



SimplePay Health Traditional Plan Summary(Non-Financing)

Client Name: Copa Health

Plan Year: July 1st, 2025 - June 30th, 2026

Network: Aetna Choice POS II

Medical Benefits				
	In-Network			Out-of-Network
	✓ Tier 1	✖ Tier 2	⚠ Tier 3	

Calendar Year Deductible

Single \$0 / Family \$0

N/A

Out-of-Pocket Maximum

(Includes copays - combine with prescription drug card)

Single \$7,000* / Family \$14,000*

Unlimited

OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	✖ Tier 2	⚠ Tier 3	

Physician Services:

Primary Care Physician	\$70	\$70	\$70	\$140
Retail Health Clinic (CVS Minute Clinic is a \$0 copay after ded.)	\$70	\$70	\$70	\$140
Specialist	\$150	\$150	\$150	\$275

Preventative Services & Routine Care:

Well-Child Care (including exams and immunizations)	No Charge / No Ded.			
Adult Physical Examination (including routine GYN visit)	No Charge / No Ded.			
Routine Eye Care	No Charge / No Ded.			
COVID 19 Vaccine	No Charge / No Ded.			
Breast Cancer Screening (any age)	No Charge / No Ded.			
Pap Test	No Charge / No Ded.			
Prostate Cancer Screening	No Charge / No Ded.			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			

Teledoc Services:

Teladoc- Genrral Medical	No charge	No charge	No charge.	N/A
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Maternity:

Initial Prenatal Office Visit	\$70	\$70	\$70	\$140
Routine/Ongoing Prenatal Office Visit	No Charge	No Charge	No Charge	\$140
Delivery & Postnatal Care	\$5,000	\$5,000	\$5,000	\$7,800

Hospital Expenses or Long-Term Acute Care Facility/Hos.(Facility Charges):

Inpatient Hospital	\$5,000	\$5,000	\$5,000	\$7,800
Outpatient Hospital	\$1,800	\$1,800	\$1,800	\$3,085
Skilled Nursing /Rehabilitation Facility (100 days)	\$5,000	\$5,000	\$5,000	\$7,800
Ambulance Services	\$1,000	\$1,000	\$1,000	\$1,000
Ambulatory Surgical Center	\$1,800	\$1,800	\$1,800	\$3,085
Home Health Care (100 visits per plan year)	\$150	\$150	\$150	\$275
Home Infusion	\$150	\$150	\$150	\$275
Hospice Care	\$500	\$500	\$500	\$1,025

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
Radiology Services:				
Diagnostic X-Rays	\$140	\$140	\$140	\$275
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$475	\$475	\$475	\$950
Laboratory Services:				
Basic Labs	\$60	\$60	\$60	\$125
Advanced Diagnostic Labs	\$140	\$140	\$140	\$275
Emergency Services/Urgent Care:				
Emergency Services/Emergency Room	\$1,000	\$1,000	\$1,000	\$1,000
Urgent Care Facility	\$150	\$150	\$150	\$150
Mental Disorders & Substance Use Disorders:				
Office Visit	\$70	\$70	\$70	\$140
Inpatient	\$5,000	\$5,000	\$5,000	\$7,800
Outpatient	\$1,800	\$1,800	\$1,800	\$3,085
Therapy Services:				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	\$150	\$150	\$150	\$275
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$150	\$150	\$150	\$275
Durable Medical Equipment*:				
Durable Medical Equipment (DME) / Item	\$250	\$250	\$250	\$425
Other Healthcare Facilities/Services:				
Allergy Injections, Serum & Testing	\$150	\$150	\$150	\$275
Acupuncture	Not Covered			
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: MedOne RX



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		N/A
Out-of-Pocket Maximum (Includes copays - combine with prescription drug card)	Single \$7,000* / Family \$14,000*		Unlimited
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited			
Pharmacy Plan Feature	 Tier 1 In-Network Pharmacies Excluding CVS/Walgreens	 Tier 2 CVS Pharmacies	 Tier 3 Walgreens Pharmacies
Retail Pharmacy:			
Preventive Drugs	No Charge/No Ded.	No Charge/No Ded.	No Charge/No Ded.
Generic Drugs (Up to a 30-day supply)	\$40	\$40	\$40
Preferred Brand Drugs (Up to a 30-day supply)	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$110	\$110	\$110
Specialty Drug Program:			
Specialty Drugs* (Up to a 30-day supply)	Not covered under the basic pharmacy benefit. For specialty drugs, contact the RxAlly patient care team at 1-877-794-2218		
*Specialty medications are required to be filled through Mail Order.			
Mail Order (90 Day Supply*):			
Preventive Drugs	No Charge/No Ded.		
Generic Drugs (Tier 1)	\$80		
Preferred Brand Drugs (Tier 2)	\$150		
Non-Preferred Brand Drugs (Tier 3)	\$220		
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." Please refer to the "MedOne Preventative Drug List 2024" found on the Employer Benefits page within the SimplePay Health Member Portal for all preventative medications covered at 100% with a \$0 cost to you.

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.