



SimplePay Health Benefits Summary

Client Name: CATIC Financial

Plan Year: January 1, 2026 - December 31, 2026

Medical Benefits				
Plan Year Deductible				
Single				None
Family				None
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)				
Single				\$4,500
Family				\$9,000
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	⊖ In-Network Tier 2	⚠ Tier 3	Out-of-Network
Physician Services				
Primary Care Physician	\$20	\$30	\$45	\$55
Specialist	\$45	\$55	\$95	\$115
Teladoc (General Medicine / Behavioral Health)		\$0		N/A
Teladoc (Dermatology)		\$20		N/A
Maternity				
Initial Prenatal Office Visit	\$20	\$30	\$45	\$55
Routine Ongoing Prenatal Office Visit		Included in Delivery Copay		\$55
Delivery & Postnatal Care	\$2,135	\$2,845	\$4,500	\$5,400
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$2,135	\$2,845	\$4,500	\$5,400
Outpatient Hospital	\$695	\$925	\$1,540	\$1,850
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$1,885	\$2,515	\$4,190	\$5,030
Ambulatory Surgical Center	\$695	\$925	\$1,540	\$1,850
Home Health Care (100 visits per plan year)	\$45	\$55	\$95	\$115
Home Infusion	\$45	\$55	\$95	\$115
Hospice Care	\$230	\$310	\$515	\$620



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Medical Services	In-Network			Out-of-Network
	✔ Tier 1	⊖ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$60	\$80	\$135	\$160
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$215	\$285	\$475	\$570
Laboratory Services				
Routine Basic Labs	\$15	\$20	\$30	\$35
Advanced Diagnostic Labs	\$60	\$80	\$135	\$160
Emergency Services/Urgent Care				
Emergency Services / Emergency Room			\$345	
Ambulance Services			\$345	
Urgent Care Facility		\$55		\$115
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$30	\$45	\$55
Inpatient	\$2,135	\$2,845	\$4,500	\$5,400
Outpatient	\$695	\$925	\$1,540	\$1,850
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$45	\$55	\$95	\$115
Outpatient Therapies (PT, OT, ST) (60 combined visits per plan year)	\$45	\$55	\$95	\$115
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$95	\$130	\$215	\$260
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$45	\$55	\$95	\$115
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$2,135	\$2,845	\$4,500	\$5,400
*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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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 30-day supply)	\$5	\$10	\$15
Preferred Brand Drugs (Up to a 30-day supply)	\$25	\$30	\$55
Non-Preferred Brand Drugs (Up to a 30-day supply)	\$40	\$50	\$80
Specialty Drug Program			
Specialty Drugs (Up to a 31-day supply. Specialty meds are required to go through mail order.)		\$55	
Mail Order (90 Day Supply**)			
Generic Drugs (Tier 1)		\$15	
Preferred Brand Drugs (Tier 2)		\$55	
Non-Preferred Brand Drugs (Tier 3)		\$80	
**90-day Prescriptions must be filled via mail order or through in-network retail pharmacies (except CVS/Walgreens) 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.