

CUSTOM CARE – HMO¹	Custom Care \$40	
Product Identification Number(s):	HHH20012	
In- or Out-of-Network	In-Network	Out-of-Network
Deductible	\$0	Not Covered
Coinsurance	0%	Not Covered
Out-of-Pocket Maximum	\$6,350 Individual/ \$12,700 Family	Not Covered
Preventive Care	No Charge²	Not Covered
Primary Care Provider Visit	\$40 Per Visit	Not Covered
Video Visit	No Charge	Not Covered
Specialist Visit	\$50 Per Visit	Not Covered
Diagnostic Lab	No Charge	Not Covered
Diagnostic X-Ray	No Charge	Not Covered
Imaging CT/PET/MRI	20% Coinsurance to Max. of \$400 Per Test	Not Covered
Urgent Care	\$50 Per Visit	\$50 Per Visit
Emergency Room Plans with (\$) copay includes all services	\$150 Per Visit	\$150 Per Visit
Inpatient Hospital	\$1,500 Per Admission	Not Covered
Outpatient Hospital	20% Coinsurance to Max. of \$400 Per Visit	Not Covered
Durable Medical Equipment	20% Coinsurance to Max. of \$400 Per Visit	Not Covered
Retail Pharmacy 30-day supply		
Tier 1 – Generic	\$10 Copay	Not Covered
Tier 2 – Preferred Brand	\$35 Copay	Not Covered
Tier 3 – Non-Preferred	\$55 Copay	Not Covered
Tier 4 – Self-Administered Specialty	20% Coinsurance to Max. of \$400 Per Prescription	Not Covered
Is this plan Medicare Part D Creditable?	Creditable	

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 Group 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>.