



SimplePay Health Benefits Summary: HSA Plan

Client Name: Concentric Advisors, Inc.

Plan Year: January 1st, 2026 - December 31st, 2026

Network: Aetna Choice POS II

Medical Benefits				
	In-Network			Out-of-Network
	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
Calendar Year Deductible (Indiv/Family)	\$1,700 / \$3,400			N/A
Out-of-Pocket Maximum (Indiv/Family)	\$3,400 / \$6,800			N/A

*OOP Max applies to in-network services only

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$20	\$25	\$40	\$50
Retail Health Clinic	\$20	\$25	\$40	\$50
Specialist	\$35	\$50	\$80	\$95
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)	See plan document for specific coverage based on age/necessity			
Pap Test	See plan document for specific coverage based on age/necessity			
Prostate Cancer Screening	See plan document for specific coverage based on age/necessity			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Telehealth Services				
Teledoc General Medical	\$0			N/A
Maternity				
Initial Prenatal Office Visit	\$20	\$25	\$40	\$50
Routine/Ongoing Prenatal Office Visit	No Charge			\$50
Delivery & Postnatal Care	\$1,640	\$2,180	\$3,200	\$4,425
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$1,640	\$2,180	\$3,200	\$4,425
Outpatient Hospital	\$535	\$715	\$1,205	\$1,445
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$1,445	\$1,920	\$3,200	\$3,900
Ambulance Services	\$305			
Ambulatory Surgical Center	\$535	\$715	\$1,205	\$1,445
Home Health Care (120 visits per plan year)	\$35	\$50	\$80	\$95
Home Infusion	\$35	\$50	\$80	\$95
Hospice Care	\$180	\$240	\$405	\$485

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$50	\$65	\$105	\$125
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$165	\$215	\$365	\$435
Laboratory Services				
Basic Labs	\$10	\$15	\$30	\$35
Advanced Diagnostic Labs	\$50	\$65	\$105	\$125
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$305			
Urgent Care Facility	\$35			
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$25	\$40	\$50
Inpatient	\$1,640	\$2,180	\$3,200	\$4,425
Outpatient	\$535	\$715	\$1,205	\$1,445
Therapy Services				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$35	\$50	\$80	\$95
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$35	\$50	\$80	\$95
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$75	\$100	\$170	\$205
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$35	\$50	\$80	\$95
Acupuncture	\$35	\$50	\$80	\$95
Transplants (Travel/lodging \$10,000 per transplant)	\$1,640	\$2,180	\$3,200	\$4,425

Pharmacy Drug Vendor: MedOne Rx



Pharmacy Benefits

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

Single
Family

If you reach your out-of-pocket maximum, SimplePay Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.

Pharmacy Plan Feature	✓ Tier 1	– Tier 2	! Tier 3
	In-Network Pharmacies Excluding CVS/Walgreens	CVS	Walgreens
Retail Pharmacy			
Generic Drugs (Up to a 30-day supply)	\$5	\$10	\$15
Preferred Brand Drugs (Up to a 30-day supply)	\$15	\$20	\$25
Non-Preferred Brand Drugs	\$20	\$25	\$40
Specialty Drug Program			
Specialty Drugs* (Up to a 30-day supply)	\$35 for a 30-day supply		
*Specialty medications are required to be filled through Mail Order.			
Mail Order (90 Day Supply)			
Generic Drugs (Tier 1)	\$20		
Preferred Brand Drugs (Tier 2)	\$30		
Non-Preferred Brand Drugs (Tier 3)	\$50		
Drug Descriptions			
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.		