

Preventative Advanced 01

COPAYS

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	\$1,000/visit	2 tests

PREVENTIVE CARE

Your plan provides coverage for preventive services as outlined by the Affordable Care Act. No out-of-pocket costs are required for these services when performed in-network with PHCS.

The Following Services Are Excluded During the First Plan Year:

- Genetic testing & counseling
- Breast cancer mammography screenings
- Breast cancer chemo prevention
- Colorectal cancer screening
- IUD / implant contraception
- Obesity screening & counseling
- Diet counseling
- Pathology

TELEMEDICINE

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

PRESCRIPTIONS

PRESCRIPTION TIER	COPAY	MAX PAYOUT / MO
Tier 1: Low Cost	\$10	\$150/Rx
Tier 2: Generic	\$25	\$150/Rx
Tier 3: Preferred Brand	\$50	\$150/Rx

NETWORK

Your plan provides access to the PHCS/Multiplan national PPO network of doctors.

Plan Pricing

AGE 18-29	\$1,000 IUA	\$2,500 IUA	\$5,000 IUA
Employee	\$365	\$315	\$290
Employee & spouse	\$615	\$515	\$465
Employee & child(ren)	\$615	\$515	\$465
Employee & family	\$865	\$765	\$665

AGE 30-49	\$1,000 IUA	\$2,500 IUA	\$5,000 IUA
Employee	\$390	\$335	\$315
Employee & spouse	\$640	\$540	\$515
Employee & child(ren)	\$640	\$540	\$515
Employee & family	\$865	\$765	\$715

AGE 50-64	\$1,000 IUA	\$2,500 IUA	\$5,000 IUA
Employee	\$465	\$415	\$340
Employee & spouse	\$765	\$665	\$615
Employee & child(ren)	\$765	\$665	\$615
Employee & family	\$1,065	\$915	\$840

IUA = Initial Unsharable Amount