SimplePay Health Benefits Summary - HSA Plan
Client Name: Concentric Advisors, Inc.
Plan Year: January 1, 2026 - December 31, 2026
Network: Aetna Choice POS II

Medical Benefits		
Plan Year Deductible	**In-Network**	**Out-of-Network**
Individual Family	$1,700 $3,400	N/A
Out-of-Pocket Maximum	**In-Network**	**Out-of-Network**
Individual Family	$3,400 $6,800	N/A

*** OOP Maximum applies to in-network services only. There is no OOP limit for out-of-network services**

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	**In-Network**			**Out-of-Network**
	Tier 1	**Tier 2**	**Tier 3**	
Physician Services				
Primary Care Physician	$20	$25	$40	$50
Specialist	$35	$50	$80	$95
Retail Health Clinic	$20	$25	$40	$50
Teladoc™		$0		N/A
Maternity				
Initial Prenatal Office Visit	$20	$25	$40	$50
Routine Ongoing Prenatal Office Visit		No Charge		$50
Delivery & Postnatal Care	$1,640	$2,180	$3,200	$4,425
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	$1,640	$2,180	$3,200	$4,425
Outpatient Hospital	$535	$715	$1,205	$1,445
Skilled Nursing /Rehabilitation Facility (see plan document for benefit limits)	$1,445	$1,920	$3,200	$3,900
Ambulatory Surgical Center	$535	$715	$1,205	$1,445
Home Health Care (see plan document for benefit limits)	$35	$50	$80	$95
Home Infusion	$35	$50	$80	$95
Hospice Care	$180	$240	$405	$485

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	Tier 1	Tier 2	Tier 3	
Radiology Services				
Diagnostic Radiology	$50	$65	$105	$125
Advanced Imaging (MRI, MRA, CAT & PET Scans)	$165	$215	$365	$435
Laboratory Services				
Routine Basic Labs	$10	$15	$30	$35
Advanced Diagnostic Labs	$50	$65	$105	$125
Emergency Services/Urgent Care				
Emergency Services / Emergency Room		$305		
Ambulance Services		$305		
Urgent Care Facility		$35		
Mental Disorders & Substance Use Disorders				
Office Visit	$20	$25	$40	$50
Inpatient	$1,640	$2,180	$3,200	$4,425
Outpatient	$535	$715	$1,205	$1,445
Therapy Services				
Chiropractic Care/Spinal Manipulation (see plan document for benefit limits)	$35	$50	$80	$95
Acupuncture (see plan document for benefit limits)	$35	$50	$80	$95
Outpatient Therapies (PT, OT, ST) (see plan document for benefit limits)	$35	$50	$80	$95
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	$75	$100	$170	$205
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	$35	$50	$80	$95
Hearing Aids (see plan document for benefit limits)	$75	$100	$170	$205
Transplants - Aetna IOE Program* (Travel/lodging $10,000 per transplant)	$1,640	$2,180	$3,200	$4,425
*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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Plan Year: January 1, 2026 - December 31, 2026

Pharmacy Drug Vendor: MedOne

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)	$15	$20	$25
Non-Preferred Brand Drugs (Up to a 30-day supply)	$20	$25	$40
Specialty Drug Program			
Specialty Drugs (Up to a 30-day supply. Specialty meds are required to be filled through mail order.)	Specialty Drugs are managed through the RxAlly Program. Members can reach a Patient Care Coordinator at (877) 794-2218 for assistance with acquiring Specialty Drugs		
Mail Order (90 Day Supply)**			
Generic Drugs (Tier 1)		$20	
Preferred Brand Drugs (Tier 2)		$30	
Non-Preferred Brand Drugs (Tier 3)		$50	

**90-day Prescriptions must be filled via mail order 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.