

Medical Coverage (HDHP)

The high deductible health plan (HDHP) 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.

When you enroll in the HDHP, you may be eligible to set up and contribute to a tax-advantaged health savings account (HSA), and use those funds to help pay your deductible and other eligible medical expenses. Your employer may offer an HSA, or you may set one up on your own.

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

* You will be automatically enrolled in the vision exam benefit. The vision exam benefit is not considered part of the HDHP.

YOU MUST USE NETWORK PROVIDERS

Under the HDHP option, you must use network providers. The HDHP does not cover care received from out-of-network

providers except for emergency services. If you visit an out-of-network provider when you have access to a network provider, you are responsible for all costs. 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.

The HDHP covers care received from network providers; out-of-network care is not covered.

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

To better understand the coverage provided under the HDHP, 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. The HDHP has a much higher deductible than other plans.

- HDHP deductibles are flat amounts (\$3,000 if you elect Member-only coverage and \$6,000 if you cover any family members).
- If you enroll any family members, you are responsible for paying the entire family deductible before the plan pays benefits for care that is not preventive. There is no individual deductible amount that applies when one or more eligible family members are enrolled in the HDHP.
- 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.



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- Under the HDHP, the deductible applies to all covered medical and prescription drug expenses — including doctor's office visits — *except for* preventive care (covered 100 percent at network providers) and certain preventive prescription drugs (covered with a flat-dollar copay).
- If you have an HSA, you can use funds in the HSA to help pay your deductible and other eligible medical expenses. Visit pensions.org/benefitsguidance to learn more.

Copay: A flat dollar amount that you pay upfront for certain services when using network providers.

- Under the HDHP, you pay a copay for certain preventive prescription drugs.
- The copay amount is based on whether the drug is generic or formulary brand. For more details, see the Prescription Drug Benefits - Active Medical Plan (HDHP) overview.

Copayment: The percentage of the plan allowance for covered services that you pay after you pay the deductible:

- Your copayment for network services is 20 percent.
- Your copayment is 30 percent for non-preventive formulary prescription drugs.

- The HDHP does not cover out-of-network care or non-formulary prescription drugs.

Total 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 for the rest of the year.

- The HDHP total maximum out-of-pocket amounts are \$6,750 for an individual and \$13,500 for a family.
- Unlike the deductible, if any one covered family member's expenses reach the Member-only total maximum out-of-pocket before the family maximum is reached, the plan will pay 100 percent of covered expenses for that family member for the rest of the year.
- Expenses that count toward the HDHP total maximum out-of-pocket include your deductibles, copayments, and preventive prescription drug copays.

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).



Comprehensive

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



Network provider choice

Use any network healthcare provider for medically necessary care and treatment.



Easy to use

Receive services from any network provider without a referral from your primary doctor.

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.

