



SimplePay Health Benefits Summary - POS 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		\$0		N/A
Family		\$0		
Out-of-Pocket Maximum		In-Network		Out-of-Network
Individual		\$2,500		N/A
Family		\$5,000		
* OOP Maximum applies to in-network services only				
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	\$1,380	\$1,835	\$2,500	\$3,730
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,380	\$1,835	\$2,500	\$3,730
Outpatient Hospital	\$405	\$535	\$910	\$1,090
Skilled Nursing /Rehabilitation Facility (see plan document for benefit limits)	\$1,265	\$1,685	\$2,500	\$3,420
Ambulatory Surgical Center	\$405	\$535	\$910	\$1,090
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

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.



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

Medical Services	✔ Tier 1	⚡ In-Network Tier 2	❗ Tier 3	Out-of-Network
Radiology Services				
Diagnostic Radiology	\$35	\$50	\$80	\$95
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$175	\$230	\$390	\$470
Laboratory Services				
Routine Basic Labs	\$10	\$15	\$30	\$35
Advanced Diagnostic Labs	\$35	\$50	\$80	\$95
Emergency Services/Urgent Care				
Emergency Services / Emergency Room			\$135	
Ambulance Services			\$135	
Urgent Care Facility			\$30	
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$25	\$40	\$50
Inpatient	\$1,380	\$1,835	\$2,500	\$3,730
Outpatient	\$405	\$535	\$910	\$1,090
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)	\$1,380	\$1,835	\$2,500	\$3,730
*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 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





SimplePay Health Benefits Summary - HSA Plan

Client Name: Concentric Advisors, Inc.

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)	\$0	\$15	\$20
Preferred Brand Drugs (Up to a 30-day supply)	\$10	\$15	\$30
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)		\$30	
Preferred Brand Drugs (Tier 2)		\$35	
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.