CARE+ COPAY

Accessible care at an affordable price.

COMPREHENSIVE COVERAGE

PLAN SUMMARY

Your health plan covers essential health benefits and allows you to see specialists without a referral. There are no limits on pre-existing conditions for covered services, and the deductible is waived for copay services. Your plan includes complimentary care coordination services to help you find providers and potentially reduce costs by up to 50%. Contact the Care Coordination team at **coordination@planstin.com**.

20% COINSURANCE

PLAN OPTIONS

	Deductible		Out-of-Pocket Max	
1500	$1,500 Ind	$3,000 Fam	$3,100 Ind	$6,500 Fam
2500	$2,500 Ind	$5,000 Fam	$5,100 Ind	$10,500 Fam
3500	$3,500 Ind	$7,000 Fam	$7,100 Ind	$14,500 Fam
	Rx Deductible		**Rx Out-of-Pocket Max**	
All Levels	$1,000 Ind	$2,000 Fam	$1,200 Ind	$2,100 Fam

NO NETWORK

FAIR-PRICE HEALTHCARE

With no network, you'll have more provider options. The plan pays claims based on the most reasonable rates for your area. To learn more visit planstin.com/help-center.

COPAYS WITH DEDUCTIBLE WAIVED

COPAYS

Service	Copay	Service	Copay
Primary Care Visit	$50	Specialist Care Visit	$100
Urgent Care Visit	$100	Emergency Care	$500

VIRTUAL CARE

TELEHEALTH

A Primestin Care membership is included with this health plan. Membership provides unlimited access to a physician 24/7/365, with no copay for general visits.

PRESCRIPTION MEMBERSHIP

PRESCRIPTIONS

Prescription coverage up to $5,000 per Rx/month, home delivery (required for recurring orders), and significant discounts. Visit rxvalet.com to get started.

Prescription Tier	Retail (First Fill)	Mail Order (All Refills)
Tier 1: Generic	$10	$20
Tier 2: Preferred Brand	$50	$100
Tier 3: Non-Preferred Brand	$100	$100
Tier 4: Specialty	30% coinsurance after Rx deductible	