

# **Preventive HSA**

## **Outline**

HSA qualified health plan with preventive services, discount prescription service, Teladoc membership and more. No limit to pre-existing conditions.

## **Preventive Care**

Plan provides 100% coverage for preventive services as outlined by the Affordable Care Act and shown on healthcare.gov. No copays, deductibles or other out of pocket costs.

## Network

Plan provides access to the PHCS/Multiplan national PPO network of doctors. You can search for a provider at <a href="https://www.multiplan.com">www.multiplan.com</a> or call 800-922-4362.

## **Telemedicine**

Plan includes membership to Teladoc, the leading telemedicine provider in the USA. With Teladoc you have access to a licensed physician 24/7 with a \$0 copay and unlimited consultations.

## **Prescriptions**

Plan includes discount prescription card where you can save up to 75% on select prescriptions. To learn more or to start using your discount prescription card go to <a href="mailto:rx.planstin.com">rx.planstin.com</a>.

# **Deductible/Out of Pocket Max**

Plan has a deductible of \$3,000 for network services. Out of pocket maximum of \$6,500 for covered copay services.

# **Optional HSA Card & Account**

As an optional service, a specified amount can be included in your monthly payment and deposited into your HSA account. The HSA account includes a debit card and can be used for qualified HSA expenses. To learn more about qualified HSA purchases, go to www.planstin.com/HSA.

# Copays

Service	Copay
Teladoc Consultation	\$0 copay (unlimited)
Physician Visit	\$35 copay after deductible is met
Specialist Visit	\$60 copay after deductible is met
Lab (each test)	\$10 copay after deductible is met

## **Rates**

Coverage Tier	Preventive Basic
Employee	\$75
Employee & Spouse	\$120
Employee & Child(ren)	\$120
Employee & Family	\$150

The above chart reflects the full monthly plan rates for the 2019 plan year and does not account for any employer contribution.