



SimplePay Health Benefits Summary - Choice Copay Plan
Client Name: Landmark Properties
Plan Year: March 1, 2026 - February 28, 2027

Medical Benefits				
Calendar Year Deductible				
Single				None
Family				None
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)				
Single				\$6,500
Family				\$13,000
* OOP Maximum applies to in-network services only				
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				
	✔ Tier 1	⊖ Tier 2	⚠ Tier 3	Out-of-Network
Physician Services				
Primary Care Physician	\$20	\$30	\$80	\$95
Specialist	\$65	\$80	\$145	\$175
Teladoc™		\$0		N/A
Maternity				
Initial Prenatal Office Visit	\$20	\$30	\$80	\$95
Routine Ongoing Prenatal Office Visit		Included with Delivery Copay		\$95
Delivery & Postnatal Care	\$3,275	\$4,355	\$6,500	\$8,835
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$3,275	\$4,355	\$6,500	\$8,835
Outpatient Hospital	\$1,065	\$1,415	\$2,340	\$2,875
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$2,895	\$3,850	\$6,500	\$7,810
Ambulatory Surgical Center	\$1,065	\$1,415	\$2,340	\$2,875
Home Health Care (30 visits per plan year)	\$65	\$85	\$145	\$175
Home Infusion	\$65	\$85	\$145	\$175
Hospice Care	\$360	\$475	\$805	\$965

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



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Medical Services	In-Network			Out-of-Network
	✓ Tier 1	⊖ Tier 2	! Tier 3	
Radiology Services				
Diagnostic Radiology	\$95	\$125	\$210	\$250
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$330	\$440	\$740	\$885
Laboratory Services				
Routine Basic Labs	\$25	\$35	\$55	\$65
Advanced Diagnostic Labs	\$95	\$125	\$210	\$250
Emergency Services/Urgent Care				
Emergency Services / Emergency Room			\$600	
Ambulance Services			\$600	
Urgent Care Facility			\$65	
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$30	\$80	\$95
Inpatient	\$3,275	\$4,355	\$6,500	\$8,835
Outpatient	\$1,065	\$1,415	\$2,340	\$2,875
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$65	\$80	\$145	\$175
Acupuncture (10 visits per plan year)	\$65	\$80	\$145	\$175
Outpatient Therapies (PT, OT, ST) (30 combined visits per plan year)	\$65	\$80	\$145	\$175
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$150	\$200	\$340	\$405
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$65	\$80	\$145	\$175
Hearing Aids (see plan documents for benefit details)	\$150	\$200	\$340	\$405
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$3,275	\$4,355	\$6,500	\$8,835

*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





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Pharmacy Drug Vendor: CVS Caremark



Pharmacy Benefits

NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.

Pharmacy Plan Feature	CVS	In-Network Retail Pharmacies	Walgreens
Retail Pharmacy			
Generic Drugs (Up to a 30-day supply)	\$10	\$15	\$40
Preferred Brand Drugs (Up to a 30-day supply)	\$35	\$45	\$120
Non-Preferred Brand Drugs (Up to a 30-day supply)	\$75	\$90	\$170
Specialty Drug Program			

Specialty Drugs Specialty Drug coverage is offered exclusively through OptiMed.
Call 877-884-0998 for assistance with your specialty prescription needs

Mail Order (90 Day Supply**)	
Generic Drugs (Tier 1)	\$25
Preferred Brand Drugs (Tier 2)	\$88
Non-Preferred Brand Drugs (Tier 3)	\$188

**A 90-day supply of maintenance drugs must be purchased through the mail order program or at an approved retail pharmacy (CVS/Kroger/Costco) to receive the savings of a 90-day supply.

Drug Descriptions	
Generic Drugs	Generic drugs are covered at this copay level.
Preferred Brand Drugs	All preferred drugs are covered at this copay level.
Non-Preferred Brand Drugs	All non-preferred brand drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.

How to Find a Drug: Log into your member portal at www.simplepayhealth.com and click on "Find and Price Care".

Visit 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.