



Platinum \$2500 RBP

Network	PHCS & RBP
Deductible (Individual/Family)	\$2500/\$5000
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

Copyright 2025 Tres Health, Inc.

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.*
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	\$750. Deductible waived.
Ambulance Services*	Unlimited	\$500. Deductible waived.
Durable Medical Equipment (DME)	Unlimited	\$400. Deductible waived.
Prosthetics, Orthotics, Supplies and Surgical Dressings*	Unlimited	
Diagnostic Testing (Advanced Imaging)	Unlimited	\$350 Deductible waived.
Outpatient Services or Surgery (Non-Hospital Based)		
Sleep Studies (Home)	Unlimited	\$300. Deductible waived.
Tier 3 Drugs	Unlimited	\$150. Deductible waived.
Infusion Therapy (Home Based)	Unlimited	\$100. Deductible waived.
Radiation Therapy (Home Based)		
Dialysis (Home Based)		
Hospice Care (Home Based)		
Applied Behavioral Analysis	20 visits	\$75. Deductible waived.
Cardiac Rehabilitation		
Chiropractic Care		
Occupational, Physical & Speech Therapy	Unlimited	
Urgent Care		
Tier 2 Drugs		
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		
Home Health Care	20 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.