PRESBYTERIAN
Insurance Company, Inc.

# 2027 Small Group PPO Overview

| PPO Benefits | Platinum Elite $250 w/Gym | Gold Elite $1,000 w/Gym | Gold Premier $3,500 w/Gym | Silver $3,500 Advantage HDHP/HSA w/Gym* | Silver Premier $4,000 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 | $3,500 / $7,000 | $3,500 / $7,000 | $4,000 / $8,000 |
| **Coinsurance** | 20% / 50% | 20% / 50% | 20% / 50% | 20% / 50% | 30% / 50% |
| **What do I pay for covered benefits?** | **Copayment – Benefits with a copayment ($) 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 with ded | $40 |
| **Urgent Care** | $20 | $40 | $40 | $40 with ded | $40 |
| **Virtual Care** – Mental Health, Primary Care, Specialist, Urgent Care Visits | No charge | No charge | No charge | No charge | No charge |
| **Specialist Visit** | $40 | $90 | $90 | $50 with ded | $90 |
| **Mental Health** Outpatient Services | No charge | No charge | No charge | No charge after ded | No charge |
| **Lab** | No charge | No charge | No charge | $50 with ded | $50 |
| **X-ray** | No charge | No charge | No charge | $50 with ded | $100 |
| **Imaging** CT/PET/MRI | $500 | $750 | $750 | 20% | $750 |
| **Emergency Room** Plans with copay ($) all services are included | $750 | $1,200 | $1,000 | $750 with ded | $1,200 |
| **Ambulance** Ground or Air | $250 | $250 | $250 | 20% | $250 |
| **Hospital** Inpatient and Outpatient | 20% | 20% | 20% | 20% | 30% |
| **Chiropractic and Acupuncture** Limited to 20 visits each | $20 | $40 | $40 | $40 with ded | $40 |
| **Rehabilitation Therapy** Physical, Occupational and Speech | $20 | $40 | $40 | $40 with ded | $40 |
| **Prescription Drugs per 30-day supply** | | | | | |
| **Tier 1: Preferred Generic** | No charge | No charge | No charge | No charge after ded | No charge |
| **Tier 2: Non-Preferred Generic** | $5 | $5 | $5 | $15 with ded | $25 |
| **Tier 3: Preferred Brand** | $15 | $15 | $15 | $50 with ded | $50 |
| **Tier 4: Non-Preferred Brand** | $100 | $100 | $100 | $100 with ded | $100 |
| **Tier 5: Specialty Pharmaceuticals** | 50% | 50% | 50% | 20% | 30% |
| **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 | $12,000 / $24,000 | $8,500 / $17,000 | $8,000 / $16,000 | $12,000 / $24,000 |
| **Wellness and Other Services** | | | | | |
| **Fitness Center Membership** | You and your enrolled dependents (ages 18 and older) 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 $3,500 Advantage HDHP/HSA w/Gym. Copayments will not apply until the deductible has been met.