



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	
Radiology Services: <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.
Laboratory Services: <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.
Emergency Services/Urgent Care: <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.
Mental Disorders & Substance Use Disorders: <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.
Therapy Services: <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.
Durable Medical Equipment*: <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.
Other Healthcare Facilities/Services: <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

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: 800-606-9364

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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
Retail Pharmacy: <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: https://www.healthcare.gov/what-are-my-preventive-care-benefits
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 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.