



**DETERMINED TO  
OFFER AFFORDABLE  
PLAN OPTIONS.**



**PRESBYTERIAN**

Presbyterian Health Plan, Inc.  
Presbyterian Insurance Company, Inc.

## **Introducing Large HMO and PPO Level-Funded Plans with Wellness Rewards**

Presbyterian Health Plan's Wellness Rewards Plan makes wellness and well-being programs work better for you.

Through Wellness at Work, you can earn points and redeem rewards that apply to your deductible and Out-of-Pocket maximum to lower your overall costs.

Subscribers and their enrolled spouses can earn up to **\$3,500** each, and up to **\$7,000** per household by completing reward activities, such as:

- Health checks
- Biometric screenings, in the comfort of your home
- Completing your preventive care
- Completing a self-paced online health journey
- Daily activity cards
- Activity tracker (steps or exercise)
- Watch healthy videos or audio experiences from our library
- Activate health plan tools such as MyChart and myPRES
- Complete an advance directive

*Every day is a new opportunity to earn!*

### **Want to learn more?**

Contact us at [rfpsales@phs.org](mailto:rfpsales@phs.org) to speak with one of our sales account executives or account managers.



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<b>WELLNESS REWARDS LARGE GROUP PLANS – HMO<sup>1</sup></b>	<b>Wellness Rewards</b>		<b>Wellness Rewards Plus</b>	
Product Identification Number(s):	HLH20116		HLH20117	
In- or Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$6,000 Individual/ \$12,000 Family	Not Covered	\$6,000 Individual/ \$12,000 Family	Not Covered
Coinsurance	30% After Deductible	Not Covered	20% After Deductible	Not Covered
Out-of-Pocket Maximum	\$9,200 Individual/ \$18,400 Family	Not Covered	\$8,000 Individual/ \$16,000 Family	Not Covered
Preventive Care	No Charge <sup>2</sup>	Not Covered	No Charge <sup>2</sup>	Not Covered
Primary Care Provider Visit	\$50 Per Visit <sup>3</sup>	Not Covered	\$10 Per Visit <sup>3</sup>	Not Covered
Video Visit	No Charge <sup>3</sup>	Not Covered	No Charge <sup>3</sup>	Not Covered
Specialist Visit	\$90 Per Visit <sup>3</sup>	Not Covered	\$40 Per Visit <sup>3</sup>	Not Covered
Diagnostic Lab	\$50 Per Visit <sup>3</sup>	Not Covered	No Charge <sup>3</sup>	Not Covered
Diagnostic X-ray	\$50 Per Visit <sup>3</sup>	Not Covered	\$10 Per Visit <sup>3</sup>	Not Covered
Imaging CT/PET/MRI	30% After Deductible	Not Covered	20% After Deductible	Not Covered
Urgent Care	\$50 Per Visit <sup>3</sup>	\$50 Per Visit <sup>3</sup>	\$10 Per Visit <sup>3</sup>	\$10 Per Visit <sup>3</sup>
Emergency Room	30% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
Inpatient Hospital	30% After Deductible	Not Covered	20% After Deductible	Not Covered
Outpatient Hospital	30% After Deductible	Not Covered	20% After Deductible	Not Covered
Durable Medical Equipment	30% After Deductible	Not Covered	20% After Deductible	Not Covered
<b>Retail Pharmacy 30-day supply</b>				
Tier 1 – Preferred Generic	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 – Non-Preferred Generic	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Tier 3 – Preferred Brand	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Tier 4 – Non-Preferred Brand	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Tier 5 – Specialty Drugs	20% Coinsurance to Max. of \$400 Per Prescription	Not Covered	20% Coinsurance to Max. of \$400 Per Prescription	Not Covered
Is this plan Medicare Part D Creditable?	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 Summary Plan Description (SPD) and/or Summary of Benefits and Coverage (SBC), which can be found online at <http://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.

3. Deductible does not apply.



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<b>WELLNESS REWARDS LARGE GROUP PLANS – PPO<sup>1</sup></b>	<b>Wellness Rewards</b>		<b>Wellness Rewards Plus</b>	
Product Identification Number(s):	HLP20134		HLP20135	
In- or Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$6,000 Individual/ \$12,000 Family	\$12,000 Individual/ \$24,000 Family	\$6,000 Individual/ \$12,000 Family	\$12,000 Individual/ \$24,000 Family
Coinsurance	30% After Deductible	50% After Deductible	20% After Deductible	40% After Deductible
Out-of-Pocket Maximum	\$9,200 Individual/ \$18,400 Family	\$18,400 Individual/ \$36,800 Family	\$8,000 Individual/ \$16,000 Family	\$16,000 Individual/ \$32,000 Family
Preventive Care	No Charge <sup>2</sup>	50% After Ded	No Charge <sup>2</sup>	40% After Ded
Primary Care Provider Visit	\$50 Per Visit <sup>3</sup>	50% After Ded	\$10 Per Visit <sup>3</sup>	40% After Ded
Video Visit	No Charge <sup>3</sup>	50% After Ded	No Charge <sup>3</sup>	40% After Ded
Specialist Visit	\$90 Per Visit <sup>3</sup>	50% After Ded	\$40 Per Visit <sup>3</sup>	40% After Ded
Diagnostic Lab	\$50 Per Visit <sup>3</sup>	50% After Ded	No Charge <sup>3</sup>	40% After Ded
Diagnostic X-ray	\$50 Per Visit <sup>3</sup>	50% After Ded	\$10 Per Visit <sup>3</sup>	40% After Ded
Imaging CT/PET/MRI	30% After Deductible	50% After Deductible	20% After Deductible	40% After Deductible
Urgent Care	\$50 Per Visit <sup>3</sup>	\$50 Per Visit <sup>3</sup>	\$10 Per Visit <sup>3</sup>	\$10 Per Visit <sup>3</sup>
Emergency Room	30% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
Inpatient Hospital	30% After Deductible	50% After Deductible	20% After Deductible	40% After Ded
Outpatient Hospital	30% After Deductible	50% After Deductible	20% After Deductible	40% After Ded
Durable Medical Equipment	30% After Deductible	50% After Deductible	20% After Deductible	40% After Deductible
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Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yáníłt'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éi t'áá jiik'eh hóló. Kohjį' 1-855-592-7737 (TTY: 711) hodíłnih doodago nika'anáłwo'í bich'í' hanidziih.

For more information, visit <https://www.phs.org/nondiscrimination>.