



# SimplePay Benefits Summary

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

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

Medical Benefits				
Medical Services		In-Network		Out-of-Network
Calendar Year Deductible(Deductible must be met before copays)				
Single		\$1,700		None
Family		\$3,400		None
Out-of-Pocket Maximum				
Single		\$4,300		Unlimited
Family		\$8,600		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: You must meet your deductible before copays apply				
Primary Care Visit	\$15	\$20	\$30	\$40
Specialist Visit	\$30	\$40	\$65	\$80
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		\$250		
Urgent Care Facility		\$30		
Hospital Expenses or Long-Term Acute Care Facility/Hospital: You must meet your deductible before copays apply				
Inpatient Hospital	\$1,425	\$1,900	\$2,600	\$3,150
Outpatient Hospital	\$465	\$615	\$1,030	\$1,236
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility/Rehabilitation Facility(100 visit limit)	\$1,255	\$1,675	\$2,600	\$3,150
Ambulance Services		\$250		
Ambulatory Surgical Center	\$465	\$615	\$1,030	\$1,236
Home Health Care (120 visits per plan year)	\$30	\$40	\$65	\$80
Hospice Care	\$155	\$205	\$345	\$420
Laboratory Services: You must meet your deductible before copays apply				
Routine Labs	\$10	\$15	\$20	\$30
Diagnostic Labs	\$40	\$55	\$90	\$110
Maternity: You must meet your deductible before copays apply				
Initial Office Visit	\$30	\$40	\$65	\$80
Preventive & Ongoing Prenatal Care		No Charge (Included in global delivery copay)		
Delivery & Postnatal Care	\$1,425	\$1,900	\$2,600	\$3,150

**Mental Disorders & Substance Use Disorders:** You must meet your deductible before copays apply

Office Visit	\$15	\$20	\$30	\$40
Inpatient	\$1,425	\$1,900	\$2,600	\$3,150
Outpatient	\$465	\$615	\$1,030	\$1,236

**Virtual Care Services:** No deductible needs to be met

Teledoc	\$0 (No deductible) **When your doctor is not available visit <a href="http://www.teladoc.com">www.teladoc.com</a> to see a physician about your health questions and treatment options			N/A
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**Preventive Services & Routine Care:** No deductible needs to be met.

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:** You must meet your deductible before copays apply

Diagnostic X-Rays	\$40	\$55	\$90	\$110
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$140	\$190	\$315	\$400

**Therapy Services:** You must meet your deductible before copays apply

Chiropractic Care/Spinal Manipulation (15 visits per plan year)	\$30	\$40	\$65	\$80
Outpatient Therapies (PT, OT, ST) (20 visits per plan year)	\$30	\$40	\$65	\$80

**Durable Medical Equipment: Radiology Services:** You must meet your deductible before copays apply

Durable Medical Equipment (DME) / item	\$65	\$85	\$140	\$170
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**Other Healthcare Facilities/Services: Radiology Services:** You must meet your deductible before copays apply

Temporomandibular Joint Dysfunction	\$465	\$615	\$1,030	\$1,236
Allergy Injections, Serum & Testing	\$30	\$40	\$65	\$80
Acupuncture(15 visit limit)	\$30	\$40	\$65	\$80
Weight Control/Bariatric Surgery	\$465	\$615	\$1,030	\$1,236
Hearing Aids	\$65	\$85	\$140	\$170
Transplants (Aetna IOE Program)* (Travel/lodging \$10,000 per transplant)	\$465	\$615	\$1,030	\$1,236

\*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.

<p>Single Family</p>	<p>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.</p>
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Pharmacy Plan Feature	In-Network Pharmacies & CVS	Walgreens	Description
<b>Retail Pharmacy:</b> You must meet your deductible before copays (except for preventive medications)			
<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)	\$10	\$15	All preferred brand drugs are covered at this copay level.
<b>Non-Preferred Brand Drugs (Tier 3)</b>	\$15	\$20	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)		\$10	Specialty medications are required to be filled through Mail Order
<b>Mail Order Pharmacy (90-day supply):</b> You must meet your deductible before copays (except for preventive medications)			
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)		\$25	
Non-Preferred Brand Drugs (Tier 3)		\$30	

**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.

