PRESBYTERIAN

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

LEVEL FUNDED PREFERRED CARE- PPO[1]	Preferred Care $250/20%		Preferred Care $500/20%		Preferred Care $500/30%		Preferred Care $750/20%		Preferred Care $1000/20%		Preferred Care $1000/30%		Preferred Care $1500/20%		Preferred Care $1500/30%		Preferred Care $2000/20%	
Product Identification Number(s):	HLP20000		HLP20009		HLP20007		HLP20002		HLP20001		HLP20011		HLP20010				HLP20008	
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/ $1000 Family	$500 Individual/ $1000 Family	$1000 Individual/ $2000 Family	$500 Individual/ $1000 Family	$1000 Individual/ $2000 Family	$750 Individual/ $1500 Family	$1500 Individual/ $3000 Family	$1000 Individual/ $2000 Family	$2000 Individual/ $4000 Family	$1000 Individual/ $2000 Family	$2000 Individual/ $4000 Family	$1500 Individual/ $3000 Family	$3000 Individual/ $6000 Family	$1500 Individual/ $3000 Family	$3000 Individual/ $6000 Family	$2000 Individual/ $4000 Family	$4000 Individual/ $8000 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	$3000 Individual/ $6000 Family	$6000 Individual/ $12000 Family	$3000 Individual/ $6000 Family	$6000 Individual/ $12000 Family	$5500 Individual/ $11000 Family	$11000 Individual/ $22000 Family	$3250 Individual/ $6500 Family	$6500 Individual/ $13000 Family	$3500 Individual/ $7000 Family	$7000 Individual/ $14000 Family	$6000 Individual/ $12000 Family	$12000 Individual/ $24000 Family	$4000 Individual/ $8000 Family	$8000 Individual/ $16000 Family	$6350 Individual/ $12700 Family	$12700 Individual/ $25400 Family	$4500 Individual/ $9000 Family	$9000 Individual/ $18000 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

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

LEVEL FUNDED PREFERRED CARE- PPO[1]	Preferred Care $2000/30%		Preferred Care $2500/20%		Preferred Care $3000/20%		Preferred Care $3000/30%		Preferred Care $4000/20%		Preferred Care $4000/30%		Preferred Care $5000/20%		Preferred Care $5000/40%		Preferred Care $6000/50%	
Product Identification Number(s):	HLP20004		HLP20012		HLP20029		HLP20099				HLP20049				HLP20028		HLP20098	
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	$2000 Individual/ $4000 Family	$4000 Individual/ $8000 Family	$2500 Individual/ $5000 Family	$5000 Individual/ $10000 Family	$3000 Individual/ $6000 Family	$6000 Individual/ $12000 Family	$3000 Individual/ $6000 Family	$6000 Individual/ $12000 Family	$4000 Individual/ $8000 Family	$8000 Individual/ $16000 Family	$4000 Individual/ $8000 Family	$8000 Individual/ $16000 Family	$5000 Individual/ $10000 Family	$10000 Individual/ $20000 Family	$5000 Individual/ $10000 Family	$10000 Individual/ $20000 Family	$6000 Individual/ $12000 Family	$12000 Individual/ $24000 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	$6350 Individual/ $12700 Family	$12700 Individual/ $25400 Family	$5000 Individual/ $10000 Family	$10000 Individual/ $20000 Family	$6500 Individual/ $13000 Family	$13000 Individual/ $26000 Family	$6350 Individual/ $12700 Family	$12700 Individual/ $25400 Family	$6500 Individual/ $13000 Family	$13000 Individual/ $26000 Family	$6350 Individual/ $12700 Family	$12700 Individual/ $25400 Family	$7000 Individual/ $14000 Family	$14000 Individual/ $28000 Family	$7000 Individual/ $14000 Family	$14000 Individual/ $28000 Family	$7500 Individual/ $15000 Family	$15000 Individual/ $30000 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.