



**SimplePay Health Benefits Summary - Choice Copay Plan**  
**Client Name: Landmark Properties**  
**Plan Year: March 1, 2026 - February 28, 2027**

Medical Benefits				
<b>Plan Year Deductible</b>				
Single				None
Family				None
<b>Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)</b>				
Single				\$6,500
Family				\$13,000
<b>* OOP Maximum applies to in-network services only</b>				
<b>Preventative Services &amp; Routine Care</b> (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		Out-of-Network
		- Tier 2	! Tier 3	
<b>Physician Services</b>				
Primary Care Physician	\$20	\$30	\$80	\$95
Specialist	\$65	\$80	\$145	\$175
Teladoc™		\$0		N/A
<b>Maternity</b>				
Initial Prenatal Office Visit	\$20	\$30	\$80	\$95
Routine Ongoing Prenatal Office Visit		Included with Delivery Copay		\$95
Delivery & Postnatal Care	\$3,275	\$4,355	\$6,500	\$8,835
<b>Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)</b>				
Inpatient Hospital	\$3,275	\$4,355	\$6,500	\$8,835
Outpatient Hospital	\$1,065	\$1,415	\$2,340	\$2,875
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$2,895	\$3,850	\$6,500	\$7,810
Ambulatory Surgical Center	\$1,065	\$1,415	\$2,340	\$2,875
Home Health Care (30 visits per plan year)	\$65	\$85	\$145	\$175
Home Infusion	\$65	\$85	\$145	\$175
Hospice Care	\$360	\$475	\$805	\$965

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



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Medical Services	In-Network			Out-of-Network
	✓ Tier 1	⊖ Tier 2	! Tier 3	
<b>Radiology Services</b>				
Diagnostic Radiology	\$95	\$125	\$210	\$250
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$330	\$440	\$740	\$885
<b>Laboratory Services</b>				
Routine Basic Labs	\$25	\$35	\$55	\$65
Advanced Diagnostic Labs	\$95	\$125	\$210	\$250
<b>Emergency Services/Urgent Care</b>				
Emergency Services / Emergency Room			\$600	
Ambulance Services			\$600	
Urgent Care Facility			\$65	
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$20	\$30	\$80	\$95
Inpatient	\$3,275	\$4,355	\$6,500	\$8,835
Outpatient	\$1,065	\$1,415	\$2,340	\$2,875
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$65	\$80	\$145	\$175
Acupuncture (10 visits per plan year)	\$65	\$80	\$145	\$175
Outpatient Therapies (PT, OT, ST) (30 combined visits per plan year)	\$65	\$80	\$145	\$175
<b>Durable Medical Equipment**</b>				
Durable Medical Equipment (DME) / Item	\$150	\$200	\$340	\$405
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$65	\$80	\$145	\$175
Hearing Aids (see plan documents for benefit details)	\$150	\$200	\$340	\$405
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$3,275	\$4,355	\$6,500	\$8,835

\*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](http://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](mailto:healthvalet@simplepayhealth.com)

**Phone:** 800-606-3564





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**Pharmacy Drug Vendor: CVS Caremark**



**Pharmacy Benefits**

**NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.**

Pharmacy Plan Feature	✔ CVS	⊖ In-Network Retail Pharmacies	⚠ Walgreens
<b>Retail Pharmacy</b>			
Generic Drugs (Up to a 30-day supply)	\$10	\$15	\$40
Preferred Brand Drugs (Up to a 30-day supply)	\$35	\$45	\$120
Non-Preferred Brand Drugs (Up to a 30-day supply)	\$75	\$90	\$170
<b>Specialty Drug Program</b>			

Specialty Drugs Specialty Drug coverage is offered exclusively through OptiMed.  
Call 877-884-0998 for assistance with your specialty prescription needs

<b>Mail Order (90 Day Supply**)</b>	
Generic Drugs (Tier 1)	\$25
Preferred Brand Drugs (Tier 2)	\$88
Non-Preferred Brand Drugs (Tier 3)	\$188

\*\*A 90-day supply of maintenance drugs must be purchased through the mail order program or at an approved retail pharmacy (CVS/Kroger/Costco) to receive the savings of a 90-day supply.

<b>Drug Descriptions</b>	
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](http://www.simplepayhealth.com) and click on "Find and Price Care".

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.