

CARE+ DIRECT

Powered by Persona Healthcare Direct



COMPREHENSIVE
COVERAGE



DEDUCTIBLES
& LIMITS



NO-CHARGE
SERVICES



PLANSTINRX

PLAN SUMMARY

Your health plan includes coverage for a comprehensive set of essential health benefits, an assigned direct primary care (DPC) clinic, and care coordination services. When you use care coordination before receiving care, you can access no-cost, deductible-free care. Questions? See the summary of benefits and coverage (SBC) for more details or call 888-920-7526.



Deductibles			Out-of-Pocket Limits	
Individual	\$3,500 Medical*	\$1,000 Rx	\$8,000 Medical	\$1,200 Rx
Family	\$7,000 Medical*	\$2,000 Rx	\$16,300 Medical	\$2,100 Rx

*Deductible waived when using care coordination before receiving care.

CARE COSTS

Covered Service	With Care Coordination	Without Care Coordination	Payout Limits
Preventive Care	\$0	\$0	NA
Primary Care Visit	\$0 - With Assigned DPC	30% Coinsurance	\$150 / Visit
Specialist Care Visit	\$0	30% Coinsurance	\$300 / Visit
Diagnostic X-ray	\$0	30% Coinsurance	\$250 / X-ray
Diagnostic Lab Work	\$0	30% Coinsurance	\$100 / Lab
Specialty Imaging	\$0	30% Coinsurance	\$1,000 / Test
Urgent Care	\$0 - With Assigned DPC	30% Coinsurance	\$300 / Visit
Other Covered Services	\$0	30% Coinsurance	See SBC

PRESCRIPTIONS

Home delivery, discounts, and \$0 ACA preventive drugs. Visit planstinrx.com to get started.

Prescription Tier	Retail (First Fill)	Mail Order (All Refills)
Tier 1: Generic	\$10	\$20
Tier 2: Preferred Brand	\$50	\$100
Tier 3: Non-Preferred Brand	\$100	\$100
Tier 4: Specialty 30% Coinsurance After Rx Deductible \$500 Max Paid Per Rx, Per Month		