

## Preventive Advanced

### Outline

Health plan with preventive services, copays for doctor visits, prescription coverage, 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 [www.multiplan.com](http://www.multiplan.com) 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.

### Copays

Service	Network	Out of Network
Teladoc Consultation (unlimited)	\$0 copay	
Preventive Visit	\$0 copay	Not Covered
Primary Care Physician Visit (limit 5)	\$20 copay	\$50 copay
Specialist Care Physician Visit (limit 5)	\$50 copay	\$100 copay
Urgent Care (limit 5)	\$50 copay	\$100 copay
Diagnostic X-ray (limit 5 tests)	\$50 copay	\$100 copay
Lab/Blood work (limit 10 tests)	\$10 copay	\$25 copay
CAT-Scan, MRI or Outpatient Testing (limit 3)	\$200 copay	\$400 copay

### Prescriptions

Drug Tier	Copay
Tier 1 – Low Cost	\$1 copay
Tier 2 – Generics	10% copay
Tier 3 – Preferred Brand	20% copay
Tier 4 – Non-Preferred 1	40% copay
Tier 5 – Specialty	10% copay (plan pays up to \$250 per Rx)
Tier 6 – Non-Preferred 2	20% copay (plan pays up to \$250 per Rx)

### Rates

Coverage Tier	Preventive Advanced
Employee	\$150
Employee & Spouse	\$250
Employee & Child(ren)	\$250
Employee & Family	\$350

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