



SimplePay Health Benefits Summary

Client Name: Cvent, Inc

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

Network: Aetna Choice POS II

Medical Benefits				
	In-Network			Out-of-Network
	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
Calendar Year Deductible (Indiv/Family)	\$0			N/A
Coinsurance	100%			N/A

Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$5,500 / \$11,000	N/A*
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Out of Pocket Maximum applies to in-network services only. Out of Pocket Maximum is unlimited for Out of Network

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

Physician Services

Primary Care Physician	\$20	\$35	\$50	\$75
Retail Health Clinic (CVS Minute Clinic is a \$0 copay)	\$20	\$35	\$50	\$75
Specialist	\$50	\$65	\$105	\$125

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			
Immunizations(Covid, flu, measles, shingles, rubella, tetanus etc.)	No Charge			
Breast Cancer Screening (any age)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening				
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			

Telehealth Services




Teladoc(General Medical, Dermatology & Behavioral)	\$20	N/A
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Maternity

Initial Prenatal Office Visit	\$20	\$35	\$50	\$75
Routine/Ongoing Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$2,785	\$3,705	\$5,500	\$7,515

Hospital Expenses or Long-Term Acute Care

Inpatient Hospital	\$2,785	\$3,705	\$5,500	\$7,515
Outpatient Hospital	\$905	\$1,205	\$2,035	\$2,440
Skilled Nursing Rehabilitation Facility (60 days combined max per plan year)	\$2,465	\$3,275	\$5,500	\$6,645
Ambulance Services	\$460			
Ambulatory Surgical Center	\$905	\$1,205	\$2,035	\$2,440
Home Health Care (60 visits per plan year)	\$60	\$80	\$130	\$155
Home Infusion	\$60	\$80	\$130	\$155
Hospice Care	\$300	\$400	\$675	\$810

Medical Services	 Tier 1	 Tier 2	 Tier 3	Out of Network
Radiology Services				
Diagnostic X-Rays	\$75	\$100	\$170	\$205
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$280	\$370	\$625	\$745
Laboratory Services				
Basic Labs	\$20	\$35	\$50	\$75
Advanced Diagnostic Labs	\$75	\$100	\$170	\$205
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$460			
Urgent Care Facility	\$50			
Mental Disorders & Substance Use Disorders				
Office Visit	\$20	\$35	\$50	\$75
Inpatient	\$2,785	\$3,705	\$5,500	\$7,515
Outpatient	\$905	\$1,205	\$2,035	\$2,440
Therapy Services				
Chiropractic Care/Spinal Manipulation (60 visits per plan year)	\$50	\$65	\$105	\$125
Outpatient Therapies (Physical therapy, speech therapy & occupational therapy) (120 visits per plan year)	\$50	\$65	\$105	\$125
Durable Medical Equipment*				
Durable Medical Equipment (DME)	\$130	\$170	\$285	\$345
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$50	\$65	\$105	\$125
Acupuncture(5 visits/calendar year for disease, injury & chronic pain)	\$50	\$65	\$105	\$125
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)	See plan document for coverage details			

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: 1-800-606-3564

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OptumRX Pharmacy Benefits

Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$5,500/\$11,000	N/A
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All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.
All copays and other eligible out-of-pocket pharmacy costs are due at the time of service and are not eligible for financing.

Pharmacy Plan Feature	In-Network Pharmacies	Out-of-Network Pharmacies
Retail Pharmacy		
Generic Drugs 30-day supply/90 day supply	\$15/\$30	N/A
Preferred Brand Drugs 30-day supply/90 day supply	\$40/\$80	N/A
Non-Preferred Brand Drugs 30-day supply/90 day supply	\$70/\$140	N/A
Specialty		
30-day supply	20% coinsurance with \$140 maximum	N/A
Mail Order (90 Day Supply)		
Generic Drugs	\$30	Maintenance drugs of up to a 90-day supply is available for twice the in-network copay through Mail Service Pharmacy.
Preferred Brand Drugs	\$80	
Non-Preferred Brand Drugs	\$140	

Sign in to your Optum Rx account by going to Optumrx.com. to order prescriptions, manage your health information and more.
General Questions: 1-800-547-9767

