



## 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	
<b>Out-of-Pocket Maximum</b> (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				
Medical Services	✓ Tier 1	✗ Tier 2	❗ Tier 3	Out-of-Network
<b>Physician Services</b>				
Primary Care Physician	\$20	\$30	\$50	\$70
Specialist	\$40	\$60	\$100	\$120
<b>Premise Health</b>				
Clinic and Virtual including Behavioral Health	\$0			N/A
<b>Preventative Services &amp; Routine Care</b>				
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			
<b>Maternity</b>				
Initial Prenatal Office Visit	\$20	\$30	\$50	\$70
Routine/Ongoing Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$1,200	\$1,800	\$2,000	\$3,000
<b>Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)</b>				
Inpatient Hospital	\$1,200	\$1,800	\$2,000	\$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	
<b>Radiology Services</b>				
Diagnostic X-Rays	\$25	\$35	\$60	\$70
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$140	\$190	\$315	\$380
<b>Laboratory Services</b>				
Basic Labs	\$10	\$15	\$20	\$25
Advanced Diagnostic Labs	\$25	\$35	\$60	\$70
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room			\$115	
Urgent Care Facility		\$30		\$80
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$20	\$30	\$50	\$70
Inpatient	\$1,200	\$1,800	\$2,000	\$3,000
Outpatient	\$500	\$750	\$1,250	\$1,375
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation	\$40	\$60	\$100	\$120
Outpatient Therapies (PT, OT, ST)	\$40	\$60	\$100	\$120
<b>Durable Medical Equipment*</b>				
Durable Medical Equipment (DME) / Item	\$65	\$85	\$140	\$170
<b>Other Healthcare Facilities/Services</b>				
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	\$2,000	\$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](http://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](mailto:healthvalet@simplepayhealth.com)

**Phone:** 800-606-3564



## 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
<b>Retail Pharmacy</b>		
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.
<b>Specialty Drug Program</b>		
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.
<b>Mail Order (90 Day Supply*)</b>		
Generic Drugs (Tier 1)	\$25	
Preferred Brand Drugs (Tier 2)	\$75	Maintenance Drugs of up to a 90-day supply are available through Mail Service Pharmacy.
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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