



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

Engage HMO- HDHP ¹	Engage HDHP \$2000/20%		Engage HDHP \$3000/30%		Engage HDHP \$3500/30%		Engage HDHP \$4000/0%		Engage HDHP \$5000/0%								
Product Identification Number(s):	HLH20035		HLH20060		HLH20037		HLH20038		HLH20039								
In-Network 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							
Deductible	\$2000 Individual/ \$4000 Family	Not Covered	\$3000 Individual/ \$6000 Family	Not Covered	\$3500 Individual/ \$7000 Family	Not Covered	\$4000 Individual/ \$8000 Family	Not Covered	\$5000 Individual/ \$10000 Family	Not Covered							
Co-Insurance	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Out-of-Pocket Maximum	\$4000 Individual/ \$8000 Family	Not Covered	\$6350 Individual/ \$12700 Family	Not Covered	\$6350 Individual/ \$12700 Family	Not Covered	\$4000 Individual/ \$8000 Family	Not Covered	\$5000 Individual/ \$10000 Family	Not Covered							
Preventive Care	No Charge ²	Not Covered	No Charge ²	Not Covered	No Charge ²	Not Covered	No Charge ²	Not Covered	No Charge ²	Not Covered							
Primary Care Provider Visit	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Video Visit	0% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Specialist Visit	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Diagnostic Lab	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Diagnostic X-ray	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Imaging CT/PET/MRI	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Urgent Care	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible							
Emergency Room	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible							
Inpatient Hospital	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Outpatient Hospital	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Durable Medical Equipment	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Retail Pharmacy Benefits Available	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	0% After Deductible	Not Covered	0% After Deductible	Not Covered							
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable		Creditable								
Embedded Deductible and Out-of-Pocket Maximum	No		Yes		Yes		Yes		Yes								
<p>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.</p> <p>Prescription Drug Benefit Packages - See separate benefit grid for Prescription Drug Benefit Options</p>																	

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.