

## Copay Advanced 01

**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 most preventive services as outlined by the Affordable Care Act and shown on [healthcare.gov](http://healthcare.gov). Excluded Services include genetic testing and counseling, breast cancer mammography screenings, breast cancer chemoprevention, counseling, colorectal cancer screening, diet counseling, IUD / implant contraception, obesity screening and counseling, pathology

**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 Imaging (limit 2)	\$200 copay	\$400 copay

**Prescriptions**

Drug Tier	Copay
Tier 1 – Low Cost	\$10 copay
Tier 2 – Generics	\$25 copay
Tier 3 – Preferred Brand	\$50 copay