PRESBYTERIAN
Health Plan, Inc.

LEVEL FUNDED CUSTOM CARE – HMO[1]	Custom Care $40	
Product Identification Number(s):	HLH20001	
In- or Out-of-Network	In-Network	Out-of-Network
Deductible	$0	Not Covered
Coinsurance	0%	Not Covered
Out-of-Pocket Maximum	$6,350 Individual/ $12,700 Family	Not Covered
Preventive Care	No Charge[2]	Not Covered
Primary Care Provider Visit	$40 Per Visit	Not Covered
Video Visit	No Charge	Not Covered
Specialist Visit	$50 Per Visit	Not Covered
Diagnostic Lab	No Charge	Not Covered
Diagnostic X-ray	No Charge	Not Covered
Imaging CT/PET/MRI	20% Coinsurance to Max. of $400 Per Test	Not Covered
Urgent Care	$50 Per Visit	$50 Per Visit
Emergency Room Plans with ($) copay includes all services	$150 Per Visit	$150 Per Visit
Inpatient Hospital	$1,500 Per Admission	Not Covered
Outpatient Hospital	20% Coinsurance to Max. of $400 Per Visit	Not Covered
Durable Medical Equipment	20% Coinsurance to Max. of $400 Per Visit	Not Covered
Retail Pharmacy 30-day supply		
Tier 1 – Generic	$10 Copay	Not Covered
Tier 2 – Preferred Brand	$35 Copay	Not Covered
Tier 3 – Non-Preferred	$55 Copay	Not Covered
Tier 4 – Self-Administered Specialty	20% Coinsurance to Max. of $400 Per Prescription	Not Covered
Is this plan Medicare Part D 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 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**.

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