

VANTAGE HSA- HDHP ²	Vantage HSA \$1,600/0%		Vantage HSA \$2,000/0%		Vantage HSA \$2,000/20%		Vantage HSA \$3,200/0%		Vantage HSA \$3,200/30%		Vantage HSA \$3,200/50%		Vantage HSA \$3,500/0%		Vantage HSA \$3,500/30%		Vantage HSA \$4,000/0%	
Product Identification Number(s):	IIP20157		IIP20015		IIP20017		IIP20158		IIP20159		IIP20160		IIP20030		IIP20031		IIP20032	
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	\$1,600 Individual/ \$3,200 Family	\$3,200 Individual/ \$6,400 Family	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family	\$3,200 Individual/ \$6,400 Family	\$6,400 Individual/ \$12,800 Family	\$3,200 Individual/ \$6,400 Family	\$6,400 Individual/ \$12,800 Family	\$3,200 Individual/ \$6,400 Family	\$6,400 Individual/ \$12,800 Family	\$3,500 Individual/ \$7,000 Family	\$7,000 Individual/ \$14,000 Family	\$3,500 Individual/ \$7,000 Family	\$7,000 Individual/ \$14,000 Family	\$4,000 Individual/ \$8,000 Family	\$8,000 Individual/ \$16,000 Family
Co-Insurance	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Out-of-Pocket Maximum	\$1,600 Individual/ \$3,200 Family	\$6,400 Individual/ \$12,800 Family	\$2,000 Individual/ \$4,000 Family	\$8,000 Individual/ \$16,000 Family	\$4,000 Individual/ \$8,000 Family	\$8,000 Individual/ \$16,000 Family	\$3,200 Individual/ \$6,400 Family	\$12,800 Individual/ \$25,600 Family	\$6,350 Individual/ \$12,700 Family	\$6,400 Individual/ \$12,800 Family	\$6,350 Individual/ \$12,700 Family	\$6,400 Individual/ \$12,800 Family	\$3,500 Individual/ \$7,000 Family	\$14,000 Individual/ \$28,000 Family	\$6,350 Individual/ \$12,700 Family	\$14,000 Individual/ \$28,000 Family	\$4,000 Individual/ \$8,000 Family	\$16,000 Individual/ \$32,000 Family
Preventive Care	No Charge ¹	30% After Deductible	No Charge ¹	30% After Deductible	No Charge ¹	40% After Deductible	No Charge ¹	30% After Deductible	No Charge ¹	50% After Deductible	No Charge ¹	50% After Deductible	No Charge ¹	50% After Deductible	No Charge ¹	50% After Deductible	No Charge ¹	50% After Deductible
Primary Care Provider Visit	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Specialist Visit	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Diagnostic Lab	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Diagnostic X-Ray	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Imaging CT/PET/MRI	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Urgent Care	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible
Emergency Room (plans with \$ copay includes all services)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible
Inpatient Hospital	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Outpatient Hospital	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Durable Medical Equipment	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Retail Pharmacy Benefits Available	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable		Creditable		Creditable		Creditable		Creditable		Creditable	
Embedded Deductible and Out-of-Pocket Maximum	No		No		No		Yes		Yes		Yes		Yes		Yes		Yes	

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

VANTAGE HSA- HDHP ²	Vantage HSA \$4,000/30%		Vantage HSA \$5,000/0%		Vantage HSA \$5,000/30%												
Product Identification Number(s):	IIP20033		IIP20016		IIP20148												
In- or Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network											
Deductible	\$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											
Co-Insurance	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible											
Out-of-Pocket Maximum	\$6,350 Individual/ \$12,700 Family	\$16,000 Individual/ \$32,000 Family	\$5,000 Individual/ \$10,000 Family	\$20,000 Individual/ \$40,000 Family	\$7,500 Individual/ \$15,000 Family	\$1,500 Individual/ \$30,000 Family											
Preventive Care	No Charge ¹	50% After Deductible	No Charge ¹	30% After Deductible	No Charge ¹	50% After Deductible											
Primary Care Provider Visit	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible											
Specialist Visit	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible											
Diagnostic Lab	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible											
Diagnostic X-Ray	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible											
Imaging CT/PET/MRI	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible											
Urgent Care	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible											
Emergency Room (plans with \$ copay includes all services)	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible											
Inpatient Hospital	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible											
Outpatient Hospital	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible											
Durable Medical Equipment	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible											
Retail Pharmacy Benefits Available	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible											
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable												
Embedded Deductible and Out-of-Pocket Maximum	Yes		Yes		Yes												

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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>.