


SimplePay Benefits Summary: Checker's Restaurants- Gold Plan

Effective: January 1, 2024 – December 31, 2024

Services	Tier 1	Tier 2	Tier 3	Out-of-Network
CALENDAR YEAR DEDUCTIBLE				
Individual	N/A			
Family	N/A			
OUT-OF-POCKET MAXIMUM (Includes medical copays combined with prescription copays.)				
Individual	\$6,500			
Family	\$13,000			
OOP Max applies to In-Network services only; Out-of-Network OOP Max is unlimited				
MEDICAL BENEFITS				
Allergy Injections, Serum & Testing	\$65	\$85	\$145	\$175
Ambulance Services	\$600			
Ambulatory Surgical Center	\$1,065	\$1,420	\$2,365	\$2,850
Chiropractic Care/Spinal Manipulation (24 visit limit)	\$65	\$85	\$145	\$175
Diagnostic Testing, X-Ray, Advanced Lab Services	\$95	\$125	\$205	\$250
Routine Labs	\$20	\$30	\$50	\$60
Advanced Imaging MRI, MRA, CAT & PET Scans	\$325	\$435	\$725	\$870
Outpatient Therapies (PT, OT, ST) (20 visit limit each)	\$65	\$85	\$145	\$175
Durable Medical Equipment (DME)*	\$145	\$195	\$325	\$400
Emergency Services/Emergency Room Services	\$600			
Home Health Care (60 visit limit)	\$65	\$85	\$145	\$175
Hospice Care	\$355	\$475	\$790	\$950
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient	\$3,275	\$4,365	\$6,500	\$7,800
Outpatient	\$1,065	\$1,420	\$2,365	\$2,850
Infertility Treatment	Not Covered			
Maternity				
Initial Office Visit	\$35	\$45	\$75	\$90
Preventive & On-going Prenatal Care	No Charge (Included in Global Delivery Copay)			
Delivery & Postnatal Care	\$3,275	\$4,365	\$6,500	\$7,800
Mental Disorders & Substance Use Disorders				
Office Visit	\$35	\$45	\$75	\$90
Inpatient	\$3,275	\$4,365	\$6,500	\$7,800
Outpatient	\$1,065	\$1,420	\$2,365	\$2,850
Physician Services				
Primary Care Physician	\$35	\$45	\$75	\$90
Specialist	\$65	\$85	\$145	\$175
Teladoc Primary Care	\$15			
Teladoc Behavioral Health	\$15			
Teladoc Dermatology	\$35			
Preventive Services				
Well-Child Care (including exams & immunizations)	No Charge			
Adult Physical Examination (including routine GYN visit)	No Charge			
Breast Cancer Screening	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	No Charge			
Routine Eye Exam	Not Covered			

Skilled Nursing Facility (60 visit limit)	\$2,900	\$3,850	\$6,400	\$7,680
Temporomandibular Joint Dysfunction	Not Covered			
Transplants (Aetna IOE Program) **	\$3,275	\$4,365	\$6,500	Not Covered
**Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit.				
Urgent Care Facility	\$65	\$85	\$145	\$175
Weight Control/Bariatric Surgery	Not Covered			



Medical Network: Aetna Choice POS II Network

How to Find a Provider: Log in to your member portal at www.simplepayhealth.com and click on “Find A Doctor” under the “benefits” tab.


***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).**

For Questions about your SimplePay Health Plan, please contact your SimplePay Health Valet.

Email: Healthvalet@simplepayhealth.com

Phone: 800-606-3564

PHARMACY BENEFITS				
Plan Feature	All other In-Network Pharmacies	CVS	Walgreens	Description
NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Provider.				
Retail Pharmacy				
Generic Drugs (Tier1) (Up to a 31-day supply)	\$10	\$15	\$25	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 31-day supply)	\$55	\$65	\$110	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3) (Up to a 31-day supply)	\$80	\$95	\$160	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 (Tier 4) (Up to a 31-day supply)	Not covered under the basic pharmacy benefit. Please see note to the right.		For specialty drugs, contact the Rx Ally patient care team at 1-877-794-2218.	
Mail Order Pharmacy (90-day supply)				
Generic Drugs (Tier1)	\$20		Maintenance drugs of up to a 90-day supply are available for twice the copay through Mail Service Pharmacy.	
Preferred Brand Drugs (Tier 2)	\$110			
Non-Preferred Brand Drugs (Tier 3)	\$160			



medone
Pharmacy Solutions

Pharmacy Drug Vendor: Medone RX

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.