

LEVEL FUNDED VANTAGE HDHP/HSA <sup>2</sup>	Vantage HDHP/HSA \$2,000/0%		Vantage HDHP/HSA \$2,000/20%		Vantage HDHP/HSA \$2,000/0%		Vantage HDHP/HSA \$2,000/30%		Vantage HDHP/HSA \$2,000/50%		Vantage HDHP/HSA \$3,500/0%		Vantage HDHP/HSA \$3,500/30%		Vantage HDHP/HSA \$3,500/50%		Vantage HDHP/HSA \$4,000/\$4,000/0%	
Product Identification Number(s):	HLP20003		HLP20048		HLP20095		HLP20096		HLP20097		HLP20052		HLP20030		HLP20112		HLP20025	
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	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family	\$2,000 Individual/ \$6,400 Family	\$6,400 Individual/ \$12,800 Family	\$2,000 Individual/ \$6,400 Family	\$6,400 Individual/ \$12,800 Family	\$2,000 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	\$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	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	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Out-of-Pocket Maximum	\$2,000 Individual/ \$4,000 Family	\$8,000 Individual/ \$16,000 Family	\$4,000 Individual/ \$8,000 Family	\$8,000 Individual/ \$16,000 Family	\$2,000 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	\$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 <sup>1</sup>	30% After Deductible	No Charge <sup>1</sup>	40% After Deductible	No Charge <sup>1</sup>	30% After Deductible	No Charge <sup>1</sup>	50% After Deductible	No Charge <sup>1</sup>	50% After Deductible	No Charge <sup>1</sup>	50% After Deductible	No Charge <sup>1</sup>	50% After Deductible	No Charge <sup>1</sup>	50% After Deductible	No Charge <sup>1</sup>	50% After Deductible
Primary Care Provider Visit	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	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Specialist Visit	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	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Diagnostic Lab	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	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Diagnostic X-ray	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	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Imaging CT/PET/MRI	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	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Urgent Care	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	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible
Emergency Room (plans with \$ copay includes all services)	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	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible
Inpatient Hospital	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	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Outpatient Hospital	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	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Durable Medical Equipment	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	50% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Retail Pharmacy Benefits Available	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	50% 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		Yes		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](http://www.healthequity.com) or call 1-866-346-5800.

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Product Identification Number(s):	HLP20043		HLP20013		HLP20119										
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/ \$4,0000 Family	\$7,500 Individual/ \$15,000 Family	\$15,000 Individual/ \$30,000 Family									
Preventive Care	No Charge <sup>1</sup>	50% After Deductible	No Charge <sup>1</sup>	30% After Deductible	No Charge <sup>1</sup>	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									
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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									
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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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<sup>1</sup> 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](http://www.phs.org/formsanddocuments)

<sup>2</sup> 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>.