

PREVENTIVE ADVANCED 01

OUTLINE

Your Planstin Preventive Advanced 01 plan includes preventive services, copays for doctor visits, prescription coverage, and a Teladoc® membership. There is no limit on pre-existing conditions. This is a plan outline. Please see your plan's Statement of Benefits and Coverage (SBC) for more details.

COPAYS & LIMITS

Service	In-Network	Out-of-Network	Max Payout	Plan Year Limit
Lab Work	\$10	\$25	\$100/lab	10 labs
Primary Care Visit	\$20	\$50	\$150/visit	5 visits
Specialist Care Visit	\$50	\$100	\$300/visit	5 visits
Urgent Care Visit	\$50	\$100	\$300/visit	5 visits
Diagnostic X-ray	\$50	\$100	\$250/x-ray	5 x-rays
CAT-scan, MRI, Ultrasound	\$200	\$400	\$1000/visit	2 tests

PREVENTIVE CARE

Your plan provides coverage for preventive services as outlined by the Affordable Care Act. No out-of-pocket costs are required for these services when performed in-network with PHCS.

The Following Services Are Excluded During the First Plan Year:

- genetic testing & counseling
- breast cancer mammography screenings
- breast cancer chemoprevention
- colorectal cancer screening
- IUD / implant contraception
- obesity screening & counseling
- diet counseling
- pathology

TELEMEDICINE

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

PRESCRIPTIONS

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

Note: To learn more about your prescription benefits through OptumRX, visit rx.planstin.com.

NETWORK

Your plan provides access to the PHCS/Multiplan national PPO network of doctors. You can search for a provider at Planstin.com/PHCS or call 800-922-4362.