



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

[illegible]

Is this plan Medicare Part D Creditable?	Creditable	Creditable	Creditable	Creditable	Creditable	Creditable	Creditable	Creditable	Creditable
Prescription Drug Benefit Packages - See separate benefit grid for Prescription Drug Benefit Options									



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PREFERRED CARE PLUS-PPO¹	Preferred Care Plus \$5000/\$30		Preferred Care Plus \$5000/\$5															
Product Identification Number(s):	IIP20044		IIP20025															
In- or Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network														
Deductible	\$5000 Individual/ \$10000 Family	\$10000 Individual/ \$20000 Family	\$5000 Individual/ \$10000 Family	\$10000 Individual/ \$20000 Family														
Co-Insurance	30% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible														
Out-of-Pocket Maximum	\$7000 Individual/ \$14000 Family	\$14000 Individual/ \$28000 Family	\$6850 Individual/ \$13700 Family	\$13700 Individual/ \$27400 Family														
Preventive Care	No Charge²	50% After Deductible	No Charge²	50% After Deductible														
Primary Care Provider Visit	\$30 Per VisitError! Bookmark not defined.	50% After Deductible	\$5 Per VisitError! Bookmark not defined.	50% After Deductible														
Specialist Visit	\$40 Per VisitError! Bookmark not defined.	50% After Deductible	\$50 Per VisitError! Bookmark not defined.	50% After Deductible														
Diagnostic Lab	No ChargeError! Bookmark not defined.	50% After Deductible	No ChargeError! Bookmark not defined.	50% After Deductible														
Diagnostic X-Ray	No ChargeError! Bookmark not defined.	50% After Deductible	No ChargeError! Bookmark not defined.	50% After Deductible														
Imaging CT/PET/MRI	\$200 Per TestError! Bookmark not defined.	50% After Deductible	\$250 Per TestError! Bookmark not defined.	50% After Deductible														
Urgent Care	\$40 Per VisitError! Bookmark not defined.	\$40 Per VisitError! Bookmark not defined.	\$50 Per VisitError! Bookmark not defined.	\$50 Per VisitError! Bookmark not defined.														
Emergency Room (plans with \$ copay includes all services)	\$300 Per VisitError! Bookmark not defined.	\$300 Per VisitError! Bookmark not defined.	\$250 Per VisitError! Bookmark not defined.	\$250 Per VisitError! Bookmark not defined.														
Inpatient Hospital	30% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible														

Outpatient Hospital	30% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible															
Durable Medical Equipment	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible															
Retail Pharmacy Benefits Available	10/20/40 10/30/50 10/35/55	10/20/40 10/30/50 10/35/55	10/20/40 10/30/50 10/35/55	10/20/40 10/30/50 10/35/55															
Is this plan Medicare Part D Creditable?	Creditable		Creditable																
Prescription Drug Benefit Packages - See separate benefit grid for Prescription Drug Benefit Options																			

¹ 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.

² 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.