

**2024 Small Group HMO Overview**

HMO 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	Bronze TytoHome w/Gym
A <b>deductible</b> is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible.	\$250	\$750	\$3,500	\$3,250	\$3,200	\$3,000	\$4,000	\$4,000	\$9,450	\$9,450
<b>What do I pay for covered benefits?</b>	<b>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.**</b> <b>Coinsurance – Benefits with a coinsurance (%) are subject to deductible first, and then you pay the applicable coinsurance (%) amount.</b>									
<b>Preventive Care</b>	You pay \$0. Plan pays 100% for clinical preventive health services such as physical exam, colonoscopy and routine immunizations.									
<b>Primary Care Provider Visit</b>	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50, \$0 TytoHome	\$50	\$35 for the first 2 visits. All other visits are subject to ded. and coins
<b>Urgent Care</b>	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50, \$0 TytoHome	\$50	0%
<b>Telehealth/Video Visit</b>	\$0	\$0	\$0	0%	\$0 after ded.	\$0	\$0	\$0	\$0	\$0
<b>Specialist Visit</b>	\$30	\$90	\$90	20%	\$50 after ded.	\$90	\$90	\$100, \$0 TytoHome	0%	0%
<b>Mental Health</b> Outpatient Services	\$0	\$0	\$0	0%	\$50 after ded.	\$0	\$0	\$0	\$0	\$0
<b>Lab</b>	\$0	\$0	\$0	20%	\$0 after ded.	\$50	\$50	\$50	0%	0%
<b>X-Ray</b>	\$0	\$0	\$0	20%	\$0 after ded.	\$110	\$100	\$100	0%	0%
<b>Imaging</b> CT/PET/MRI	\$300	\$500	\$750	20%	20% after ded..	\$750	\$500	\$500	0%	0%
<b>Emergency Room</b> Plans with copay (\$) all services are included	\$500	\$500	\$750	20%	\$500 after ded.	\$1,000	\$1,000	\$1,000	0%	0%
<b>Ambulance</b> 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	0% air \$250 ground
<b>Hospital</b> Inpatient or Outpatient	20%	20%	20%	20%	20% after ded.	30%	30%	20%	<b>Inpatient:</b> 50% not subject to ded. <b>Outpatient:</b> 0% after ded.	<b>Inpatient:</b> 50% not subject to ded. <b>Outpatient:</b> 0% after ded.
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50	\$50	\$35
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50	\$50	\$35
<b>Prescription Drugs per 30-day supply</b>										
<b>Tier 1: Preferred Generic</b>	\$0	\$0	\$0	0%	\$0 after ded.	\$0	\$0	\$0	\$0	\$0
<b>Tier 2: Non-Preferred Generic</b>	\$10	\$15	\$20	20%	\$15 after ded.	\$25	\$25	\$25	\$25	\$15
<b>Tier 3: Preferred Brand</b>	\$25	\$75	\$75	20%	\$50 after ded.	\$130	\$130	\$130	0%	0%
<b>Tier 4: Non-Preferred Brand</b>	\$75	\$150	\$150	20%	\$75 after ded.	\$150	\$150	\$150	0%	0%
<b>Tier 5: Specialty Pharmaceuticals</b>	20%	20%	20%	20%	20% after ded.	30%	30%	20%	0%	0%
<b>Out-of-Pocket Maximum</b> 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	\$9,450	\$7,500	\$7,000	\$6,500	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450
<b>Wellness and Other Services</b>										
<b>Fitness Center Membership</b>	You and your enrolled dependents (ages 18 and up) will have free access to more than 10,000 participating fitness centers.									
<b>Vision</b>	Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. See flyer for details. (Administered by Davis Vision.)									
<b>Dental</b>	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.)									
<b>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 <a href="http://www.phs.org/formsanddocuments">www.phs.org/formsanddocuments</a>.</b>										

\* 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](http://www.healthequity.com) or call 1-866-346-5800.

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