

TRES

Platinum

\$5000 HDHP RBP

Network	PHCS & RBP
Deductible (Individual/Family)	\$5000/\$10000
Maximum Out of Pocket (Individual/Family)	\$7,500/\$15,00

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	NO COST. Deductible waived.
Telemedicine Services w/MDLive		
Preventive Drugs		
Diagnostic Testing (Radiology)**		
Diagnostic Testing (Advanced Imaging)**		
Inpatient Surgery*	Unlimited	Included in the Inpatient Services Copay.
Primary Care Office Visit (In-Person & Virtual)	Unlimited	30% Coinsurance, after Deductible is met.
Specialist Visit (In-Person & Virtual)		
Other Services, Physician's Office Services and the office visit count as a single visit toward the office visit limits.		
Diagnostic Testing (Radiology)		
Diagnostic Testing (Advanced Imaging)		
Urgent Care		
Emergency Services*		
Ambulance Services*		
Outpatient Services or Surgery (Non-Hospital Based)		
Inpatient Services*		
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)*		
Infusion Therapy (Home Based)		
Radiation Therapy (Home Based)		
Dialysis (Home Based)		
Hospice Care (Home Based)		
Durable Medical Equipment (DME)		
Diabetic Supplies		
Sleep Studies (Home)		
Prosthetics, Orthotics, Supplies and Surgical Dressings*		
Skilled Nursing Facility Services	30 days	
Home Health Care	20 visits	
Applied Behavioral Analysis		
Cardiac Rehabilitation		
Chiropractic Care		
Occupational, Physical & Speech Therapy		
Tier 3 Drugs	Unlimited	\$150. after Deductible is met.
Tier 2 Drugs	Unlimited	\$75 after Deductible is met.
Tier 1 Drugs	Unlimited	\$10 after Deductible is met.

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.