PRESBYTERIAN
Insurance Company, Inc.

2021 Small Group PPO Overview

All plans are Medicare Part D creditable.

PPO Benefits	Platinum 1		Platinum 2		Gold 1		Gold 3		HDHP Gold 4*		HDHP Silver 1*		Silver 4		Bronze 1		Bronze 3	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
A **deductible** is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x individual deductible.	$100	$200	$0	$500	$1,200	$2,400	$3,000	$6,000	$3,200	$6,400	$3,200	$6,400	$5,000	$10,000	$8,550	$17,100	$8,550	$17,100
What do I pay for covered benefits?	**Copayment-Benefits with a copayment ($) 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	$10	50%	$10	50%	$30	50%	$30	50%	0%	0%	20%	50%	$30	50%	$40	0%	0%	0%
Urgent Care	$10	$10	$10	$10	$30	$30	$30	$30	0%	0%	20%	20%	$30	$30	$40	$40	0%	0%
Video Visit	$0	50%	$0	50%	$0	50%	$0	50%	$40 until deductible is met, then 0%	0%	$40 until deductible is met, then 0%	50%	$0	50%	$0	0%	$0	0%
Specialist Visit	$30	50%	$25	50%	$90	50%	$90	50%	0%	0%	20%	50%	$90	50%	0%	0%	0%	0%
Mental Health Outpatient Services	$10	50%	$10	50%	$30	50%	$30	50%	0%	0%	20%	50%	$30	50%	$40	0%	0%	0%
Lab	$0	50%	$0	50%	$0	50%	$0	50%	0%	0%	20%	50%	$50	50%	0%	0%	0%	0%
X-Ray	$0	50%	$0	50%	$0	50%	$0	50%	0%	0%	20%	50%	$100	50%	0%	0%	0%	0%
Imaging CT/PET/MRI	$100	50%	$100	50%	$300	50%	$300	50%	0%	0%	20%	50%	$500	50%	0%	0%	0%	0%
Emergency Room Plans with copay ($) all services are included	$100	$100	$100	$100	$500	$500	$500	$500	0%	0%	20%	20%	$1,000	$1,000	0%	0%	0%	0%
Ambulance (air)	20%	20%	20%	20%	20%	20%	20%	20%	0%	0%	20%	20%	30%	30%	0%	0%	0%	0%
Ambulance (ground)	$100	$100	$100	$100	$250	$250	$250	$250	0%	0%	20%	20%	$250	$250	0%	0%	0%	0%
Hospital Inpatient and Outpatient	20%	50%	$250 per day, $750 max	50%	20%	50%	20%	50%	0%	0%	20%	50%	30%	50%	0%	0%	0%	0%
Chiropractic and Acupuncture Limited to 20 visits each	$10	50%	$10	50%	$30	50%	$30	50%	0%	0%	20%	50%	$30	50%	$40	0%	0%	0%
Rehabilitation Therapy Physical, Occupational and Speech	$10	50%	$10	50%	$30	50%	$30	50%	0%	0%	20%	50%	$30	50%	$40	0%	0%	0%
Prescription Drugs per 30-day supply																		
Tier 1: Preferred Generic	$0	$0	$0	$0	$0	$0	$0	$0	0%	0%	0%	0%	$0	$0	$0	$0	0%	0%
Tier 2: Non-Preferred Generic	$5	$5	$5	$5	$15	$15	$15	$15	0%	0%	20%	20%	$15	$15	$25	$25	0%	0%
Tier 3: Preferred Brand	$20	$20	$10	$10	$50	$50	$50	$50	0%	0%	20%	20%	$130	$130	0%	0%	0%	0%
Tier 4: Non-Preferred Drug	$75	$75	$50	$50	$125	$125	$125	$125	0%	0%	20%	20%	$150	$150	0%	0%	0%	0%
Tier 5: Specialty Pharmaceuticals	20%	Not covered	$250	Not covered	20%	Not covered	20%	Not covered	0%	Not covered	20%	Not covered	30%	Not covered	0%	Not covered	0%	Not covered
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.	$3,200	$6,400	$2,750	$7,500	$8,550	$17,100	$5,500	$11,000	$3,200	$6,400	$7,000	$14,000	$8,550	$17,100	$8,550	$17,100	$8,550	$17,100
Other Services																		
Fitness Center Membership	You and your enrolled dependents (ages 18 and up) will have free access to more than 10,000 participating fitness centers.																	
Vision	We have partnered with Davis Vision to provide vision coverage for you and your family. Members 18 and under will be enrolled in the Vision for Children plan. *(Administered by Davis Vision)*																	
Dental	We have partnered with DentalSource 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 Subscriber Agreement and/or Summary of Benefits 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.

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