



## SimplePay Benefits Summary

### North American Holdings: Copay Plan (Non-Financing)

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

Medical Benefits				
Medical Services		In-Network		Out-of-Network
Calendar Year Deductible				
Single Family		None None		None None
Out-of-Pocket Maximum (includes copays – combine with prescription drug card)				
Single Family		\$4,500 \$9,000		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
Physician Services				
Primary Care Visit	\$20	\$30	\$45	\$55
Specialist Visit	\$45	\$55	\$95	\$115
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$345		
Urgent Care Facility		\$45		
Hospital Expenses or Long-Term Acute Care Facility/Hospital				
Inpatient Hospital	2,135	\$2,845	\$4,500	\$5,400
Outpatient Hospital	\$695	\$925	\$1,540	\$1,850
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility/Rehabilitation Facility(100 visit limit)	\$1,885	\$2,515	\$4,190	\$5,030
Ambulance Services		\$345		
Ambulatory Surgical Center	\$695	\$925	\$1,540	\$1,850
Home Health Care (120 visits per plan year)	\$45	\$55	\$95	\$115
Hospice Care	\$230	\$310	\$515	\$620
Laboratory Services				
Routine Labs	\$15	\$20	\$30	\$35
Diagnostic Labs	\$60	\$80	\$135	\$160
Maternity				
Initial Office Visit	\$45	\$55	\$95	\$115
Preventive & Ongoing Prenatal Care		No Charge (Included in global delivery copay)		
Delivery & Postnatal Care	2,135	\$2,845	\$4,500	\$5,400

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
24/7 Virtual Care: Teladoc.com or 1-800-Teladoc				
Teledoc General Medical	\$0 Reach highly qualified, board-certified and state-licensed physicians, 24/7 by phone, online or on-the-go using the Teladoc mobile app			N/A
Teledoc Behavioral	\$0 Build a relationship with an experienced therapist or psychiatrist of your choice by phone or video			N/A
Preventive Services & Routine Care				
Well-Child Care (Including exams and immunizations)	No Charge			
Adult Physical Examination (Including routine GYN visit)	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	No Charge			
Radiology Services				
Diagnostic X-Rays	\$60	\$80	\$135	\$160
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$215	\$285	\$475	\$570
Therapy Services				
Chiropractic Care/Spinal Manipulation (15 visits per plan year)	\$45	\$55	\$95	\$115
Outpatient Therapies (PT, OT, ST) (20 visits per plan year)	\$45	\$55	\$95	\$115
Durable Medical Equipment				
Durable Medical Equipment (DME) / item	\$95	\$130	\$215	\$260
Other Healthcare Facilities/Services				
Temporomandibular Joint Dysfunction	\$695	\$925	\$1,540	\$1,850
Allergy Injections, Serum & Testing	\$45	\$55	\$95	\$115
Acupuncture(15 visit limit)	\$45	\$55	\$95	\$115
Weight Control/Bariatric Surgery	\$695	\$925	\$1,540	\$1,850
Hearing Aids	\$95	\$130	\$215	\$260
Transplants (Aetna IOE Program)* (Travel/lodging \$10,000 per transplant)	\$695	\$2,000	\$4,000	\$6,500

\*Please refer to the Aetna Institute of Excellence (IOE) Program section of this plan for a more detailed description of this benefit, including travel and lodging maximums. No charge for travel and lodging.

\*Diabetic equipment and supplies provided by Livongo are covered at \$0. All other 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 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

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## Pharmacy Benefits

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

Single  
Family

If you reach your out-of-pocket maximum, SimplePay Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.

Pharmacy Plan Feature	In-Network Pharmacies & CVS	Walgreens	Description
<b>Retail Pharmacy</b>			
<b>Generic Drugs (Tier 1)</b> (Up to a 31-day supply)	\$5	\$10	Generic drugs are covered at this copay level.
<b>Preferred Brand Drugs (Tier 2)</b> (Up to a 31-day supply)	\$25	\$30	All preferred brand drugs are covered at this copay level.
<b>Non-Preferred Brand Drugs (Tier 3)</b>	\$40	\$50	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)		\$55	Specialty medications are required to be filled through Mail Order.
<b>Mail Order Pharmacy (90-day supply)</b>			
Generic Drugs (Tier 1)		\$15	Maintenance drugs of up to a 90-day supply is available for 1.5 the copay through Mail Service Pharmacy.
Preferred Brand Drugs (Tier 2)		\$55	
Non-Preferred Brand Drugs (Tier 3)		\$80	

### Pharmacy Drug Vendor: MedOne Rx

**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." Please refer to the "MedOne Preventative Drug List 2021" found on the Employer Benefits page within the SimplePay Health Member Portal for all preventative medications covered at 100% with a \$0 cost to you.

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.

