SIMPLEPAY HEALTH

2026

Guía de inscripción

Tecta America

TECTA AMERICA
Roofing Redefined

El plan de salud que le gustará

Tome el control de su experiencia de atención de la salud con un plan que le brinda acceso a proveedores de alta calidad y ofrece certeza de precios para todos los servicios médicos. Con SimplePay, disfrute de la atención de la salud sin complicaciones.

Atención de la salud clara y solidaria

Certeza de los precios

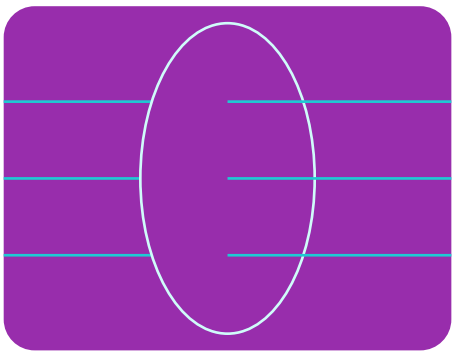
Conozca el costo de cada servicio médico con anticipación. Concéntrese en su salud, sin preocuparse por los gastos adicionales o las facturas inesperadas.

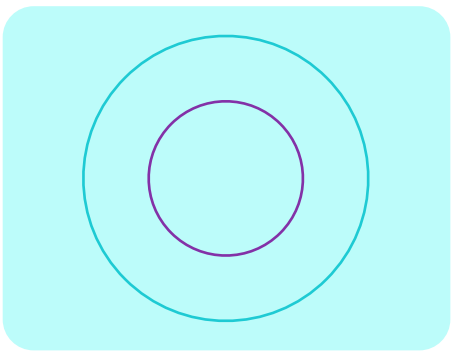
Gran atención y valor

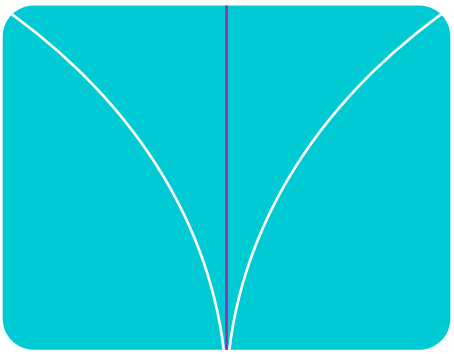
Encuentre proveedores de alta calidad que ofrecen todos los servicios a costos fijos y predeterminados, desde revisiones rutinarias hasta procedimientos avanzados. Los proveedores de alta calidad le cuestan menos.

Experiencia del usuario sencilla

Acceda a su plan de salud desde cualquier lugar con el sencillo e intuitivo portal para miembros de SimplePay.







Servicio de valet de salud (Health Valet)

Trabaje con un valet de salud de SimplePay para recorrer su camino de atención de la salud con confianza. Los valets de salud pueden ayudarle a hacer lo siguiente:

- Encontrar un proveedor de alta calidad
- Responder preguntas sobre facturación o cobertura
- Ayudarle a comprender las diferentes opciones de atención y más

Comuníquese con el equipo de Health Valet:

1-800-606-3564

healthvalet@simplepayhealth.com

De lunes a viernes

de 8:00 a.m. a 8:00 p.m., hora del centro

Certeza de los precios

Recibir atención es fácil cuando se conoce el costo con anticipación.

Qué esperar:

1.

Busque un servicio y sepa exactamente cuánto deberá abonar.

Use el portal para miembros de SimplePay para encontrar el mejor proveedor en función de las calificaciones de costos y calidad.

2.

Vaya al médico y reciba una excelente atención.

Visite a su proveedor y tenga la tranquilidad de recibir atención de calidad.

3.

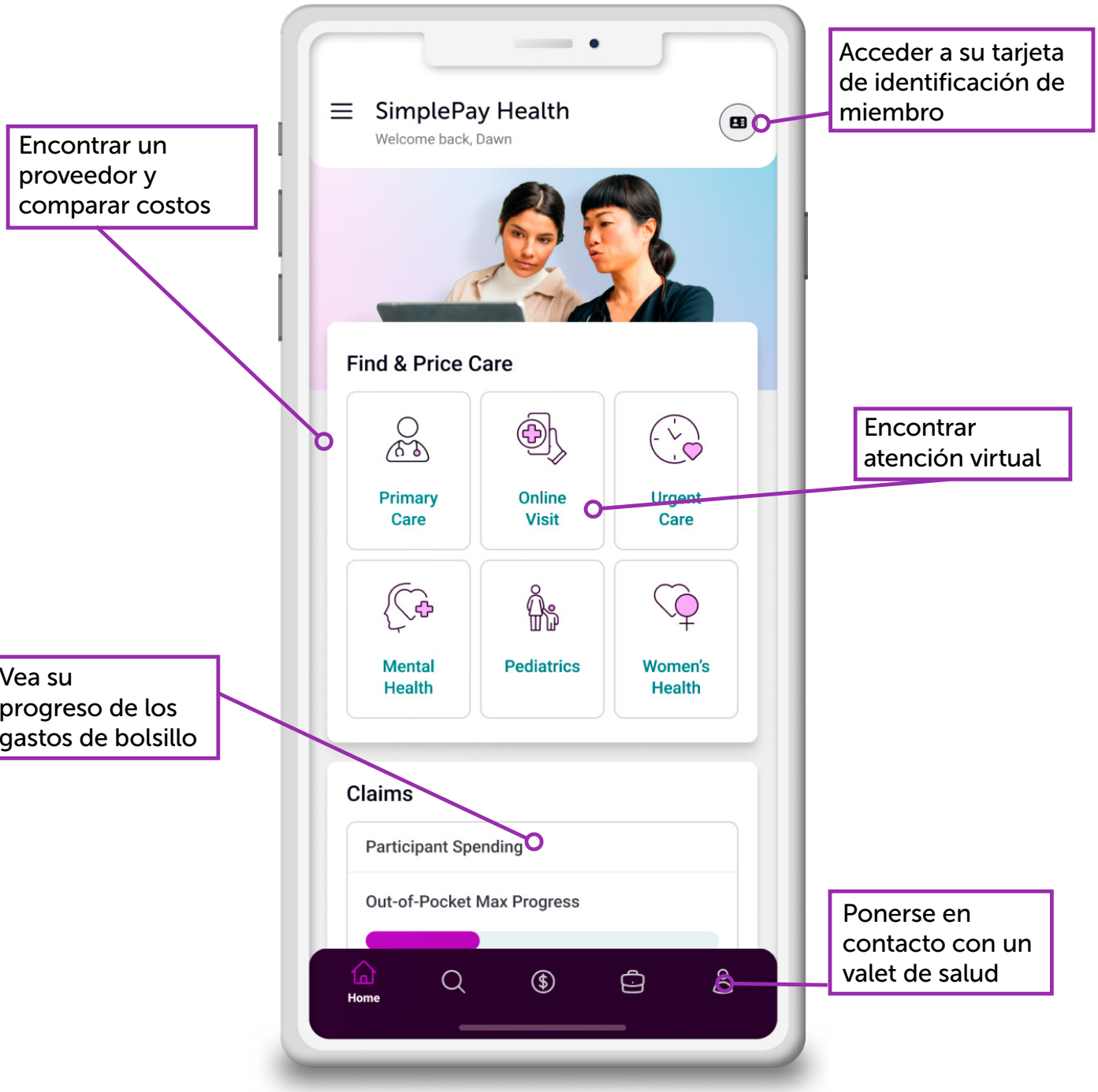
Reciba una Explicación de Beneficios (EOB).

Pague exactamente lo que vio en su portal para miembros.

Si tiene preguntas, comuníquese con el equipo de Health Valet o visite https://simplepay.dialogs.com/TectaAmericaCorp.htm.

Portal para miembros

Explore el portal para miembros en cualquier momento desde su aplicación móvil o de escritorio. Allí encontrará toda la información sobre sus beneficios.



Calidad en la que puede confiar

SimplePay está diseñado para ayudarle a encontrar proveedores de alta calidad a un bajo costo, para que pueda priorizar su salud y su cuenta bancaria.

Con SimplePay, los proveedores se agrupan en tres clasificaciones de copago en función de algunos de los siguientes criterios:

1. **Proveedor de nivel 1**
2. **Proveedor de nivel 2**
3. **Proveedor de nivel 3**

Calidad

Proveedores reconocidos por su excelente formación, sus certificaciones y su compromiso para brindar atención de primer nivel.

Relación

Proveedores que están asociados a líneas de servicio de máxima calidad en sus instalaciones, lo que garantiza una excelente atención en cada visita.

Experiencia

Proveedores que siempre ofrecen experiencias y resultados positivos para los pacientes.

Eficiencia

Proveedores que ofrecen los mejores resultados a sus pacientes, brindando la atención justa y necesaria para garantizar que se cubran todas sus necesidades de salud.

Referencia de la clasificación de proveedores

1. Cumple con todos los estándares anteriores
2. Cumple con la mayoría de los estándares anteriores
3. Cumple con algunos de los estándares anteriores

SIMPLEPAY HEALTH

High Plan Benefits Summary(Non-Financing)

Client Name: Tecta America Corporation
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 (Indiv/Family)		N/A		N/A
Out-of-Pocket Maximum (Indiv/Family)		$4,000 / $8,000		$8,000 / $16,000
*OOP Max applies to in-network services only				
	In-Network			Out-of-Network
Medical Services	Tier 1	Tier 2	Tier 3	
Physician Services				
Primary Care Physician	$20	$25	$40	$60
Retail Health Clinic	$20	$25	$40	$60
Specialist	$40	$55	$95	$140
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		
COVID 19 Vaccine		No Charge		
Breast Cancer Screening (any age)	See plan document for specific coverage based on age/necessity			
Pap Test	See plan document for specific coverage based on age/necessity			
Prostate Cancer Screening	See plan document for specific coverage based on age/necessity			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Teledoc Services (1-800-Teledoc)				
Teledoc General Behavioral Teledoc General Medical		$10		N/A
Maternity				
Initital Prenatal Office Visit	$20	$25	$40	$60
Routine/Ongoing Prenatal Office Visit		No Charge		$60
Delivery & Postnatal Care	$2,530	$3,370	$4,000	$8,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	$2,530	$3,370	$4,000	$8,000
Outpatient Hospital	$870	$1,150	$1,950	$2,330
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	$2,300	$3,060	$4,000	$8,000
Ambulance Services		$500		
Ambulatory Surgical Center	$870	$1,150	$1,950	$2,330
Home Health Care (60 visits per plan year)	$55	$70	$120	$140
Home Infusion	$55	$70	$120	$140
Hospice Care	$290	$390	$650	$780

	In-Network			Out-of-Network
Medical Services	Tier 1	Tier 2	Tier 3	
Radiology Services				
Diagnostic X-Rays	$100	$120	$180	$210
Advanced Imaging (MRI, MRA, CAT & PET Scans)	$460	$620	$1,140	$1,260
Laboratory Services				
Basic Labs	$25	$30	$45	$55
Advanced Diagnostic Labs	$80	$120	$160	$190
Emergency Services/Urgent Care				
Emergency Room		$750		
Urgent Care Facility		$50		
Mental Disorders & Substance Use Disorders				
Office Visit	$20	$25	$40	$60
Inpatient	$2,530	$3,370	$4,000	$8,000
Outpatient	$870	$1,150	$1,950	$2,330
Therapy Services				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	$40	$55	$95	$110
Physical Therapy (65 visits per plan year)	$40	$55	$95	$110
Occupational Therapy (70 visits per plan year)	$40	$55	$95	$110
Speech Therapy (45 visits per plan year)	$40	$55	$95	$110
Durable Medical Equipment*				
Durable Medical Equipment (DME)	$115	$160	$260	$320
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	$40	$55	$95	$140
Acupuncture	$40	$55	$95	$140
Transplants (Travel/lodging $10,000 per transplant)	$2,530	$3,370	$4,000	$8,000

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: 800-606-93564

Pharmacy Drug Vendor: OreadRX

Pharmacy Benefits	
NOTE: There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.	
Single Family	If you reach your out-of-pocket maximum, the plan will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All eligible copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.
Pharmacy Plan Feature	
Retail Pharmacy	
Generic Drugs (Up to a 34-day supply)	$5
Preferred Brand Drugs (Up to a 34-day supply)	20% coinsurance
Non-Preferred Brand Drugs (Up to a 34-day supply)	30% coinsurance
Specialty Drugs* (Up to a 34-day supply)	Must be sourced through OreadRx's Patient Assistance Program. Please call OreadRx at 833-673-2379.
*Specialty medications are required to be sourced through OreadRx's Patient Assistance Program. Please call OreadRx at 833-673-2379.	
Mail Order (90 Day Supply*)	
Generic Drugs (Up to a 90-day supply)	$15
Preferred Brand Drugs (Up to a 90-day supply)	20% coinsurance
Non-Preferred Brand Drugs (Up to a 90-day supply)	30% coinsurance
Specialty Drugs* (Up to a 90-day supply)	Must be sourced through OreadRx's Patient Assistance Program. Please call OreadRx at 833-673-2379
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SIMPLEPAY HEALTH

Low Plan Benefits Summary (Non-Financing)

Client Name: Tecta America Corporation
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		$0		$0
Out-of-Pocket Maximum (Indiv/Family)		$7,000 / $14,000		$14,000 / $28,000
*OOP Max applies to in-network services only				
	In-Network			Out-of-Network
Medical Services	Tier 1	Tier 2	Tier 3	
Physician Services				
Primary Care Physician	$70	$95	$160	$190
Retail Health Clinic	$70	$95	$160	$190
Specialist	$150	$200	$340	$410
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)			No Charge	
Adult Physical Examination			No Charge	
Routine Eye Care			No Charge	
COVID 19 Vaccine			No Charge	
Breast Cancer Screening (any age)	See plan document for specific coverage based on age/necessity			
Pap Test	See plan document for specific coverage based on age/necessity			
Prostate Cancer Screening	See plan document for specific coverage based on age/necessity			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Teledoc Services(1-800-Teledoc)				
Teledoc General Behavioral Teledoc General Medical		$10		N/A
Maternity				
Initital Prenatal Office Visit	$70	$95	$160	$190
Routine/Ongoing Prenatal Office Visit		No Charge		$190
Delivery & Postnatal Care	$4,370	$5,820	$7,000	$14,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	$4,370	$5,820	$7,000	$14,000
Outpatient Hospital	$1,750	$2,300	$3,900	$4,700
Skilled Nursing /Rehabilitation Facility (120 days combined max per plan year)	$3,910	$5,200	$7,000	$14,000
Ambulance Services			$1,000	
Ambulatory Surgical Center	$1,750	$2,300	$3,900	$4,700
Home Health Care (60 visits per plan year)	$150	$200	$340	$410
Home Infusion	$150	$200	$340	$410
Hospice Care	$460	$620	$1,040	$1,250

	In-Network			Out-of-Network
Medical Services	✓ Tier 1	− Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	$260	$350	$590	$700
Advanced Imaging (MRI, MRA, CAT & PET Scans)	$640	$770	$1,300	$1,500
Laboratory Services				
Basic Labs	$200	$270	$460	$550
Advanced Diagnostic Labs	$410	$540	$910	$1,090
Emergency Services/Urgent Care				
Emergency Room			$1,000	
Urgent Care Facility			$100	
Mental & Substance Use Disorders				
Office Visit	$70	$95	$160	$190
Inpatient	$4,370	$5,820	$7,000	$14,000
Outpatient	$1,750	$2,300	$3,900	$4,700
Therapy Services				
Chiropractic Care/Spinal Manipulation (30 visits per plan year)	$150	$200	$340	$410
Physical Therapy (65 visits per plan year)	$150	$200	$340	$410
Occupational Therapy (70 visits per plan year)	$150	$200	$340	$410
Speech Therapy (45 visits per plan year)	$150	$200	$340	$410
Durable Medical Equipment*				
Durable Medical Equipment (DME)	$260	$350	$590	$700
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	$150	$200	$340	$410
Acupuncture	$150	$200	$340	$410
Transplants (Travel/lodging $10,000 per transplant)	$4,370	$5,820	$7,000	$14,000

Medical Network: Aetna Choice POS II
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Pharmacy Drug Vendor: OreadRX

Pharmacy Benefits	
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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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Encuentre una manera más feliz de obtener atención de la salud

Acceda a su valet de salud de SimplePay:

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

De lunes a viernes
de 8:00 a.m. a 8:00 p.m., hora del centro

Si tiene preguntas sobre la informacion de proveedores, visite el micrositio de su compania o communiquese con su valet de salud.

Conozca más

Conéctese con SimplePay

simplepayhealth.com