



Distinct Business & Benefit Solutions

Topic: Employee Benefits Options

Benefit Option Overview

NOTE: Base Health and HealthShare plans are intended to be used together for the most complete coverage though you can participate in any combination of these plans. Dental and Vision plans require participation in a Base Health plan.

- Base Health

- Preventive HSA
- Preventive Advanced

- HealthShare

- \$1,000 IUA
- \$2,500 IUA
- \$5,000 IUA

- Dental

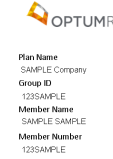
- Copay
- Plus

- Vision

- Vision



Base Health Plan



Preventive HSA

- Preventive services covered 100%
- PHCS Nationwide [PPO Network](#)
- Optional HSA account with debit card
- Teladoc with \$0 copay – unlimited use

Preventive Advanced

- Preventive services covered 100%
- PHCS Nationwide [PPO Network](#)
- Copays for Doctors Visits, Lab work, etc
- Full Rx Benefits with Optum Rx
- Teladoc with \$0 copay – unlimited use

See <https://planstin.com/base-health/>

	HSA	Advanced
Employee	\$75	\$150
Employee & Spouse	\$120	\$250
Employee & Child(ren)	\$120	\$250
Employee Family	\$150	\$350



Catastrophic Health Plan

Zion HealthShare

- Can use any provider – Worldwide
- IUA* Options are \$1,000, \$2,500 or \$5,000
- A HealthShare is not insurance and that is why it works so well!

See <https://planstin.com/healthshare/>



*Initial Unsharable Amount (IUA)

\$1,000 IUA*	Age 18-29	Age 30-49	Age 50-64
Employee	\$150	\$175	\$225
Employee & Spouse	\$300	\$350	\$450
Employee & Child(ren)	\$300	\$350	\$450
Employee Family	\$450	\$500	\$700
\$2,500 IUA*	Age 18-29	Age 30-49	Age 50-64
Employee	\$100	\$145	\$200
Employee & Spouse	\$200	\$250	\$375
Employee & Child(ren)	\$200	\$250	\$375
Employee Family	\$350	\$400	\$575
\$5,000 IUA*	Age 18-29	Age 30-49	Age 50-64
Employee	\$75	\$125	\$150
Employee & Spouse	\$150	\$225	\$300
Employee & Child(ren)	\$150	\$225	\$300
Employee Family	\$250	\$350	\$450

Dental Plans

Copay Dental

- Nationwide PPO [Dental Network](#)
- Copay Schedule of Benefits

See <https://planstin.com/dental/>



Plus Dental

- Nationwide PPO [Dental Network](#)
- Coverage Tiers
 - Preventative 100%
 - Basic 80%
 - Major 50%

	Copay Dental	Plus Dental
Employee	\$25	\$35
Employee & Spouse	\$50	\$65
Employee & Child(ren)	\$50	\$75
Employee Family	\$75	\$115

Vision Plan

- Eye Health Exam at \$10 copay
- Frame, Lenses and/or Contact Allowance of up to \$150
- Can use any provider
- Costco reimbursement with copays waived

See <https://planstin.com/vision/>

	Vision Plan
Employee	\$9
Employee & Spouse	\$15
Employee & Child(ren)	\$14
Employee Family	\$22



Benefit Enrollment Example

See below example enrolling in the Preventive HSA, \$2,500 IUA HealthShare, Copay Dental and Vision plan. Example rates are based on age range of 30-49. Total with all products enrolled.



	Preventive HSA	\$2,500 IUA	Copay Dental	Vision	Total
Employee	\$75	\$145	\$25	\$9	\$254
Employee & Spouse	\$120	\$250	\$50	\$15	\$435
Employee & Child(ren)	\$120	\$250	\$50	\$14	\$434
Employee Family	\$150	\$400	\$75	\$22	\$647

Full rates shown. Company contributions may affect your monthly rate if any.



Contacts

Member Services

(888) 920-7526

member@planstin.com

Enrollment

Employer Online Enrollment

<https://planstin.com/company-setup/>

Employee Online Enrollment

<https://planstin.com/employee-enrollment-group/>