SIMPLEPAY HEALTH

SimplePay Health Benefits Summary
Workday
Plan Year: January 1st, 2026 - December 31st, 2026
Network: Aetna Choice POS II

Medical Benefits				
	In-Network			Out-of-Network
	Tier 1	Tier 2	Tier 3	
Calendar Year Deductible (Indiv/Family)		None		None
Out-of-Pocket Maximum (includes Copays - combined with Prescription Drugs)				
Out-of-Pocket Maximum (Indiv/Family)		$2,000 / $4,000		Unlimited
*OOP Max applies to in-network services only				
	In-Network			Out-of-Network
Medical Services	Tier 1	Tier 2	Tier 3	
Physician Services				
Primary Care Physician	$20	$30	$50	$70
Specialist	$40	$60	$100	$120
Premise Health				
Clinic and Virtual including Behavioral Health		$0		N/A
Preventative 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		
Maternity				
Initital Prenatal Office Visit	$20	$30	$50	$70
Routine/Ongoing Prenatal Office Visit		No Charge		
Delivery & Postnatal Care	$1,200	$1,800	$2,700	$3,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	$1,200	$1,800	$2,700	$3,000
Outpatient Hospital	$500	$750	$1,250	$1,375
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	$930	$1,240	$2,000	$2,485
Ambulance Services		$115		
Ambulatory Surgical Center	$500	$750	$1,250	$1,375
Home Health Care (Annual Limit: 200 days; 16hr max per day)	$30	$40	$65	$80
Home Infusion	$40	$60	$100	$120
Hospice Care	$155	$205	$345	$415

	In-Network			Out-of-Network
Medical Services	**Tier 1**	**Tier 2**	**Tier 3**	
Radiology Services				
Diagnostic X-Rays	$25	$35	$60	$70
Advanced Imaging (MRI, MRA, CAT & PET Scans)	$140	$190	$315	$380
Laboratory Services				
Basic Labs	$10	$15	$20	$25
Advanced Diagnostic Labs	$25	$35	$60	$70
Emergency Services/Urgent Care				
Emergency Services/Emergency Room		$115		
Urgent Care Facility		$30		$80
Mental Disorders & Substance Use Disorders				
Office Visit	$20	$30	$50	$70
Inpatient	$1,200	$1,800	$2,700	$3,000
Outpatient	$500	$750	$1,250	$1,375
Therapy Services				
Chiropractic Care/Spinal Manipulation	$40	$60	$100	$120
Outpatient Therapies (PT, OT, ST)	$40	$60	$100	$120
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	$65	$85	$140	$170
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	$40	$60	$100	$120
Acupuncture	$40	$60	$100	$120
Transplants - Aetna IOE Program* (Travel/lodging $10,000 per transplant)	$1,200	$1,800	$2,700	$3,000

* Please refer to the Aetna Institute of Excellence (IOE) Program section of the Plan Document for a more detailed description of this benefit, including travel and lodging maximums.

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

Medical Network: Aetna Choice POS II Network
How to Find a Provider: Log into your member portal at www.simplepayhealth.com and go to "Find & Price Care" in the top banner.

For Questions about your SimplePay Health Plan, please contact your Health Valet.
Email: healthvalet@simplepayhealth.com
Phone: 800-606-3564

aetna MERITAIN HEALTH

Pharmacy Drug Vendor: SmithRx

Pharmacy Benefits

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	Description
Retail Pharmacy		
Generic Drugs (Up to a 30-day supply)	$10	Generic Drugs are covered at this copay level
Preferred Brand Drugs (Up to a 30-day supply)	$30	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs	$60	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.
Specialty Drug Program		
Specialty Drugs (Up to a 30-day supply)	$80	Specialty Drugs MUST be obtained directly from the Specialty Pharmacy. Specialty Drugs are available through mail order from Costco or Senderra Specialty Pharmacy.
Mail Order (90 Day Supply*)		
Generic Drugs (Tier 1)	$25	Maintenance Drugs of up to a 90-day supply are available through Mail Service Pharmacy.
Preferred Brand Drugs (Tier 2)	$75	
Non-Preferred Brand Drugs (Tier 3)	$150	

*Diabetic supplies (including continuous glucose monitors, insulin pumps and supplies) can be filled using Pharmacy Benefits and will be paid according to the applicable drug tier.

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