

VANTAGE HDHP/HSA ¹	Vantage HDHP/HSA \$2,000/0%		Vantage HDHP/HSA \$2,000/20%		Vantage HDHP/HSA \$3,200/0%		Vantage HDHP/HSA \$3,200/30%		Vantage HDHP/HSA \$3,200/50%		Vantage HDHP/HSA \$3,500/0%		Vantage HDHP/HSA \$3,500/30%		Vantage HDHP/HSA \$3,500/50%		Vantage HDHP/HSA \$4,000/0%	
Product Identification Number(s):	IIP20015		IIP20017		IIP20158		IIP20159		IIP20160		IIP20030		IIP20031		IIP20172		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 (Ded)	\$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	\$3,500 Individual/ \$7,000 Family	\$7,000 Individual/ \$14,000 Family	\$4,000 Individual/ \$8,000 Family	\$8,000 Individual/ \$16,000 Family
Coinsurance	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded
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	\$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	\$7,000 Individual/ \$14,000 Family	\$14,000 Individual/ \$28,000 Family	\$4,000 Individual/ \$8,000 Family	\$16,000 Individual/ \$3,2000 Family
Preventive Care	No Charge ²	30% After Ded	No Charge ²	40% After Ded	No Charge ²	30% After Ded	No Charge ²	50% After Ded	No Charge ²	50% After Ded	No Charge ²	50% After Ded	No Charge ²	50% After Ded	No Charge ²	50% After Ded	No Charge ²	50% After Ded
Primary Care Provider Visit	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded
Specialist Visit	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded
Diagnostic Lab	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded
Diagnostic X-Ray	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded
Imaging CT/PET/MRI	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded
Urgent Care	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded
Emergency Room (plans with \$ copay includes all services)	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded
Inpatient Hospital	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded
Outpatient Hospital	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded
Durable Medical Equipment	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded	No Charge After Ded	50% After Ded
Retail Pharmacy 30-day supply																		
Tier 1 – Generic	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	No Charge After Ded	No Charge After Ded
Tier 2 – Preferred Brand	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	No Charge After Ded	No Charge After Ded
Tier 3 – Non-Preferred	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded	No Charge After Ded	No Charge After Ded
Tier 4 – Self-Administered Specialty	No Charge After Ded	Not Covered	20% After Ded	Not Covered	No Charge After Ded	Not Covered	30% After Ded	Not Covered	50% After Ded	Not Covered	No Charge After Ded	Not Covered	30% After Ded	Not Covered	50% After Ded	Not Covered	No Charge After Ded	Not Covered
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable		Creditable		Creditable		Creditable		Creditable		Creditable	
Embedded Ded and Out of Pocket Maximum	No		No		No		Yes		Yes		Yes		Yes		Yes		Yes	
This plan is a Qualified High Ded Plan (HDHP) - Qualified high Ded 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 HDHP/HSA ¹	Vantage HDHP/HSA \$4,000/30%		Vantage HDHP/HSA \$5000/0%		Vantage HDHP/HSA \$5000/30%													
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 (Ded)	\$4,000 Individual/ \$8,000 Family	\$8,000 Individual/ \$16,000 Family	\$5000 Individual/ \$10000 Family	\$10000 Individual/ \$2,0000 Family	\$5000 Individual/ \$10000 Family	\$10000 Individual/ \$2,0000 Family												
Coinsurance	30% After Ded	50% After Ded	0% After Ded	30% After Ded	30% After Ded	50% After Ded												
Out-of-Pocket Maximum	\$6,350 Individual/ \$12,700 Family	\$16,000 Individual/ \$3,2000 Family	\$5000 Individual/ \$10000 Family	\$2,0000 Individual/ \$4,0000 Family	\$7500 Individual/ \$15000 Family	\$15000 Individual/ \$30000 Family												
Preventive Care	No Charge ²	50% After Ded	No Charge ²	30% After Ded	No Charge ²	50% After Ded												
Primary Care Provider Visit	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded												
Specialist Visit	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded												
Diagnostic Lab	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded												
Diagnostic X-Ray	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded												
Imaging CT/PET/MRI	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded												
Urgent Care	30% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded												
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Inpatient Hospital	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded												
Outpatient Hospital	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded												
Durable Medical Equipment	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded												
Retail Pharmacy 30-day supply																		
Tier 1 – Generic	30% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded												
Tier 2 – Preferred Brand	30% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded												
Tier 3 – Non-Preferred	30% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded												
Tier 4 – Self-Administered Specialty	30% After Ded	Not Covered	No Charge After Ded	Not Covered	30% After Ded	Not Covered												
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable													
Embedded Ded 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>