

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 | Сорау | Max Payout | Plan Year Limit |
|---------------------------|-------|--------------|-----------------|
| Lab Work | \$10 | \$100/lab | 15 labs |
| Primary Care Visit | \$20 | \$150/visit | Unlimited |
| Specialist Care Visit | \$50 | \$300/visit | Unlimited |
| Urgent Care Visit | \$50 | \$300/visit | Unlimited |
| Diagnostic X-ray | \$50 | \$250/X-ray | 5 X-rays |
| CAT-scan, MRI, Ultrasound | \$200 | \$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 immediately at 888-920-7526.

PA PREV COPAY 50 02 - 1





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 | Сорау |
|---------------------------------|-------|
| General Medical Visit | \$0 |
| Dermatology Visit | \$85 |
| Licensed Therapist Visit | \$90 |
| Psychiatrist Visit (Ongoing) | \$100 |
| Psychiatrist Visit (Evaluation) | \$220 |

PRESCRIPTIONS

| Prescription Tier | Сорау | 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.

PA PREV COPAY 50 02 - 2

