



SimplePay Health Benefits Summary - Enhanced Copay Plan
Client Name: Harlan Foods, Inc.
Plan Year: October 1, 2025 - September 30, 2026

Medical Benefits				
Plan Year Deductible				
Single				None
Family				None
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)				
Single				\$2,500
Family				\$5,000
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited				
Preventative Services & Routine Care (see plan document for specific coverage based on age/necessity)				
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				No Charge
Medical Services	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	Out-of-Network
Physician Services				
Primary Care Physician	\$20	\$25	\$30	\$40
Specialist	\$30	\$40	\$65	\$80
Teladoc™ (General Medicine / Behavioral Health)		No Charge		N/A
CVS MinuteClinic		No Charge		N/A
Maternity				
Initial Prenatal Office Visit	\$20	\$25	\$30	\$40
Routine Ongoing Prenatal Office Visit		Included with Delivery Copay		
Delivery & Postnatal Care	\$1,250	\$1,650	\$2,000	\$2,400
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,250	\$1,650	\$2,000	\$2,400
Outpatient Hospital	\$500	\$615	\$1,030	\$1,250
Skilled Nursing /Rehabilitation Facility (160 days combined max per plan year)	\$1,150	\$1,520	\$2,000	\$2,400
Ambulance Services		\$250		
Ambulatory Surgical Center	\$500	\$615	\$1,030	\$1,250
Home Health Care (50 visits per plan year)	\$30	\$40	\$65	\$80
Hospice Care	\$155	\$205	\$345	\$415



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	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	⚠ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$40	\$55	\$90	\$110
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$140	\$190	\$315	\$380
Laboratory Services				
Routine Basic Labs	\$10	\$15	\$20	\$25
Advanced Diagnostic Labs	\$40	\$55	\$90	\$110
Emergency Services/Urgent Care				
Emergency Services / Emergency Room			\$250	
Urgent Care Facility	\$35	\$40	\$65	\$80
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$25	\$30	\$40
Inpatient	\$1,250	\$1,650	\$2,000	\$2,400
Outpatient	\$500	\$615	\$1,030	\$1,250
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$30	\$40	\$65	\$80
Acupuncture (20 visits per plan year)	\$30	\$40	\$65	\$80
Outpatient Therapies (PT, OT, ST) (20 visits per plan year)	\$30	\$40	\$65	\$80
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$65	\$85	\$140	\$170
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$30	\$40	\$65	\$80
Temporomandibular Joint Dysfunction (\$5,000 Lifetime Maximum Benefit)	\$500	\$615	\$1,030	\$1,250
Weight Control / Bariatric Services or Surgery			Not Covered	
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$1,250	\$1,650	\$2,000	\$2,400
*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).

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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Client Name: Harlan Foods, Inc.

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	In-Network Retail Pharmacies 	CVS 	Walgreens 
Retail Pharmacy			
Generic Drugs (Up to a 31-day supply)	\$5	\$10	\$20
Preferred Brand Drugs (Up to a 31-day supply)	\$10	\$15	\$25
Non-Preferred Brand Drugs (Up to a 31-day supply)	\$15	\$20	\$30
Specialty Drug Program			
Specialty Drugs (Up to a 31-day supply. Specialty meds are required to go through mail order.)		\$50	
Mail Order (90 Day Supply**)			
Generic Drugs (Tier 1)		\$10	
Preferred Brand Drugs (Tier 2)		\$20	
Non-Preferred Brand Drugs (Tier 3)		\$30	

**90-day Prescriptions must be filled via Mail Service Pharmacy 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 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.