

PREVENTIVE COPAY

Accessible care at an affordable price.



**PREVENTIVE
CARE INCLUDED**



**NATIONWIDE
NETWORK**



**AFFORDABLE
COPAYS**



VIRTUAL CARE



**PLANSTINRX
MEMBERSHIP**

PLAN SUMMARY

Your health plan includes telemedicine, copays for doctor visits, a PlanstinRx membership, and no plan limit on pre-existing conditions. To review your plan details, find plan documents, view a list of preventive services covered by your plan, and get started with your benefits, scan the code.



Note: If you receive a bill for a preventive service covered by your plan, contact one of our Benefit Advocates immediately: **888-920-7526**.

NETWORK

This health plan provides access to the PHCS/Multiplan national PPO network of providers. You can search for a provider at planstin.com/PHCS or call 800-922-4326.

COPAYS & LIMITS

Service	Copay	Max Payout	Plan Year Limit
Lab Work	\$10	\$100/Lab	15 Labs
Primary Care Visit	\$20	\$150/Visit	No Limit
Specialist or Urgent Care Visit	\$50	\$300/Visit	No Limit
Diagnostic X-ray	\$50	\$250/Visit	5 X-rays
CAT-scan, MRI, Ultrasound	\$200	\$1,000/Visit	2 Tests

Please see your plan's summary of benefits and coverage (SBC) for more details.

TELEMEDICINE

A Teladoc® membership is included with this health plan. Membership provides unlimited access to a physician 24/7/365, with no copay for general medical visits.

PRESCRIPTIONS

Prescription coverage, home delivery, and significant discounts on brand name and specialty medications. Visit planstinrx.com to learn more and register your account.

Prescription Type	Copay (30)	Copay (90)	Max Payout/Month
Tier 1: Generic	\$10	\$20	\$150/Rx
Tier 2: Preferred Brand	\$25	\$50	\$150/Rx
Tier 3: Non-Preferred Brand	\$50	\$100	\$150/Rx