

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	⚠ 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 Disorders:				
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 for coverage details			
Bariatric Surgery	See plan document 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).

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

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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.

Calendar Year Deductible	Single \$0 / Family \$0		
Out-of-Pocket Maximum (Includes copays)	Single \$4,000* / Family \$8,000*		N/A

Pharmacy Plan Feature	✓ Tier 1	– Tier 2	! Tier 3
	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
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*Specialty medications are required to be 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

*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 90-day 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: https://www.healthcare.gov/what-are-my-preventive-care-benefits
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.