

PREVENTIVE COPAY

OUTLINE

Your Planstin Preventive Copay health plan includes preventive care, copays for doctor visits, prescription coverage, and a Teladoc® membership. There is no limit on plan services for pre-existing conditions. This is an outline of your plan features. Please see the plan's Summary of Benefits and Coverage (SBC) for further details.

COPAYS & LIMITS

Service	Copay	Plan Year Limit
Lab Work	\$10	15 labs
Primary Care Visit	\$20	Unlimited
Specialist Care Visit	\$50	Unlimited
Urgent Care Visit	\$50	Unlimited
Diagnostic X-ray	\$50	5 X-rays
CAT-scan, MRI, Ultrasound	\$200	2 tests

PREVENTIVE CARE

Your plan provides 100% coverage for preventive services as outlined by the Affordable Care Act. If you receive a bill for a preventive service covered by your plan, please contact Planstin immediately at 888-920-7526

TELEMEDICINE

Your plan includes membership with the leading telemedicine provider in the United States. Teladoc® provides unlimited access to a physician 24/7/365, with no copay for general medical visits.

Teladoc® Service	Copay
General Medical Visit	\$0
Dermatology Visit	\$85
Licensed Therapist Visit	\$90
Psychiatrist Visit (Ongoing)	\$100
Psychiatrist Visit (Evaluation)	\$220

PRESCRIPTIONS

Prescription Tier	Copay	Max Payout Per Month
Tier 1: Generic	\$10	\$150/Rx
Tier 2: Preferred Brand	\$25	\$150/Rx
Tier 3: Non-Preferred Brand	\$50	\$150/Rx

Note: To learn more about your prescription benefits, visit planstinrx.com.

NETWORK

Your plan provides access to the PHCS/Multiplan national PPO network of doctors. You can search for a network provider at Planstin.com/PHCS or call 800-922-4362. For out-of-network plan services, your plan employs a reference-based pricing (RBP) strategy. Reference-based pricing payout amounts are 150% of Medicare reimbursement rates. In the absence of a Medicare rate, your plan will pay the usual, customary, and reasonable (UCR) industry rate for your geographic area.