

2025 Small Group PPO Overview

PPO Benefits	Platinum Elite \$250 w/Gym	Gold Elite \$1,000 w/Gym	Gold Elite \$2,500 w/Gym	Gold Premier \$3,500 w/Gym	Silver \$3,400 Advantage HDHP/HSA w/Gym*	Silver \$3,500 Advantage HDHP/HSA w/Gym*	Silver Premier \$4,000 w/Gym	Bronze Elite \$9,200 w/Gym
A deductible (ded) is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible.	\$250 / \$500	\$1,000 / \$2,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$3,400 / \$6,800	\$3,500 / \$7,000	\$4,000 / 8,000	\$9,200 / \$18,400
Coinsurance	20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%	30% / 50%	0% / 0%
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are not subject to deductible. Copayment covers office visit ONLY. All other services are subject to deductible and or coinsurance.** Coinsurance – Benefits with a coinsurance (%) are subject to deductible first, and then you pay the applicable coinsurance (%) amount.							
Preventive Care	You pay \$0 (in-network only). Plan pays 100% for Clinical Preventive Health Services such as physical exam, colonoscopy, and routine immunizations.							
Primary Care Provider Visit	\$20	\$40	\$40	\$40	\$40 with ded	20%	\$40	\$50
Urgent Care	\$20	\$40	\$40	\$40	\$40 with ded	20%	\$40	\$50
Virtual Care	No charge	No charge	No charge	No charge	No charge after ded	No charge after ded	No charge	No charge after ded
Specialist Visit	\$30	\$90	\$90	\$90	\$50 with ded	20%	\$90	No charge after ded
Mental Health Outpatient Services	No charge	No charge	No charge	No charge	No charge after ded	No charge after ded	No charge	No charge
Lab	No charge	No charge	No charge	No charge	\$50 with ded	20%	\$50	No charge after ded
X-Ray	No charge	No charge	No charge	No charge	\$50 with ded	20%	\$100	No charge after ded
Imaging CT/PET/MRI	\$500	\$750	\$750	\$750	20%	20%	\$750	No charge after ded
Emergency Room Plans with copay (\$) all services are included	\$500	\$750	\$750	\$750	\$500 with ded	20%	\$1,000	No charge after ded
Ambulance Ground or Air	\$250	\$250	\$250	\$250	20%	20%	\$250	\$250
Hospital Inpatient and Outpatient	20%	20%	20%	20%	20%	20%	30%	Inpatient: 50% not subject to ded Outpatient: No charge after ded
Chiropractic and Acupuncture Limited to 20 visits each	\$20	\$40	\$40	\$40	\$40 with ded	20%	\$40	\$50
Rehabilitation Therapy Physical, Occupational and Speech	\$20	\$40	\$40	\$40	\$40 with ded	20%	\$40	\$50
Prescription Drugs per 30-day supply								
Tier 1: Preferred Generic	No charge	No charge	No charge	No charge	No charge after ded	No charge after ded	No charge	No charge
Tier 2: Non-Preferred Generic	\$5	\$5	\$5	\$5	\$15 with ded	20%	\$25	\$25
Tier 3: Preferred Brand	\$15	\$15	\$15	\$15	\$50 with ded	20%	\$50	\$75
Tier 4: Non-Preferred Brand	\$100	\$100	\$100	\$100	\$100 with ded	20%	\$100	\$100
Tier 5: Specialty Pharmaceuticals	50%	50%	50%	50%	20%	20%	30%	50%
Out-of-Pocket Maximum includes the deductible, copayments, coinsurance, and prescription drug costs that you pay.								
The family out-of-pocket maximum is 2x the individual out-of-pocket maximum.	\$5,500 / \$11,000	\$9,200 / \$18,400	\$9,200 / \$18,400	\$7,500 / \$15,000	\$6,500 / \$13,000	\$7,000 / \$14,000	\$9,200 / \$18,400	\$9,200 / \$18,400
Wellness and Other Services								
Fitness Center Membership	You and your enrolled dependents (ages 18 and up) will have free access to more than 10,000 participating fitness centers.							
Vision	Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. See flyer for details. (Administered by Davis Vision.)							
Dental	We have partnered with BenefitSource Dental Plan, Inc. to offer dental coverage for you and your family. See the dental flyer for details. (Underwritten and administered by Companion Life Insurance Company.)							
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 1-800-923-6980 or refer to the Group Subscriber Agreement and/or Summary of Benefits and Coverage, which can be found online at www.phs.org/formsanddocuments .								

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

** Except for Silver \$3,400 Advantage HDHP/HSA w/Gym. Copayments will not apply until the deductible has been met.