



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

Medical Plan Highlights 2027

Exclusive provider organization (EPO Select)

Plan Provision/Covered Service	Member Pays
Network deductible (standard)	\$4,000/member \$4,000/all other family members ¹
Network deductible (Call to Health)	\$3,250/member \$3,250/all other family members ¹
Spending account compatibility	Healthcare FSA
Medical coverage after deductible (coinsurance)	Member pays 30%
Out-of-network benefits	No
Preventive care ²	Covered 100%
Teladoc Health telemedicine	\$10 copay
Primary office visit	\$40 copay
Behavioral health office visit	\$40 copay ³
Specialist office visit	\$60 copay
Urgent care visit	\$60 copay
Basic diagnostic services (imaging, lab, X-rays, etc.)	\$80 copay
Advanced imaging (MRI, CAT, PET, etc.)	\$200 copay
Physical, speech, and occupational therapy	\$60 copay
Spinal manipulations	\$60 copay
Hearing aid (device, fitting, and repair)	Member pays 30%, after deductible (plan maximum of \$2,000 every 3 years)
Hospital inpatient and outpatient	Member pays 30%, after deductible
Emergency room	\$250 copay
Infertility treatment (3 attempts/lifetime maximum)	Member pays 30%, after deductible
ABA therapy	\$60 copay
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

Plan Provision/Covered Service	Member Pays
Preventive prescription drugs generic retail (30/90)/mail (90)	\$6 / \$18 / \$15
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$30 / \$90 / \$75
Generic retail (30/90)/mail (90)	\$10 / \$30 / \$25
Formulary brand retail (30/90)	\$30 / \$90
Formulary brand mail (90)	\$75
Non-formulary brand retail (30/90)	Not covered
Non-formulary brand mail (90)	Not covered
Specialty drugs	Generic retail (30/90)/mail (90): \$25 / \$75 / \$62.50 Formulary brand retail (30/90)/mail (90): 25% of cost; \$200 / \$600 / \$500 max Non-formulary brand: not covered
ANNUAL MAXIMUMS	
Medical coinsurance 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	\$6,000/member ⁴ \$12,000/family ⁴

Vision exam benefits

Plan Provision/Covered Service	Member Pays
Vision exam	\$25 copay at VSP provider

References

¹ Members with covered spouses and/or children are responsible for two medical deductibles, one for themselves and one for all other family members combined.

² Coverage for preventive services exceeds ACA definition.

³ Up to six therapy sessions per year with a Spring Health provider covered 100% (no copay, deductible, or coinsurance).

⁴ The total maximum out-of-pocket includes network deductibles, copays, and prescription drug copays (certain nonessential specialty pharmacy drugs and non-formulary brand drugs are excluded).