## A PRESBYTERIAN

Presbyterian Health Plan, Inc. Presbyterian Insurance Company, Inc.

9250   5500   5500   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5100   5200   5100   5200   500   6410   500   6410   5200   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500   6410   500		Preferred Care   \$1,000 / \$20		Preferred Care Plus \$1,000 / \$30		Preferre \$500	d Care Plus ) / \$30		PREFERRED CARE PLUS – PPO <sup>1</sup>	
Beductible   S200   S900	IIP20023 IIP20040 IIP20041		IIP20039		IIP20038		IIP20037		Product Identification Number(s):	
DeductibleIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividualIndividual<	k Out-of-Network In-Network Out-of-Network In-Network Out-of-Network	twork In-Net	Out-of-Net	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In- or Out-of-Network	
Co-InsuranceDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductibleDeductible <td>/ Individual/ Individual/ Individual/ Individual/</td> <td>al/ Individ</td> <td>Individua</td> <td>Individual/</td> <td>Individual/</td> <td>Individual/</td> <td>Individual/</td> <td>Individual/</td> <td>Deductible</td>	/ Individual/ Individual/ Individual/ Individual/	al/ Individ	Individua	Individual/	Individual/	Individual/	Individual/	Individual/	Deductible	
Cut-of-Pocket MaximumIndividual/ \$7,000 FamilyIndividual/ \$14,000 FamilyIndividual/ 									Co-Insurance	
Preventive CareNo ChargeDeductibleNo ChargeDeductibleNo ChargeDeductibleNo ChargeDeductibleNo ChargeDeductibleNo ChargeDeductibleNo ChargeDeductibleNo ChargeDeductiblePer VisitDeductiblePer VisitDeductiblePer VisitDeductiblePer VisitDeductiblePer VisitDeductiblePer VisitDeductiblePer VisitDeductiblePer VisitDeductibleNo ChargeS0% AfterS30S0% AfterS0% After<	/ Individual/ Individual/ Individual/ Individual/ Individual/	al/ Indivic	Individua	Individual/	Individual/	Individual/	Individual/	Individual/	Out-of-Pocket Maximum	
Primary Care Provider Visit*Per Visit*DeductiblePer Visit*DeductibleNo Charge*DeductibleNo Charge*DeductibleNo Charge*DotterS0% AfterS0% AfterPer Visit*S0% AfterS0% AfterS0% AfterPer Visit*S0% AfterS0% AfterS0% AfterPer Visit*S0% AfterS0% AfterS0% AfterS0% AfterS0% AfterS0% AfterS0% AfterPer Visit*S0% AfterS0% After <td></td> <td></td> <td></td> <td>No Charge<sup>2</sup></td> <td></td> <td>No Charge<sup>2</sup></td> <td></td> <td>No Charge</td> <td>Preventive Care</td>				No Charge <sup>2</sup>		No Charge <sup>2</sup>		No Charge	Preventive Care	
Video VisitNo ChargeDeductibleNo Charge'DeductibleNo Charge'S0% After\$40S0% AfterPer Visit'DeductiblePer Visit'DeductiblePer Visit'DeductibleNo Charge'DeductibleNo Charge'S0% AfterPer Visit'DeductibleNo Charge'S0% AfterS0% AfterDeductibleNo Charge'S0% AfterS0% AfterDeductibleNo Charge'S0% AfterS0% AfterDeductibleNo Charge'S0% AfterS0% AfterDeductibleNo Charge'S0% AfterDeductibleNo Charge'S0% AfterS0% AfterDeductibleNo Charge'S0% AfterDeductibleNo Charge'S0% AfterDeductibleNo Charge'S0% AfterDeductibleNo Charge'S0% AfterDeductibleNo Charge'S0% AfterDeductibleNo Charge'S0% AfterNo Charge'S0% AfterNo Charge'S0% AfterNo Charge'S0% AfterNo Charge'S0% AfterNo Charge'S0% AfterNo Charge'S0% AfterS0% AfterNo Charge'S0% AfterNo Charge'S0% AfterS0%									Primary Care Provider Visit	
Specialist VisitPer Visit³DeductiblePer Visit³Per Visit³				No Charge <sup>3</sup>		No Charge <sup>3</sup>		No Charge	Video Visit	
Diagnostic LabNo Charge*DeductibleNo Charge*Deductible </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Specialist Visit</td>									Specialist Visit	
Diagnostic X-RayNo Charge*DeductibleNo Charge*DeductibleNo Charge*DeductibleNo Charge*DeductibleNo Charge*DeductibleNo Charge*DeductibleDeductibleNo Charge*DeductibleDeductibleDeductibleNo Charge*DeductibleDeductibleDeductibleDeductibleDeductibleNo Charge*DeductibleDeductibleDeductibleDeductibleDeductibleDeductibleNo Charge*DeductibleDeductibleDeductibleDeductibleStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopStopS				No Charge <sup>3</sup>		No Charge <sup>3</sup>		No Charge <sup>3</sup>	Diagnostic Lab	
Imaging C1/PE1/MRIPer Test3DeductiblePer Test3DeductibleStot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4Stot4<				No Charge <sup>3</sup>		No Charge <sup>3</sup>		No Charge <sup>3</sup>	Diagnostic X-Ray	
Urgent CarePer Visit³Per Visit³									Imaging CT/PET/MRI	
(plans with \$ copay includes all services)Per Visit³Per									Urgent Care	
Inpatient Hospital30% After Deductible50% After Deductible30% After Deductible50% After Deductible30% After Deductible50% After Deductibl									<b>a</b>	
Outpatient Hospital Deductible Dedu										
									Outpatient Hospital	
									Durable Medical Equipment	
Retail Pharmacy Benefits Available   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50   10/30/50	10/30/50 10/30/50 10/30/50 10/30/50 10/30/50	50 10/30	10/30/5	10/30/50	10/30/50	10/30/50	10/30/50	10/30/50	Retail Pharmacy Benefits Available	
Is this plan Medicare Part D Creditable? Creditable Creditable Creditable Creditable	Creditable Creditable Creditable	Creditable Creditable				Cree	ditable	Is this plan Medicare Part D Creditable?		

<sup>1</sup> 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.

<sup>2</sup> 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. <sup>3</sup> Deductible does not apply.

MPC092151



Presbyterian Health Plan, Inc. Presbyterian Insurance Company, Inc.

PREFERRED CARE PLUS – PPO <sup>1</sup>		\$3,000 / \$30 \$3,000 / \$10 \$4,00		Care PlusPreferred Care Plus0 / \$30\$5,000 / \$30		Preferred Care Plus \$5,000 / \$5				
Product Identification Number(s):	IIP2			IIP20024		IIP20043		IIP20044		IIP20025
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	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$5,000	\$10,000
	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/
	\$6,000 Family	\$12,000 Family	\$6,000 Family	\$12,000 Family	\$8,000 Family	\$16,000 Family	\$10,000 Family	\$20,000 Family	\$10,000 Family	\$20,000 Family
Co-Insurance	30% After	50% After	20% After	50% After	30% After	50% After	30% After	50% After	20% After	50% After
	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Out-of-Pocket Maximum	\$6,500	\$13,000	\$6,850	\$13,700	\$6,500	\$13,000	\$7,000	\$14,000	\$6,850	\$13,700
	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/	Individual/
	\$13,000 Family	\$26,000 Family	\$13,700 Family	\$27,400 Family	\$13,000 Family	\$26,000 Family	\$14,000 Family	\$28,000 Family	\$13,700 Family	\$27,400 Family
Preventive Care	No Charge <sup>2</sup>	50% After Deductible	No Charge <sup>2</sup>	50% After Deductible	No Charge <sup>2</sup>	50% After Deductible	No Charge <sup>2</sup>	50% After Deductible	No Charge <sup>2</sup>	50% After Deductible
Primary Care Provider Visit	\$30	50% After	\$10	50% After	\$30	50% After	\$30	50% After	\$5	50% After
	Per Visit³	Deductible	Per Visit <sup>3</sup>	Deductible	Per Visit <sup>3</sup>	Deductible	Per Visit <sup>3</sup>	Deductible	Per Visit <sup>3</sup>	Deductible
Video Visit	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible
Specialist Visit	\$40	50% After	\$50	50% After	\$40	50% After	\$40	50% After	\$50	50% After
	Per Visit³	Deductible	Per Visit <sup>3</sup>	Deductible	Per Visit <sup>3</sup>	Deductible	Per Visit <sup>3</sup>	Deductible	Per Visit <sup>3</sup>	Deductible
Diagnostic Lab	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible
Diagnostic X-Ray	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible	No Charge <sup>3</sup>	50% After Deductible
Imaging CT/PET/MRI	\$200	50% After	\$250	50% After	\$200	50% After	\$200	50% After	\$250	50% After
	Per Test <sup>3</sup>	Deductible	Per Test <sup>3</sup>	Deductible	Per Test <sup>3</sup>	Deductible	Per Test <sup>3</sup>	Deductible	Per Test <sup>3</sup>	Deductible
Urgent Care	\$40	\$40	\$50	\$50	\$40	\$40	\$40	\$40	\$50	\$50
	Per Visit³	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>	Per Visit³	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>
Emergency Room	\$300	\$300	\$250	\$250	\$300	\$300	\$300	\$300	\$250	\$250
(plans with \$ copay includes all services)	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>	Per Visit³	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>	Per Visit³	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>	Per Visit <sup>3</sup>
Inpatient Hospital	30% After	50% After	20% After	50% After	30% After	50% After	30% After	50% After	20% After	50% After
	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Outpatient Hospital	30% After	50% After	20% After	50% After	30% After	50% After	30% After	50% After	20% After	50% After
	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Durable Medical Equipment	0% After	50% After	50% After	50% After	30% After	50% After	30% After	50% After	50% After	50% After
	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Retail Pharmacy Benefits Available	10/20/40	10/20/40	10/20/40	10/20/40	10/20/40	10/20/40	10/20/40	10/20/40	10/20/40	10/20/40
	10/30/50	10/30/50	10/30/50	10/30/50	10/30/50	10/30/50	10/30/50	10/30/50	10/30/50	10/30/50
	10/35/55	10/35/55	10/35/55	10/35/55	10/35/55	10/35/55	10/35/55	10/35/55	10/35/55	10/35/55
Is this plan Medicare Part D Creditable?	Crec	itable	Cred	Creditable Creditable			Creditable Creditable			litable

Prescription Drug Benefit Packages - See separate benefit grid for Prescription Drug Benefit Options

<sup>1</sup> 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.

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