Presbyterian Medical Benefits at a Glance				Independent Option This option allows you to use ANY provider network of your choice.	
Plan Benefits/Coverage	Active Option	Family Option			
		Adult	Child (Dependent to Age 26)	In-Network	Out-of-Network [1]
Individual Deductible	$175 Individual $350 Family	$175 Individual $350 Family		$175 Individual $350 Family	$500 Individual $1,000 Family
Annual-Out-of-Pocket Maximum (includes medical through PHP and pharmacy through Optum Rx)	$6,350 Individual $12,700 Family max	$6,350 Individual $12,700 Family max		$6,350 Individual $12,700 Family max	$12,700 Individual $25,400 Family max
Preventive Care [2]	$0	$0	$0	$0	40%
Primary Care Provider Visit Telehealth visits will have the same cost share as the office visits.	$35	$40	$10	$40	40%
Video visits through the myPRES portal with a nationwide network of providers	$0	$0	$0	$0	$0
Specialist Provider Visit	$50	$55	$40	$55	40%
Behavioral Health Provider Visit[6]	$0	$0	$0	$0	40%
Chiropractic and Acupuncture Each limited to 20 visits per plan year	$50	$55	$40	$55	40%
Outpatient Speech, Physical, and Occupational Therapy Up to 24 visits per year combined	$35	$40	$10	$40	40%
Colorectal Screening	$0	$0	$0	$0	40%
Diagnostic Lab, X-Ray, EKG	$0	$0	$0	$0	40%
Imaging and Scanning [3,4]	$125 PET/MRI $75 CT scan	$200 PET/MRI $125 CT scan	$100 PET/MRI $75 CT scan	$125 PET/MRI $75 CT scan	40%
Urgent Care [4]	$50 in network $50 out network	$50 in network $50 out network	$10 in network $10 out network	$50	$50
Emergency Room Visit [4]	$200 includes all services and waived if admitted				
Emergency Medical Transportation [4]	$50 ground/$100 air				
Hospital Inpatient Stay [3,4] Hospice/Skilled Nursing Care [3,4]	$500 per admission	$500 per admission	$350 per admission	$500 per admission	40%
Outpatient Surgery [3,4]	20% up to $500 per visit	20% up to $500 per visit	20% up to $200 per visit	20% up to $500 per visit	40%
Maternity Care – Prenatal and Postnatal	$35 per visit up to $200	$40 per visit up to $300 [5]		$40 per visit up to $300 [5]	40%
Infertility Services [4]	50%				Not Covered
Transgender Services [4,5]	Coverage of medically necessary services for individuals who meet the qualifying diagnosis include certain surgical procedures, hormonal therapy and behavioral health support. Requires Prior Authorization.				
Durable Medical Equipment [3,4]	50%				
Home Healthcare	$0				40%
Unique Service Reimbursement	$150 per year	$0 per year		$250 per year	
Prescription Drugs - Your prescription benefits are administered by OptumRX. You can contact OptumRX by calling 1-800-372-8563.					

[1] Out-of-network benefits are limited to reasonable and customary charges. You are responsible for any balance due above reasonable and customary charges. Deductible applies to all out-of-network services.
[2] For a complete list of preventive services, visit www.healthcare.gov/what-are-my-preventive-care-benefits.
[3] Prior authorization required.
[4] Subject to annual deductible.
[5] Per pregnancy. Delivery subject to inpatient cost sharing and prior authorization.
[6] In-network Behavioral Health Services are covered at $0 copay when the diagnosis is the primary or secondary diagnosis on the claim.
Effective 7/1/2023