

ADVANCED 2.2

OUTLINE

Your Planstin Advanced health plan includes preventive services, copays for doctor visits, prescription coverage, access to LifeWorks, and a Teladoc® membership. There is no limit on plan services for pre-existing conditions. Please see your plan's SBC for further 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 care as outlined by the Affordable Care Act. There are no out-of-pocket costs for these services when performed in-network with PHCS.

TELEMEDICINE

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

Teladoc® Service	Copay
General Medicine Consultation	\$0
Dermatology	\$85
Licensed Therapist	\$90
Psychiatrist ongoing visit(s)	\$100
Psychiatrist first visit (evaluation)	\$220

PRESCRIPTIONS

Service	Copay
Tier 1: Low Cost	\$10
Tier 2: Generic	\$25
Tier 3: Preferred Brand	\$50

Note: Plan pays up to \$150 per prescription, per month for prescription costs.

NETWORK

Your plan provides access to the PHCS/Multiplan national PPO network of doctors. To find a provider visit Planstin.com/PHCS or call 800-922-4362.