

## SimplePay Health No Ded Copay Plan Summary

Client Name: American Financial Network, Inc Plan Year: June 1st, 2025 - May 31st, 2026

Network: Aetna Choice POS II

	Me	edical Benefits		
	In-Network			Out-of-Network
		O Tier 2	① Tier 3	
Calendar Year Deductible	,	Single \$0 / Family \$0		
Out-of-Pocket Maximum (Includes copays - combine with prescription drug card) *OOP Max applies to in-network services		Single \$4,000* / Family \$8,0	00*	Unlimited
Wax applies to in-network services	only, Out-of-Network OO	In-Network		Out-of-Network
Medical Services	<b>────</b> Tier 1	Tier 2	U Tier 3	Out of Hothor
Physician Services:	- Horr	1101 2		
Primary Care Physician	\$20	\$30	\$50	\$75
Retail Health Clinic (CVS Minute Clinic is a \$0 copay after	\$20	\$30	\$50	\$75
ded. Specialist	\$40	\$50	\$60	\$100
Preventative Services & Routine Care:				
Well-Child Care (including exams and immunizations)	No Charge			
Adult Physical Examination (including routine GYN visit)	No Charge			
Routine Eye Care	No Charge			
COVID 19 Vaccine	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	See	plan document for specific	coverage based on age/nece	ssity
Teledoc Services:				
Teladoc- Medical & Behavioral	No charge.	No charge	No charge	N/A
Maternity:				
Initial Prenatal Office Visit	\$20	\$30	\$50	\$75
Routine/Ongoing Prenatal Office Visit	No Charge	No Charge	No Charge	\$50
Delivery & Postnatal Care	\$1,380	\$1,835	\$2,500	\$5,000
Hospital Expenses or Long-Term Acut	e Care Facility/Hos.(Faci	ility Charges):		
Inpatient Hospital	\$1,380	\$1,835	\$2,500	\$5,000
Outpatient Hospital	\$405	\$535	\$910	\$1,500
Skilled Nursing /Rehabilitation Facility (100 days)	\$1,265	\$1,685	\$2,500	\$5,000
Ambulance Services	\$150	\$150	\$150	\$150
Ambulatory Surgical Center	\$405	\$535	\$910	\$1,500
Home Health Care (100 visits per plan year)	\$35	\$50	\$80	\$100
Home Infusion	\$25	\$35	\$55	\$65
Hospice Care	\$180	\$240	\$405	\$500

	In-Network			Out-of-Network
Medical Services		🕒 Tier 2	① Tier 3	
Radiology Services:				
Diagnostic X-Rays	\$35	\$50	\$80	\$100
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$175	\$230	\$390	\$750
Laboratory Services:				
Basic Labs	\$10	\$15	\$30	\$50
Advanced Diagnostic Labs	\$35	\$50	\$80	\$100
Emergency Services/Urgent Care:				
Emergency Services/Emergency Room	\$150	\$150	\$150	\$150
Urgent Care Facility	\$50	\$50	\$50	\$50
Mental Disorders & Substance Use Dis	sorders:			
Office Visit	\$20	\$30	\$50	\$75
Inpatient	\$1,380	\$1,835	\$2,500	\$5,000
Outpatient	\$405	\$535	\$910	\$1,500
Therapy Services:				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	\$25	\$35	\$55	\$65
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$40	\$50	\$60	\$90
Durable Medical Equipment*:				
Durable Medical Equipment (DME) / Item	\$75	\$100	\$170	\$350
Other Healthcare Facilities/Services:				
Allergy Injections, Serum & Testing	\$40	\$50	\$60	\$90
Acupuncture(20 visits per year)	\$25	\$35	\$55	\$65
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)		See plan document	t for coverage details	

\*Diabetic equipment and supplies provided by Livongo are covered at \$0. All other 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).

See plan document for coverage details

Medical Network: Aetna Choice POS II

How to Find a Provider: Log into your member portal at www.simplepayhealth.com and click on "Find a Doctor and Compare Costs" under the "Benefits" tab.

For questions about your SimplePay Health Plan, please contact your SimplePay Health Valet:

Email: healthvalet@simplepayhealth.com

Phone: 800-606-3564

**Bariatric Surgery** 

Meritain Health<sup>®</sup> an ♥aetna company

## **Pharmacy Drug Vendor: CVS Caremark**



## **Pharmacy Benefits**

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

Calendar Year Deductible Single \$0 / Family \$0

Out-of-Pocket Maximum (Includes copays)		Single \$4,000* / Family \$8,000*	N/A
		O Tier 2	① Tier 3
Pharmacy Plan Feature	cvs	In-Network Pharmacies Excluding CVS/Walgreens	Walgreens
Retail Pharmacy:			
Preventive Drugs	No Charge	No Charge	No Charge
Generic Drugs (Up to a 30-day supply)	\$10	\$20	\$25
Preferred Brand Drugs (Up to a 30-day supply)	\$20	\$30	\$40
Non-Preferred Brand Drugs	\$30	\$40	\$60
Specialty Drug Program:			
Specialty Drugs* (Up to a 30-day supply)	\$100 for a 30-day supply		
*Specialty medications are required to b	e filled through Mail	Order.	
Mail Order (90 Day Supply*):			
Preventive Drugs	No Charge		
Generic Drugs (Tier 1)	\$20		
Preferred Brand Drugs (Tier 2)	\$40		
Non-Preferred Brand Drugs (Tier 3)	\$60		

<sup>\*</sup>A 90-day supply of maintenance drugs must be purchased at a CVS retail pharmacy or through the mail order program to receive the savings of a 90day supply.

## **Drug Descriptions**

Preventive Drugs	Items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website: <a href="https://www.healthcare.gov/what-are-my-preventive-care-benefits">https://www.healthcare.gov/what-are-my-preventive-care-benefits</a>
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: Look up the cost of your medications in the SimplePay member portal on the "Benefits" tab under the card that says, "Find Drug Prices."

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.

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