



SimplePay Health Benefits Summary - Copay Plan

Client Name: Patriot Rail

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

Medical Benefits				
Calendar Year Deductible				
Single			None	
Family			None	
Out-of-Pocket Maximum - embedded (includes medical copays combined with prescriptions copays)		In-Network		Out-of-Network
Single		\$5,000		\$10,000
Family		\$10,000		\$20,000
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		
		In-Network		Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$20	\$25	\$40	\$50
Specialist	\$40	\$55	\$95	\$110
Teladoc™ (all services)		\$20 copay		N/A
Maternity				
Initial Prenatal Office Visit	\$20	\$25	\$40	\$50
Routine/Ongoing Prenatal Office Visit		Included in Delivery Copay		\$50
Delivery & Postnatal Care	\$2,530	\$3,365	\$5,000	\$6,835
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$2,530	\$3,365	\$5,000	\$6,835
Outpatient Hospital	\$830	\$1,105	\$1,865	\$2,240
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$2,300	\$3,060	\$5,000	\$6,210
Ambulatory Surgical Center	\$830	\$1,105	\$1,865	\$2,240
Home Health Care (60 visits per plan year)	\$55	\$70	\$120	\$140
Home Infusion	\$55	\$70	\$120	\$140
Hospice Care	\$285	\$375	\$635	\$765



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	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$70	\$95	\$155	\$190
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$260	\$345	\$585	\$700
Laboratory Services				
Routine Basic Labs	\$20	\$25	\$40	\$50
Advanced Diagnostic Labs	\$70	\$95	\$155	\$190
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$405		
Ambulance Services		\$405		
Urgent Care Facility		\$55		
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$25	\$40	\$50
Inpatient	\$2,530	\$3,365	\$5,000	\$6,835
Outpatient	\$830	\$1,105	\$1,865	\$2,240
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$40	\$55	\$95	\$110
Outpatient Therapies (PT, OT, ST) (60 combined visits per plan year)	\$40	\$55	\$95	\$110
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$115	\$155	\$260	\$315
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$40	\$55	\$95	\$110
Hearing Aids (One set every 3 years, \$5,000 maximum)	\$115	\$155	\$260	\$315
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$2,530	\$3,365	\$5,000	\$6,835

*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 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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Pharmacy Drug Vendor: MedOne Rx



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 31-day supply)	\$5	\$10	\$15
Preferred Brand Drugs (Up to a 31-day supply)	\$35	\$50	\$80
Non-Preferred Brand Drugs	\$55	\$70	\$120
Specialty Drug Program			

Specialty Drugs \$100
For specialty drugs, contact the RxAllly patient care team at 1-877-794-2218.

Mail Order (90 Day Supply**)

Generic Drugs (Tier 1)	\$15
Preferred Brand Drugs (Tier 2)	\$105
Non-Preferred Brand Drugs (Tier 3)	\$165

**90-day prescriptions must be filled via mail order or at in-network retail pharmacies (except CVS/Walgreens) 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.

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