

Medical Plan Highlights 2024/2025



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

High deductible health plan (HDHP)

Benefit	Provision
Network deductible (standard)	\$3,000/member only \$6,000/member + family ¹
Network deductible (Call to Health)	\$2,250/member only \$4,500/member + family ¹
Spending account compatibility	Health Savings Account (HSA)
Medical coverage after deductible (coinsurance)	Member pays 20%
Out-of-network benefits	No
Preventive care ²	Covered 100%
Teladoc	
Primary and behavioral office visit	
Specialist office visit	
Urgent care visit	
Basic diagnostic services (imaging, lab, X-rays, etc.)	
Advanced imaging (MRI, CAT, PET, etc.)	
Physical, speech, and occupational therapy	Member pays 100% up to deductible amount; after deductible, member pays 20%
Spinal manipulations	
Hearing aid (device, fitting, and repair) (plan maximum of \$2,500 every 3 years)	
Hospital inpatient and outpatient	
Emergency room	
Infertility treatment (3 attempts/lifetime maximum)	
ABA therapy	
Select surgeries	Member pays 0% after deductible for allowable facility charges when these select surgeries are performed in a BCBS Blue Distinction Center: bariatric surgery, knee replacement surgery, hip replacement surgery, spinal surgery, and transplants. Travel benefit also available depending upon distance.

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Prescription drugs

Benefit	
Preventive prescription drugs generic retail (30/90)/mail (90)	\$6 / \$18 / \$15 Not subject to HDHP deductible
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$30 / \$90 / \$75 Not subject to HDHP deductible
Generic retail (30/90)/mail (90)	Member pays 100% up to deductible amount; after deductible, member pays 30% subject to \$150 (30-day), \$450 (90-day) or \$375 (90-day mail) max
Formulary brand retail (30/90)	
Formulary brand mail (90)	
Non-formulary brand retail (30/90)	Not covered
Non-formulary brand mail (90)	Not covered
Specialty drugs	Same percentages and min/max amounts as above for formulary brands
ANNUAL MAXIMUMS	
Medical out-of-pocket maximum	Part of the total maximum out-of-pocket
Prescription out-of-pocket maximum	Part of the total maximum out-of-pocket
Total maximum out-of-pocket	\$5,000/member ³ \$10,000/family ³

Vision exam benefits

Benefit	
Vision exam	\$25 copay at VSP provider ⁴

References

- ¹ Members with covered spouses and/or children are responsible for the entire family deductible amount.
- ² Coverage for preventive services exceeds ACA definition.
- ³ Includes network deductible, coinsurance, and prescription drug copays.
- ⁴ Individuals enrolled in the HDHP will be automatically enrolled in the VSP vision exam benefit. The vision exam benefit is not considered part of the HDHP.