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

Presbyterian Insurance Company, Inc. PREFERRED CARE PLUS-PPO ¹		Care Plus 0/\$30		Care Plus 0/\$30	Preferred \$100	Care Plus 0/\$30		Care Plus 0/\$20	Preferred \$150	Care Plus 0/\$30	Preferred \$200	Care Plus 0/\$30		Care Plus 0/\$30	Preferred \$300	Care Plus 0/\$10		eferred Care Plus \$4000/\$30	
Product Identification Number(s):	IIP2	0037	IIP2	0038	IIP20	0039	IIP2	0023	IIP2	0040	IIP2	0041	IIP2	0042	IIP20	0024	IIP2	.0043	
In- or Out-of-Network	In-Network	Out-of- Network																	
Deductible	\$250 Individual/ \$500 Family	\$500 Individual/ \$1000 Family	\$500 Individua/ I\$1000 Family	\$1000 Individual/ \$2000 Family	\$1000 Individual/ \$2000 Family	\$2000 Individual/ \$4000 Family	\$1000 Individual/ \$2000 Family	\$2000 Individual/ \$4000 Family	\$1500 Individual/ \$3000 Family	\$3000 Individual/ \$6000 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	\$4000 Individual/ \$8000 Family	\$8000 Individual/ \$16000 Family	
Co-Insurance	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	
Out-of-Pocket Maximum	\$3500 Individual/ \$7000 Family	\$7000 Individual/ \$14000 Family	\$3500 Individual/ \$7000 Family	\$7000 Individual/ \$14000 Family	\$4000 Individual/ \$8000 Family	\$8000 Individual/ \$16000 Family	\$3600 Individual/ \$7200 Family	\$7200 Individual/ \$14400 Family	\$4500 Individual/ \$9000 Family	\$9000 Individual/ \$18000 Family	\$5000 Individual/ \$10000 Family	\$10000 Individual/ \$20000 Family	\$6500 Individual/ \$13000 Family	\$13000 Individual/ \$26000 Family	\$6850 Individual/ \$13700 Family	\$13700 Individual/ \$27400 Family	\$6500 Individual/ \$13000 Family	\$13000 Individual/ \$26000 Family	
Preventive Care	No Charge ²	50% After Deductible																	
Primary Care Provider Visit	\$30 Per Visit ^{Error!} Bookmark not defined.	50% After Deductible	\$30 Per VisitError! Bookmark not defined.	50% After Deductible	\$30 Per VisitError! Bookmark not defined.	50% After Deductible	\$20 Per VisitError! Bookmark not defined.	50% After Deductible	\$30 Per VisitError! Bookmark not defined.	50% After Deductible	\$30 Per VisitError! Bookmark not defined.	50% After Deductible	\$30 Per VisitError! Bookmark not defined.	50% After Deductible	\$10 Per VisitError! Bookmark not defined.	50% After Deductible	\$30 Per VisitError! Bookmark not defined.	50% After Deductible	
Specialist Visit	\$40 Per Visit ^{Error!} Bookmark not defined.	50% After Deductible	\$40 Per Visit ^{Error!} Bookmark not defined.	50% After Deductible	\$40 Per VisitError! Bookmark not defined.	50% After Deductible	\$50 Per Visit ^{Error!} Bookmark not defined.	50% After Deductible	\$40 Per Visit ^{Error!} Bookmark not defined.	50% After Deductible	\$40 Per Visit ^{Error!} Bookmark not defined.	50% After Deductible	\$40 Per Visit ^{Error!} Bookmark not defined.	50% After Deductible	\$50 Per VisitError! Bookmark not defined.	50% After Deductible	\$40 Per Visit ^{Error!} Bookmark not defined.	50% After Deductible	
Diagnostic Lab	No ChargeError! Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No ChargeError! Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	
Diagnostic X-Ray	No ChargeError! Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No ChargeError! Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	No Charge ^{Error!} Bookmark not defined.	50% After Deductible	
Imaging CT/PET/MRI	\$200 Per TestError! Bookmark not defined.	50% After Deductible	\$200 Per Test ^{Error!} Bookmark not defined.	50% After Deductible	\$200 Per TestError! Bookmark not defined.	50% After Deductible	\$250 Per Test ^{Error!} Bookmark not defined.	50% After Deductible	\$200 Per Test ^{Error!} Bookmark not defined.	50% After Deductible	\$200 Per Test ^{Error!} Bookmark not defined.	50% After Deductible	\$200 Per TestError! Bookmark not defined.	50% After Deductible	\$250 Per TestError! Bookmark not defined.	50% After Deductible	\$200 Per Test ^{Error!} Bookmark not defined.	50% After Deductible	
Urgent Care	\$40 Per Visit ^{Error!} Bookmark not defined.	\$50 Per Visit ^{Error!} Bookmark not defined.	\$50 Per Visit ^{Error!} Bookmark not defined.	\$40 Per Visit ^{Error!} Bookmark not defined.	\$50 Per Visit ^{Error!} Bookmark not defined.	\$50 Per Visit ^{Error!} Bookmark not defined.	\$40 Per Visit ^{Error!} Bookmark not defined.	\$40 Per Visit ^{Error!} Bookmark not defined.											
Emergency Room (plans with \$ copay includes all services)	\$300 Per Visit ^{Error!} Bookmark not defined.	\$150 Per Visit ^{Error!} Bookmark not defined.	\$150 Per Visit ^{Error!} Bookmark not defined.	\$300 Per Visit ^{Error!} Bookmark not defined.	\$250 Per Visit ^{Error!} Bookmark not defined.	\$250 Per Visit ^{Error!} Bookmark not defined.	\$300 Per Visit ^{Error!} Bookmark not defined.	\$300 Per Visit ^{Error!} Bookmark not defined.											
Inpatient Hospital	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	
Outpatient Hospital	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	
Durable Medical Equipment	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	
Retail Pharmacy Benefits Available	10/20/40 10/30/50 10/35/55																		

Is this plan Medicare Part D Creditable?	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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Presbyterian Health Plan, Inc. Presbyterian Insurance Company, Inc.

PREFERRED CARE PLUS-PPO1	Preferred Care Plus \$5000/\$30		Preferred \$500	Care Plus 00/\$5									
Product Identification Number(s):	IIP2	IIP20044		IIP20044		0025							
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 Charge ²	50% After Deductible	No Charge ²	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 Visit ^{Error!} 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 Charge ^{Error!} 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 Visit ^{Error!} Bookmark not defined.	\$40 Per Visit ^{Error!} Bookmark not defined.	\$50 Per Visit ^{Error!} Bookmark not defined.	\$50 Per Visit ^{Error!} 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.