



SimplePay Health Benefits Summary - Copay 1 Plan

Client Name: Metro Fire

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

Medical Benefits				
Plan Year Deductible				
Single			None	
Family			None	
Out-of-Pocket Maximum (includes medical copays combined with prescriptions copays)				
Single			\$6,300	
Family			\$12,600	
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited				
Preventative Services & Routine Care		(see plan document for specific coverage based on age/necessity)		
Well-Child Care (including exams and immunizations)			No Charge	
Adult Physical Examination (including routine GYN visit)			No Charge	
COVID 19 Vaccine			No Charge	
Breast Cancer Screening			No Charge	
Pap Test			No Charge	
Prostate Cancer Screening			No Charge	
Colorectal Cancer Screening			No Charge	
Medical Services		In-Network	Out-of-Network	
	✓ Tier 1	🟡 Tier 2	❗ Tier 3	
Physician Services				
Primary Care Physician	\$25	\$40	\$100	\$200
Specialist	\$65	\$100	\$250	\$350
Teladoc™ (General Medicine / Behavioral Health / Dermatology)		\$25		N/A
Maternity				
Initial Prenatal Office Visit	\$25	\$40	\$100	\$200
Routine Ongoing Prenatal Office Visit		Included with Delivery Copay		\$200
Delivery & Postnatal Care	\$3,100	\$4,500	\$6,300	\$11,200
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$3,100	\$4,500	\$6,300	\$11,200
Outpatient Hospital	\$1,100	\$1,500	\$3,500	\$3,800
Skilled Nursing /Rehabilitation Facility (180 days combined max per plan year)	\$2,750	\$3,700	\$6,300	\$10,000
Ambulance Services		\$575		
Ambulatory Surgical Center	\$1,100	\$1,500	\$3,500	\$3,800
Home Health Care (up to 6 hours/day)	\$65	\$85	\$190	\$230
Home Infusion	\$65	\$100	\$250	\$350
Hospice Care	\$340	\$500	\$1,200	\$1,500

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Medical Services	✓ Tier 1	🟡 Tier 2	❗ Tier 3	Out-of-Network
Radiology Services				
Diagnostic X-Rays	\$90	\$150	\$260	\$310
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$315	\$415	\$930	\$1,200
Laboratory Services				
Routine Basic Labs	\$25	\$35	\$70	\$85
Advanced Diagnostic Labs	\$90	\$150	\$260	\$310
Emergency Services/Urgent Care				
Emergency Services / Emergency Room			\$575	
Urgent Care Facility		\$65		\$150
Mental Disorders & Substance Use Disorders				
Office Visit	\$25	\$40	\$100	\$200
Inpatient	\$3,100	\$4,500	\$6,300	\$11,200
Outpatient	\$1,100	\$1,500	\$3,500	\$3,800
Therapy Services				
Chiropractic Care/Spinal Manipulation (60 visits per plan year)	\$65	\$100	\$250	\$350
Outpatient Therapies (PT, OT, ST) (120 combined visits per plan year)	\$65	\$80	\$145	\$175
Durable Medical Equipment**				
Durable Medical Equipment (DME) / Item	\$140	\$185	\$415	\$500
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$65	\$100	\$250	\$350
Hearing Aids (see plan document for benefit details)	\$140	\$185	\$415	\$500
Transplants - Aetna IOE Program* (Travel/lodging \$10,000 per transplant)	\$3,100	\$4,500	\$6,300	\$11,200

*Please refer to the Aetna Institute of Excellence (IOE) Program section in the plan document for a more detailed description of this benefit, including travel and lodging maximums. No charge for travel and lodging.

**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 and Price Care".**For questions about your SimplePay Health Plan, please contact your SimplePay Health Valet:****Email:** healthvalet@simplepayhealth.com**Phone:** 800-606-3564**Meritain Health®**
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Pharmacy Drug Vendor: MedOne Rx



Pharmacy Benefits

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

Pharmacy Plan Feature	In-Network Retail Pharmacies	CVS	Walgreens
Retail Pharmacy			
Generic Drugs (Up to a 30-day supply)	\$10	\$15	\$35
Preferred Brand Drugs (Up to a 30-day supply)	\$50	\$65	\$140
Non-Preferred Brand Drugs (Up to a 30-day supply)	\$70	\$95	\$210
Specialty Drug Program			
Specialty Drugs (Up to a 31-day supply. Specialty meds are required to go through mail order.)	Not covered under the basic pharmacy benefit. For specialty drugs, contact the RxAlly patient care team at 1-877-794-2218		
Mail Order (90 Day Supply**)			
Generic Drugs (Tier 1)	\$25		
Preferred Brand Drugs (Tier 2)	\$125		
Non-Preferred Brand Drugs (Tier 3)	\$175		

**90-day Prescriptions must be filled via mail order or through Tier 1 pharmacies in order to receive the savings of a 90-day supply.

Drug Descriptions

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: Log into your member portal at www.simplepayhealth.com and click on "Find and Price Care".

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.