PRESBYTERIAN

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

SMARTCARE - HMO[1]	Smart Care Customized $250		Smart Care Customized $500		Smart Care Customized $750/$15		Smart Care Customized $750/$30		Smart Care Customized $1,000/$0		Smart Care Customized $1,000/$20		Smart Care Customized $1,250/$30		Smart Care Customized $1,500/$30		Smart Care Customized $2,000/$30	
Product Identification Number(s):	HHH20013		HHH20015		HHH20035		HHH20014		HHH20031		HHH20032		HHH20016		HHH20054		HHH20017	
In- 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	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$250 Individual/ $500 Family	Not Covered	$500 Individual/ $1,000 Family	Not Covered	$750 Individual/ $1,500 Family	Not Covered	$750 Individual/ $1,500 Family	Not Covered	$1,000 Individual/ $2,000 Family	Not Covered	$1,000 Individual/ $2,000 Family	Not Covered	$1,250 Individual/ $2,500 Family	Not Covered	$1,500 Individual/ $3,000 Family	Not Covered	$2,000 Individual/ $4,000 Family	Not Covered
Co-Insurance	30% After Deductible	Not Covered	30% After Deductible	Not Covered	50% After Deductible	Not Covered	30% After Deductible	Not Covered	20% After Deductible	Not Covered	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered
Out-of-Pocket Maximum	$2,750 Individual/ $5,500 Family	Not Covered	$3,000 Individual/ $6,000 Family	Not Covered	$6,850 Individual/ $13,700 Family	Not Covered	$3,250 Individual/ $6,500 Family	Not Covered	$6,600 Individual/ $13,200 Family	Not Covered	$3,600 Individual/ $7,200 Family	Not Covered	$6,350 Individual/ $12,700 Family	Not Covered	$4,500 Individual/ $9,000 Family	Not Covered	$6,350 Individual/ $12,700 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	No Charge[2]	Not Covered	No Charge[2]	Not Covered	No Charge[2]	Not Covered	No Charge[2]	Not Covered	No Charge[2]	Not Covered
Primary Care Provider Visit	$30 Per Visit[3]	Not Covered	$30 Per Visit[3]	Not Covered	$15 Per Visit[3]	Not Covered	$30 Per Visit[3]	Not Covered	No Charge[3]	Not Covered	$20 Per Visit[3]	Not Covered	$30 Per Visit[3]	Not Covered	$30 Per Visit[3]	Not Covered	$30 Per Visit[3]	Not Covered
Video Visit	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered
Specialist Visit	$40 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered	$25 Per Visit[3]	Not Covered	$50 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered
Diagnostic Lab	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered
Diagnostic X-Ray	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered
Imaging CT/PET/MRI	$50 Per Test[3]	Not Covered	$50 Per Test[3]	Not Covered	$250 Per Test[3]	Not Covered	$50 Per Test[3]	Not Covered	$250 Per Test[3]	Not Covered	$250 Per Test[3]	Not Covered	$50 Per Test[3]	Not Covered	$200 Per Test[3]	Not Covered	$50 Per Test[3]	Not Covered
Urgent Care	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$25 Per Visit[3]	$25 Per Visit[3]	$50 Per Visit[3]	$50 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]
Emergency Room (plans with $ copay includes all services)	$100 Per Visit[3]	$100 Per Visit[3]	$100 Per Visit[3]	$100 Per Visit[3]	$200 Per Visit[3]	$200 Per Visit[3]	$100 Per Visit[3]	$100 Per Visit[3]	$150 Per Visit[3]	$150 Per Visit[3]	$150 Per Visit[3]	$150 Per Visit[3]	$100 Per Visit[3]	$100 Per Visit[3]	$200 Per Visit[3]	$200 Per Visit[3]	$100 Per Visit[3]	$100 Per Visit[3]
Inpatient Hospital	30% After Deductible	Not Covered	30% After Deductible	Not Covered	$1,500 per Admission[3]	Not Covered	30% After Deductible	Not Covered	20% After Deductible	Not Covered	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered
Outpatient Hospital	30% After Deductible	Not Covered	30% After Deductible	Not Covered	50% After Deductible	Not Covered	30% After Deductible	Not Covered	20% After Deductible	Not Covered	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered
Durable Medical Equipment	30% After Deductible	Not Covered	30% After Deductible	Not Covered	50% After Deductible	Not Covered	30% After Deductible	Not Covered	20% After Deductible	Not Covered	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered
Retail Pharmacy Benefits Available	7/25/45 10/20/40 10/30/50 10/35/55	Not Covered	10/30/50 10/35/55 15/35/55	Not Covered	10/20/40 10/30/50 10/35/55	Not Covered	10/20/40 10/30/50 10/35/55 15/35/55	Not Covered	10/20/40 10/30/50 10/35/55	Not Covered	10/20/40 10/30/50 10/35/55	Not Covered	10/20/40 10/30/50 15/35/55	Not Covered	10/20/40 10/30/50 10/35/55	10/20/40 10/30/50 10/35/55	10/30/50 10/35/55	Not Covered
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable		Creditable		Creditable		Creditable		Creditable		Creditable	
Prescription Drug Benefit Packages - See separate benefit grid for Prescription Drug Benefit Options																		

For information on Presbyterian Health Plan's Nondiscrimination Notice, go to https://www.phs.org/nondiscrimination.

PRESBYTERIAN

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

SMARTCARE - HMO[1]	Smart Care Customized $3,000/$10		Smart Care Customized $3,000/$30		Smart Care Customized $4,000/$30		Smart Care Customized $5,000/$30		Smart Care Customized $6,000/$30									
Product Identification Number(s):	HHH20033		HHH20039		HHH20040		HHH20288 HHH20338 HHH20339		HHH20289 HHH20340 HHH20341									
In- 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	$3,000 Individual/ $6,000 Family	Not Covered	$3,000 Individual/ $6,000 Family	Not Covered	$4,000 Individual/ $8,000 Family	Not Covered	$5,000 Individual/ $10,000 Family	Not Covered	$6,000 Individual/ $12,000 Family	Not Covered								
Co-Insurance	20% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered								
Out-of-Pocket Maximum	$6,850 Individual/ $13,700 Family	Not Covered	$6,350 Individual/ $12,700 Family	Not Covered	$6,350 Individual/ $12,700 Family	Not Covered	$7,000 Individual/ $14,000 Family	Not Covered	$7,500 Individual/ $15,000 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	No Charge[2]	Not Covered								
Primary Care Provider Visit	$10 Per Visit[3]	Not Covered	$30 per visit[3]	Not Covered	$30 Per Visit[3]	Not Covered	$30 Per Visit[3]	Not Covered	$30 Per Visit[3]	Not Covered								
Video Visit	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered								
Specialist Visit	$50 Per Visit[3]	Not Covered	$40 per visit[3]	Not Covered	$40 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered								
Diagnostic Lab	No Charge[3]	Not Covered	No charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered								
Diagnostic X-Ray	No Charge[3]	Not Covered	No charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered	No Charge[3]	Not Covered								
Imaging CT/PET/MRI	$250 Per Test[3]	Not Covered	$200 per test[3]	Not Covered	$200 Per Test[3]	Not Covered	$200 Per Test[3]	Not Covered	$200 Per Test[3]	Not Covered								
Urgent Care	$50 Per Visit[3]	$50 Per Visit[3]	$40 per visit[3]	$40 per visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]								
Emergency Room (plans with $ copay includes all services)	$250 Per Visit[3]	$250 Per Visit[3]	$300 per visit[3]	$300 per visit[3]	$300 Per Visit[3]	$300 Per Visit[3]	$300 Per Visit[3]	$300 Per Visit[3]	$300 Per Visit[3]	$300 Per Visit[3]								
Inpatient Hospital	20% After Deductible	Not Covered	30% after Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered								
Outpatient Hospital	20% After Deductible	Not Covered	30% after Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered								
Durable Medical Equipment	20% After Deductible	Not Covered	30% after Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered								
Retail Pharmacy Benefits Available	10/20/40 10/30/50 10/35/55	Not Covered	10/20/40 10/30/50 10/35/55	Not Covered	10/20/40 10/30/50 10/35/55	Not Covered	10/20/40 10/30/50 10/35/55	Not Covered	10/20/40 10/30/50 10/35/55	Not Covered								
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable		Creditable									
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.
[3] Deductible does not apply.