



SimplePay Health Benefits Summary - Traditional Copay Plan

Client Name: Patriot Rail

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

Medical Benefits		
Plan Year Deductible		
Single	None	
Family	None	
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)	In-Network	Out-of-Network
Single	\$5,000	\$10,000
Family	\$10,000	\$20,000

Medical Services	In-Network	Out-of-Network
Physician Services		
Primary Care Physician	\$25	\$50
Specialist	\$55	\$110
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	\$25	\$50
Routine/Ongoing Prenatal Office Visit	Included with Delivery Copay	\$50
Delivery & Postnatal Care	\$3,365	\$6,835
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)		
Inpatient Hospital	\$3,365	\$6,835
Outpatient Hospital	\$1,105	\$2,240
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$3,060	\$6,210
Ambulance Services	\$405	
Ambulatory Surgical Center	\$1,105	\$2,240
Home Health Care (60 visits per plan year)	\$70	\$140
Home Infusion	\$70	\$140
Hospice Care	\$375	\$765



Medical Services	In-Network	Out-of-Network
Radiology Services		
Diagnostic X-Rays	\$95	\$190
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$345	\$700
Laboratory Services		
Routine Basic Labs	\$25	\$50
Advanced Diagnostic Labs	\$95	\$190
Emergency Services/Urgent Care		
Emergency Services/Emergency Room		\$405
Urgent Care Facility		\$55
Mental Disorders & Substance Use Disorders		
Office Visit	\$25	\$50
Inpatient	\$3,365	\$6,835
Outpatient	\$1,105	\$2,240
Therapy Services		
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$55	\$110
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$55	\$110
Durable Medical Equipment**		
Durable Medical Equipment (DME) / Item	\$155	\$315
Other Healthcare Facilities/Services		
Allergy Injections, Serum & Testing	\$55	\$110
Hearing Aids (One set every 3 years, \$5,000 maximum)	\$155	\$315
Temporomandibular Joint Dysfunction (TMJ)	See plan document for specific coverage	
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)	\$3,365	\$6,835
*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 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: 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	In-Network Retail Pharmacies
Retail Pharmacy	
Generic Drugs (Up to a 31-day supply)	\$10
Preferred Brand Drugs (Up to a 31-day supply)	\$50
Non-Preferred Brand Drugs	\$70
Specialty Drug Program	
Specialty Drugs (Up to a 31-day supply. Specialty meds are required to go through mail order.)	\$100
Mail Order (90 Day Supply*)	
Generic Drugs (Tier 1)	\$30
Preferred Brand Drugs (Tier 2)	\$150
Non-Preferred Brand Drugs (Tier 3)	\$210
*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: Log into your member portal at www.simplepayhealth.com and click on “Find Drug Prices” under the “Benefits” tab.

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.