

PREVENTIVE ADVANCED RBP

OUTLINE

Your Planstin Preventive Advanced 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 outline is a summary of your plan. Please see the plan's Statement of Benefits and Coverage (SBC) for further details.

COPAYS & LIMITS

| Service | In-Network | Out-of-Network | Max Payout | Plan Year Limit |
|---------------------------|------------|----------------|--------------|-----------------|
| Lab Work | \$10 | \$25 | \$100/lab | 15 labs |
| Primary Care Visit | \$20 | \$50 | \$150/visit | Unlimited |
| Specialist Care Visit | \$50 | \$100 | \$300/visit | Unlimited |
| Urgent Care Visit | \$50 | \$100 | \$300/visit | Unlimited |
| 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 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 Member Services immediately at 888-920-PLAN.

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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: 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 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.

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