



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

| PREFERRED CARE- PPO ¹ | Preferred Care \$250/20% | | Preferred Care \$500/20% | | Preferred Care \$500/30% | | Preferred Care \$750/20% | | Preferred Care \$1,000/20% | | Preferred Care \$1,000/30% | | Preferred Care \$1,500/20% | | Preferred Care \$1,500/30% | | Preferred Care \$2,000/20% | |
|------------------------------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------|----------------------------------------|----------------------------------------|-----------------------------------------|----------------------------------------------|----------------------------------------------|
| Product Identification Number(s): | IIP20011 | | IIP20002 | | IIP20007 | | IIP20003 | | IIP20004 | | IIP20008 | | IIP20005 | | IIP20009 | | IIP20006 | |
| 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 | \$500 Individual/ \$1,000 Family | \$500 Individual/ \$1,000 Family | \$1,000 Individual/ \$2,000 Family | \$500 Individual/ \$1,000 Family | \$1,000 Individual/ \$2,000 Family | \$750 Individual/ \$1,500 Family | \$1,500 Individual/ \$3,000 Family | \$1,000 Individual/ \$2,000 Family | \$2,000 Individual/ \$4,000 Family | \$1,000 Individual/ \$2,000 Family | \$2,000 Individual/ \$4,000 Family | \$1,500 Individual/ \$3,000 Family | \$3,000 Individual/ \$6,000 Family | \$1,500 Individual/ \$3,000 Family | \$3,000 Individual/ \$6,000 Family | \$2,000 Individual/ \$4,000 Family | \$4,000 Individual/ \$8,000 Family |
| Co-Insurance | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible |
| Out-of-Pocket Maximum | \$3,000 Individual/ \$6,000 Family | \$6,000 Individual/ \$12,000 Family | \$3,000 Individual/ \$6,000 Family | \$6,000 Individual/ \$12,000 Family | \$5,500 Individual/ \$11,000 Family | \$11,000 Individual/ \$22,000 Family | \$3,250 Individual/ \$6,500 Family | \$6,500 Individual/ \$13,000 Family | \$3,500 Individual/ \$7,000 Family | \$7,000 Individual/ \$14,000 Family | \$6,000 Individual/ \$12,000 Family | \$12,000 Individual/ \$24,000 Family | \$4,000 Individual/ \$8,000 Family | \$8,000 Individual/ \$16,000 Family | \$6,350 Individual/ \$12,700 Family | \$12,700 Individual/ \$25,400 Family | \$4,500 Individual/ \$9,000 Family | \$9,000 Individual/ \$18,000 Family |
| Preventive Care | No Charge ² | 40% After Deductible | No Charge ² | 40% After Deductible | No Charge ² | 50% After Deductible | No Charge ² | 40% After Deductible | No Charge ² | 40% After Deductible | No Charge ² | 50% After Deductible | No Charge ² | 40% After Deductible | No Charge ² | 50% After Deductible | No Charge ² | 40% After Deductible |
| Primary Care Provider Visit | \$20 Per Visit | 40% After Deductible | \$20 Per Visit | 40% After Deductible | \$30 Per Visit | 50% After Deductible | \$20 Per Visit | 40% After Deductible | \$20 Per Visit | 40% After Deductible | \$30 Per Visit | 50% After Deductible | \$20 Per Visit | 40% After Deductible | \$30 Per Visit | 50% After Deductible | \$20 Per Visit | 40% After Deductible |
| Specialist Visit | \$30 Per Visit | 40% After Deductible | \$30 Per Visit | 40% After Deductible | \$40 Per Visit | 50% After Deductible | \$30 Per Visit | 40% After Deductible | \$30 Per Visit | 40% After Deductible | \$40 Per Visit | 50% After Deductible | \$30 Per Visit | 40% After Deductible | \$40 Per Visit | 50% After Deductible | \$30 Per Visit | 40% After Deductible |
| Diagnostic Lab | No Charge | 40% After Deductible | No Charge | 40% After Deductible | No Charge | 50% After Deductible | No Charge | 40% After Deductible | No Charge | 40% After Deductible | No Charge | 50% After Deductible | No Charge | 40% After Deductible | No Charge | 50% After Deductible | No Charge | 40% After Deductible |
| Diagnostic X-Ray | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible |
| Imaging CT/PET/MRI | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible |
| Urgent Care | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$40 Per Visit | \$40 Per Visit | \$30 Per Visit | \$30 Per Visit | \$40 Per Visit | \$40 Per Visit | \$30 Per Visit | \$30 Per Visit |
| Emergency Room (plans with \$ copay includes all services) | 20% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 30% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 30% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible | 30% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible |
| Inpatient Hospital | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible |
| Outpatient Hospital | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible |
| Durable Medical Equipment | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible |
| Retail Pharmacy Benefits Available | 10/20/40 10/35/55 | 10/20/40 10/35/55 | 10/20/40 10/35/55 | 10/20/40 10/35/55 | 15/35/55 | 15/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/35/55 15/35/55 | 10/35/55 15/35/55 | 10/20/40 10/35/55 | 10/20/40 10/35/55 | 10/20/40 10/35/55 15/35/55 | 10/20/40 10/35/55 15/35/55 | 10/20/40 10/35/55 | 10/20/40 10/35/55 | 10/20/40 10/30/50 10/35/55 15/35/55 | 10/20/40 10/30/50 10/35/55 15/35/55 |
| 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



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

| PREFERRED CARE- PPO ¹ | Preferred Care \$2,000/30% | | Preferred Care \$2,500/20% | | Preferred Care \$3,000/20% | | Preferred Care \$3,000/30% | | Preferred Care \$4,000/20% | | Preferred Care \$4,000/30% | | Preferred Care \$5,000/20% | | Preferred Care \$5,000/40% | | Preferred Care \$6,000/50% | |
|---------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|
| Product Identification Number(s): | IIP20010 | | IIP20013 | | IIP20045 | | IIP20034 | | IIP20046 | | IIP20035 | | IIP20047 | | IIP20036 | | IIP20063 | |
| 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 | \$2,000 Individual/ \$4,000 Family | \$4,000 Individual/ \$8,000 Family | \$2,500 Individual/ \$5,000 Family | \$5,000 Individual/ \$10,000 Family | \$3,000 Individual/ \$6,000 Family | \$6,000 Individual/ \$12,000 Family | \$3,000 Individual/ \$6,000 Family | \$6,000 Individual/ \$12,000 Family | \$4,000 Individual/ \$8,000 Family | \$8,000 Individual/ \$16,000 Family | \$4,000 Individual/ \$8,000 Family | \$8,000 Individual/ \$16,000 Family | \$5,000 Individual/ \$10,000 Family | \$10,000 Individual/ \$20,000 Family | \$5,000 Individual/ \$10,000 Family | \$10,000 Individual/ \$20,000 Family | \$6,000 Individual/ \$12,000 Family | \$12,000 Individual/ \$24,000 Family |
| Co-Insurance | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 40% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Out-of-Pocket Maximum | \$6,350 Individual/ \$12,700 Family | \$12,700 Individual/ \$25,400 Family | \$5,000 Individual/ \$10,000 Family | \$10,000 Individual/ \$20,000 Family | \$6,500 Individual/ \$13,000 Family | \$13,000 Individual/ \$26,000 Family | \$6,350 Individual/ \$12,700 Family | \$12,700 Individual/ \$25,400 Family | \$6,500 Individual/ \$13,000 Family | \$13,000 Individual/ \$26,000 Family | \$6,350 Individual/ \$12,700 Family | \$12,700 Individual/ \$25,400 Family | \$7,000 Individual/ \$14,000 Family | \$14,000 Individual/ \$28,000 Family | \$7,000 Individual/ \$14,000 Family | \$14,000 Individual/ \$28,000 Family | \$7,500 Individual/ \$15,000 Family | \$15,000 Individual/ \$30,000 Family |
| Preventive Care | No Charge ² | 50% After Deductible | No Charge ² | 40% After Deductible | No Charge ² | 50% After Deductible | No Charge ² | 50% After Deductible | No Charge ² | 50% After Deductible | No Charge ² | 50% After Deductible | No Charge ² | 50% After Deductible | No Charge ² | 50% After Deductible | No Charge ² | 50% After Deductible |
| Primary Care Provider Visit | \$30 Per Visit | 50% After Deductible | \$20 Per Visit | 40% After Deductible | \$20 Per Visit | 50% After Deductible | \$30 Per Visit | 50% After Deductible | \$20 Per Visit | 50% After Deductible | \$30 Per Visit | 50% After Deductible | \$20 Per Visit | 50% After Deductible | \$20 Per Visit | 50% After Deductible | \$20 Per Visit | 50% After Deductible |
| Specialist Visit | \$40 Per Visit | 50% After Deductible | \$30 Per Visit | 40% After Deductible | \$30 Per Visit | 50% After Deductible | \$40 Per Visit | 50% After Deductible | \$30 Per Visit | 50% After Deductible | \$40 Per Visit | 50% After Deductible | \$30 Per Visit | 50% After Deductible | \$50 Per Visit | 50% After Deductible | \$50 Per Visit | 50% After Deductible |
| Diagnostic Lab | No Charge | 50% After Deductible | No Charge | 40% After Deductible | No Charge | 50% After Deductible | No Charge | 50% After Deductible | No Charge | 50% After Deductible | No Charge | 50% After Deductible | No Charge | 50% After Deductible | No Charge | 50% After Deductible | No Charge | 50% After Deductible |
| Diagnostic X-Ray | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 40% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Imaging CT/PET/MRI | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 40% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Urgent Care | \$40 Per Visit | \$40 Per Visit | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$30 Per Visit | \$40 Per Visit | \$40 Per Visit | \$30 Per Visit | \$30 Per Visit | \$40 Per Visit | \$40 Per Visit | \$30 Per Visit | \$30 Per Visit | \$75 Per Visit | \$75 Per Visit | \$75 Per Visit | \$75 Per Visit |
| Emergency Room (plans with \$ copay includes all services) | 30% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 20% After Deductible | 30% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible | 30% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible | 40% After Deductible | 40% After Deductible | 50% After Deductible | 50% After Deductible |
| Inpatient Hospital | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 40% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Outpatient Hospital | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 40% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Durable Medical Equipment | 30% After Deductible | 50% After Deductible | 20% After Deductible | 40% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 30% After Deductible | 50% After Deductible | 20% After Deductible | 50% After Deductible | 40% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Retail Pharmacy Benefits Available | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 10/20/40 10/30/50 10/35/55 | 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.

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