



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

Engage HMO- HDHP¹	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 Charge²	Not Covered	No Charge²	Not Covered	No Charge²	Not Covered	No Charge²	Not Covered	No Charge²	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							
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.																
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.