

VANTAGE HSA- HDHP ²	Vantage HSA \$1500/0%		Vantage HSA \$2000/0%		Vantage HSA \$2000/20%		Vantage HSA \$3000/0%		Vantage HSA \$3000/30%		Vantage HSA \$3000/50%		Vantage HSA \$3500/0%		Vantage HSA \$3500/30%		Vantage HSA \$4000/0%	
Product Identification Number(s):	IIP20014		IIP20015		IIP20017		IIP20126		IIP20128		IIP20127		IIP20030		IIP20031		IIP20032	
In- or Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1500 Individual/ \$3000 Family	\$3000 Individual/ \$6000 Family	\$2000 Individual/ \$4000 Family	\$4000 Individual/ \$8000 Family	\$2000 Individual/ \$4000 Family	\$4000 Individual/ \$8000 Family	\$3000 Individual/ \$6000 Family	\$6000 Individual/ \$12000 Family	\$3000 Individual/ \$6000 Family	\$6000 Individual/ \$12000 Family	\$3000 Individual/ \$6000 Family	\$6000 Individual/ \$12000 Family	\$3500 Individual/ \$7000 Family	\$7000 Individual/ \$14000 Family	\$3500 Individual/ \$7000 Family	\$7000 Individual/ \$14000 Family	\$4000 Individual/ \$8000 Family	\$8000 Individual/ \$16000 Family
Co-Insurance	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Out-of-Pocket Maximum	\$1500 Individual/ \$3000 Family	\$6000 Individual/ \$12000 Family	\$2000 Individual/ \$4000 Family	\$8000 Individual/ \$16000 Family	\$4000 Individual/ \$8000 Family	\$8000 Individual/ \$16000 Family	\$3000 Individual/ \$6000 Family	\$12000 Individual/ \$24000 Family	\$6350 Individual/ \$12700 Family	\$6350 Individual/ \$12700 Family	\$6350 Individual/ \$12700 Family	\$6350 Individual/ \$12700 Family	\$3500 Individual/ \$7000 Family	\$14000 Individual/ \$28000 Family	\$6350 Individual/ \$12700 Family	\$14000 Individual/ \$28000 Family	\$4000 Individual/ \$8000 Family	\$16000 Individual/ \$32000 Family
Preventive Care	No Charge ¹	30% After Deductible	No Charge ¹	30% After Deductible	No Charge ¹	40% After Deductible	No Charge ¹	30% After Deductible	No Charge ¹	50% After Deductible	No Charge ¹	50% After Deductible	No Charge ¹	50% After Deductible	No Charge ¹	50% After Deductible	No Charge ¹	50% After Deductible
Primary Care Provider Visit	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Specialist Visit	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Diagnostic Lab	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Diagnostic X-Ray	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Imaging CT/PET/MRI	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Urgent Care	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible
Emergency Room (plans with \$ copay includes all services)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible
Inpatient Hospital	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Outpatient Hospital	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Durable Medical Equipment	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Retail Pharmacy Benefits Available	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable		Creditable		Not Creditable		Creditable		Creditable		Creditable	
Embedded Deductible and Out of Pocket Maximum	No		No		No		Yes		Yes		Yes		Yes		Yes		Yes	
This plan is a Qualified High Deductible Plan (HDHP) - Qualified high deductible health plans can be used with a member-owned, portable Health Savings Account (HSA). Through our partnership with HealthEquity®, members can conveniently open an HSA to pay for qualified out-of-pocket medical expenses tax-free. To learn more, visit www.healthequity.com or call 1-866-346-5800.																		

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

VANTAGE HSA- HDHP ²	Vantage HSA \$4000/30%		Vantage HSA \$5000/0%															
Product Identification Number(s):	IIP20033		IIP20016															
In- or Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network														
Deductible	\$4000 Individual/ \$8000 Family	\$8000 Individual/ \$16000 Family	\$5000 Individual/ \$10000 Family	\$10000 Individual/ \$20000 Family														
Co-Insurance	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible														
Out-of-Pocket Maximum	\$6350 Individual/ \$12700 Family	\$16000 Individual/ \$32000 Family	\$5000 Individual/ \$10000 Family	\$20000 Individual/ \$40000 Family														
Preventive Care	No Charge ¹	50% After Deductible	No Charge ¹	30% After Deductible														
Primary Care Provider Visit	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible														
Specialist Visit	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible														
Diagnostic Lab	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible														
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Imaging CT/PET/MRI	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible														
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Inpatient Hospital	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible														
Outpatient Hospital	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible														
Durable Medical Equipment	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible														
Retail Pharmacy Benefits Available	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible														
Is this plan Medicare Part D Creditable?	Creditable		Creditable															
Embedded Deductible and Out of Pocket Maximum	Yes		Yes															
This plan is a Qualified High Deductible Plan (HDHP) - Qualified high deductible health plans can be used with a member-owned, portable Health Savings Account (HSA). Through our partnership with HealthEquity®, members can conveniently open an HSA to pay for qualified out-of-pocket medical expenses tax-free. To learn more, visit www.healthequity.com or call 1-866-346-5800.																		

¹ The Presbyterian Health Plan pays 100% for Clinical Preventive Health Services as outlined in the Affordable Care Act. Services include, but are not limited to: annual physical exam, colonoscopy, and routine immunizations.
² The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or exclusions. For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement and or Summary of Benefits Coverage, which can be found online at www.phs.org/formsanddocuments.