Medical Plan Highlights 2027

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

High deductible health plan (HDHP Select)

Plan Provision/Covered Service	Member Pays
Network deductible (standard)	$5,000/member only $10,000/member + family[1]
Network deductible (Call to Health)	$4,300/member only $8,600/member + family[1]
Spending account compatibility	Health Savings Account (HSA)
Medical coverage after deductible (coinsurance)	Covered 100%
Out-of-network benefits	No
Preventive care[2]	Covered 100%
Teladoc Health telemedicine	Member pays 100% up to deductible amount; after deductible, covered 100% (hearing aid plan maximum of $2,000 every 3 years)
Primary office visit	
Behavioral health office visit[3]	
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	
Spinal manipulations	
Hearing aid (device, fitting, and repair)	
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

Plan Provision/Covered Service	Member Pays
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)	After deductible: $10 / $30 / $25
Formulary brand retail (30/90)	After deductible: $30 / $90
Formulary brand mail (90)	After deductible: $75
Non-formulary brand retail (30/90)	Not covered
Non-formulary brand mail (90)	Not covered
Specialty drugs	Generic retail (30/90)/mail (90): After deductible: $25 / $75 / $62.50 Formulary brand retail (30/90)/mail (90): After deductible: 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	$7,500/member[4] $15,000/family[4]

Vision exam benefits

Plan Provision/Covered Service	Member Pays
Vision exam	$25 copay at VSP provider[5]

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] 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, coinsurance, and prescription drug copays.
[5] Individuals enrolled in HDHP Select will be automatically enrolled in the VSP vision exam benefit. The vision exam benefit is not considered part of HDHP Select.