PRESBYTERIAN

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

SMARTCARE - HMO[1]	Smart Care $500		Smart Care $750		Smart Care $1,000		Smart Care $1,250		Smart Care $2,000		Smart Care $3,000		Smart Care $4,000		Smart Care $5,000		Smart Care $6,000	
Product Identification Number(s):	HHH20009		HHH20010		HHH20234		HHH20008		HHH20011		HHH20036		HHH20037		HHH20038		HHH20053	
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	$500 Individual/ $1,000 Family	Not Covered	$750 Individual/ $1,500 Family	Not Covered	$1,000 Individual/ $2,000 Family	Not Covered	$1,250 Individual/ $2,500 Family	Not Covered	$2,000 Individual/ $4,000 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	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	40% After Deductible	Not Covered	50% After Deductible	Not Covered
Out-of-Pocket Maximum	$3,000 Individual/ $6,000 Family	Not Covered	$3,250 Individual/ $6,500 Family	Not Covered	$6,350 Individual/ $12,700 Family	Not Covered	$6,350 Individual/ $12,700 Family	Not Covered	$6,350 Individual/ $12,700 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	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	$30 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	$20 Per Visit[3]	Not Covered	$20 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	$40 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered	$40 Per Visit[3]	Not Covered	$50 Per Visit[3]	Not Covered	$50 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	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	40% After Deductible	Not Covered	50% After Deductible	Not Covered
Imaging CT/PET/MRI	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	40% After Deductible	Not Covered	50% After Deductible	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]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$40 Per Visit[3]	$75 Per Visit[3]	$75 Per Visit[3]	$75 Per Visit[3]	$75 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]	$100 Per Visit[3]	$100 Per Visit[3]	$100 Per Visit[3]	$100 Per Visit[3]	$100 Per Visit[3]	$100 Per Visit[3]	$200 Per Visit[3]	$200 Per Visit[3]	$200 Per Visit[3]	$200 Per Visit[3]	40% After Deductible	40% After Deductible	50% After Deductible	50% After Deductible
Inpatient Hospital	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	40% After Deductible	Not Covered	50% After Deductible	Not Covered
Outpatient Hospital	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	40% After Deductible	Not Covered	50% After Deductible	Not Covered
Durable Medical Equipment	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	30% After Deductible	Not Covered	40% After Deductible	Not Covered	50% After Deductible	Not Covered
Retail Pharmacy Benefits Available	10/20/40 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 10/35/55	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 10/35/55	Not Covered	10/20/40 10/30/50 10/35/55	10/20/40 10/30/50 10/35/55
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																		

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