



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

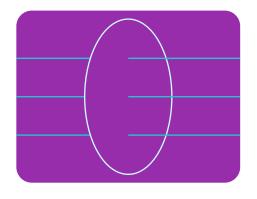
Know the price of every medical service ahead of time. Focus on your health, without worrying about add-ons or unexpected bills.

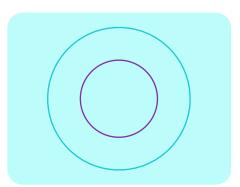
Great care and value

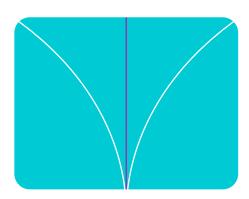
Find top-quality providers offering all services at fixed, predetermined costs — from routine checkups to advanced procedures. High-quality providers cost you less.

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

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.

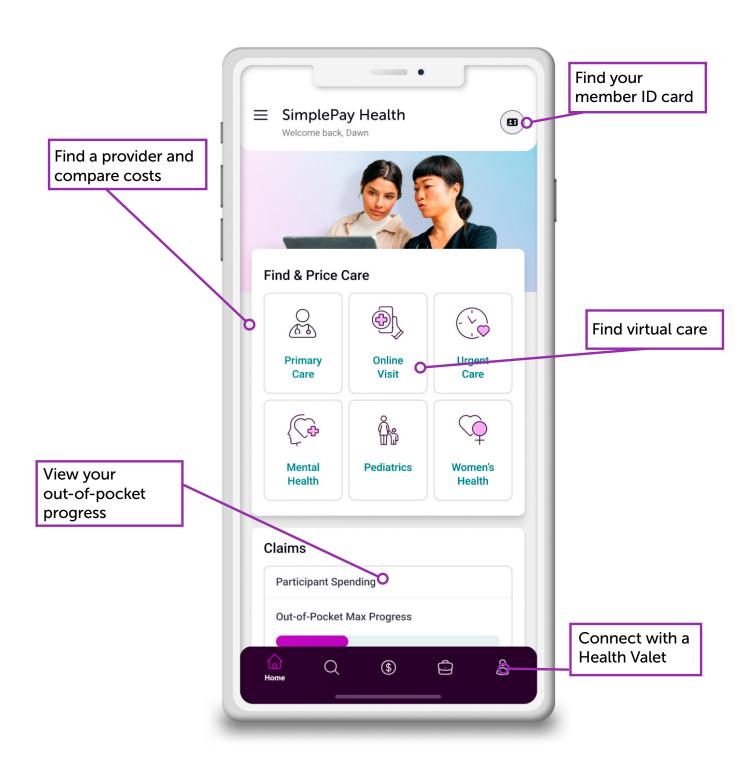


For questions, contact the Health Valet team or visit

https://employers.simplepayhealth.com/NAH-NF-Copay

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:



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

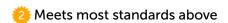
Providers that consistently deliver positive patient experiences and outcomes.

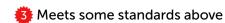
Efficiency

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







Pharmacy



SimplePay Health pharmacy plans are provided by MedOne Pharmacy Benefit Solutions.

MedOne 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:

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

2 Visit the pharmacy and present your member ID card.

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/NAH-NF-Copay



SimplePay Benefits Summary

North American Holdings: Copay Plan (Non-Financing)

Plan Year: January 1, 2026 – December 31, 2026

	Medic	al Benefits			
Medical Services		In-Network		Out-of-Network	
Calendar Year Deductible					
Single Family		None None		None None	
Out-of-Pocket Maximum (includes copays	 combine with pre 	scription drug card)			
Single Family		\$4,500 \$9,000		Unlimited Unlimited	
OOP Max applies	to in-network service	s only; Out-of-Network OOI	P Max is unlimited		
Medical Services	Tier 1	Tier 2	Tier 3	Out-of-Network	
Physician Services					
Primary Care Visit	\$20	\$30	\$45	\$55	
Specialist Visit	\$45	\$55	\$95	\$115	
Emergency Services/Urgent Care					
Emergency Services/Emergency Room	\$345				
Urgent Care Facility		\$4	15		
Hospital Expenses or Long-Term Acute Ca	are Facility/Hospital				
Inpatient Hospital	2,135	\$2,845	\$4,500	\$5,400	
Outpatient Hospital	\$695	\$925	\$1,540	\$1,850	
Infertility Treatment	See plan document for specific coverages and exclusions				
Skilled Nursing Facility/Rehabilitation Facility(100 visit limit)	\$1,885	\$2,515	\$4,190	\$5,030	
Ambulance Services		\$345			
Ambulatory Surgical Center	\$695	\$925	\$1,540	\$1,850	
Home Health Care (120 visits per plan year)	\$45	\$55	\$95	\$115	
Hospice Care	\$230	\$310	\$515	\$620	
Laboratory Services					
Routine Labs	\$15	\$20	\$30	\$35	
Diagnostic Labs	\$60	\$80	\$135	\$160	
Maternity					
Initial Office Visit	\$45	\$55	\$95	\$115	
Preventive & Ongoing Prenatal Care	No Charge (Included in global delivery copay)				
Delivery & Postnatal Care	2,135	\$2,845	\$4,500	\$5,400	

Mental Disorders & Substance Use Disord	ers				
Office Visit	\$20	\$30	\$45	\$55	
Inpatient	2,135	\$2,845	\$4,500	\$5,400	
Outpatient	\$695	\$925	\$1,540	\$1,850	
24/7 Virtual Care: Teladoc.com or 1-800-Tel		V	* -, * - ·	+ 1,222	
Teledoc General Medical	\$0 N/A Reach highly qualified, board-certified and state-licensed physicians, 24/7 by phone, online or on-the-go using the Teladoc mobile app				
Teledoc Behavioral	Build a relationship w	\$0 . ith an experienced therapi choice by phone or video		N/A	
Preventive Services & Routine Care					
Well-Child Care (Including exams and immunizations)		No Cha	arge		
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				
Radiology Services					
Diagnostic X-Rays	\$60	\$80	\$135	\$160	
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$215	\$285	\$475	\$570	
Therapy Services					
Chiropractic Care/Spinal Manipulation (15 visits per plan year)	\$45	\$55	\$95	\$115	
Outpatient Therapies (PT, OT, ST) (20 visits per plan year)	\$45	\$55	\$95	\$115	
Durable Medical Equipment					
Durable Medical Equipment (DME) / item	\$95	\$130	\$215	\$260	
Other Healthcare Facilities/Services					
Temporomandibular Joint Dysfunction	\$695	\$925	\$1,540	\$1,850	
Allergy Injections, Serum & Testing	\$45	\$55	\$95	\$115	
Acupuncture(15 visit limit)	\$45	\$55	\$95	\$115	
Weight Control/Bariatric Surgery	\$695	\$925	\$1,540	\$1,850	
Hearing Aids	\$95	\$130	\$215	\$260	
Transplants (Aetna IOE Program)* (Travel/lodging \$10,000 per transplant)	\$695	\$2,000	\$4,000	\$6,500	

^{*}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.

Medical Network: Aetna Open Choice POS II Network

Email: healthvalet@simplepayhealth.com

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:

Phone: 800-606-3564

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^{*}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).

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.

Pharmacy Plan Feature	In-Network Pharmacies & CVS	Walgreens	Description
Retail Pharmacy			
Generic Drugs (Tier 1) (Up to a 31-day supply)	\$5	\$10	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (Up to a 31-day supply)	\$25	\$30	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3)	\$40	\$50	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 Drugs (Tier 4) (Up to a 31-day supply)	\$55	5	Specialty medications are required to be filled through Mail Order.
Mail Order Pharmacy (90-day supply)			
Generic Drugs (Tier 1)	\$15	i	Maintenance drugs of up to a 90-day supply
Preferred Brand Drugs (Tier 2)	\$55		is available for 1.5 the
Non-Preferred Brand Drugs (Tier 3)	\$80		copay through Mail Service Pharmacy.

Pharmacy Drug Vendor: MedOne Rx

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." Please refer to the "MedOne Preventative Drug List 2021" found on the Employer Benefits page within the SimplePay Health Member Portal for all preventative medications covered at 100% with a \$0 cost to you.

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 right not given through the benefit plan.



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







