SIMPLEPAY HEALTH

SimplePay Health HDHP Plan Summary(Financing)

Client Name: Copa Health
Plan Year: July 1st, 2025 - June 30, 2026
Network: Aetna Choice POS II

Medical Benefits

	In-Network			Out-of-Network
	Tier 1	Tier 2	Tier 3	
Calendar Year Deductible	Single $3,500* / Family $7,000*			N/A
*You must meet your deductible before medical copays apply				
Out-of-Pocket Maximum (Includes copays - combine with prescription drug card)	Single $6,500* / Family $13,000*			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: *You must meet your deductible before copays apply*				
Primary Care Physician	$15 after ded.	$20 after ded.	$30 after ded.	$40 after ded.
Retail Health Clinic (CVS Minute Clinic is a $0 copay after ded.	$15 after ded.	$20 after ded.	$30 after ded.	$40 after ded.
Specialist	$30 after ded.	$40 after ded.	$65 after ded.	$80 after ded.
Preventative Services & Routine Care: *No deductible needs to be met*				
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: *You must meet your deductible before copays apply*				
Teladoc- General Medical	No charge after ded.	No charge after ded.	No charge after ded.	N/A
Maternity: *You must meet your deductible before copays apply except for Routine/Ongoing Prenatal Office Visit*				
Initial Prenatal Office Visit	$15 after ded.	$20 after ded.	$30 after ded.	$40 after ded.
Routine/Ongoing Prenatal Office Visit	No Charge	No Charge	No Charge.	$50 after ded.
Delivery & Postnatal Care	$1,425 after ded.	$1,900 after ded.	$3,000 after ded.	$3,800 after ded.
Hospital Expenses or Long-Term Acute Care Facility/Hos.(Facility Charges): *You must meet your deductible before copays apply*				
Inpatient Hospital	$1,425 after ded.	$1,900 after ded.	$3,000 after ded.	$3,800 after ded.
Outpatient Hospital	$465 after ded.	$615 after ded.	$1,030 after ded.	$1,236 after ded.
Skilled Nursing /Rehabilitation Facility (120 days)	$1,255 after ded.	$1,675 after ded.	$2,795 after ded.	$3,400 after ded.
Ambulance Services	$265 after ded.	$265 after ded.	$265 after ded.	$265 after ded.
Ambulatory Surgical Center	$465 after ded.	$615 after ded.	$1,030 after ded.	$1,236 after ded.
Home Health Care (120 visits per plan year)	$30 after ded.	$40 after ded.	$65 after ded.	$80 after ded.
Home Infusion	$30 after ded.	$40 after ded.	$65 after ded.	$80 after ded.
Hospice Care	$155 after ded.	$205 after ded.	$345 after ded.	$420 after ded.

	In-Network			Out-of-Network
Medical Services	Tier 1	Tier 2	Tier 3	
Radiology Services: *You must meet your deductible before copays apply*				
Diagnostic X-Rays	$40 after ded.	$55 after ded.	$90 after ded.	$110 after ded.
Advanced Imaging (MRI, MRA, CAT & PET Scans)	$140 after ded.	$190 after ded.	$315 after ded.	$400 after ded.
Laboratory Services: *You must meet your deductible before copays apply*				
Basic Labs	$10 after ded.	$15 after ded.	$20 after ded.	$30 after ded.
Advanced Diagnostic Labs	$40 after ded.	$55 after ded.	$90 after ded.	$110 after ded.
Emergency Services/Urgent Care: *You must meet your deductible before copays apply*				
Emergency Services/Emergency Room	$265 after ded.	$265 after ded.	$265 after ded.	$265 after ded.
Urgent Care Facility	$30 after ded.	$30 after ded.	$30 after ded.	$30 after ded.
Mental Disorders & Substance Use Disorders: *You must meet your deductible before copays apply*				
Office Visit	$15 after ded.	$20 after ded.	$30 after ded.	$40 after ded.
Inpatient	$1,425 after ded.	$1,900 after ded.	$3,000 after ded.	$3,800 after ded.
Outpatient	$465 after ded.	$615 after ded.	$1,030 after ded.	$1,236 after ded.
Therapy Services: *You must meet your deductible before copays apply*				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	$30 after ded.	$40 after ded.	$65 after ded.	$80 after ded.
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	$30 after ded.	$40 after ded.	$65 after ded.	$80 after ded.
Durable Medical Equipment*: *You must meet your deductible before copays apply*				
Durable Medical Equipment (DME) / Item	$65 after ded.	$85 after ded.	$140 after ded.	$170 after ded.
Other Healthcare Facilities/Services: *You must meet your deductible before copays apply*				
Allergy Injections, Serum & Testing	$30 after ded.	$40 after ded.	$65 after ded.	$80 after ded.
Acupuncture(20 visits per year)	No 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 $3,500* / Family $7,000*		N/A
*You must meet your deductible before RX copays			
Out-of-Pocket Maximum (Includes copays)	Single $6,500* / Family $13,000*		N/A
Pharmacy Plan Feature	**Tier 1 In-Network Pharmacies Excluding CVS/Walgreens**	**Tier 2 CVS Pharmacies**	**Tier 3 Walgreens Pharmacies**
Retail Pharmacy: *You must meet your deductible before copays(except for preventive medications)*			
Preventive Drugs	No Charge/No Ded.	No Charge/No Ded.	No Charge/No Ded.
Generic Drugs (Up to a 30-day supply)	$5 after ded.	$10 after ded.	$15 after ded.
Preferred Brand Drugs (Up to a 30-day supply)	$10 after ded.	$15 after ded.	$25 after ded.
Non-Preferred Brand Drugs	$15 after ded.	$20 after ded.	$30 after ded.
Specialty Drug Program: *You must meet your deductible before copays apply*			
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*): *You must meet your deductible before copays(except for preventive medications* **)**			
Preventive Drugs	No Charge/No Ded.		
Generic Drugs (Tier 1)	$15 after ded.		
Preferred Brand Drugs (Tier 2)	$25 after ded.		
Non-Preferred Brand Drugs (Tier 3)	$30 after ded.		
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.