



2026

# Enrollment Guide

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Marotta Controls

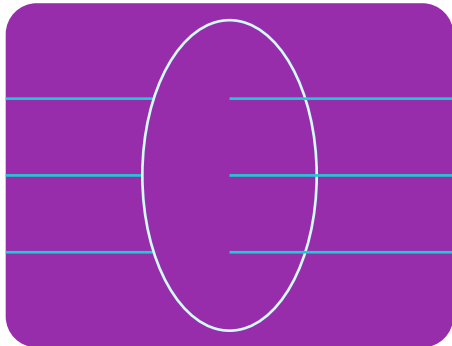
# The health plan you'll be **happy** to see

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

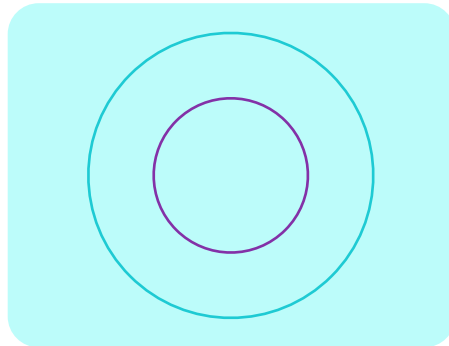
## Price certainty

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



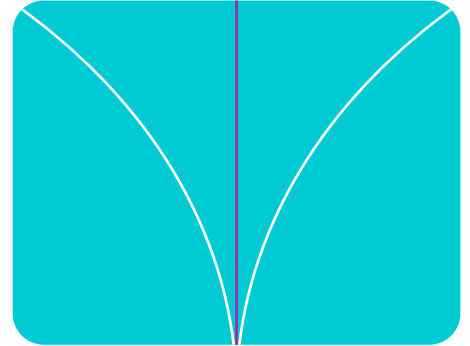
## Great care and value

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.

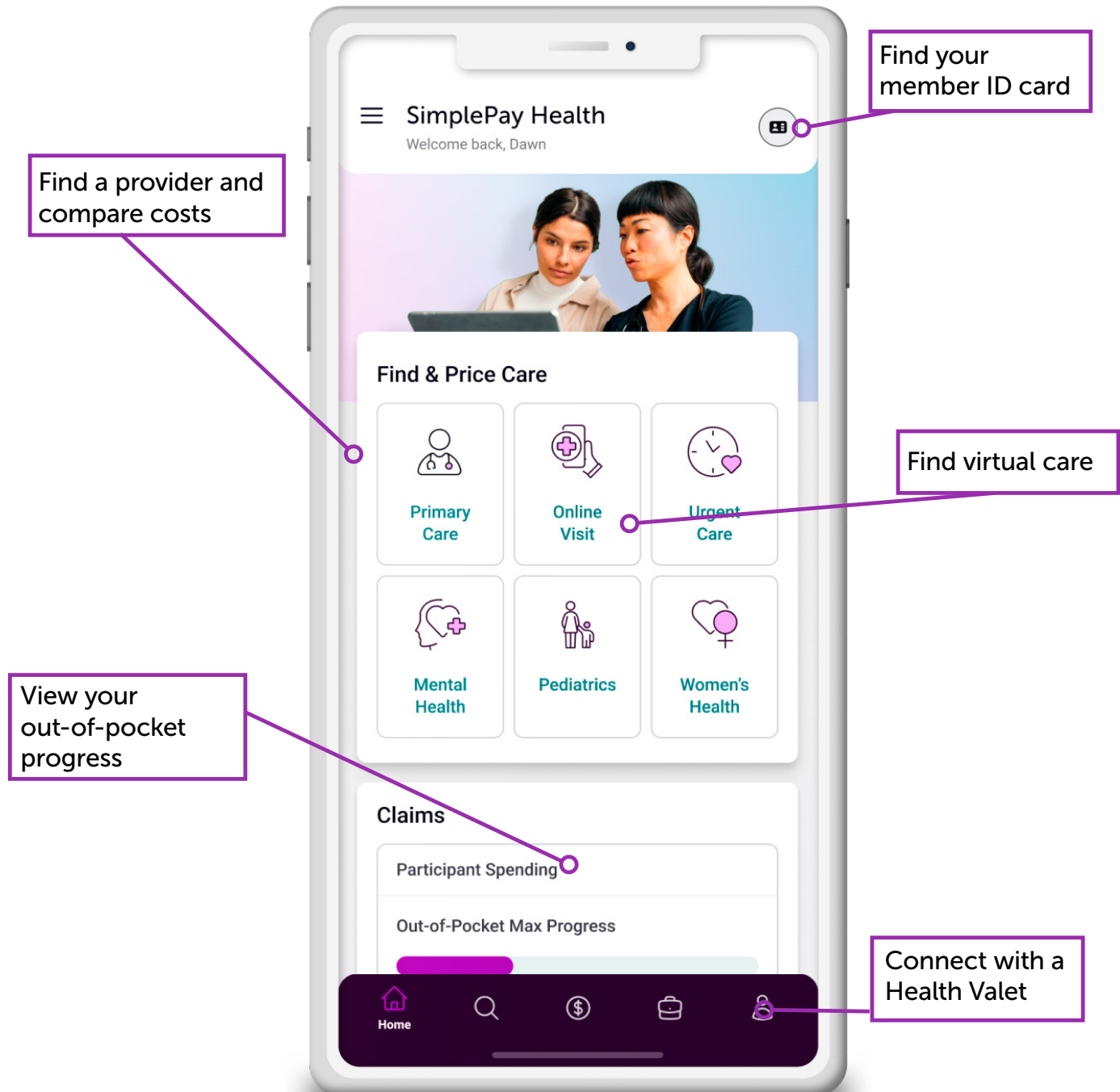


For questions, contact the Health Valet team or visit

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



## SimplePay Health Benefits Summary

Client Name: Marotta Controls

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 (Indiv/Family)		\$0		N/A
Coinsurance		0%		N/A

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




\$6,500 / \$13,000

N/A\*

\*Out of Pocket Maximum applies to in-network services only. Out of Pocket Maximum is unlimited for Out of Network\*

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	⚠ Tier 3	
Physician Services				
Primary Care Physician	\$50	\$65	\$105	\$125
Retail Health Clinic (CVS Minute Clinic is a \$0 copay)	\$50	\$65	\$105	\$140
Specialist	\$100	\$130	\$220	\$265
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			
Immunizations (Covid, flu, measles, shingles, rubella, tetanus etc.)	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			
Telehealth Services				
Teladoc (General Medical & Behavioral)	\$30			N/A
Maternity				
Initial Prenatal Office Visit	\$50	\$65	\$105	\$125
Routine/Ongoing Prenatal Office Visit	No Charge			\$265
Delivery & Postnatal Care	\$3,930	\$5,225	\$6,500	\$10,605
Hospital Expenses or Long-Term Acute Care				
Inpatient Hospital	\$3,930	\$5,225	\$6,500	\$10,605
Outpatient Hospital	\$1,225	\$1,630	\$2,760	\$3,310
Skilled Nursing Rehabilitation Facility (60 days combined max per plan year)	\$3,470	\$4,615	\$6,500	\$9,365
Ambulance Services	\$795			
Ambulatory Surgical Center	\$1,225	\$1,630	\$2,760	\$3,310
Home Health Care (60 visits per plan year)	\$110	\$145	\$250	\$295
Home Infusion	\$110	\$145	\$250	\$295
Hospice Care	\$430	\$570	\$960	\$1,150



Medical Services	 Tier 1	 Tier 2	 Tier 3	
<b>Radiology Services</b>				
Diagnostic X-Rays	\$110	\$145	\$250	\$295
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$375	\$500	\$845	\$1,010
<b>Laboratory Services</b>				
Basic Labs	\$40	\$55	\$95	\$110
Advanced Diagnostic Labs	\$110	\$145	\$250	\$295
<b>Emergency Services/Urgent Care</b>				
Emergency Services/Emergency Room			\$795	
Urgent Care Facility			\$100	
<b>Mental Disorders &amp; Substance Use Disorders</b>				
Office Visit	\$50	\$65	\$105	\$125
Inpatient	\$3,930	\$5,225	\$6,500	\$10,605
Outpatient	\$1,225	\$1,630	\$2,760	\$3,310
<b>Therapy Services</b>				
Chiropractic Care/Spinal Manipulation (60 visits per plan year)	\$100	\$130	\$220	\$265
Outpatient Therapies (Physical therapy, speech therapy & occupational therapy) (90 visits per plan year)	\$100	\$130	\$220	\$265
<b>Durable Medical Equipment*</b>				
Durable Medical Equipment (DME)	\$180	\$240	\$405	\$485
<b>Other Healthcare Facilities/Services</b>				
Allergy Injections, Serum & Testing	\$100	\$130	\$220	\$265
Transplants - Aetna IOE Program (Travel/lodging \$10,000 per transplant)		See plan document for coverage details		

**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

**Meritain Health**  
an  **aetna** company

## Pharmacy Benefits through CVS Caremark

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

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

\$6,500/\$13,000

N/A

All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.  
All copays and other eligible out-of-pocket pharmacy costs are due at the time of service and are not eligible for financing.

Pharmacy Plan Feature	In-Network Pharmacies	Out-of-Network Pharmacies	Description
<b>Retail Pharmacy</b>			
Generic Drugs (Up to a 30-day supply)	\$15	No Coverage	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Up to a 30-day supply)	\$30	No Coverage	All preferred drugs are covered at this copay level.
Non-Preferred Brand Drugs	\$50	No Coverage	Non-preferred brand drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.
GLP-1 Weight Loss Medications	\$200 Copay- <b>New!</b>	No Coverage	
<b>Specialty</b>			
Generic Drugs (Up to a 30-day supply)	\$15	No Coverage	
Preferred Brand Drugs (Up to a 30-day supply)	\$30	No Coverage	
Non-Preferred Brand Drugs	\$50	No Coverage	
<b>Mail Order (90 Day Supply)</b>			
Generic Drugs	\$30		
Preferred Brand Drugs	\$60	Maintenance drugs of up to a 90-day supply is available for twice the in-network copay through Mail Service Pharmacy.	
Non-Preferred Brand Drugs			
GLP-1 Weight Loss Medications	\$400 Copay- <b>New!</b>		

NOTE: Certain Prescription Drug classes are subject to Step Therapy. (See the Prescription Drug Card Program section for further details regarding Step Therapy).

The Prescription Drug Program is managed through Rx Benefits.

Preventive Drug means 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: <https://www.healthcare.gov/what-are-my-preventive-care-benefits> For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan



# Find a happier way to healthcare

## Access your SimplePay Health Valet:

1-800-606-3564  
[healthvalet@simplepayhealth.com](mailto: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](#)

Connect with SimplePay

[simplepayhealth.com](https://simplepayhealth.com)

