pap Test		No Charge		
Skin Cancer Screening		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	\$5	\$10	\$20	\$50
Routine/Ongoing Prenatal Office Visit	Included in Delivery Copay			\$50
Delivery & Postnatal Care	\$1,200	\$1,500	\$1,800	\$3,600
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,200	\$1,500	\$1,800	\$3,600
Outpatient Hospital	\$350	\$500	\$650	\$1,500
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$1,200	\$1,500	\$1,800	\$3,600
Ambulance Services	\$150			
Ambulatory Surgical Center	\$350	\$500	\$650	\$1,500
Home Health Care (60 visits per plan year)	\$20	\$30	\$50	\$100
Home Infusion	\$20	\$30	\$50	\$100
Hospice Care	\$150	\$200	\$250	\$600



	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$15	\$25	\$40	\$125
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$75	\$125	\$175	\$325
Laboratory Services				
Routine Basic Labs	\$5	\$10	\$30	\$75
Advanced Diagnostic Labs	\$15	\$25	\$40	\$125
Emergency Services/Urgent Care				
Emergency Services/Emergency Room			\$150	
Urgent Care Facility			\$50	
Mental Disorders & Substance Use Disorders				
Office Visit	\$5	\$10	\$20	\$50
Inpatient	\$1,200	\$1,500	\$1,800	\$3,600
Outpatient	\$350	\$500	\$650	\$1,500
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$20	\$30	\$50	\$100
Outpatient Therapies (PT, OT, ST) (60 combined visits per plan year)	\$20	\$30	\$50	\$100
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$50	\$75	\$100	\$250
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$20	\$30	\$50	\$100
Hearing Aids (One set every 3 years, \$5,000 maximum)	\$50	\$75	\$100	\$250
Temporomandibular Joint Dysfunction (TMJ)	See plan document for specific coverage			
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$1,200	\$1,500	\$1,800	\$3,600
*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). 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](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

**Meritain Health**  
an aetna company



## 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	CVS ✓	In-Network Retail -	Walgreens !
<b>Retail Pharmacy</b>			
Generic Drugs (Up to a 31-day supply)	\$5	\$10	\$15
Preferred Brand Drugs (Up to a 31-day supply)	\$15	\$25	\$40
Non-Preferred Brand Drugs	\$40	\$50	\$70
<b>Specialty Drug Program</b>			
Specialty Drugs (Up to a 31-day supply. Specialty meds are required to go through mail order.)		\$100	
<b>Mail Order (90 Day Supply**)</b>			
Generic Drugs (Tier 1)		\$15	
Preferred Brand Drugs (Tier 2)		\$45	
Non-Preferred Brand Drugs (Tier 3)		\$120	
*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.			
<b>Drug Descriptions</b>			
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.