SIMPLEPAY HEALTH

High Plan Benefits Summary(Non-Financing)

Client Name: Tecta America Corporation
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)		N/A		N/A
Out-of-Pocket Maximum (Indiv/Family)		$4,000 / $8,000		$8,000 / $16,000
*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	$60
Retail Health Clinic	$20	$25	$40	$60
Specialist	$40	$55	$95	$140
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			
Teledoc Services (1-800-Teledoc)				
Teledoc General Behavioral Teledoc General Medical		$10		N/A
Maternity				
Initital Prenatal Office Visit	$20	$25	$40	$60
Routine/Ongoing Prenatal Office Visit		No Charge		$60
Delivery & Postnatal Care	$2,530	$3,370	$4,000	$8,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	$2,530	$3,370	$4,000	$8,000
Outpatient Hospital	$870	$1,150	$1,950	$2,330
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	$2,300	$3,060	$4,000	$8,000
Ambulance Services		$500		
Ambulatory Surgical Center	$870	$1,150	$1,950	$2,330
Home Health Care (60 visits per plan year)	$55	$70	$120	$140
Home Infusion	$55	$70	$120	$140
Hospice Care	$290	$390	$650	$780

	In-Network			Out-of-Network
Medical Services	Tier 1	Tier 2	Tier 3	
Radiology Services				
Diagnostic X-Rays	$100	$120	$180	$210
Advanced Imaging (MRI, MRA, CAT & PET Scans)	$460	$620	$1,140	$1,260
Laboratory Services				
Basic Labs	$25	$30	$45	$55
Advanced Diagnostic Labs	$80	$120	$160	$190
Emergency Services/Urgent Care				
Emergency Room		$750		
Urgent Care Facility		$50		
Mental Disorders & Substance Use Disorders				
Office Visit	$20	$25	$40	$60
Inpatient	$2,530	$3,370	$4,000	$8,000
Outpatient	$870	$1,150	$1,950	$2,330
Therapy Services				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	$40	$55	$95	$110
Physical Therapy (65 visits per plan year)	$40	$55	$95	$110
Occupational Therapy (70 visits per plan year)	$40	$55	$95	$110
Speech Therapy (45 visits per plan year)	$40	$55	$95	$110
Durable Medical Equipment*				
Durable Medical Equipment (DME)	$115	$160	$260	$320
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	$40	$55	$95	$140
Acupuncture	$40	$55	$95	$140
Transplants (Travel/lodging $10,000 per transplant)	$2,530	$3,370	$4,000	$8,000

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: 800-606-93564

Pharmacy Drug Vendor: OreadRX

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, the plan will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All eligible copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.
Pharmacy Plan Feature	
Retail Pharmacy	
Generic Drugs (Up to a 34-day supply)	$5
Preferred Brand Drugs (Up to a 34-day supply)	20% coinsurance
Non-Preferred Brand Drugs (Up to a 34-day supply)	30% coinsurance
Specialty Drugs* (Up to a 34-day supply)	Must be sourced through OreadRx's Patient Assistance Program. Please call OreadRx at 833-673-2379.
*Specialty medications are required to be sourced through OreadRx's Patient Assistance Program. Please call OreadRx at 833-673-2379.	
Mail Order (90 Day Supply*)	
Generic Drugs (Up to a 90-day supply)	$15
Preferred Brand Drugs (Up to a 90-day supply)	20% coinsurance
Non-Preferred Brand Drugs (Up to a 90-day supply)	30% coinsurance
Specialty Drugs* (Up to a 90-day supply)	Must be sourced through OreadRx's Patient Assistance Program. Please call OreadRx at 833-673-2379
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