

 **PRESBYTERIAN INSURANCE COMPANY INC.**

**Preferred Care PPO Plans — Large Group**

Benefits	20% Options		30% Options	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible (Calendar Year)</b> Family = 3 x individual	IIP10161—\$250 IIP10151—\$500 IIP10152—\$750 IIP10153—\$1,000 IIP10154—\$1,500 IIP10155—\$2,000 IIP10341—\$2,500 IIP10342—\$3,500 IIP10343—\$5,000	IIP10161—\$500 IIP10151—\$1,000 IIP10152—\$1,500 IIP10153—\$2,000 IIP10154—\$3,000 IIP10155—\$4,000 IIP10341—\$5,000 IIP10342—\$7,000 IIP10343—\$10,000	IIP10156—\$500 IIP10157—\$750 IIP10158—\$1,000 IIP10159—\$1,500 IIP10160—\$2,000 IIP10344—\$2,500 IIP10345—\$3,500 IIP10346—\$5,000	IIP10156—\$1,000 IIP10157—\$1,500 IIP10158—\$2,000 IIP10159—\$3,000 IIP10160—\$4,000 IIP10344—\$5,000 IIP10345—\$7,000 IIP10346—\$10,000
<b>Annual Out-of-Pocket Maximum</b> Family = 3 x individual	\$2,000	\$6,000	\$4,500	\$10,000
<b>Physician Services</b> Non-Specialist office visit Specialist office visit	\$20 <sup>2</sup> \$30 <sup>2</sup>	40% 40%	\$30 <sup>2</sup> \$40 <sup>2</sup>	50% 50%
<b>Preventive Services</b>	\$0	40%	\$0	50%
<b>Hospital<sup>1</sup> (per visit)</b> Inpatient Outpatient	20% 20%	40% 40%	30% 30%	50% 50%
<b>Urgent Care</b>	\$30 <sup>2</sup>	\$30 <sup>2</sup> for initial visit	\$40 <sup>2</sup>	\$40 <sup>2</sup> for initial visit
<b>Emergency Care</b>	20%	20% for initial visit	30%	30% for initial visit
<b>Diagnostic</b> Lab X-ray, MRI <sup>1</sup> , PET <sup>1</sup> , CAT <sup>1</sup>	\$0 20%	40% 40%	\$0 30%	50% 50%
<b>Acupuncture and Chiropractic</b> (\$1,500 calendar year max)	20%	Not Covered	30%	Not Covered
<b>Transplants<sup>1</sup></b>	20%	Not Covered	30%	Not Covered
<b>Vision</b>	Refer to Optional Benefit Rider Materials			
<b>Prescription Benefit Options<sup>1</sup></b>	Refer to Optional Benefit Rider Materials			

<sup>1</sup>Benefit Certification required. <sup>2</sup>Not subject to deductible.

A six-month pre-existing limitation applies for all members 19 years of age or older. This may be reduced or eliminated with proof of prior creditable coverage.

This summary of Covered Benefits and services is subject to the provisions of the Group Subscriber Agreement and cannot modify or affect the Group Subscriber Agreement in any way, nor shall you accrue any rights because of any statement in or omission from this summary. Refer to the Schedule of Benefits or Group Subscriber Agreement for more details on all Covered Benefits and Exclusions.