



## Platinum \$1500 RBP

Network	PHCS & RBP
Deductible (Individual/Family)	\$1500/\$3000
Maximum Out of Pocket (Individual/Family)	\$9,100/\$18,200

### Key Features

- ✓ \$0 Co-pay on preventive drugs or services
- ✓ ACA Compliant
- ✓ Employer contribution flexibility
- ✓ Available in all 50 states
- ✓ Digital Portals and mobile application

### What is Covered

- ✓ Preventive Care
- ✓ Physician Services
- ✓ Telemedicine Services
- ✓ Diagnostic Services and Supplies
- ✓ Emergency Services
- ✓ Inpatient Services
- ✓ Outpatient Services
- ✓ Therapy Services
- ✓ Home Healthcare
- ✓ Preventive Drugs
- ✓ Tier 1 Drugs
- ✓ Diabetic Supplies
- ✓ Durable Medical Equipment (DME)
- ✓ Sleep Studies (Home)
- ✓ Tier 2 Drugs
- ✓ Tier 3 Drugs
- ✓ Cardiac Rehabilitation
- ✓ Dialysis Services
- ✓ Hospice Care
- ✓ Sleep Studies (Home)

### What is NOT Covered

- Transplant
- Specialty Drugs

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### Plan at a Glance

	Limit	Cost-Sharing
Routine Well Care	Unlimited	<b>NO COST.</b> Deductible waived.
Telemedicine Services w/MDLive		
Preventive Drugs		
Diagnostic Testing (Radiology)**		
Diagnostic Testing (Advanced Imaging)**		
Inpatient Surgery*	Unlimited	Included in the Inpatient Services Copay.*
Inpatient Services*	Unlimited	30% Coinsurance, after Deductible is met.*
Inpatient Professional Services*		
Outpatient Services or Surgery (Hospital Based)*		
Diagnostic Testing (Lab)*		
Infusion Therapy (Freestanding Facility or Clinic Services)*		
Infusion Therapy (Hospital Based)*		
Radiation Therapy (Freestanding Facility or Clinic Services)*		
Radiation Therapy (Hospital Based)*		
Dialysis (Freestanding Facility or Clinic Services)*		
Hospice Care (Freestanding Facility or Clinic Services)*		
Dialysis (Hospital Based)*		
Hospice Care (Hospital Based)*		
Skilled Nursing Facility Services	30 days	
Emergency Services*	Unlimited	<b>\$750. Deductible waived.</b>
Ambulance Services*	Unlimited	<b>\$500. Deductible waived.</b>
Durable Medical Equipment (DME)	Unlimited	<b>\$400. Deductible waived.</b>
Prosthetics, Orthotics, Supplies and Surgical Dressings*	Unlimited	
Diagnostic Testing (Advanced Imaging)	Unlimited	<b>\$350 Deductible waived.</b>
Outpatient Services or Surgery (Non-Hospital Based)		
Sleep Studies (Home)	Unlimited	<b>\$300. Deductible waived.</b>
Tier 3 Drugs	Unlimited	<b>\$150. Deductible waived.</b>
Infusion Therapy (Home Based)	Unlimited	<b>\$100. Deductible waived.</b>
Radiation Therapy (Home Based)		
Dialysis (Home Based)		
Hospice Care (Home Based)		
Applied Behavioral Analysis	20 visits	<b>\$75. Deductible waived.</b>
Cardiac Rehabilitation		
Chiropractic Care		
Occupational, Physical & Speech Therapy	Unlimited	
Urgent Care		
Tier 2 Drugs		
Specialist Visit (In-Person & Virtual)	Unlimited	<b>\$50. Deductible waived.</b>
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		
Home Health Care	20 visits	
Diabetic Supplies	Unlimited	<b>\$35. Deductible waived.</b>
Primary Care Office Visit (In-Person & Virtual)	Unlimited	<b>\$25. Deductible waived.</b>
Tier 1 Drugs	Unlimited	<b>\$10. Deductible waived.</b>

**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.**