

TRES

Premier \$2500 RBP

Network	PHCS & RBP
Deductible (Individual/Family)	\$2500/\$5000
Maximum Out of Pocket (Individual/Family)	\$9,100/\$18,200

Key Features

- ✓ Co-pay driven
- ✓ \$0 Co-pay on preventive drugs or services
- ✓ Substantial in- & out-patient hospitalization coverage
- ✓ Unlimited Telemedicine

What is Covered

- ✓ Preventive Care
- ✓ Physician Services
- ✓ Telemedicine Services
- ✓ Diabetic Supplies
- ✓ Sleep Studies (Home)
- ✓ Inpatient Services
- ✓ Emergency Services
- ✓ Outpatient Services
- ✓ Therapy Services
- ✓ Home Healthcare
- ✓ Preventive Drugs
- ✓ Tier 1 Drugs
- ✓ Durable Medical Equipment
- ✓ Diagnostic Services & Supplies

What is NOT Covered

- Cardiac Rehabilitation
- Specialty drugs
- Chemo and radiation
- Kidney dialysis

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Plan at a Glance

	Limit	Cost-Sharing
Routine Well Care	Unlimited	NO COST. Deductible waived.
Telemedicine Services w/MDLive		
Preventive Drugs		
Diagnostic Testing (Radiology)**		
Diagnostic Testing (Advanced Imaging)**	2 tests	
Inpatient Surgery*	2 surgeries	Included in the Inpatient Services Copay.
Inpatient Services*	7 days	30% Coinsurance, after Deductible is met.
Inpatient Professional Services*		
Outpatient Services or Surgery (Hospital Based)*		
Diagnostic Testing (Lab)*	Unlimited	
Emergency Services*	1 visit	\$750 Deductible waived.
Ambulance Services*	1 trip	\$500 Deductible waived.
Durable Medical Equipment (DME)	Unlimited	\$400 Deductible waived.
Diagnostic Testing (Advanced Imaging)	2 tests	\$350 Deductible waived.
Outpatient Services or Surgery (Non-Hospital Based)	2 services/surgeries	
Sleep Studies (Home)	Unlimited	\$300 Deductible waived.
Applied Behavioral Analysis	10 visits	\$75 Deductible waived.
Chiropractic Care		
Occupational, Physical & Speech Therapy		
Urgent Care	Unlimited	
Specialist Visit (In-Person & Virtual)	Unlimited	\$50 Deductible waived.
Other Services, Physician's Office Services and the office visit count as a single visit toward the office visit limits.		
Diagnostic Testing (Radiology)		
Home Health Care	15 visits	
Diabetic Supplies	Unlimited	\$35 Deductible waived.
Primary Care Office Visit (In-Person & Virtual)	Unlimited	\$25 Deductible waived.
Tier 1 Drugs	Unlimited	\$10 Deductible waived.

DISCLAIMER: BENEFITS LISTED ARE INTENDED TO BE A BRIEF SUMMARY AND ARE SUBJECT TO CHANGE. REFER TO THE SUMMARY OF BENEFITS FOR FULL DETAILS AND EXCLUSIONS. *Subject to reference-based pricing **MedMo is a preferred imaging center partner.