

## 2026 Small Group Engage Overview

Engage Benefits	Platinum Engage \$500 w/Gym with Limited Service Area	Gold Engage \$1,500 w/Gym with Limited Service Area	Gold Engage \$3,500 w/Gym with Limited Service Area	Silver Engage \$4,000 w/Gym with Limited Service Area	Silver Virtual Plus Engage w/Gym with Limited Service Area	Silver Engage \$7,000 w/ Gym with Limited Service Area	Silver Engage \$0 w/Gym with Limited Service Area
A <b>deductible (ded)</b> is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible.	\$500 / \$1,000	\$1,500 / \$3,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$4,200 / \$8,400	\$7,000 / \$14,000	\$0 / \$0
<b>What do I pay for covered benefits?</b>	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.						
<b>Preventive Care</b>	You pay \$0 (in-network only). Plan pays 100% for Clinical Preventive Health Services such as physical exam, colonoscopy and routine immunizations.						
<b>Primary Care Provider Visit</b>	\$10	\$40	\$40	\$40	\$80 in person or \$0 Virtual Care	\$40	\$50
<b>Urgent Care</b>	\$10	\$40	\$40	\$40	\$100	\$40	\$50
<b>Virtual Care</b> – Mental Health, Primary Care, Specialist, Urgent Care Visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Specialist Visit</b>	\$40	\$90	\$90	\$90	\$100 in person or \$0 Virtual Care	\$90	\$100
<b>Mental Health</b> Outpatient Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Lab</b>	No charge	No charge	No charge	\$50	\$50	\$50	\$100
<b>X-ray</b>	No charge	No charge	No charge	\$100	\$100	\$100	\$100
<b>Imaging</b> CT/PET/MRI	\$500	\$500	\$500	\$900	\$750	\$500	30%
<b>Emergency Room</b> Plans with copay (\$) all services are included	\$750	\$500	\$500	\$900	\$1,200	30%	\$1,750
<b>Ambulance</b> Ground or Air	\$250	\$250	\$250	\$250	\$250	\$250	\$250
<b>Hospital</b> Inpatient or Outpatient	20%	20%	20%	30%	30%	30%	\$1,500 per day, 2-day max
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	\$10	\$40	\$40	\$40	\$80	\$40	\$50
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	\$10	\$40	\$40	\$40	PT/OT: \$50 in person No charge with Sword or Bloom Speech: \$50	\$40	\$50
<b>Prescription Drugs per 30-day supply</b>							
<b>Tier 1: Preferred Generic</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Tier 2: Non-Preferred Generic</b>	\$5	\$5	\$5	\$25	\$25	\$25	\$25
<b>Tier 3: Preferred Brand</b>	\$15	\$15	\$15	\$75	\$50	\$50	\$50
<b>Tier 4: Non-Preferred Brand</b>	\$100	\$100	\$100	\$150	\$100	30%	\$100
<b>Tier 5: Specialty Pharmaceuticals</b>	50%	50%	50%	50%	30%	30%	50%
<b>Out-of-Pocket Maximum</b> 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.	\$3,500 / \$7,000	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300
<b>Wellness and Other Services</b>							
<b>Fitness Center Membership</b>	You and your enrolled dependents (ages 18 and older) will have free access to more than 10,000 participating fitness centers.						
<b>Vision</b>	Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. See flyer for details. (Administered by Davis Vision.)						
<b>Dental</b>	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.)						
<b>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 and Coverage, which can be found online at <a href="http://www.phs.org/formsanddocuments">www.phs.org/formsanddocuments</a>.</b>							