



2026

# Enrollment Guide

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Wasserstrom Holdings, Inc.

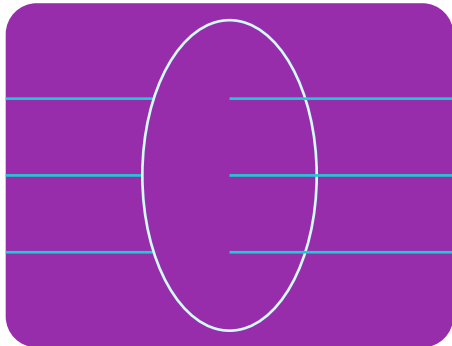
# The health plan you'll be **happy** to see

Take control of your healthcare journey with a plan that gives you access to top-quality providers and offers price certainty for every medical service.\* With SimplePay, experience healthcare without the complications.

# Clear and supportive healthcare

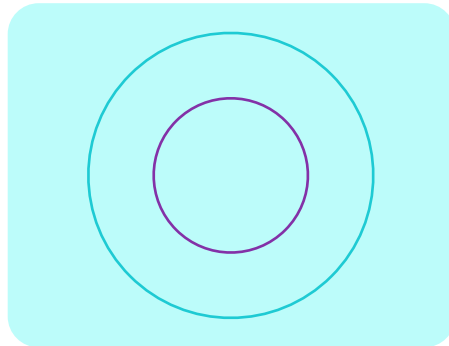
## Price certainty\*

Know the price of every medical service ahead of time. Focus on your health, without worrying about add-ons or unexpected bills.



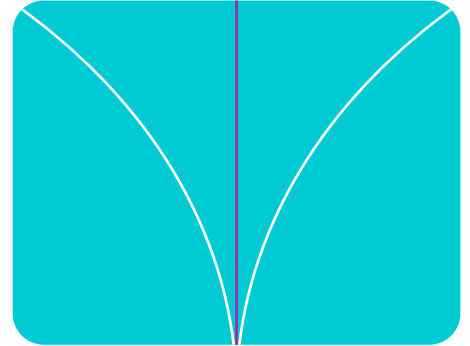
## Great care and value

Find top-quality providers offering all services at fixed, predetermined costs — from routine checkups to advanced procedures. High-quality providers cost you less.



## Simple user experience

Access your health plan from anywhere with the straightforward and intuitive SimplePay member portal.



## Health Valet service

Work alongside a SimplePay Health Valet to confidently navigate your healthcare journey. Health Valets can assist with:

- + Finding a high-quality provider
- + Answering questions about billing or coverage
- + Helping you understand different care options and more



Contact the Health Valet team:

**1-800-606-3564**

[healthvalet@simplepayhealth.com](mailto:healthvalet@simplepayhealth.com)

Monday-Friday

8:00 a.m. - 8:00 p.m. Central

# Price certainty

Going for care is easygoing when you know the cost ahead of time.

## What to expect:

1.

Look up a service and know exactly what you'll owe.\*



2.

Go to the doctor and receive great care.



3.

Receive an Explanation of Benefits.



Use the SimplePay member portal to find the best provider based on cost and quality rankings.

See your provider and feel confident knowing their quality of care.

Pay the exact cost you saw in your member portal.\*

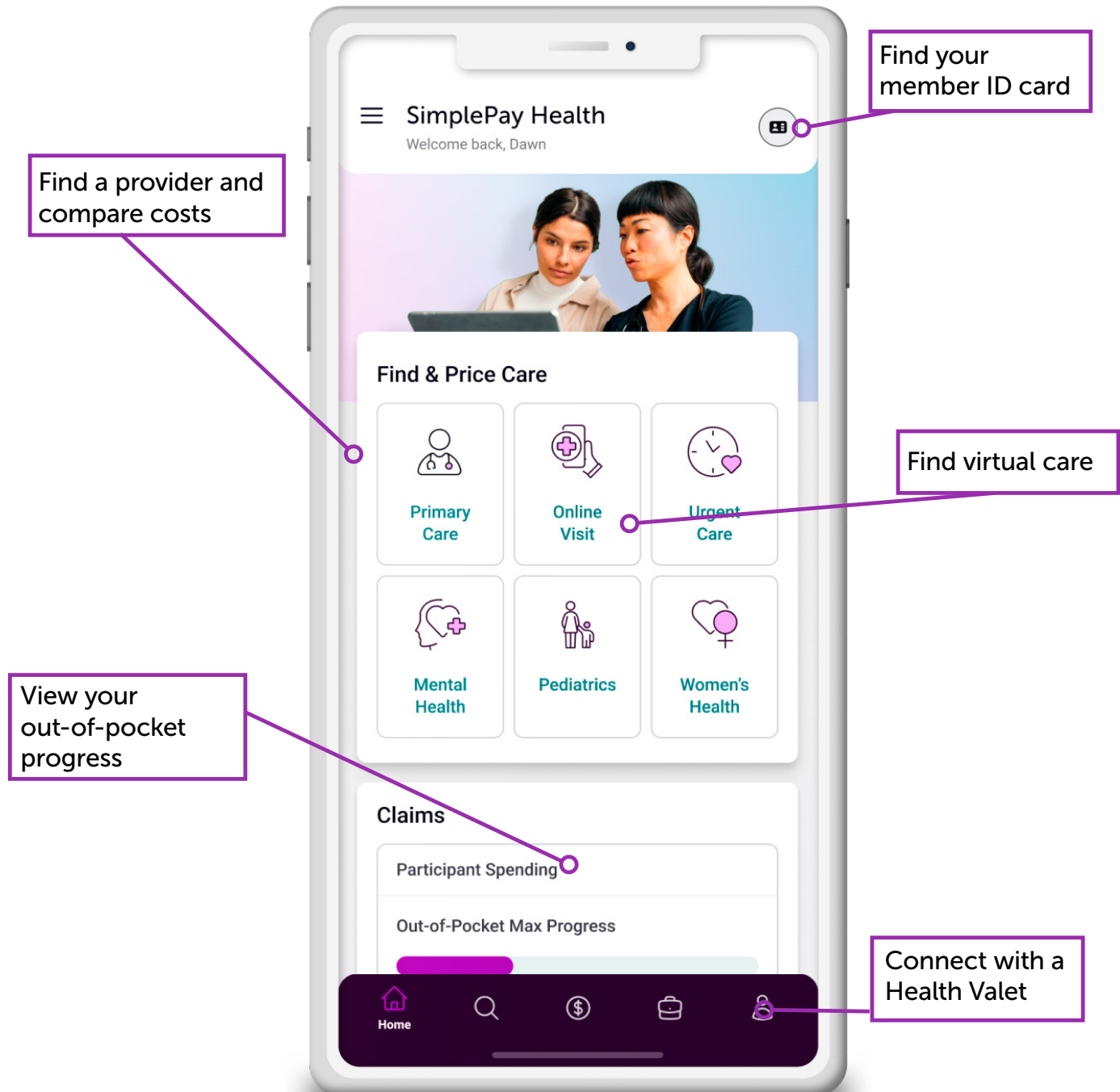


For questions, contact the Health Valet team or visit

<https://employers.simplepayhealth.com/Wasserstrom.html>

# Member portal




Explore the member portal anytime from your mobile app or desktop. It's your one-stop hub for all your benefit information.



# Quality you can trust

SimplePay is designed to help you find **high-quality**, low-cost providers so you can prioritize your health and your bank account.

With SimplePay, providers are categorized into three copay rankings based on the following criteria:

-  Tier 1 provider
-  Tier 2 provider
-  Tier 3 provider

## Quality

Providers renowned for their best-in-class training, certifications, and commitment to delivering excellent care outcomes.

## Relationship

Providers that are associated with top-quality service lines at their facility, ensuring great care with every visit.

## Experience


Providers that consistently deliver positive patient experiences and outcomes.


## Efficiency

Providers that offer the best results for their patients, delivering just the right amount of care to ensure health needs are met.

### Provider Ranking Legend

 Meets all standards above

 Meets most standards above

 Meets some standards above

# Pharmacy



SimplePay Health pharmacy plans are provided by CVS Caremark® Pharmacy Benefit Solutions.

CVS Caremark is a nationally recognized pharmacy benefit manager that contracts with almost all licensed U.S. pharmacies. On a SimplePay plan, you can see your out-of-pocket cost for prescriptions in the SimplePay member portal. Your copay will vary based on the pharmacy you choose.

## What to expect when visiting the pharmacy:

1.

Visit the SimplePay member portal to find a pharmacy and your prescription cost.\*

2.

Visit the pharmacy and present your member ID card.

3.

Pay the pharmacy the cost you saw upfront in your drug cost search.



For more information on pharmacy benefits and to do a prescription drug lookup, visit

<https://employers.simplepayhealth.com/Wasserstrom.html>



## SimplePay Health No Deductible Plan Summary

Client Name: Wasserstrom Holdings, 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	Single \$0 / Family \$0			N/A
Out-of-Pocket Maximum (Includes copays - combine with prescription drug card)	Single \$6,500* / Family \$13,000*			N/A
*OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited*				
	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⚡ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$30	\$60	\$100	\$150
Retail Health Clinic (Note: CVS Minute Clinic is a \$0 copay)	\$30	\$60	\$100	\$150
Specialist	\$60	\$125	\$200	\$300
Preventative Services & Routine Care: No deductible needs to be met				
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)	No Charge			
Pap Test	No Charge			
Prostate Cancer Screening	No Charge			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Teledoc Services				
Teladoc- Medical, Behavioral & Dermatology	No Charge	No Charge	No Charge	N/A
Maternity				
Initial Prenatal Office Visit	\$30	\$60	\$100	\$150
Routine/Ongoing Prenatal Office Visit	No Charge	No Charge	No Charge	\$60
Delivery & Postnatal Care	\$3,500	\$5,000	\$6,500	\$17,500
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$3,500	\$5,000	\$6,500	\$17,500
Outpatient Hospital	\$1,100	\$1,500	\$2,500	\$5,500
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	\$3,000	\$4,000	\$6,500	\$15,000
Emergency Ambulance Services	\$700	\$700	\$700	\$700
Ambulatory Surgical Center	\$1,100	\$1,500	\$2,500	\$5,500
Home Health Care (120 visits per plan year)	\$60	\$125	\$200	\$300
Home Infusion	\$60	\$125	\$200	\$300
Hospice Care	\$350	\$500	\$800	\$1,750



	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
<b>Radiology Services</b>				
Diagnostic X-Rays	\$50	\$70	\$90	\$250
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$350	\$500	\$750	\$1,750
<b>Laboratory Services</b>				
Basic Labs	\$50	\$70	\$90	\$250
Advanced Diagnostic Labs	\$100	\$150	\$250	\$500
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room	\$700	\$700	\$700	\$700
Urgent Care Facility	\$75	\$75	\$75	\$75
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$30	\$60	\$100	\$150
Inpatient	\$3,500	\$5,000	\$6,500	\$17,500
Outpatient	\$1,100	\$1,500	\$2,500	\$5,500
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$60	\$125	\$200	\$300
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$60	\$125	\$200	\$300
<b>Durable Medical Equipment*</b>				
Durable Medical Equipment (DME)	\$150	\$200	\$350	\$750
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$60	\$125	\$200	\$300
Acupuncture	\$60	\$125	\$200	\$300
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)	See plan document for coverage details			
Bariatric Surgery	See plan document for coverage details			

\*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](http://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](mailto:healthvalet@simplepayhealth.com)

**Phone:** 800-606-93564

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an  aetna company




## Pharmacy Drug Vendor: CVS Caremark



### Pharmacy Benefits

**NOTE:** There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.

Calendar Year Deductible	\$0	N/A
Out-of-Pocket Maximum (Includes copays)	Single \$6,500 / Family \$13,000	N/A

Pharmacy Plan Feature	 Tier 1	 Tier 2	 Tier 3
	CVS Pharmacies Only	In-Network Pharmacies Excluding CVS/Walgreens	Walgreens Pharmacies Only
Retail Pharmacy			
Preventive Drugs	No Charge	No Charge	No Charge
Generic Drugs (Up to a 30-day supply)	\$10	\$35	\$60
Preferred Brand Drugs (Up to a 30-day supply)	\$45	\$75	\$125
Non-Preferred Brand Drugs	\$90	\$115	\$175
Specialty Drug Program			
Specialty Drugs* (Up to a 30-day supply)	\$300 for a 30-day supply		
*Specialty medications are required to be filled through Mail Order.			
Mail Order or CVS Retail (90 Day Supply*)			
Preventive Drugs	No Charge		
Generic Drugs (Tier 1)	\$20		
Preferred Brand Drugs (Tier 2)	\$90		
Non-Preferred Brand Drugs (Tier 3)	\$180		
*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			
Preventive Drugs	Items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website: <a href="https://www.healthcare.gov/what-are-my-preventive-care-benefits">https://www.healthcare.gov/what-are-my-preventive-care-benefits</a>		
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:** 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](http://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.



## SimplePay Health Base HDHP Plan Summary

Client Name: Wasserstrom Holdings, Inc.

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 Single \$3,500\* / Family \$7,000\*

\*You must meet your deductible before medical copays apply

Out-of-Pocket Maximum  
(Includes copays - combine with prescription drug card)

Single \$5,000\* / Family \$10,000\* Unlimited

\*OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited\*

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

**Physician Services:** *You must meet your deductible before copays apply*

Primary Care Physician	\$10 after ded.	\$20 after ded.	\$30 after ded.	\$50 after ded.
Retail Health Clinic (CVS Minute Clinic is a \$0 copay after ded.)	\$10 after ded.	\$20 after ded.	\$30 after ded.	\$50 after ded.
Specialist	\$30 after ded.	\$50 after ded.	\$75 after ded.	\$150 after ded.

**Preventative Services & Routine Care:** *No deductible needs to be met*

Well-Child Care (including exams and immunizations) No Charge / No Ded.

Adult Physical Examination (including routine GYN visit) No Charge / No Ded.

Routine Eye Care No Charge / No Ded.

COVID 19 Vaccine No Charge / No Ded.

Breast Cancer Screening (any age) No Charge / No Ded.

Pap Test No Charge / No Ded.

Prostate Cancer Screening No Charge / No Ded.

Colorectal Cancer Screening See plan document for specific coverage based on age/necessity

**Teledoc Services:** *You must meet your deductible before copays apply*

Teladoc- Medical, Behavioral & Dermatology	No charge after ded.	No charge after ded.	No charge after ded.	N/A
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**Maternity:** *You must meet your deductible before copays apply except for Routine/Ongoing Prenatal Office Visit*

Initial Prenatal Office Visit	\$10 after ded.	\$20 after ded.	\$30 after ded.	\$50 after ded.
Routine/Ongoing Prenatal Office Visit	No Charge/No Ded.	No Charge/No Ded.	No Charge/No Ded.	\$50 after ded.
Delivery & Postnatal Care	\$1,400 after ded.	\$2,000 after ded.	\$3,000 after ded.	\$7,000 after ded.

**Hospital Expenses or Long-Term Acute Care Facility/Hos.(Facility Charges):** *You must meet your deductible before copays apply*

Inpatient Hospital	\$1,400 after ded.	\$2,000 after ded.	\$3,000 after ded.	\$7,000 after ded.
Outpatient Hospital	\$450 after ded.	\$600 after ded.	\$1,000 after ded.	\$2,250 after ded.
Skilled Nursing /Rehabilitation Facility (120 days)	\$1,250 after ded.	\$1,700 after ded.	\$2,800 after ded.	\$6,250 after ded.
Emergency Ambulance Services	\$250 after ded.	\$250 after ded.	\$250 after ded.	\$250 after ded.
Ambulatory Surgical Center	\$450 after ded.	\$600 after ded.	\$1,000 after ded.	\$2,250 after ded.
Home Health Care (120 visits per plan year)	\$30 after ded.	\$50 after ded.	\$75 after ded.	\$150 after ded.
Home Infusion	\$30 after ded.	\$50 after ded.	\$75 after ded.	\$150 after ded.
Hospice Care	\$150 after ded.	\$200 after ded.	\$350 after ded.	\$750 after ded.

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	⊖ Tier 2	⚠ Tier 3	
<b>Radiology Services:</b> <i>You must meet your deductible before copays apply</i>				
Diagnostic X-Rays	\$10 after ded.	\$15 after ded.	\$20 after ded.	\$50 after ded.
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$150 after ded.	\$200 after ded.	\$300 after ded.	\$750 after ded.
<b>Laboratory Services:</b> <i>You must meet your deductible before copays apply</i>				
Basic Labs	\$10 after ded.	\$15 after ded.	\$20 after ded.	\$50 after ded.
Advanced Diagnostic Labs	\$40 after ded.	\$60 after ded.	\$90 after ded.	\$200 after ded.
<b>Emergency Services/Urgent Care:</b> <i>You must meet your deductible before copays apply</i>				
Emergency Services/Emergency Room	\$250 after ded.	\$250 after ded.	\$250 after ded.	\$250 after ded.
Urgent Care Facility	\$30 after ded.	\$30 after ded.	\$30 after ded.	\$30 after ded.
<b>Mental Disorders &amp; Substance Use Disorders:</b> <i>You must meet your deductible before copays apply</i>				
Office Visit	\$10 after ded.	\$20 after ded.	\$30 after ded.	\$50 after ded.
Inpatient	\$1,400 after ded.	\$2,000 after ded.	\$3,000 after ded.	\$7,000 after ded.
Outpatient	\$450 after ded.	\$600 after ded.	\$1,000 after ded.	\$2,250 after ded.
<b>Therapy Services:</b> <i>You must meet your deductible before copays apply</i>				
Chiropractic Care/Spinal Manipulation (20 visits per plan year)	\$30 after ded.	\$50 after ded.	\$75 after ded.	\$150 after ded.
Outpatient Therapies (PT, OT, ST) (60 visits per plan year)	\$30 after ded.	\$50 after ded.	\$75 after ded.	\$150 after ded.
<b>Durable Medical Equipment*:</b> <i>You must meet your deductible before copays apply</i>				
Durable Medical Equipment (DME) / Item	\$60 after ded.	\$90 after ded.	\$140 after ded.	\$300 after ded.
<b>Other Healthcare Facilities/Services:</b> <i>You must meet your deductible before copays apply</i>				
Allergy Injections, Serum & Testing	\$30 after ded.	\$50 after ded.	\$75 after ded.	\$150 after ded.
Acupuncture	\$30 after ded.	\$50 after ded.	\$75 after ded.	\$150 after ded.
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)	See plan document for coverage details			
Bariatric Surgery	See plan document for coverage details			

\*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

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**Phone:** 800-606-9364

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an  **aetna** company

## Pharmacy Drug Vendor: CVS Caremark



### Pharmacy Benefits

**NOTE:** There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.

Calendar Year Deductible Single \$3,500\* / Family \$7,000\*

\*You must meet your deductible before RX copays apply

Out-of-Pocket Maximum (Includes copays) Single \$5,000 / Family \$10,000 N/A

Pharmacy Plan Feature	✓ Tier 1	⊖ Tier 2	! Tier 3
	CVS Pharmacies Only	In-Network Pharmacies Excluding CVS/Walgreens	Walgreens Pharmacies Only
<b>Retail Pharmacy:</b> <i>You must meet your deductible before copays(except for preventive medications)</i>			
Preventive Drugs	No Charge/No Ded.	No Charge/No Ded.	No Charge/No Ded.
Generic Drugs (Up to a 30-day supply)	\$5 after ded.	\$10 after ded.	\$15 after ded.
Preferred Brand Drugs (Up to a 30-day supply)	\$10 after ded.	\$15 after ded.	\$25 after ded.
Non-Preferred Brand Drugs	\$15 after ded.	\$20 after ded.	\$30 after ded.

**Specialty Drug Program:** *You must meet your deductible before copays apply*

Specialty Drugs\*  
(Up to a 30-day supply) \$300 for a 30-day supply after ded.

\*Specialty medications are required to be filled through Mail Order.

**Mail Order (90 Day Supply\*):** *You must meet your deductible before copays(except for preventive medications)*

Preventive Drugs	No Charge/No Ded.
Generic Drugs (Tier 1)	\$10 after ded.
Preferred Brand Drugs (Tier 2)	\$20 after ded.
Non-Preferred Brand Drugs (Tier 3)	\$30 after ded.

\*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

Preventive Drugs	Items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website: <a href="https://www.healthcare.gov/what-are-my-preventive-care-benefits">https://www.healthcare.gov/what-are-my-preventive-care-benefits</a>
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:** Look up the cost of your medications in the SimplePay member portal on the "Benefits" tab under the card that says, "Find Drug Prices."

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# Find a happier way to healthcare

## Access your SimplePay Health Valet:

1-800-606-3564  
healthvalet@simplepayhealth.com

Monday - Friday  
8:00 a.m. - 8:00 p.m. Central

For questions regarding provider and pharmacy information, visit your company's microsite or reach out to your Health Valet.

[Learn More](#)