




SimplePay Benefits Summary: Workday, Inc - Health and Welfare Program
Plan Year: January 1st, 2025 – December 31st, 2025

MEDICAL BENEFITS				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Calendar Year Deductible				
Single	None			None
Family	None			None
Out-Of-Pocket Maximum (includes Copays – combined with Prescription Drug Card)				
Single	\$2,000			Unlimited
Family	\$4,000			Unlimited
OOP Max applies to In-Network services only; Out-of-Network OOP Max is unlimited				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Physician Services				
Primary Care Physician	\$15	\$20	\$30	\$35
Specialist	\$30	\$40	\$65	\$80
Premise Health				
Clinic and Virtual including Behavioral Health	\$0			N/A
Preventive Services and Routine Care				
Well-Child Care (Including exams & immunizations)	No Charge			
Adult Physical Examination (Including routine GYN visit)	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	No Charge			
Radiology Services				
Diagnostic X-Rays	\$25	\$35	\$60	\$70
Advanced Imaging MRI, MRA, CAT & PET Scans	\$140	\$190	\$315	\$380
Other Healthcare Facilities/Services				
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$30	\$40	\$65	\$80
Outpatient Therapies (PT, OT, ST)	\$30	\$40	\$65	\$80
Laboratory Services				
Routine Labs	\$10	\$15	\$20	\$25
Diagnostic Labs	\$25	\$35	\$60	\$70
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$30	\$40	\$65	\$80
Acupuncture	\$30	\$40	\$65	\$80
Transplants (Aetna IOE Program) * travel and lodging \$10,000 per transplant	\$1,140	\$1,520	\$2,000	\$2,640
*Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit, including travel and lodging maximums. No charge for travel and lodging				
Bariatric Surgery	\$1,140	\$1,520	\$2,000	\$2,640

Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Mental Disorders & Substance Use Disorders				
Office Visit	\$15	\$20	\$30	\$35
Inpatient	\$1,140	\$1,520	\$2,000	\$2,640
Outpatient	\$465	\$615	\$1,030	\$1,235
Maternity				
Initial Office Visit	\$15	\$20	\$30	\$35
Preventive & On-going Prenatal Care	No Charge (included in global delivery copay)			
Delivery & Postnatal Care	\$1,140	\$1,520	\$2,000	\$2,640
Durable Medical Equipment				
Durable Medical Equipment (DME) per item	\$65	\$85	\$140	\$170
Covid 19 Services				
Covid 19 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			
Emergency Services/Urgent Care				
Emergency Services/Emergency Room Services	\$115			
Urgent Care Facility	\$30			\$80
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	\$1,140	\$1,520	\$2,000	\$2,640
Outpatient Hospital	\$465	\$615	\$1,030	\$1,235
Fertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility (120 days per calendar year)	\$930	\$1,240	\$2,000	\$2,485
Ambulance Services	\$115			
Ambulatory Surgical Center	\$465	\$615	\$1,030	\$1,235
Home Health Care (Annual Limit: 200 days; 16hr max per day)	\$30	\$40	\$65	\$80
Hospice Care	\$155	\$205	\$345	\$415
*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).				
				
<p align="center">Medical Network: Aetna Choice POS II Network</p> <p>How to Find a Provider: Effective 1/1/2024, log in to your member portal at www.simplepayhealth.com and click on "Find A Doctor and Compare Costs" under the "Benefits" tab</p>				
<p align="center">For Questions about your SimplePay Health Plan, please contact your SimplePay Health Valet.</p> <p align="center">Email: HealthValet@simplepayhealth.com</p> <p align="center">Phone: 800-606-3564</p>				

PHARMACY BENEFITS

If you reach your out-of-pocket maximum, SimplePay Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts for excluded or non-covered services.

Pharmacy Plan Feature	In-Network	Out-of-Network	Description
Retail Pharmacy			
Generic Drugs (Tier 1) (Up to a 30-day supply)	\$5	\$10	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 30-day supply)	\$15	\$20	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3) (Up to a 30-day supply)	\$20	\$25	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. *Discuss using alternatives with your physician or pharmacist.
Specialty Drug Program			
Specialty Drugs (Tier 4) (Up to a 30-day supply)	\$40	Not Available	Specialty Drugs MUST be obtained directly from the CVS specialty pharmacy. Specialty Drugs are not available at mail order pharmacies.
Specialty Drugs (Tier 4) (31-90-day supply)	\$80		
Mail Order Pharmacy (90-day supply)			
Generic Drugs (Tier 1)	\$10	Maintenance drugs of up to a 90-day supply is available for twice the in-network copay through Mail Service Pharmacy.	
Preferred Brand Drugs (Tier 2)	\$30		
Non-Preferred Brand Drugs (Tier 3)	\$40		

*Diabetic supplies (including continuous glucose monitors, insulin pumps and supplies) can be filled using Pharmacy Benefits and will be paid according to the applicable drug tier.



Pharmacy Drug Vendor: CVS Caremark

How to Find a Drug: Effective 1/1/2025, look up the cost of your medications in the SimplePay member portal on the Benefits tab under the card that says, "Find Drug Prices".

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.