Medical Plan Highlights 2027

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

Preferred provider organization (PPO Select)

Plan Provision/Covered Service	Member Pays
Network deductible (standard)	$1,500/member $1,500/all other family members[1]
Network deductible (Call to Health)	$1,125/member $1,125/all other family members[1]
Spending account compatibility	Healthcare FSA
Medical coverage after deductible (coinsurance)	Member pays 20%
Out-of-network benefits	Yes
Preventive care[2]	Covered 100%
Teladoc Health telemedicine	$10 copay
Primary office visit	$30 copay
Behavioral health office visit	$30 copay[3]
Specialist office visit	$50 copay
Urgent care visit	$50 copay
Basic diagnostic services (imaging, lab, X-rays, etc.)	Member pays 20%, after deductible
Advanced imaging (MRI, CAT, PET, etc.)	Member pays 20%, after deductible
Physical, speech, and occupational therapy	$50 copay
Spinal manipulations	$50 copay
Hearing aid (device, fitting, and repair)	Member pays 20%, after deductible (plan maximum of $2,000 every 3 years)
Hospital inpatient and outpatient	Member pays 20%, after deductible
Emergency room	$250 copay
Infertility treatment (3 attempts/lifetime maximum)	Member pays 20%, after deductible
ABA therapy	$50 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.
Out-of-network deductible	$2,500/member $2,500/family[1]
Out-of-network after-deductible coverage	Member pays 40% (50% with no deductible for doctor's office visits)

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Prescription drugs

Plan Provision/Covered Service	Member Pays
Preventive prescription drugs generic retail (30/90)/mail (90)	$5 / $15 / $12.50
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	$20 / $60 / $50
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 (member and family combined)	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).