PRESBYTERIAN

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

CUSTOM CARE - HMO[1]	Custom Care $15		Custom Care $20		Custom Care $30		Custom Care $40	
Product Identification Number(s):	HHH20004		HHH20005		HHH20007		HHH20012	
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
Deductible	$0	Not Covered	$0	Not Covered	$0	Not Covered	$0	Not Covered
Co-Insurance	0%	Not Covered	0%	Not Covered	0%	Not Covered	0%	Not Covered
Out-of-Pocket Maximum	$6350 Individual/ $12700 Family	Not Covered	$6350 Individual/ $12700 Family	Not Covered	$6350 Individual/ $12700 Family	Not Covered	$6350 Individual/ $12700 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
Primary Care Provider Visit	$15 Per Visit	Not Covered	$20 Per Visit	Not Covered	$30 Per Visit	Not Covered	$40 Per Visit	Not Covered
Video Visit	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Specialist Visit	$25 Per Visit	Not Covered	$30 Per Visit	Not Covered	$40 Per Visit	Not Covered	$50 Per Visit	Not Covered
Diagnostic Lab	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Diagnostic X-ray	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Imaging CT/PET/MRI	10% Coinsurance to Maximum of $150 Per Test	Not Covered	15% Coinsurance to Maximum of $250 Per Test	Not Covered	15% Coinsurance to Maximum of $300 Per Test	Not Covered	20% Coinsurance to Maximum of $400 Per Test	Not Covered
Urgent Care	$25 Per Visit	$25 Per Visit	$30 Per Visit	$30 Per Visit	$40 Per Visit	$40 Per Visit	$50 Per Visit	$50 Per Visit
Emergency Room Plans with ($) copay includes all services	$100 Per Visit	$100 Per Visit	$100 Per Visit	$100 Per Visit	$150 Per Visit	$150 Per Visit	$150 Per Visit	$150 Per Visit
Inpatient Hospital	$250 Per Admission	Not Covered	$500 Per Admission	Not Covered	$1000 Per Admission	Not Covered	$1500 Per Admission	Not Covered
Outpatient Hospital	10% Coinsurance to Maximum of $150 Per Visit	Not Covered	15% Coinsurance to Maximum of $250 Per Visit	Not Covered	15% Coinsurance to Maximum of $300 Per Visit	Not Covered	20% Coinsurance to Maximum of $400 Per Visit	Not Covered
Durable Medical Equipment	50% After Deductible	Not Covered	50% After Deductible	Not Covered	50% After Deductible	Not Covered	50% After Deductible	Not Covered
Retail Pharmacy Benefits Available	7/25/45 10/20/40 10/30/50 10/35/55 15/35/55	Not Covered	7/25/45 10/20/40 10/30/50 10/35/55 15/35/55	Not Covered	7/25/45 10/20/40 10/30/50 10/35/55 15/35/55	Not Covered	7/25/45 10/20/40 10/30/50 10/35/55 15/35/55	Not Covered
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable	

[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.