

# TRES

## Core \$0 RBP

Network	PHCS & RBP
Deductible (Individual/Family)	\$0/\$0
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

### What is NOT Covered

- Cardiac Rehabilitation
- Diabetic Supplies
- Durable Medical Equipment (DME)
- Sleep Studies (Home)
- Tier 2 Drugs
- Tier 3 Drugs
- Specialty drugs
- Chemo and radiation
- Kidney dialysis

Copyright 2025 Tres Health, Inc.

### Plan at a Glance

	Limit	Cost-Sharing
Routine Well Care	Unlimited	NO COST.
Telemedicine Services w/MDLive		
Preventive Drugs		
Diagnostic Testing (Radiology)**		
Diagnostic Testing (Advanced Imaging)**	3 tests	
	1 test	
Inpatient Surgery*	1 Surgery	Included in the Inpatient Services Copay.
Emergency Services*	1 visit	\$750
Inpatient Services*	5 days	
Outpatient Services or Surgery (Hospital Based)*	1 service/surgery	
Ambulance Services*	1 trip	\$500
Diagnostic Testing (Advanced Imaging)	1 test	\$350
Inpatient Professional Services*	5 days	
Outpatient Services or Surgery (Non-Hospital Based)	1 service/surgery	
Diagnostic Testing (Lab)*	1 test	\$150
Applied Behavioral Analysis	8 visits	\$75
Chiropractic Care		
Occupational, Physical & Speech Therapy		
Urgent Care	2 visits	
Specialist Visit (In-Person & Virtual)	8 visits	\$50
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		
	3 tests	
	10 visits	
Primary Care Office Visit (In-Person & Virtual)	8 visits	\$25
Tier 1 Drugs	Unlimited	\$10

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.