



# SimplePay Benefits Summary

Hilti, Inc.

Plan Year: January 1<sup>st</sup>, 2026 – December 31<sup>st</sup>, 2026

Medical Benefits				
Medical Services		In-Network		Out-of-Network
Calendar Year Deductible				
Single Family		None None		None None
Out-of-Pocket Maximum(Includes all copays)				
Single Family		\$3,400 \$6,800		Unlimited 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
Durable Medical Equipment				
Durable Medical Equipment (DME) / item	\$90	\$120	\$200	\$240
Emergency Services/Urgent Care				
Emergency Services/Emergency Room			\$175	
Urgent Care Facility			\$40	\$110
Hospital Expenses or Long-Term Acute Care Facility/Hospital				
Inpatient Hospital	\$1,760	\$2,345	\$3,400	\$4,320
Outpatient Hospital	\$650	\$865	\$1,440	\$1,730
Infertility Treatment				
See plan document for specific coverages and exclusions				
Skilled Nursing Facility/Rehabilitation Facility (90-day limit per plan)	\$1,550	\$2,070	\$3,400	\$4,140
Ambulance Services			\$290	
Ambulatory Surgical Center	\$650	\$865	\$1,440	\$1,730
Home Health Care (120 visits per plan year)	\$40	\$55	\$90	\$110
Hospice Care	\$215	\$290	\$480	\$575
Laboratory Services				
Routine Labs	\$15	\$20	\$30	\$35
Diagnostic Labs	\$50	\$70	\$115	\$140
Maternity				
Initial Office Visit	\$20	\$25	\$45	\$55
Preventive & Ongoing Prenatal Care		No Charge (Included in global delivery copay)		
Delivery & Postnatal Care(Uncomplicated care)	\$1,760	\$2,345	\$3,400	\$4,320

### Mental Disorders & Substance Use Disorders

Office Visit	\$20	\$25	\$45	\$55
Inpatient	\$1,760	\$2,345	\$3,400	\$4,320
Outpatient	\$650	\$865	\$1,440	\$1,730

### Physician Services

Primary Care Physician	\$20	\$25	\$45	\$55
Specialist	\$40	\$55	\$90	\$110

### Preventive Services & Routine Care

Well-Child Care (Including exams and immunizations)	No Charge
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Adult Physical Examination (Including routine GYN visit)	No Charge
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Breast Cancer Screening (any age)	No Charge
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Pap Test	No Charge
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Prostate Cancer Screening	No Charge
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Colorectal Cancer Screening	No Charge
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### Radiology Services

Diagnostic X-Rays	\$50	\$70	\$115	\$140
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$180	\$240	\$400	\$480

### Therapy Services

Chiropractic Care/Spinal Manipulation (30 visits per plan year)	\$40	\$55	\$90	\$110
Outpatient Therapies (PT, OT, ST) (180 visits per plan year)	\$40	\$55	\$90	\$110

**Medical Network:** Aetna Open Choice POS II Network

**How to Find a Provider:** Log into your member portal at [www.simplepayhealth.com](http://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](mailto:healthvalet@simplepayhealth.com)

**Phone:** 800-606-3564

## Pharmacy Benefits

Pharmacy Plan Feature	CVS	In-Network Pharmacies Excluding CVS/Walgreens	Walgreens	Description
<b>Retail Pharmacy</b>				
<b>Generic Drugs (Tier 1)</b> (Up to a 31-day supply)	\$0	\$5	\$15	Generic drugs are covered at this copay level.
<b>Preferred Brand Drugs (Tier 2)</b> (Up to a 31-day supply)	\$25	\$30	\$45	All preferred brand drugs are covered at this copay level.
<b>Non-Preferred Brand Drugs (Tier 3)</b>	\$35	\$40	\$70	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. *Discuss using alternatives with your physician or pharmacist.
<b>Specialty Drugs (Tier 4)</b> (Up to a 31-day supply)	\$45	N/A	N/A	Specialty medications are only allowed to be filled through CVS Mail Order
<b>Mail Order Pharmacy (90-day supply)</b>				
Generic Drugs (Tier 1)	\$15	N/A	N/A	Maintenance drugs of up to a 90-day supply are available through CVS Pharmacy or through Mail Order Pharmacy.
Preferred Brand Drugs (Tier 2)	\$45	N/A	N/A	
Non-Preferred Brand Drugs (Tier 3)	\$70	N/A	N/A	

**NOTE:** There is no coverage under the plan for prescription drugs obtained from a non-participating provider.

**Pharmacy Drug Vendor:** CVS Caremark

**How to Find a Drug:** 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](http://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 right not given through the benefit plan.

