



PLANSTIN
ADMINISTRATION

BASE HEALTH COMPARISON

PLAN FEATURES	BASIC	PREVENTIVE ADVANCED	PREVENTIVE HSA
Preventive Care	100% Covered	100% Covered	100% Covered
RX	Save up to 75%	\$10-\$25 Copay	Save up to 75%
Health Screenings	100% Covered	100% Covered	100% Covered
Flu Shot	100% Covered	100% Covered	100% Covered
Telemedicine	100% Covered	100% Covered	100% Covered
Health Savings Account	Not Applicable	Not Applicable	Included
Provider Network	PHCS	PHCS	PHCS
Out-of-Network RBP	Included	Included	Included
Primary Care Visit	Preventive Only	\$20 Copay	Preventive Only
Lab Work	Preventive Only	\$10 Copay	Preventive Only
X Rays	Not Included	\$50 Copay	Not Included
Diagnostic Imaging	Preventive Only	\$200 Copay	Preventive Only
Urgent Care	Not Included	\$50 Copay	Not Included