



PLANSTIN

DISTINCT BUSINESS & BENEFIT SOLUTIONS EMPLOYEE BENEFITS OPTIONS

Base Health	HealthShare	Dental	Vision
Preventive HSA Copay Advanced	\$1,000 IUA \$2,500 IUA \$5,000 IUA	Copay Standard	Copay

NOTE: Base Health and HealthShare plans are intended to be used together for the most complete coverage, though you can participate in any combination of these plans. Dental and Vision plans require participation in a Base Health plan.

CONTACT: Member Services (888)920-7526 | member@planstin.com

BASE HEALTH

PREVENTIVE HSA

- Preventive services covered 100% in Network
- PHCS Nationwide PPO Network
- Optional HSA account with debit card
- Discount Rx Benefits with Optum Rx
- Teladoc with \$0 copay - unlimited use

COPAY ADVANCED

- Preventive services covered 100% in Network
- PHCS Nationwide PPO Network
- Copays for Doctors Visits, Lab work, etc
- Full Rx Benefits with Optum Rx
- Teladoc with \$0 copay - unlimited use

	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE FAMILY
PREVENTIVE HSA	\$75	\$120	\$120	\$150
COPAY ADVANCED	\$175	\$250	\$250	\$350

[See Planstin.com/base-health/](http://Planstin.com/base-health/)

HEALTH SHARE

- Can use any provider - worldwide
- IUA* Options are \$1,000, \$2,500, or \$5,000
- A HealthShare is not insurance and that is why it works so well!

\$1,000 IUA	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE FAMILY
AGE 18-29	\$150	\$300	\$300	\$450
AGE 30-49	\$175	\$350	\$350	\$500
AGE 50-64	\$225	\$450	\$450	\$700
\$2,500 IUA	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE FAMILY
AGE 18-29	\$100	\$200	\$200	\$350
AGE 30-49	\$145	\$250	\$250	\$400
AGE 50-64	\$200	\$375	\$375	\$575
\$5,000 IUA	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE FAMILY
AGE 18-29	\$75	\$150	\$150	\$250
AGE 30-49	\$125	\$225	\$225	\$350
AGE 50-64	\$150	\$300	\$300	\$450

[See Planstin.com/healthshare/](http://Planstin.com/healthshare/)

* Initial Unsharable Amount (IUA)

DENTAL PLANS

COPAY DENTAL

- Nationwide PPO Dental Network
- Copay Schedule of Benefits

STANDARD DENTAL

- Nationwide PPO Dental Network
 - Coverage Tiers
- Preventative 100% | Basic 80% | Major 50%

	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE FAMILY
COPAY	\$25	\$50	\$50	\$75
STANDARD	\$40	\$75	\$80	\$120

[See Planstin.com/dental/](https://planstin.com/dental/)

VISION PLAN

- Eye health Exam at \$10 copay
- Frame, Lens, and/or Contact Allowance of up to \$150
- Can use any provider
- Costco & Sam's Club reimbursement with copays waived

	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE FAMILY
COPAY	\$10	\$15	\$15	\$25

[See Planstin.com/vision/](https://planstin.com/vision/)

BENEFIT ENROLLMENT EXAMPLE

See below example enrolling in the Preventive HSA, \$2,500 IUA HealthShare, Copay Dental and Vision Plan. Example rates are based on age range of 30-49. Total with all products enrolled.

	PREVENTIVE HSA	\$2,500 IUA	COPAY DENTAL	COPAY VISION	TOTAL
Employee	\$75	\$145	\$25	\$10	\$254
Employee & Spouse	\$120	\$250	\$50	\$15	\$235
Employee & Child(ren)	\$120	\$250	\$50	\$15	\$434
Employee Family	\$150	\$400	\$75	\$25	\$647

Full rates shown. Company contributions may affect your monthly rate if any.

COMPANY SETUP [Planstin.Brings.Healthcare/employer-signup/](https://planstin.com/Brings.Healthcare/employer-signup/)