



Insurance Company, Inc.

2024 Small Group PPO Overview

PPO Benefits	Platinum Elite w/Gym	Gold Elite w/Gym	Gold Premier w/Gym	Silver \$3,250 Advantage HDHP w/Gym*	Silver \$3,200 Advantage HDHP w/Gym*	Silver Elite w/ Gym	Silver Premier w/Gym	Silver TytoHome w/Gym	Bronze Elite w/Gym
A deductible is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x individual deductible.	In/Out \$250 / \$500	In/Out \$750 / \$1,500	In/Out \$3,500 / \$7,000	In/Out \$3,250 / \$6,500	In/Out \$3,200 / \$6,400	In/Out \$3,000 / \$6,000	In/Out \$4,000 / \$8,000	In/Out \$4,000 / \$8,000	In/Out \$9,450 / \$18,900
Coinsurance	20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%	30% / 50%	30% / 50%	20% / 50%	0% / 0%
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 (in-network only). Plan pays 100% for Clinical Preventive Health Services such as physical exam, colonoscopy, and routine immunizations.								
Primary Care Provider Visit	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50, \$0 TytoHome	\$50
Urgent Care	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50, \$0 TytoHome	\$50
Telehealth/Video Visit	\$0	\$0	\$0	0%	\$0 after ded.	\$0	\$0	\$0	\$0
Specialist Visit	\$30	\$90	\$90	20%	\$50 after ded.	\$90	\$90	\$100, \$0 TytoHome	0%
Mental Health Outpatient Services	\$0	\$0	\$0	0%	\$50 after ded.	\$0	\$0	\$0	\$0
Lab	\$0	\$0	\$0	20%	\$0 after ded.	\$50	\$50	\$50	0%
X-Ray	\$0	\$0	\$0	20%	\$0 after ded.	\$110	\$100	\$100	0%
Imaging CT/PET/MRI	\$300	\$500	\$750	20%	20% after ded.	\$750	\$500	\$500	0%
Emergency Room Plans with copay (\$) all services are included	\$500	\$500	\$750	20%	\$500 after ded.	\$1,000	\$1,000	\$1,000	0%
Ambulance Ground or Air	20% air \$250 ground	20% air \$250 ground	20% air \$250 ground	20%	20% after ded.	30% air \$250 ground	30% air \$250 ground	20% air \$250 ground	0% air \$250 ground
Hospital Inpatient and Outpatient	20%	20%	20%	20%	20% after ded.	30%	30%	20%	Inpatient: 50% not subject to ded. Outpatient: 0% after ded.
Chiropractic and Acupuncture Limited to 20 visits each	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50	\$50
Rehabilitation Therapy Physical, Occupational and Speech	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50	\$50
Prescription Drugs per 30-day supply									
Tier 1: Preferred Generic	\$0	\$0	\$0	0%	\$0 after ded.	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$10	\$15	\$20	20%	\$15 after ded.	\$25	\$25	\$25	\$25
Tier 3: Preferred Brand	\$25	\$75	\$75	20%	\$50 after ded.	\$130	\$130	\$130	0%
Tier 4: Non-Preferred Brand	\$75	\$150	\$150	20%	\$75 after ded.	\$150	\$150	\$150	0%
Tier 5: Specialty Pharmaceuticals	20%	20%	20%	20%	20% after ded.	30%	30%	20%	0%
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.	\$5,500 / \$11,000	\$9,450 / \$18,900	\$7,500 / \$15,000	\$7,000 / \$14,000	\$6,500 / \$12,800	\$9,450 / \$18,900	\$9,450 / \$18,900	\$9,450 / \$18,900	\$9,450 / \$18,900
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.									

* **High Deductible Health Plans (HDHP)** - Qualified high deductible health plans can be used with a member-owned, portable Health Savings Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for your insurance deductible and qualified out-of-pocket medical expenses tax-free. To learn more, visit www.healthequity.com or call 1-866-346-5800.

** Except Silver \$3,200 Advantage HDHP w/gym

MPC102353

Effective: January 1, 2024