The preferred provider organization (PPO) provides quality coverage and includes features that promote wholeness and well-being.

**HOW IT WORKS**

When you need care, simply show your medical ID card at your healthcare provider or hospital admissions office. In some cases, you must get advance approval for the care. This is known as precertification. Visit pensions.org/benefitsguidance for a list of services that require precertification.

**COVERAGE FEATURES**

In addition to hospital and medical/surgical benefits, coverage automatically includes all these features at no additional cost to you. Visit pensions.org/benefitsguidance for details.

- preventive care benefits
- behavioral health benefits
- prescription drug coverage
- telemedicine benefits through Teladoc
- Centers of Excellence
- vision exam benefit
- Livongo for Diabetes Program
- international medical care benefits
- Employee Assistance Program (EAP)
- Call to Health

**BENEFITS WHEN USING NETWORK PROVIDERS**

You can save on your out-of-pocket costs for care by using providers who participate in the plan’s network. To find network providers, visit your service provider’s website:

- National Blue Cross Blue Shield (BlueCard PPO) network: Visit highmarkbcbs.com and select Find a Doctor or Rx, then click Find a Doctor, Hospital or other Medical Provider. Under Pick a plan, select BCBS PPO.

**Aetna network**: Visit aetna.com, click Find a doctor, then Plan from an employer under Guests. For Select a Plan, under Aetna Open Access Plans choose Aetna Choice® POS II (Open Access).

OptumRx administers the prescription drug program; for details, visit pensions.org/benefitsguidance.

**DEDUCTIBLES, COPAYS, COPAYMENTS, AND OUT-OF-POCKET MAXIMUM**

To better understand the coverage provided under the PPO, it’s important to know these terms.

- **Deductible**: A specified annual dollar amount you must pay for covered medical services before the plan begins to pay benefits.
  - PPO deductibles are based on a percentage of your effective salary, as shown on the PPO Deductibles and Copayment Maximums chart.
  - If you enroll any family members, you are responsible for two medical deductibles, one for yourself and one for all your family members combined.
  - You can reduce your deductibles by completing Call to Health, a well-being initiative that focuses on the four dimensions of wholeness: spiritual, health, financial, and vocational.

- **Copay**: A flat dollar amount that you pay upfront for certain services when using network providers.
  - Except for preventive care, you pay a copay for each network office visit: $25 for primary care and behavioral health visits, $45 for visits to a specialist or an urgent care center, and $10 when using Teladoc.
  - Copays do not count toward the plan deductible or copayment maximum.
• There is a $25 copay for the vision exam benefit.
• There are separate copay amounts for prescription drugs. See the Key Provisions chart on pensions.org for details.

**Copayment**: The percentage of the cost for covered services that you pay after you pay the deductible:
• Your copayment for network services is 20 percent.
• Your copayment is 40 percent (50 percent with no deductible for doctor’s office visits) for out-of-network care.

**Copayment maximum**: The most you will pay out of pocket in the form of copayments in a given year. Once you reach the copayment maximum the plan pays 100 percent of eligible allowable costs for the rest of the year. *Office visit copays and deductibles do not count toward the copayment maximum.*
• Like your deductibles, your medical copayment maximum is based on a percentage of your effective salary, as shown on the PPO Deductibles and Copayment Maximums chart.
• Unlike deductibles, only one copayment maximum applies per family.
• A separate copayment maximum applies for prescription drugs (see Key Provisions chart).

**Combined maximum out-of-pocket**: A set annual dollar amount you pay for covered medical and prescription services, after which the plan pays 100 percent of covered expenses (except for office visit copays*) for the rest of the year.
• The PPO combined maximum out-of-pocket amounts are shown on the Key Provisions chart.
• The copayment maximum applies for you and your enrolled family members combined.
• Expenses that count toward the PPO combined maximum out-of-pocket include your deductibles, medical copayment maximum, and prescription copayment maximum.
* Total maximum out-of-pocket expenses, including office visit copays, are capped at annual limits of $7,900 per individual and $15,800 per family.

**LEARN MORE**

For more information about medical coverage, visit pensions.org/benefitsguidance or log in to your service provider’s website. If you have questions, call the service provider or the Board at 800-773-7752 (800-PRESPLAN).

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**Comprehensive**
Coverage includes generous preventive care benefits, prescription drug benefits, medical, surgical, and behavioral healthcare, and more.

**Provider choice**
Use any licensed healthcare provider for medically necessary care and treatment.

**Easy to use**
Receive services from any network provider without a referral from your primary doctor.

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This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit pensions.org or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.