



Welcome to SimplePay Health

SimplePay Health simplifies your healthcare experience through concierge customer service, simplified plan design, and price transparency enabled through smart technology. We look forward to supporting you during annual enrollment and throughout the new plan year. Below are the most common frequently asked questions regarding the SimplePay Health plan.

1. What is SimplePay Health?

SimplePay Health has partnered with Aetna/Meritain to provide a simplified healthcare plan that gives you access to Aetna's large national network while providing transparent pricing, and resources to know your cost of services ahead of time.

2. Is there someone I can call for my questions regarding the SimplePay Health Plan?

The SimplePay Health Valet Team will be available during Annual Enrollment to answer your questions on the SimplePay Health plan. The Health Valet team can be contacted at HealthValet@SimplePayHealth.com or 800-606-3564. The Health Valet hours are Monday through Friday 8AM-8PM Central Time.

3. What pharmacies are considered Tier 1?

CVS is considered a Tier 1 pharmacy. All in-network pharmacies are considered Tier 2. Examples of Tier 2 pharmacies would include local pharmacies, grocery store chains, COSTCO, Walmart, and Sam's Club. Walgreens is considered a Tier 3 pharmacy. If you are taking a maintenance medication, we recommend enrolling in the mail order program. Mail order instructions will be included in the materials you receive during annual enrollment.

4. I am going to have a procedure in early January. Will that be covered? How much will it cost?

If you are looking to have a procedure in early January, please reach out the SimplePay Health Valet team as soon as Annual Enrollment begins at HealthValet@SimplePayHealth.com or 800-606-3564. They can assist with transition of care situations as well as pricing for the services you are considering receiving.

5. What criteria does SimplePay Health use to Tier Providers?

When evaluating the quality of providers, SimplePay Health uses one of the largest healthcare databases in the country. Providers are tiered at the procedure level. The quality metrics used to determine provider tiers include but are not limited to the following:

- i. Medical Board Certified
- ii. Patient Outcomes
- iii. Re-admission Rates
- iv. Malpractice History
- v. Operating Efficiency
- vi. Physician Years of Experience

General SimplePay Overview

1. What are the three main ways SimplePay is different than other health plans?

Here are the three main ways SimplePay is different than other health plans:

- i. All your healthcare purchases have a fixed price like a copay for your out-of-pocket costs. Those copays are lower for higher quality physicians and facilities (Tier 1) because those providers take better care of you and reduce healthcare costs for you and your health plan over time. SimplePay Health wants you to have sustainable healthcare benefits where you can access the highest quality providers at the most affordable costs possible.
- ii. You pay your out-of-pocket costs to the health plan and not to your doctor, hospital, or pharmacy. You should not pay any out-of-pocket costs at the time of your service as indicated on your insurance ID card. By having you pay the health plan while we pay your providers in full allows you and your healthcare providers to focus on providing you the care you need while we work to simplify the payment process later.
- iii. SimplePay Health bills your out-of-pocket costs on a single monthly statement. All members are offered affordable, zero-interest payment plans with no credit check. If you are having trouble paying the minimum payment due for the monthly payment plan, please contact to your Health Valet to see if any other options may be available.

2. What are the four main areas of SimplePay Health I need to understand to have a positive experience?

Here are the four main areas of SimplePay Health where you should review the educational content and FAQs to have the best SimplePay experience possible:

- i. We recommend becoming familiar with the SimplePay member portal and how to contact your SimplePay Health Valet. The member portal can be found at www.simplepayhealth.com and you can reach a Health Valet at healthvalet@simplepayhealth.com or 800-606-3564.
- ii. The pharmacy is unable to determine your exact SimplePay copay. You can look up the cost of your medications in the SimplePay member portal on the Benefits tab under the card that says, "Find Drug Prices".
- iii. Another important feature to become familiar with on the SimplePay member portal is how to search for a medical provider so you can see both the benefit tier and cost of that provider. This feature is located in the SimplePay member portal on the Benefits tab under the card that says, "Find a Doctor and Compare Costs".
- iv. Lastly, it is also important to note your SimplePay statement is in the member portal on the Benefits tab under the card that says, "Claims and Statements".



3. What are the major “gotchas” or member frustrations with SimplePay Health I should know in advance?

Here are a few “heads-up” items which will hopefully cut down on any confusion or frustration you have with SimplePay:

- i. If your doctor asks for your insurance information, please tell them you have Aetna (not SimplePay). Aetna is listed as your network on your insurance ID card.
- ii. If your pharmacist asks for your insurance information, please tell them you have CVS (not SimplePay). CVS is listed as your pharmacy manager on your insurance ID card.
- iii. High-cost medical services and medications require prior-authorization on the SimplePay Health plans. Your physicians must turn in the information necessary to complete the prior-authorization process – a process which takes around five business days once the information is received.
- iv. Doctors, hospitals, and pharmacists will no longer be able to tell you your out-of-pocket cost amounts. If you want to know your out-of-pocket cost amounts, please visit simplepayhealth.com or contact your Health Valet.
- v. If you have had medical or pharmacy services, you should get a SimplePay statement in the mail by the middle of the month in which it is due. If you do not get a statement in the mail, please visit simplepayhealth.com or contact your Health Valet to get a copy of your statement.
- vi. Your statements cover all the charges processed in the previous month. Not all providers send in bills for your care timely so some processed charges may be for services processed several months early. Only pay for charges that have posted to your statement.
- vii. Once you complete a member financial agreement, you can remain in that program until your balance is paid off in full. There is no need to make a payment once you complete the financial agreement, unless you want to make a supplemental payment to pay off your balance.
- viii. You can only access specialty medications through CVS and its Mail Order program. To access these medications, please enroll in the mail order program at <https://www.Caremark.com/MailService>
- ix. The current provider search engine is specialty specific. If your doctor is in our system with a different specialty designation, they may not pull up. In addition, some types of providers associated with certain specialties such as Nurse Practitioners or Physician Assistants will only pull up under the Nurse Practitioner or Physician Assistant specialty since there is no data linking them to the specialty they support. If you cannot find your provider in the search engine, please contact a Health Valet at healthvalet@simplepayhealth.com or 800-606-3564.



Medical Provider Search

1. How do I obtain in network doctor, procedure, and cost information?

Log in to your member portal at www.simplepayhealth.com and find the “Find A Doctor and Compare Costs” under the “Benefits” tab. You can also ask for this information from your SimplePay Health Valet at healthvalet@simplepayhealth.com or by calling 1-800-606-3564.

2. How do I look up a doctor?

In the member portal choose the “Benefits” tab at top, then click “View All”, then scroll down and choose the “Find A Doctor and Compare Costs” card. Follow the prompts and instructions to search for your doctor.

Tip: When searching for a doctor, any family member can be selected to proceed. It is OK to choose “Office Visit for New Patient”- this will pull results for any type of expected doctor visit, whether you are a new patient or not.

3. Where do I find a provider’s office visit or copay cost?

After you enter the location and proceed through the search fields, you will see a provider’s out of pocket cost, office hours, and exact location on the profile card for the provide and above the provider’s location on the map view.

Tip: Click on the “Details” tab located on a provider’s profile card to see more details such as highlights and reviews.

4. How do I look up a Nurse Practitioner or a Physician Assistant if that is who I see for my healthcare?

In the “Type of doctor you are looking for” field choose Nurse Practitioner as the specialty for a Nurse Practitioner or Physician Assistant as the specialty for a Physician Assistant. Nurse Practitioners and Physician Assistants will not be listed under the physician specialty they support as that information is not reported.

5. How do I look up the cost for a procedure or surgery?

Same way you would find a doctor using the “Find A Doctor and Compare Costs” card. But in the “What service are you curious about” tab you choose the type of procedure, such as “tonsillectomy.” After proceeding through the location and search fields you will then be able to see a physician’s cost for the procedure.

Tip: To also see a facility’s cost for the procedure- click on the “Details” tab of the physician, scroll down and you will see all the facilities where that physician performs the procedure along with a comparison of each facility’s cost for the procedure.

6. How do I look up a counselor or therapist?

Counselors and therapists may be listed under two different specialty areas in the search tool depending on their credentials: LPCC or LFMT.

7. How do I look up an urgent care center?

Same way you would find a doctor using the “Find A Doctor and Compare Costs” card but in the “What type of doctor are you looking for” or “specialty” tab you choose “Urgent Care Center”.



8. What do I do when I am traveling to ensure I see in-network providers?

When traveling, we recommend you follow a similar process as when you are home before obtaining services by looking up those providers in the provider search tools. You may also contact a SimplePay Health Valet to find high quality, in-network providers, and your member copay.

9. Who decides what tier a provider is in?

SimplePay Health uses provider tier indicators to communicate provider quality because SimplePay is designed so you pay less money when receiving the highest quality care. High quality care costs less money over time and thus SimplePay employers and members can afford to pay less for that care.

Provider quality and care efficiency is based on an extensive data analytics platform with billions of healthcare experience data points. That data allows us to view a provider based on their quality, to whom they refer patients, the experience of their patients, and the care efficiency of their treatments. This data platform facilitates the stratification of providers into Tiers 1, 2, and 3 with Tier 1 provider being the highest quality, lowest cost options available to SimplePay Members.

10. What % of providers accept this plan?

SimplePay Health utilizes the Aetna National network which is an extensive national network with a comprehensive selection of high-quality providers. We do not anticipate there being instances in which members cannot access an in-network provider. However, the Health Valet is the best resource to support you in the case where a quality, in-network provider is not available.

11. Are Quest and LabCorp Tier 1 lab providers?

Yes, Quest and LabCorp locations are considered Tier 1 routine diagnostic labs.

12. Are surgeries performed by my Tier 1 doctor always considered a Tier 1 surgery?

No, Surgery, diagnostic testing, and other facility-based services have tiering that depends on the facility that you and your doctor choose for that service or procedure. Facilities have broad differences in quality and cost which can significantly impact your care experience. To find the tiering, cost of a surgery, or another facility-based service at a specific facility, review the procedure search instructions included on your employer benefits page. You may also contact your Health Valet and they will help you understand your options as well.

Member Portal

1. What is the website for SimplePay Health? How can I obtain specific wellness, healthcare provider, and cost information?

Visit www.simplepayhealth.com for your SimplePay Health member portal, where you can access all the tools and programs that support you and your Health Plan.

In addition to the member portal, you can access Health Plan support by contacting your SimplePay Health Valet at healthvalet@simplepayhealth.com or by calling 1-800-606-3564 to obtain physician and cost information. This information is also found on the "Support" and "Contact Us" links in the SimplePay Health member portal.



2. How do we sign up for the SimplePay Health App to get a login?

After Annual Enrollment, you will be enrolled in the SimplePay Health plan. Once enrolled, you will be able to download the app when your health plan coverage becomes effective. In the meantime, you may contact the Health Valet via phone at 1-800-606-3564 or healthvalet@simplepayhealth.com to obtain physician and financial information.

To download the app, head over to the App/Play store and type in “Virgin Pulse”. Click on the Virgin Pulse App with the VP logo to download the app and get started. When the Virgin Pulse App asks you to pick your organization, please type in “SimplePay Health”.

SimplePay Health Valet

1. What is a SimplePay Health Valet and how can they help me?

Your SimplePay Health Valet is a concierge resource that can help you navigate your health with confidence.

Your Health Valet can assist with a variety of different situations as noted below:

- i. Assist in finding a high-quality provider.
- ii. Help set-up appointments before your first visit.
- iii. Answer any of your questions on all things SimplePay Health such as billing questions, doctor questions or even general insurance questions.

2. How do Health Valets work?

A concierge Health Valet experience is different than a traditional customer service experience. You will have the opportunity to work with a dedicated Health Valet to resolve your healthcare needs or questions until resolved. Since the Health Valet provides a more customized experience, a Health Valet will generally take your request, research the best possible solution for you, and present that solution back to you within one business day.

3. What is the easiest way to work with a Health Valet?

While you can reach out to a Health Valet via phone or email, email is the fastest way to interact with your dedicated Health Valet who is listed on the Health Valet card in your SimplePay Health member portal.

4. Will I only work with one Health Valet?

There is at least one dedicated Health Valet for members. However, other Health Valets may take your incoming phone calls or deliver your solution if your dedicated Health Valet is out of the office.

5. What are the service hours for the Health Valet?

Monday – Friday 8am to 8pm Central Time



6. How do I contact my SimplePay Health Valet?

Access your SimplePay Health Valet at healthvalet@simplepayhealth.com or by calling 1-800-606-3564.

You may also access contact information for your Health Valet on the SimplePay Member Portal and on the App as well. Simply Log-in and select the “*Benefits*” section, from here you can browse your tiles and select the “*A Way to get Help: Talk to your Health Valet*” tile.

Pharmacy

1. Who provides or administers my pharmacy benefits with SimplePay Health?

SimplePay Health Pharmacy Plans are provided by CVS Pharmacy Benefit Solutions. CVS is a nationally recognized pharmacy benefit manager who contracts with almost all licensed U.S. pharmacies. The specific information on how your pharmacy can contact CVS is found on the front of your insurance ID card. Even if your pharmacist is not personally familiar with CVS, the pharmacist can use the information on your insurance ID card to process your pharmacy benefits.

2. What is different about SimplePay Health pharmacy benefits?

SimplePay Health pharmacy plans offer you full traditional pharmacy benefits like all other major managed pharmacy benefit plans. The medications and pharmacies you are used to using will still be available to you if covered by your health plan. The ways in which SimplePay is different than your traditional pharmacy benefit plans are as follows:

- i. Please check medication prices in advance via the SimplePay Health member portal since you do not pay your out-of-pocket costs directly to the pharmacy but rather to SimplePay Health. Your pharmacist will no longer be able to quote you the amount of your copay.
- ii. Your pharmacy copays vary depending on which pharmacy you use. (Do not worry – pharmacies are grouped into major categories, and it is easy to know the difference.)
- iii. If you are using a drug coupon or manufacturer discount program, you must utilize CVS Pharmacy mail order option to fill your prescriptions and access the drug coupon or manufacturer assistance benefits.

3. What if my pharmacist tells me I do not owe any out-of-pocket costs for medication? Is that always true?

No. On a SimplePay Health Plan, you pay your out-of-pocket pharmacy cost or copays to SimplePay Health and not directly to your pharmacy at the time you pick up your prescription(s). We pay your pharmacy the full cost of your medication, so you do not have to worry about making payment when you pick up your medications. This also means it looks like you do not owe anything to your pharmacist. While not all medications have an out-of-pocket cost, please go to www.simplepayhealth.com and login to check medication prices under the Benefits Tab card labeled “Find Drug Prices”.



4. How do prices vary by pharmacy and how do I know which pharmacies have the lowest cost?

SimplePay Health is always looking for ways to help you save when making good healthcare decisions. SimplePay groups pharmacies by different benefit Tiers so you can pay lower costs when the health plan pays lower costs.

- i. Tier 1 pharmacies are the lowest costing pharmacies, these include all CVS pharmacies
- ii. Tier 2 pharmacies have higher copays than Tier 1 pharmacies and are all in-network pharmacies such as local pharmacies, grocery store chains, COSTCO, Walmart, and Sam's Club.
- iii. Tier 3 pharmacies have the highest copays on your plan and are all Walgreen's pharmacies. It is easy to know you are getting the best SimplePay Health benefits if you use CVS pharmacies.

Note: For members taking maintenance medications, generally the lowest copays are available through the CVS mail order program. You can sign up for the CVS mail order program by reaching out to a SimplePay Health Valet for assistance or directly via <https://www.Caremark.com/MailService>. This link can also be found on any of the drug price lookup pages when you search for the price of a drug on the "Find Drug Prices" card in the SimplePay member portal.

5. Can I use a drug coupon or participate in a manufacturer discount program when using SimplePay Health pharmacy benefits?

Yes, but only if you use the CVS mail order program. Please contact your SimplePay Health Valet via email at healthvalet@simplepayhealth.com or by calling 1-800-606-3564 to provide information about your current coupon or discount program and to enroll in the mail order program. Alternatively, you can go directly to <https://www.Caremark.com/MailService> to enroll.

6. What do I need to know about using a specialty medication?

Medications that are high cost, have specialty handling requirements, and/or treat rare conditions are called specialty medications. While certain SimplePay Health plans may have special programs to manage specialty medication, specialty medications covered by SimplePay Health pharmacy benefits must be processed through CVS and delivered via mail. Specialty medications generally require prior authorization and clinical review by CVS so please plan ahead as these steps commonly take 5 business days to complete.

7. What is a prior authorization or step therapy?

When you look up the cost of a medication on the SimplePay Health member portal (www.simplepayhealth.com) under "Find Drug Prices", you may see a yellow warning box at the top of the pricing page that indicates prior authorization or step therapy is required before the medication can be approved and paid for by the health plan. For prior authorization and step therapy, the CVS medical team reviews clinical documentation received from your doctor regarding the medication and medical condition. This information is essential to compare to industry best practices and quality standards to ensure the medication is appropriate. Step therapy involves failing alternative medications prior to the plan approving the requested medication to be filled.

The prior authorization review process generally takes 5 business days to complete once the clinical information is received from your physician.



Generally, a prior authorization is only required the first time you fill a medication during a plan year, but certain medications may be approved for specific durations.

8. What do I do if my pharmacy tells me my medication is not covered?

Your pharmacist may tell you the medication is not covered, or you must pay the full cost of the medication out-of-pocket, but this generally means the medication requires prior authorization. When a medication is denied for prior authorization, it does not mean the medication will not be covered. It means the medication must be reviewed for medical appropriateness before it will be covered by the plan. **Please request your pharmacy reach out to a SimplePay Health Valet directly for assistance in starting the prior authorization process or for any assistance in processing a prescription claim by calling 1-800-606-3564 (the number on your ID card).**

9. What do I do if I believe I'm taking a medication which requires prior authorization or falls under step therapy?

If under "Find Drug Prices" at www.simplepayhealth.com your medication indicates prior authorization or step therapy is required:

Call the SimplePay Health Valet Team for assistance! The SimplePay Health Valet Team is available during annual enrollment to answer your questions on the SimplePay Health plan. The Health Valet team can be contacted at HealthValet@SimplePayHealth.com or 1-800-606-3564, Monday through Friday 8AM-8PM CST. We are here to help you!

The SimplePay Health Valet will ask you a few questions about your medication and doctor and coordinate outreach to your doctor to obtain additional information.

Once the requested information is received from your doctor, the CVS medical team will review the information and complete the prior authorization process.

CVS will advise you, your physician, and the filling pharmacy of the prior authorization decision.

10. Can I utilize the mail order program for my maintenance medications?

In general, you will incur the lowest out-of-pocket costs (copays) on your benefits program if you enroll in the CVS mail order program. For assistance in signing up for the CVS mail order program, contact a SimplePay Health Valet via email at healthvalet@simplepayhealth.com or by calling 1-800-606-3564. Alternatively, you may enroll directly in the mail order program at <https://www.Caremark.com/MailService>.

11. Many Target retail stores include CVS pharmacies inside. When I go to a Target retail store with a CVS pharmacy, is it still the CVS Tier 1 copay?

The Tier 1 CVS copay would apply for medications purchased at CVS pharmacies within Target.



12. What happens if my medication costs less than the copay on my SimplePay Health pharmacy benefits?

You never pay more than the full cost of the medication. If the medication costs less than your applicable copay, you will only pay the cost of the medication and not the higher copay amount. On your statement, this will look like you paid the full cost of the medication, and the plan did not pay anything but that means you paid an amount less than the standard copay amount.

13. What is the best trick to know about using the SimplePay Health pharmacy benefit?

Knowing your medication cost in advance once you understand how SimplePay works. Costs vary by pharmacy, but once you know the cost at a particular pharmacy the cost is always the same at that pharmacy. There are three prices for medications at a retail pharmacy – a price for generics, a price for preferred brands and a price for non-preferred brands (specialty and mail-order medications have different prices). For example, if you know the price of a 30-day supply of a generic medication on your SimplePay plan is capped at a \$10 copay at your pharmacy, that means that the cost of all generic medications at that pharmacy have a \$10 copay for a 30-day supply.

14. What are the biggest “gotchas” or member frustrations when using the SimplePay Health pharmacy benefit?

The two biggest member frustrations related to pharmacy benefits are:

- i. Not Knowing the Price of a Medication when at the Pharmacy – Many of us have become accustomed to the pharmacist telling us the price of a medication while at the pharmacy. That process does not work with SimplePay because we pay the pharmacies on your behalf. Looking up the cost of your medication prior to going to the pharmacy is the best way to address this issue. Once you know the price for a certain type of medication at your pharmacy like “generics”, you will generally know the price for other “generic” medications at your pharmacy. You can look up the cost of your medications in the SimplePay member portal (www.simplepayhealth.com) on the Benefits tab under the card that says, “Find Drug Prices”.
- ii. Prior-Authorization – Your pharmacist may tell you the medication is not covered, or you must pay the full cost of the medication out-of-pocket, but this generally means the medication requires prior authorization. When a medication is denied for prior authorization, it does not mean the medication will not be covered. It means the medication must be reviewed for medical appropriateness before it will be covered by the plan. Please request your pharmacy reach out to a SimplePay Health Valet directly for assistance in starting the prior authorization process or for any assistance they need in processing a prescription claim. This number 1-800-606-3564 is on your ID card.

Claims & Statements

Near the beginning of each month, you would receive a SimplePay Health statement if you had out-of-pocket costs in the previous month or a prior balance. Payment is due on SimplePay Health statements at the end of the month, but SimplePay wants to make the payment of those statements as simple as possible for you by sharing the following helpful hints:

1. What is a SimplePay Health Statement?

Instead of having to pay for care at the time of service, with SimplePay Health you will receive a monthly health statement that details your charges for that month. Near the beginning of each month, you would receive a SimplePay Health statement if you had out-of-pocket costs in the previous month or a prior balance. Payment is due on SimplePay Health statements at the end of the month.

2. Why don't I receive an Explanation of Benefits (EOB) anymore?

Providers submit your claim to Aetna/Meritain. The payment is paid in full by SimplePay and the out-of-pocket cost, you owe, will post to your SimplePay statement. You owe NO out-of-pocket cost to the provider. You will find all costs that have incurred during the month, posted to your monthly statement which serves as your primary Explanation of Benefits on a SimplePay Health plan. Additional detailed information about your claims in a format like a traditional EOB can be found in the Claims and Statements section of the SimplePay Health member portal at www.simplepayhealth.com.

3. Pay Your Statement in Full and Receive a Credit on Your Next Statement

If you pay your SimplePay statement in full by the due date, we will give you back 1.5% of that statement's balance as a credit on your next statement. There is no better reward for paying your statements in full and on time!

Note: This credit does not apply when paying off statement balances that include charges from a previous / outstanding balance.

4. Accessing Your Statement Once Available

You will be notified by email and text (if provided) when your statement is ready to view online. Unless you have chosen the paperless option (see #9), you will also receive your statement in the mail a few days later.

If you are enrolled in the SimplePay Health plan, you will be able to access your statements from the [SimplePay Health member portal](#). Sign in, and on the **Benefits** page, search or go to View All to get to **Claims & Statements** and click **Start Now**. You will find your statement in **E-Documents**.

The first page of your statement also includes a direct link to your Claims & Statements dashboard. To sign in using this link, you will need to input your first name, last name, member ID (located at the top of your statement), date of birth, and the last four digits of your Social Security Number.

Note: If your member ID has leading zeros (i.e.: 00712345), include these while signing on.



5. Reading Your Statement

Previous Balance: Your Amount Due from the previous billing period.

Payments Made: Any payments you made against your Previous Balance during the previous billing period.

Current Charges: The total of new SimplePay amounts processed during the billing period noted on the statement. An itemized list of charges is available on subsequent pages.

Amount Due: This is the remaining balance you now owe.

Minimum Due: This is the minimum amount you must pay by the Due On date, or you will start autopayments under the SimplePay Payment Protection Program (see #7). Additional information about the Payment Protection Program is available in the "To Submit Payment" section of the statement and in #7-8 below.

6. Reading Your Portal Dashboard

Previous Balance: Your Previous Balance amount on your most recent statement (the Amount Due from your statement prior to that one).

Payments Made: Any payments you made against your Previous Balance during the previous billing period on your most recent statement.

Current Charges: The total of new SimplePay amounts processed during the billing period of your most recent statement.

Previous Balance	\$67.63	
Payments Made	\$67.63	
Current Charges	\$645.92	
Fees	\$0.00	
Amount Due By 03/28/2021	\$645.92	<input type="button" value="Pay Now"/>
Current Payments Made	\$200.00	
Net Amount Due	\$445.92	

Fees: If you have any late fees, they will be listed here.

Amount Due By: The balance on your most recent statement that you now owe by the displayed date. Please make sure to send your payment with enough time for it to process by the due date. If your payment misses the due date even by a day, you will be moved to automatic payments.

Current Payments Made: Any payments you have made against your Amount Due during the current billing period.

Net Amount Due: The remainder of the Amount Due that you now owe after all payments you have made during the current billing period have posted to your account. Use this amount to calculate what will be

MONTHLY STATEMENT

Member ID: [REDACTED]
Billing Period: 02/01/2021-02/28/2021
Due On: 03/28/2021

ACCOUNT SUMMARY	
Previous Balance	\$22.58
Payments Made	\$23.88
Current Charges	\$92.00
Amount Due	\$92.90
Payments Due	\$92.90

How can we help? Please provide your name, address, e-mail, or phone number to our PR or Support@simplepay.com

Pay online at <https://www.simplepay.com> using your MemberID provided above. You may also contact and mail for future copies of this statement with your payment.



left on your account after making the minimum payment or to see how much you would need to pay in order to pay off your balance in full.

*Note: To see your Minimum Due amount in the portal, please open your most recent statement on the **E-Documents** tab or go to the **Make a Payment** tab and click on the drop-down for **“Payment Amount”**. You must pay the Minimum Due amount by the Due On date, or you will be enrolled in automatic payment withdrawals.*

7. Paying Your Statement

Paying Online

Log into [SimplePay Health member portal](#). On the **Benefits** page, search or go to View All to get to **Claims & Statements** and click **Start Now**. On your Claims & Statements dashboard, click **Pay Now** or go to **Make a Payment**. If you do not have a payment method saved, click **+ New Pay Account** to add a card or account. On the **Make a Payment page**, select the payment date and amount, then click **Next** and follow the prompts to complete your payment.

Paying by Check

If you would like to pay your statement by check, please detach the payment coupon at the bottom of your statement and mail it with your check to: SimplePay Health, PO Box 80, Des Moines, IA 50301

8. SimplePay Requires You to Make a Payment Each Month if You Want to Pay Your Statement in Full

There is now a recurring payment feature in SimplePay that allows you to automate paying off your statement in full each month. To pay your statement in full, please see [How to Add Your Payment Account Information](#).

9. How the Automatic Payment Program Works with SimplePay When You Miss the Due Date

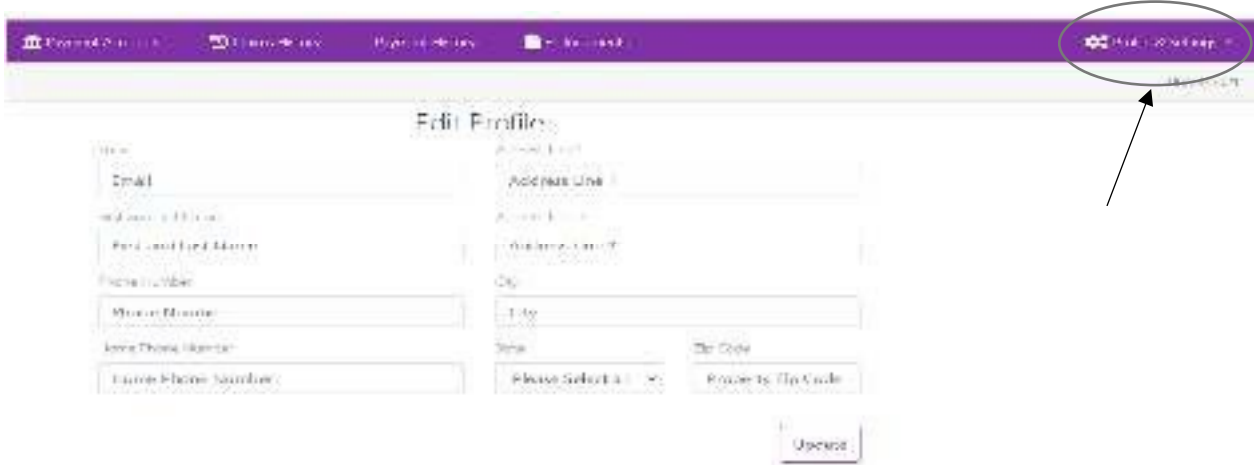
The SimplePay Health automatic payment feature is designed to help you stay current with your minimum payments. This feature only kicks in if you miss making the minimum payment by the statement due date. It will automatically pay the minimum due each month until the balance is paid off in full.

10. How Do I Stop Participating in the Automatic Payment Program?

You will be removed from the Automatic Payment Program once your balance is paid in full. You can pay off the balance at any time by making an additional payment for the difference between the Amount Due and the Minimum Due.

11. Changing Your Preferences

In your **Claims & Statements** dashboard, click **Profile & Settings**. If you want to change your email or mailing address for your statements, click **Profile** to update the statement delivery system with your new address. For payment alerts and to turn off paper statements, please go to **Notification Preferences** and make the appropriate selections.



12. Will I receive an alert when payment is due?

You will be notified by email and text (if provided by your employer) when your statement is ready to view online. Unless you have chosen the paperless option, you will also receive your statement in the mail a few days later. Statements are generally posted approximately 5 business days after the end of the prior month.

13. Where do I see the minimum amount due each month?

The minimum amount due is clearly listed at the stop of your statement or you can view minimum amount due by clicking on “Make a Payment” at top of the Claims and Statement portal.



14. What do I do if I am being charged at the doctor’s office or pharmacy during my visit?

Provide the doctor your member ID card and show them the “Medical Plan” section where it states “No patient responsibility owed at time of service. Plan will pay provider the full contract rate”. If the provider still tries to bill you, please point them to Provider phone number for “Customer Service” on the card and ask the provider to verify your benefits. When providers verify your benefits, they will only see that they will be paid in full, and they will not see the out-of-pocket you owe to the health plan.



15. What if my pharmacist or doctor tells me I do not owe any out-of-pocket costs for medication? Is that always true?

No. On a SimplePay Health Plan, you pay your out-of-pocket cost or copays to SimplePay Health and not to your healthcare providers. We pay your providers the full cost of your care so you do not have to worry about making payment when you receive care but that also means that it looks like you do not owe anything to your providers. Please go to simplepayhealth.com and log-in to check the cost of care for your health plan.

16. What if the provider bills me after my service? What if there is a discrepancy between what the provider says I owe and the SimplePay copay?

In the event there is a question, or you receive a bill from a provider, please contact your SimplePay Health Valet at 1-800-606-3564 or healthvalet@simplepayhealth.com.

17. What do I do if I have secondary insurance coverage?

Secondary insurance billing does not work on SimplePay as it does on a traditional insurance plan. Since SimplePay Health pays your provider in full, they do not have a balance on your account to bill your secondary insurance.

SimplePay Health can support you in getting secondary insurance coverage if you notify SimplePay of your coverage through the SimplePay Coordination of Benefits form. This form is mailed to you when you start on SimplePay, or you can request another copy from your SimplePay Health Valet at 1-800-606-3564 or healthvalet@simplepayhealth.com.

Once SimplePay knows you have secondary insurance coverage, we will not apply any SimplePay Health out-of-pocket costs to your monthly statement until we have completed working with your provider to process your secondary insurance benefits. Once the process is complete, we will add back those SimplePay out-of-pocket amounts to your statement and you will pay them in the normal manner.

18. Can coverage for testing or procedures be denied?

Yes. In the event a procedure or test is not medically necessary or excluded, it will be denied.

19. Do the copays go towards the Out-of-Pocket?

Yes. All copay or SimplePay out-of-pocket amounts count towards your out-of-pocket maximum. Please see your SimplePay statement to see how much out-of-pocket cost has accumulated towards your benefit plan's out-of-pocket max.

20. In the event a PCP performs lab work in his office, is only the PCP copay applicable?

Yes. If routine lab work is performed the same day as the office visit, only one bundled office visit copay applies. If lab work is done on separate days, separate copays apply.

21. Please explain the benefits for diabetic members.

SimplePay diabetic supplies are covered at 100% under the medical plan when medically necessary. Members will receive their insulin through the pharmacy plan and can work with the Health Valet to determine the cost for their specific insulin. If a member enrolls in Livongo, you will receive a free glucometer and test strips. The Health Valet can assist with your enrollment into Livongo. Additionally, information and enrollment instructions for Livongo will be available on the SimplePay member portal.



22. Are there any fees associated with online or credit card payments of the SimplePay statement?

No. Payments and payment plans to SimplePay Health have no fees.

23. What happens if my FSA will not accept the SimplePay statement as substantiation?

While a SimplePay statement should generally be an acceptable form of document substantiation for your FSA, there may be times where the FSA is unable to reconcile the charges on the statement with the amount charged to your FSA card. That can happen if a charge is paid in advance, or a payment more than the statement amount is made for one reason or another (your FSA should be able to tell you what additional documentation is needed). In those cases, the issues can be resolved in one of two ways 1) you can pull additional statements or EOBs from the SimplePay Claims Portal to cover the additional charges your FSA is not seeing represented on the statement or 2) you can contact your SimplePay Health Valet and request the initial FSA payment be refunded so then a new payment can be made on the FSA card that matches the statement.


24. What happens if the SimplePay payment system did not accept my FSA card for payment?

If your FSA card was not accepted for payment, please perform an initial check to make sure the card information was captured accurately on the payment screen. If the card information is correct, the issue is typically related to a hold or freeze that your FSA has placed on your card which can sometimes happen if certain charges are pending substantiation. Please contact your FSA administrator to determine if there is a hold on the card. Once resolved, you should be able to run your card. If those steps fail to resolve the issue, please contact your SimplePay Health Valet, and request the issue be escalated to the SimplePay payment team for further investigation.



SimplePay Benefits Summary: HD Supply - Health and Welfare
Program Plan Year: January 1st, 2024 – December 31st, 2024

MEDICAL BENEFITS				
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network
Calendar Year Deductible				
Single	None			None
Family	None			None
Out-Of-Pocket Maximum (includes Copays – combined with Prescription Drug Card)				
Single	\$5,000			Unlimited
Family	\$10,000			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
Covid 19 Services				
Covid 19 Testing	No Charge			
Covid 19 Vaccine (Moderna, Pfizer, Johnson & Johnson)	No Charge			
Durable Medical Equipment				
Durable Medical Equipment (DME) per item	\$100	\$200	\$300	\$500
Emergency Services/Urgent Care				
Emergency Services/Emergency Room Services	\$500			
Urgent Care Facility	\$45	\$60	\$100	\$150
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)				
Inpatient Hospital	\$2,200	\$3,000	\$5,000	\$6,000
Outpatient Hospital	\$750	\$1,000	\$1,700	\$3,000
Infertility Treatment	See plan document for specific coverages and exclusions			
Skilled Nursing Facility	\$2,000	\$2,700	\$4,500	\$5,400
Ambulance Services	\$500			
Ambulatory Surgical Center	\$750	\$1,000	\$1,700	\$3,000
Home Health Care (150 visits per calendar year)	\$45	\$60	\$100	\$120
Hospice Care	\$250	\$350	\$550	\$750
Laboratory Services				
Routine Diagnostic Labs	\$15	\$25	\$35	\$50
Diagnostic Labs	\$65	\$85	\$145	\$175
Maternity				
Initial Office Visit	\$45	\$60	\$100	\$250
Preventive & On-going Prenatal Care	No Charge (included in global delivery copay)			
Delivery & Postnatal Care	\$2,200	\$3,000	\$5,000	\$6,000
Mental Disorders & Substance Use Disorders				
Office Visit	\$25	\$30	\$50	\$120
Inpatient	\$2,200	\$3,000	\$5,000	\$6,000
Outpatient	\$750	\$1,000	\$1,700	\$3,000
Physician Services				
Primary Care Physician	\$25	\$30	\$50	\$120
Specialist	\$45	\$60	\$100	\$250

Telehealth Services				
Teladoc including Behavioral Health		\$0		N/A
Preventive Services and Routine Care				
Well-Child Care (Including exams & 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
Routine Eye Exam				No Charge
Radiology Services				
Diagnostic X-Rays	\$65	\$85	\$145	\$175
Advanced Imaging MRI, MRA, CAT & PET Scans	\$250	\$350	\$500	\$600
Other Healthcare Facilities/Services				
Therapy Services				
Chiropractic Care/Spinal Manipulation	\$45	\$60	\$100	\$120
Outpatient Therapies (PT, OT, ST) (90 visits combined, per calendar year)	\$45	\$60	\$100	\$120
Other Healthcare Facilities/Services				
Temporomandibular Joint Dysfunction (\$5,000 Lifetime Maximum Benefit)	\$750	\$1,000	\$1,700	\$3,000
Allergy Injections, Serum & Testing	\$45	\$60	\$100	\$250
Acupuncture	\$45	\$60	\$100	\$250
Transplants (Aetna IOE Program) * travel and lodging \$10,000 per transplant	\$2,200	\$3,000	\$5,000	\$6,000
*Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit, including travel and lodging maximums. No charge for travel and lodging				
Bariatric Surgery (Once every 2 years)	\$2,200	\$3,000	\$5,000	\$6,000
*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).				
				
<p align="center">Medical Network: Aetna Open Choice POS II Network</p> <p align="center">How to Find a Provider: Log in to your member portal at www.simplepayhealth.com and click on "Find A Doctor and Compare Costs" under the "Benefits" tab</p>				
<p align="center">For Questions about your SimplePay Health Plan, please contact your SimplePay Health Valet. Email: HealthValet@simplepayhealth.com Phone: 800-606-3564</p>				

PHARMACY BENEFITS

NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Provider.

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.
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Pharmacy Plan Feature	CVS	All other In-Network Pharmacies	Walgreens	Description
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Retail Pharmacy

Generic Drugs (Tier1) (Up to a 31-day supply)	\$5	\$10	\$20	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 31-day supply)	\$30	\$50	\$75	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3) (Up to a 31-day supply)	\$50	\$70	\$95	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 Drug Program

Specialty Drugs (Tier 4) (Up to a 31-day supply)	\$120	Specialty Drugs MUST be obtained directly from the specialty pharmacy. Specialty Drugs are not available at mail order pharmacies, and there are no grace fills provided to Covered Persons.
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Mail Order Pharmacy (90-day supply)

****CVS Maintenance Choice Voluntary – Allow Opt-Out:** This Plan allows for 2 30-day fills of maintenance drugs at any retail pharmacy. After 2 fills, a 90-day supply of maintenance drugs must be purchased at a CVS retail pharmacy only or through the mail order program unless you call the 800-606-3564 and opt out. If you opt out, you may continue to purchase a 30-day supply of maintenance drugs, however, you will not benefit from the savings of a 90-day supply. For additional information, please contact your Health Valet at 800-606-3564.

Generic Drugs (Tier 1)	\$15	Maintenance drugs of up to a 90-day supply is available for twice the copay through Mail Service Pharmacy.
Preferred Brand Drugs (Tier 2)	\$60	
Non-Preferred Brand Drugs (Tier 3)	\$90	



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 rights not given through the benefit plan.