

VANTAGE HSA – HDHP ¹	Vantage HSA \$1,500 / 0%		Vantage HSA \$2,000 / 0%		Vantage HSA \$2,000 / 20%		Vantage HSA \$2,800 / 0%		Vantage HSA \$2,800 / 30%		Vantage HSA \$2,800 / 50%	
Product Identification Number(s):	IIP20014		IIP20015		IIP20017		IIP20064		IIP20066		IIP20065	
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	In-Network	Out-of-Network
Deductible	\$1,500 Individual/ \$3,000 Family	\$3,000 Individual/ \$6,000 Family	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family	\$2,800 Individual/ \$5,600 Family	\$5,600 Individual/ \$11,200 Family	\$2,800 Individual/ \$5,600 Family	\$5,600 Individual/ \$11,200 Family	\$2,800 Individual/ \$5,600 Family	\$5,600 Individual/ \$11,200 Family
Co-Insurance	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Out-of-Pocket Maximum	\$1,500 Individual/ \$3,000 Family	\$6,000 Individual/ \$12,000 Family	\$2,000 Individual/ \$4,000 Family	\$8,000 Individual/ \$16,000 Family	\$4,000 Individual/ \$8,000 Family	\$8,000 Individual/ \$16,000 Family	\$2,800 Individual/ \$5,600 Family	\$11,200 Individual/ \$22,400 Family	\$6,350 Individual/ \$12,700 Family	\$6,350 Individual/ \$12,700 Family	\$6,350 Individual/ \$12,700 Family	\$6,350 Individual/ \$12,700 Family
Preventive Care	No Charge ²	30% After Deductible	No Charge ²	30% After Deductible	No Charge ²	40% After Deductible	No Charge ²	30% After Deductible	No Charge ²	50% After Deductible	No Charge ²	50% After Deductible
Primary Care Provider Visit	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Video Visit	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	0% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	0% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Specialist Visit	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Diagnostic Lab	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Diagnostic X-Ray	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Imaging CT/PET/MRI	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Urgent Care	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible
Emergency Room (plans with \$ copay includes all services)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible
Inpatient Hospital	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Outpatient Hospital	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Durable Medical Equipment	0% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible	40% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Retail Pharmacy Benefits Available	0% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable		Creditable		Not Creditable	
This plan is a Qualified High Deductible Plan (HDHP) – Qualified high deductible 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 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.

VANTAGE HSA – HDHP ¹	Vantage HSA \$3,500 / 0%		Vantage HSA \$3,500 / 30%		Vantage HSA \$4,000 / 0%		Vantage HSA \$4,000 / 30%		Vantage HSA \$5,000 / 0%	
Product Identification Number(s):	IIP20030		IIP20031		IIP20032		IIP20033		IIP20016	
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	\$3,500 Individual/ \$7,000 Family	\$7,000 Individual/ \$14,000 Family	\$3,500 Individual/ \$7,000 Family	\$7,000 Individual/ \$14,000 Family	\$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
Co-Insurance	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Out-of-Pocket Maximum	\$3,500 Individual/ \$7,000 Family	\$14,000 Individual/ \$28,000 Family	\$6,350 Individual/ \$12,700 Family	\$14,000 Individual/ \$28,000 Family	\$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
Preventive Care	No Charge ²	50% After Deductible	No Charge ²	50% After Deductible	No Charge	50% After Deductible	No Charge ²	50% After Deductible	No Charge ²	30% After Deductible
Primary Care Provider Visit	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Video Visit	0% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Specialist Visit	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Diagnostic Lab	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Diagnostic X-Ray	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Imaging CT/PET/MRI	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Urgent Care	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible
Emergency Room (plans with \$ copay includes all services)	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	0% After Deductible
Inpatient Hospital	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Outpatient Hospital	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Durable Medical Equipment	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	30% After Deductible
Retail Pharmacy Benefits Available	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	0% After Deductible	50% After Deductible
Is this plan Medicare Part D Creditable?	Creditable		Creditable		Creditable		Creditable		Creditable	
This plan is a Qualified High Deductible Plan (HDHP) – Qualified high deductible 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.										

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