PRESBYTERIAN
Health Plan, Inc.

# 2024 Small Group Engage Overview

| Engage Benefits | Platinum Engage w/Gym - Limited Network | Gold Engage $1,500 w/Gym - Limited Network | Gold Engage $3,500 w/Gym - Limited Network | Silver Engage $4,000 w/Gym - Limited Network | Silver Engage $7,000 w/ Gym - Limited Network | Silver Engage $0 w/Gym - Limited Network | Silver Engage TytoHome w/Gym - Limited Network |
|---|---|---|---|---|---|---|---|
| A **deductible** is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible. | $500 | $1,500 | $3,500 | $4,000 | $7,000 | $0 | $4,000 |
| **What do I pay for covered benefits?** | **Copayment – Benefits with a copayment ($) are not subject to deductible. Copayment covers office visit ONLY. All other services are subject to deductible and/or coinsurance. Coinsurance – Benefits with a coinsurance (%) are subject to deductible first, and then you pay the applicable coinsurance (%) amount.** | | | | | | |
| **Preventive Care** | You pay $0. Plan pays 100% for clinical preventive health services such as physical exam, colonoscopy and routine immunizations. | | | | | | |
| **Primary Care Provider Visit** | $10 | $40 | $40 | $40 | $40 | $35 | $50, $0 TytoHome |
| **Urgent Care** | $10 | $40 | $40 | $40 | $40 | $35 | $50, $0 TytoHome |
| **Telehealth/Video Visit** | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| **Specialist Visit** | $30 | $90 | $90 | $90 | $90 | $90 | $100, $0 TytoHome |
| **Mental Health** Outpatient Services | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| **Lab** | $0 | $0 | $0 | $50 | $50 | $50 | $50 |
| **X-Ray** | $0 | $0 | $0 | $100 | $100 | $100 | $100 |
| **Imaging** CT/PET/MRI | $250 | $500 | $500 | $750 | $500 | 30% | $500 |
| **Emergency Room** Plans with copay ($) all services are included | $250 | $500 | $500 | $750 | 30% | $1,000 | $1,000 |
| **Ambulance** Ground or Air | 20% air, $250 ground | 20% air, $250 ground | 20% air, $250 ground | 30% air, $250 ground | 30% air, $250 ground | 30% air, $250 ground | 20% air, $250 ground |
| **Hospital** Inpatient or Outpatient | 20% | 20% | 20% | 30% | 30% | **Inpatient:** $1,200 per day, 2 day max **Outpatient:** $1,000 | 20% |
| **Chiropractic and Acupuncture** Limited to 20 visits each | $10 | $40 | $40 | $40 | $40 | $35 | $50 |
| **Rehabilitation Therapy** Physical, Occupational and Speech | $10 | $40 | $40 | $40 | $40 | $35 | $50 |
| **Prescription Drugs per 30-day supply** | | | | | | | |
| **Tier 1: Preferred Generic** | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| **Tier 2: Non-Preferred Generic** | $10 | $20 | $15 | $25 | $15 | $25 | $25 |
| **Tier 3: Preferred Brand** | $20 | $50 | $50 | $130 | $125 | $150 | $130 |
| **Tier 4: Non-Preferred Brand** | $75 | $125 | $125 | $150 | 30% | $200 | $150 |
| **Tier 5: Specialty Pharmaceuticals** | 20% | 20% | 20% | 30% | 30% | 30% | 20% |
| **Out-of-Pocket Maximum** includes the deductible, copayments, coinsurance and prescription drug costs that you pay | | | | | | | |
| The family out-of-pocket maximum is 2x the individual out-of-pocket maximum. | $3,200 | $9,450 | $9,450 | $9,450 | $9,450 | $9,450 | $9,450 |
| **Wellness and Other Services** | | | | | | | |
| **Fitness Center Membership** | You and your enrolled dependents (ages 18 and up) will have free access to more than 10,000 participating fitness centers. | | | | | | |
| **Vision** | Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. See flyer for details. (Administered by Davis Vision.) | | | | | | |
| **Dental** | We have partnered with DentalSource Dental Plan, Inc. to offer dental coverage for you and your family. See the dental flyer for details. (Underwritten and administered by Companion Life Insurance Company.) | | | | | | |

**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.**