PRESBYTERIAN
Insurance Company, Inc.

LEVEL FUNDED VANTAGE HSA – HDHP[1]	Vantage HDHP/HSA $2,000/0%		Vantage HDHP/HSA $2,000/20%		Vantage HDHP/HSA $3,500/0%		Vantage HDHP/HSA $3,500/30%		Vantage HDHP/HSA $3,500/50%	
Product Identification Number(s):	HLP20003		HLP20048		HLP20052		HLP20030		HLP20112	
In- or Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Ded)	$2,000 Individual/ $4,000 Family	$4,000 Individual/ $8,000 Family	$2,000 Individual/ $4,000 Family	$4,000 Individual/ $8,000 Family	$3,500 Individual/ $7,000 Family	$7,000 Individual/ $14,000 Family	$3,500 Individual/ $7,000 Family	$7,000 Individual/ $14,000 Family	$3,500 Individual/ $7,000 Family	$7,000 Individual/ $14,000 Family
Coinsurance	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded
Out-of-Pocket Maximum	$2,000 Individual/ $4,000 Family	$8,000 Individual/ $16,000 Family	$4,000 Individual/ $8,000 Family	$8,000 Individual/ $16,000 Family	$3,500 Individual/ $7,000 Family	$14,000 Individual/ $28,000 Family	$6,350 Individual/ $12,700 Family	$14,000 Individual/ $28,000 Family	$7,000 Individual/ $14,000 Family	$14,000 Individual/ $28,000 Family
Preventive Care	No Charge[2]	30% After Ded	No Charge[2]	40% After Ded	No Charge[2]	50% After Ded	No Charge[2]	50% After Ded	No Charge[2]	50% After Ded
Primary Care Provider Visit	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded
Specialist Visit	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded
Diagnostic Lab	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded
Diagnostic X-ray	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded
Imaging CT/PET/MRI	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded
Urgent Care	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded
Emergency Room	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded
Inpatient Hospital	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded
Outpatient Hospital	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded
Durable Medical Equipment	No Charge After Ded	30% After Ded	20% After Ded	40% After Ded	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	50% After Ded	50% After Ded
Retail Pharmacy 30-day supply										
Tier 1 – Generic	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded
Tier 2 – Preferred Brand	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded
Tier 3 – Non-Preferred	No Charge After Ded	No Charge After Ded	20% After Ded	20% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded	50% After Ded
Tier 4 – Self-Administered Specialty	No Charge After Ded	Not Covered	20% After Ded	Not Covered	No Charge After Ded	Not Covered	30% After Ded	Not Covered	50% After Ded	Not Covered
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable		Creditable	
Embedded Ded and Out-of-Pocket Maximum	Yes		Yes		Yes		Yes		Yes	
This plan is a Qualified High Ded Plan (HDHP) – Qualified high Ded health plans can be used with a member-owned, portable Health Savings Account (HSA). Through our partnership with HealthEquity®, members can conveniently open an HSA to pay for qualified Out-of-Pocket medical expenses tax-free. To learn more, visit **www.healthequity.com** or call 1-866-346-5800.										

[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 Group Subscriber Agreement and or Summary of Benefits Coverage, which can be found online at **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.

For information on Presbyterian Health Plan's Nondiscrimination Notice, go to **https://www.phs.org/nondiscrimination**.

MPC042654

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LEVEL FUNDED VANTAGE HSA – HDHP[1]	Vantage HDHP/HSA $4,000/0%		Vantage HDHP/HSA $4,000/30%		Vantage HDHP/HSA $5,000/0%		Vantage HDHP/HSA $5,000/30%	
Product Identification Number(s):	HLP20025		HLP20043		HLP20013		N/A	
In- or Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Ded)	$4,000 Individual/ $8,000 Family	$8,000 Individual/ $16,000 Family	$4,000 Individual/ $8,000 Family	$8,000 Individual/ $16,000 Family	$5,000 Individual/ $10,000 Family	$10,000 Individual/ $20,000 Family	$5,000 Individual/ $10,000 Family	$10,000 Individual/ $20,000 Family
Coinsurance	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded
Out-of-Pocket Maximum	$4,000 Individual/ $8,000 Family	$16,000 Individual/ $32,000 Family	$6,350 Individual/ $12,700 Family	$16,000 Individual/ $32,000 Family	$5,000 Individual/ $10,000 Family	$20,000 Individual/ $40,000 Family	$7,500 Individual/ $15,000 Family	$15,000 Individual/ $30,000 Family
Preventive Care	No Charge[2]	50% After Ded	No Charge[2]	50% After Ded	No Charge[2]	30% After Ded	No Charge[2]	50% After Ded
Primary Care Provider Visit	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded
Specialist Visit	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded
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Urgent Care	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded
Emergency Room	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded
Inpatient Hospital	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded
Outpatient Hospital	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded
Durable Medical Equipment	No Charge After Ded	50% After Ded	30% After Ded	50% After Ded	No Charge After Ded	30% After Ded	30% After Ded	50% After Ded
Retail Pharmacy 30-day supply								
Tier 1 – Generic	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded
Tier 2 – Preferred Brand	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded
Tier 3 – Non-Preferred	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded	No Charge After Ded	No Charge After Ded	30% After Ded	30% After Ded
Tier 4 – Self-Administered Specialty	No Charge After Ded	Not Covered	30% After Ded	Not Covered	No Charge After Ded	Not Covered	30% After Ded	Not Covered
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable	
Embedded Ded and Out-of-Pocket Maximum	Yes		Yes		Yes		Yes	

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