PRESBYTERIAN
Health Plan, Inc.

2026 Small Group HMO Overview

HMO 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 $3,500 Advantage HDHP/HSA w/Gym*	Silver Premier $4,000 w/Gym	Bronze Elite $10,150 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	$3,500 / $7,000	$4,000 / $8,000	$10,150 / $20,300
What do I pay for covered benefits?	**Copayment – Benefits with a copayment ($) 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	$40	$50
Urgent Care	$20	$40	$40	$40	$40 with ded	$40	$50
Virtual Care – Mental Health, Primary Care, Specialist, Urgent Care Visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Specialist Visit	$40	$90	$90	$90	$50 with ded	$90	No charge after ded
Mental Health Outpatient Services	No charge	No charge	No charge	No charge	No charge after ded	No charge	No charge
Lab	No charge	No charge	No charge	No charge	$50 with ded	$50	No charge after ded
X-ray	No charge	No charge	No charge	No charge	$50 with ded	$100	No charge after ded
Imaging CT/PET/MRI	$500	$750	$750	$750	20%	$750	No charge after ded
Emergency Room Plans with copay ($) all services are included	$750	$750	$750	$750	$500 with ded	$1,200	No charge after ded
Ambulance Ground or Air	$250	$250	$250	$250	20%	$250	$250
Hospital Inpatient or Outpatient	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	$40	$50
Rehabilitation Therapy Physical, Occupational and Speech	$20	$40	$40	$40	$40 with ded	$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	No charge
Tier 2: Non-Preferred Generic	$5	$5	$5	$5	$15 with ded	$25	$25
Tier 3: Preferred Brand	$15	$15	$15	$15	$50 with ded	$50	$75
Tier 4: Non-Preferred Brand	$100	$100	$100	$100	$100 with ded	$100	$100
Tier 5: Specialty Pharmaceuticals	50%	50%	50%	50%	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	$10,150 / $20,300	$10,150 / $20,300	$7,500 / $15,000	$7,000 / $14,000	$10,150 / $20,300	$10,150 / $20,300
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 1-800-356-2219 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.