



## SimplePay Health Benefits Summary - Copay Plan with Financing

**Client Name: Vaupell**

**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)				
Single			\$3,600	
Family			\$7,200	
*OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited*				
Medical Services	✔ Tier 1	🚫 In-Network Tier 2	⚠ Tier 3	Out-of-Network
Physician Services				
Primary Care Physician	\$20	\$25	\$45	\$55
Specialist	\$40	\$55	\$90	\$110
Teladoc (General Medicine, Behavioral Health)		\$15		N/A
Teladoc (Dermatology)		\$30		N/A
CVS MinuteClinic		No Charge		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	\$20	\$25	\$45	\$55
Routine/Ongoing Prenatal Office Visit		Included in Delivery Copay		\$55
Delivery & Postnatal Care	\$1,760	\$2,345	\$3,600	\$4,320
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,760	\$2,345	\$3,600	\$4,320
Outpatient Hospital	\$650	\$865	\$1,440	\$1,730
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$1,550	\$2,070	\$3,450	\$4,140
Ambulance Services		\$290		
Ambulatory Surgical Center	\$650	\$865	\$1,440	\$1,730
Home Health Care (130 visits per plan year)	\$40	\$55	\$90	\$110
Home Infusion	\$40	\$55	\$90	\$110
Hospice Care	\$215	\$290	\$480	\$575



		In-Network		Out-of-Network
Medical Services	✔ Tier 1	☹ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$50	\$70	\$115	\$140
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$180	\$240	\$400	\$480
Laboratory Services				
Routine Basic Labs	\$15	\$20	\$30	\$35
Advanced Diagnostic Labs	\$50	\$70	\$115	\$140
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$290		
Urgent Care Facility		\$50		\$110
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$25	\$45	\$55
Inpatient	\$1,760	\$2,345	\$3,600	\$4,320
Outpatient	\$650	\$865	\$1,440	\$1,730
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$40	\$55	\$90	\$110
Outpatient Therapies (PT, OT, ST) (30 combined visits per plan year)	\$40	\$55	\$90	\$110
Durable Medical Equipment				
Durable Medical Equipment (DME) / Item	\$90	\$120	\$200	\$240
Other Healthcare Facilities/Services				
Acupuncture (12 visits per plan year)	\$40	\$55	\$90	\$110
Allergy Injections, Serum & Testing	\$40	\$55	\$90	\$110
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$1,760	\$2,345	\$3,600	\$4,320
*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.				

**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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