



**SimplePay Health Benefits Summary - Copay Plan**  
**Client Name: Vaupell**  
**Plan Year: January 1, 2026 - December 31, 2026**

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				\$3,600
Family				\$7,200
<b>*OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited*</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	⊖ Tier 2	⚠ Tier 3	Out-of-Network
<b>Physician Services</b>				
Primary Care Physician	\$20	\$25	\$45	\$55
Specialist	\$40	\$55	\$90	\$110
Teladoc™ (General Medicine / Behavioral Health)		\$15		N/A
Teladoc™ (Dermatology)		\$30		N/A
CVS MinuteClinic		No Charge		N/A
<b>Maternity</b>				
Initial Prenatal Office Visit	\$20	\$25	\$45	\$55
Routine Ongoing Prenatal Office Visit		Included in Delivery Copay		\$55
Delivery & Postnatal Care	\$1,760	\$2,345	\$3,600	\$4,320
<b>Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)</b>				
Inpatient Hospital	\$1,760	\$2,345	\$3,600	\$4,320
Outpatient Hospital	\$650	\$865	\$1,440	\$1,730
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$1,550	\$2,070	\$3,450	\$4,140
Ambulatory Surgical Center	\$650	\$865	\$1,440	\$1,730
Home Health Care (130 visits per plan year)	\$40	\$55	\$90	\$110
Home Infusion	\$40	\$55	\$90	\$110
Hospice Care	\$215	\$290	\$480	\$575



## SimplePay Health Benefits Summary - Copay Plan

Client Name: Vaupell

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

Medical Services	✓ Tier 1	In-Network - Tier 2	! Tier 3	Out-of-Network
<b>Radiology Services</b>				
Diagnostic X-Rays	\$50	\$70	\$115	\$140
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$180	\$240	\$400	\$480
<b>Laboratory Services</b>				
Routine Basic Labs	\$15	\$20	\$30	\$35
Advanced Diagnostic Labs	\$50	\$70	\$115	\$140
<b>Emergency Services/Urgent Care</b>				
Emergency Services / Emergency Room			\$290	
Ambulance Services			\$290	
Urgent Care Facility		\$50		\$110
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$20	\$25	\$45	\$55
Inpatient	\$1,760	\$2,345	\$3,600	\$4,320
Outpatient	\$650	\$865	\$1,440	\$1,730
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$40	\$55	\$90	\$110
Outpatient Therapies (PT, OT, ST) (30 combined visits per plan year)	\$40	\$55	\$90	\$110
<b>Durable Medical Equipment**</b>				
Durable Medical Equipment (DME) / Item	\$90	\$120	\$200	\$240
<b>Other Healthcare Facilities/Services</b>				
Acupuncture (12 visits per plan year)	\$40	\$55	\$90	\$110
Allergy Injections, Serum & Testing	\$40	\$55	\$90	\$110
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$1,760	\$2,345	\$3,600	\$4,320
*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