



SimplePay Health Benefits Summary - Option A (Financing Plan)

Client Name: Mountain Beverage

Plan Year: July 1, 2025 - June 30, 2026

Medical Benefits				
Plan Year Deductible				
Single				None
Family				None
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)				
Single				\$4,000
Family				\$8,000
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited				
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)				No Charge
Adult Physical Examination (including routine GYN visit)				No Charge
COVID 19 Vaccine				No Charge
Breast Cancer Screening				No Charge
Pap Test				No Charge
Prostate Cancer Screening				No Charge
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
		In-Network		Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$50	\$65	\$110	\$130
Specialist	\$95	\$130	\$215	\$245
Teladoc (General Medicine / Behavioral Health)		\$45		N/A
Maternity				
Initial Prenatal Office Visit	\$50	\$65	\$110	\$130
Routine Ongoing Prenatal Office Visit	Included with Delivery Copay			\$130
Delivery & Postnatal Care	\$2,500	\$3,500	\$4,000	\$9,110
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$2,500	\$3,500	\$4,000	\$9,110
Outpatient Hospital	\$1,110	\$1,480	\$2,465	\$2,960
Skilled Nursing /Rehabilitation Facility (60 days combined max per plan year)	\$2,500	\$3,500	\$4,000	\$8,045
Ambulance Services	\$745			
Ambulatory Surgical Center	\$1,110	\$1,480	\$2,465	\$2,960
Home Health Care (60 visits per plan year)	\$95	\$130	\$215	\$245
Home Infusion	\$95	\$130	\$215	\$245
Hospice Care	\$370	\$495	\$820	\$985



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	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Radiology Services				
Diagnostic X-Rays	\$95	\$130	\$215	\$260
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$340	\$455	\$760	\$910
Laboratory Services				
Routine Basic Labs	\$40	\$55	\$90	\$110
Advanced Diagnostic Labs	\$95	\$130	\$215	\$260
Emergency Services/Urgent Care				
Emergency Services/Emergency Room			\$745	
Urgent Care Facility	\$95	\$130	\$215	\$245
Mental Disorders & Substance Use Disorders				
Office Visit	\$50	\$65	\$110	\$130
Inpatient	\$2,500	\$3,500	\$4,000	\$9,110
Outpatient	\$1,110	\$1,480	\$2,465	\$2,960
Therapy Services				
Chiropractic Care/Spinal Manipulation (40 visits per plan year)	\$95	\$130	\$215	\$245
Outpatient Therapies (PT, OT, ST) (40 visits combined per plan year)	\$95	\$130	\$215	\$245
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$155	\$205	\$340	\$410
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$95	\$130	\$215	\$245
Hearing Aids (1 set up to \$3,000, every 3 years)	\$155	\$205	\$340	\$410
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$2,500	\$3,500	\$4,000	\$9,110
*Please refer to the Aetna Institute of Excellence (IOE) Program section in the plan document for a more detailed description of this benefit, including travel and lodging maximums. No charge for travel and lodging.				

**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: CVS Caremark



Pharmacy Benefits		
NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.		
Pharmacy Plan Feature	CVS and In-Network Retail Pharmacies ✓	Walgreens !
Retail Pharmacy		
Generic Drugs (Up to a 31-day supply)	\$20	\$65
Preferred Brand Drugs (Up to a 31-day supply)	\$45	\$80
Non-Preferred Brand Drugs	\$75	\$180
Specialty Drug Program		
Specialty Drugs (Up to a 31-day supply. Specialty meds are required to go through mail order.)	\$250	
Mail Order (90 Day Supply**)		
Generic Drugs (Tier 1)	\$40	
Preferred Brand Drugs (Tier 2)	\$90	
Non-Preferred Brand Drugs (Tier 3)	\$150	
**A 90-day supply of maintenance drugs must be purchased at a CVS retail pharmacy or through the mail order program to receive the savings of a 90-day supply.		
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.	

How to Find a Drug: Log into your member portal at www.simplepayhealth.com and click on "Find Drug Prices" under the "Benefits" tab.

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.