



SimplePay Health Benefits Summary - High Deductible Health Plan (HDHP)
Client Name: Vaupell
Plan Year: January 1, 2026 - December 31, 2026

Medical Benefits	
Plan Year Deductible	
Single	\$1,700
Family	\$3,400
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays) - embedded	
Single	\$4,300
Family	\$8,600

Deductible and OOP Maximum apply to in-network services only; Out-of-Network OOP Max is unlimited
All copays are applied after the deductible has been met

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

Medical Services	In-Network			Out-of-Network
	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$15	\$20	\$30	\$40
Specialist	\$30	\$40	\$65	\$80
Teladoc™ (General Medicine / Behavioral Health)		\$15		N/A
Teladoc™ (Dermatology)		\$30		N/A
CVS MinuteClinic		No Charge		N/A
Maternity				
Initial Prenatal Office Visit	\$15	\$20	\$30	\$40
Routine Ongoing Prenatal Office Visit		Included in Delivery Copay		\$40
Delivery & Postnatal Care	\$1,425	\$1,900	\$2,600	\$3,150
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,425	\$1,900	\$2,600	\$3,150
Outpatient Hospital	\$465	\$615	\$1,030	\$1,236
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$1,255	\$1,675	\$2,600	\$3,150
Ambulatory Surgical Center	\$465	\$615	\$1,030	\$1,236
Home Health Care (130 visits per plan year)	\$30	\$40	\$65	\$80
Home Infusion	\$30	\$40	\$65	\$80
Hospice Care	\$155	\$205	\$345	\$420



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Medical Services	In-Network			Out-of-Network
	✔ Tier 1	⊖ Tier 2	⚠ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$40	\$55	\$90	\$110
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$140	\$190	\$315	\$400
Laboratory Services				
Routine Basic Labs	\$10	\$15	\$20	\$30
Advanced Diagnostic Labs	\$40	\$55	\$90	\$110
Emergency Services/Urgent Care				
Emergency Services / Emergency Room			\$250	
Ambulance Services			\$250	
Urgent Care Facility		\$40		\$80
Mental Disorders & Substance Use Disorders				
Office Visit	\$15	\$20	\$30	\$40
Inpatient	\$1,425	\$1,900	\$2,600	\$3,150
Outpatient	\$465	\$615	\$1,030	\$1,236
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$30	\$40	\$65	\$80
Outpatient Therapies (PT, OT, ST) (30 combined visits per plan year)	\$30	\$40	\$65	\$80
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$65	\$85	\$140	\$170
Other Healthcare Facilities/Services				
Acupuncture (12 visits per plan year)	\$30	\$40	\$65	\$80
Allergy Injections, Serum & Testing	\$30	\$40	\$65	\$80
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$1,425	\$1,900	\$2,600	\$3,150

*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