



SimplePay Health Benefits Summary - High Deductible Health Plan (HDHP)

Client Name: Wasatch Property Management

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

Medical Benefits	
Plan Year Deductible - aggregate	
Single	\$2,100
Family	\$4,200
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays) - embedded	
Single	\$5,300
Family	\$10,600

Deductible and OOP Maximum apply to in-network services only; Out-of-Network OOP Max is unlimited
All copays are applied after the deductible has been met

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

Medical Services	✓	Tier 1	✖	Tier 2	⚠	Tier 3	Out-of-Network
Physician Services							
Primary Care Physician		\$15		\$20		\$30	\$40
Specialist		\$30		\$40		\$65	\$80
Teladoc™ - General Medicine				\$0			N/A
Teladoc™ - Behavioral Health				\$15			N/A
Teladoc™ - Dermatology				\$30			N/A
Maternity							
Initial Prenatal Office Visit		\$15		\$20		\$30	\$40
Routine/Ongoing Prenatal Office Visit			Included in Delivery Copay				\$40
Delivery & Postnatal Care		\$1,425		\$1,900		\$3,000	\$3,600
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)							
Inpatient Hospital		\$1,425		\$1,900		\$3,000	\$3,600
Outpatient Hospital		\$465		\$615		\$1,030	\$1,236
Skilled Nursing /Rehabilitation Facility (160 days max per plan year)		\$1,255		\$1,675		\$2,795	\$3,400
Ambulance Services					\$250		
Ambulatory Surgical Center		\$465		\$615		\$1,030	\$1,236
Home Health Care (50 visits per plan year)		\$30		\$40		\$65	\$80
Home Infusion		\$30		\$40		\$65	\$80
Hospice Care		\$155		\$205		\$345	\$420



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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	\$400	
Laboratory Services					
Routine Basic Labs	\$10	\$15	\$20	\$30	
Advanced Diagnostic Labs	\$40	\$55	\$90	\$110	
Emergency Services/Urgent Care					
Emergency Services/Emergency Room			\$250		
Urgent Care Facility		\$50		\$80	
Mental Disorders & Substance Use Disorders					
Office Visit	\$15	\$20	\$30	\$40	
Inpatient	\$1,425	\$1,900	\$3,000	\$3,600	
Outpatient	\$465	\$615	\$1,030	\$1,236	
Therapy Services					
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$30	\$40	\$65	\$80	
Outpatient Therapies (PT, OT, ST) (20 visits each 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	
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$1,425	\$1,900	\$3,000	\$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.					

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**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 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. All copays are applied after the deductible has been met			
Pharmacy Plan Feature	CVS	In-Network Retail	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. Specialty meds are required to go through mail order.)		\$10	
Mail Order (90 Day Supply**)			
Generic Drugs (Tier 1)		\$15	
Preferred Brand Drugs (Tier 2)		\$25	
Non-Preferred Brand Drugs (Tier 3)		\$30	
*A 90-day supply of maintenance drugs must be purchased 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.