

PREVENTIVE ADVANCED

Planstin is thrilled to announce that we are rolling out some exciting enhancements for the Preventive Advanced Base Health Plan!

Beginning April 1, 2023, members are no longer restricted to the PHCS provider network for preventive care. Planstin will cover out-of-network preventive services using reference-based pricing (RBP). Members will also now have access to 5 additional labs per year, taking the annual allotment from 10 to 15 labs per plan year. Best of all, primary care, specialist, and urgent care visits are now unlimited!

PLANSTIN NOW COVERS OUT-OF-NETWORK PREVENTIVE SERVICES!

ALL PLANSTIN MEMBERS CAN EASILY TAKE ADVANTAGE OF COVERED PREVENTIVE CARE.



SERVICE COPAYS

Service	In-network copay	Out-of-network copay	Max Per Visit/Service	Visit Limits per year
Teladoc® consultation	\$0	\$0	Unlimited	Unlimited
Preventive care, screening, immunizations	\$0	Covered up to plan limits*	Unlimited in Network	Unlimited in Network
Primary care visit	\$20	\$50	\$150	Unlimited
Specialist visit	\$50	\$100	\$300	Unlimited
Diagnostic x-ray	\$50	\$100	\$250	5
Lab/bloodwork	\$10	\$25	\$100	15
Imaging (CT/PET scans, ultrasounds, MRIs)	\$200	\$400	\$1,000	2
Urgent care visit	\$50	\$100	\$300	Unlimited
Children's vision acuity screening	\$0	Covered up to plan limits*	Unlimited in Network	Unlimited in Network
Children's fluoride varnish	\$0	Covered up to plan limits*	Unlimited in Network	Unlimited in Network

*Plan will pay 150% of Medicare reimbursement rates. In the absence of a Medicare rate, plan will pay UCR (usual, customary, and reasonable).

PREVENTIVE SERVICES



Included

TELEMEDICINE



\$0 Copay

PRESCRIPTION BENEFITS



Included

COPAY OPTIONS



Included



To learn more about the Preventive Advanced Plan, visit Planstin.com or call our Member Services team at 888-920-7526.