

# PREVENTIVE COPAY NT

## OUTLINE

Your Planstin Preventive Copay NT health plan includes preventive services, copays for doctor visits, prescription coverage, and no limit on pre-existing conditions. This is an outline of your plan benefits. For more details, please see your plan's Summary of Benefits and Coverage (SBC).

## COPAYS & LIMITS

Service	Copay	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.

## 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](http://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](http://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.