



SimplePay Benefits Summary

Client Name HILTI

Plan Year: January 1st, 2024 – December 31st, 2024

Medical Benefits				
Medical Services	In-Network			Out-of-Network
Calendar Year Deductible				
Single	None			None
Family	None			None
Out-of-Pocket Maximum(Includes all copays)				
Single	\$3,600			Unlimited
Family	\$7,200			Unlimited
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Durable Medical Equipment				
Durable Medical Equipment (DME) / item	\$90	\$120	\$200	\$240
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$290			
Urgent Care Facility	\$40	\$55	\$90	\$110
Hospital Expenses or Long-Term Acute Care Facility/Hospital				
Inpatient Hospital	\$1,760	\$2,345	\$3,600	\$4,320
Outpatient Hospital	\$650	\$865	\$1,440	\$1,730
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility/Rehabilitation Facility (90-day limit per plan)	\$1,550	\$2,070	\$3,450	\$4,140
Ambulance Services	\$290			
Ambulatory Surgical Center	\$650	\$865	\$1,440	\$1,730
Home Health Care (120 visits per plan year)	\$40	\$55	\$90	\$110
Hospice Care	\$215	\$290	\$480	\$575
Laboratory Services				
Routine Labs	\$15	\$20	\$30	\$35
Diagnostic Labs	\$50	\$70	\$115	\$140
Maternity				
Initial Office Visit	\$20	\$25	\$45	\$55
Preventive & Ongoing Prenatal Care	No Charge (Included in global delivery copay)			
Delivery & Postnatal Care(Uncomplicated care)	\$1,760	\$2,345	\$3,600	\$4,320

Mental Disorders & Substance Use Disorders

Office Visit	\$20	\$25	\$45	\$55
Inpatient	\$1,760	\$2,345	\$3,600	\$4,320
Outpatient	\$650	\$865	\$1,440	\$1,730

Physician Services

Primary Care Physician	\$20	\$25	\$45	\$55
Specialist	\$40	\$55	\$90	\$110

Telehealth Services

Teladoc Primary Care & Behavioral Health		\$20		N/A
Teledoc Dermatology		\$40		N/A

Preventive Services & Routine Care

Well-Child Care (Including exams and immunizations) No Charge

Adult Physical Examination (Including routine GYN visit) No Charge

Breast Cancer Screening (any age) No Charge

Pap Test No Charge

Prostate Cancer Screening No Charge

Colorectal Cancer Screening No Charge

Radiology Services

Diagnostic X-Rays	\$50	\$70	\$115	\$140
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$180	\$240	\$400	\$480

Therapy Services

Chiropractic Care/Spinal Manipulation (30 visits per plan year)	\$40	\$55	\$90	\$110
Outpatient Therapies (PT, OT, ST) (180 visits per plan year)	\$40	\$55	\$90	\$110

Medical Network: Aetna Open Choice POS II Network

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 Benefits

Pharmacy Plan Feature	CVS	In-Network Pharmacies Excluding CVS/Walgreens	Walgreens	Description
Retail Pharmacy				
Generic Drugs (Tier 1) (Up to a 31-day supply)	\$0	\$5	\$15	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 31-day supply)	\$25	\$30	\$45	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3)	\$35	\$40	\$70	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 Drugs (Tier 4) (Up to a 31-day supply)	\$45	N/A	N/A	Specialty medications are only allowed to be filled through CVS Mail Order
Mail Order Pharmacy (90-day supply)				
Generic Drugs (Tier 1)	\$15	N/A	N/A	Maintenance drugs of up to a 90-day supply is available for 1.5X the copay through CVS Pharmacy or through Mail Order Pharmacy.
Preferred Brand Drugs (Tier 2)	\$45	N/A	N/A	
Non-Preferred Brand Drugs (Tier 3)	\$70	N/A	N/A	

NOTE: There is no coverage under the plan for prescription drugs obtained from a non-participating provider.

Pharmacy Drug Vendor: CVS Caremark

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 right not given through the benefit plan.

