

2025 Medical Plan Comparison



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

Medical Plan options

| | PPO | | EPO | HDHP |
|--|---|--|---|---|
| | Lowest salary band | Highest salary band | N/A | N/A |
| Network deductible (standard) | \$660/member ¹ \$660/all other family members ^{1,2} | \$1,305/member ¹ \$1,305/all other family members ^{1,2} | \$2,000/member \$2,000/all other family members ² | \$3,000/member only \$6,000/member + family ³ |
| Network deductible (Call to Health) | \$440/member ¹ \$440/all other family members ^{1,2} | \$870/member ¹ \$870/all other family members ^{1,2} | \$1,500/member \$1,500/all other family members ² | \$2,250/member only \$4,500/member + family ³ |
| Spending account compatibility | Healthcare FSA | | Healthcare FSA | Health Savings Account (HSA) |
| Medical coverage after deductible (coinsurance) | Member pays 20% | | Member pays 20% | Member pays 20% |
| Out-of-network benefits | Yes | | No | No |
| Preventive care⁴ | Covered 100% | | Covered 100% | Covered 100% |
| Teladoc | \$10 copay | | \$10 copay | Member pays 100% up to deductible amount; after deductible, member pays 20% |
| Primary and behavioral office visit | \$25 copay | | \$40 copay | |
| Specialist office visit | \$45 copay | | \$60 copay | |
| Urgent care visit | \$45 copay | | \$60 copay | |
| Basic diagnostic services (imaging, lab, X-rays, etc.) | Member pays 20%, after deductible | | \$65 copay | |
| Advanced imaging (MRI, CAT, PET, etc.) | Member pays 20%, after deductible | | \$200 copay | |
| Physical, speech, and occupational therapy | Member pays 20%, after deductible | | \$40 copay | |
| Spinal manipulations | Member pays 20%, after deductible | | \$40 copay | |
| Hearing aid (device, fitting, and repair) (plan maximum of \$2,500 every 3 years) | Member pays 20%, after deductible | | Member pays 20%, after deductible | |
| Hospital inpatient and outpatient | Member pays 20%, after deductible | | Member pays 20%, after deductible | |
| Emergency room | Member pays 20%, after deductible | | Member pays 20%, after deductible | |
| Infertility treatment (3 attempts/lifetime maximum) | Member pays 20%, after deductible | | Member pays 20%, after deductible | |
| ABA therapy | Member pays 20%, after deductible | | Member pays 20%, after deductible | |
| 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

| | PPO | | EPO | HDHP |
|---|--|-----------------------------|--|--|
| | Lowest salary band | Highest salary band | N/A | N/A |
| Preventive prescription drugs generic retail (30/90)/mail (90) | \$5 / \$15 / \$12.50 | | \$6 / \$18 / \$15 | \$6 / \$18 / \$15 Not subject to HDHP deductible |
| Preventive prescription drugs formulary brand retail (30/90)/mail (90) | \$20 / \$60 / \$50 | | \$30 / \$90 / \$75 | \$30 / \$90 / \$75 Not subject to HDHP deductible |
| Generic retail (30/90)/mail (90) | \$10 / \$30 / \$25 | | \$12 / \$36 / \$30 | 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) | 30% of cost; 30 days: \$20 min to \$100 max 90 days: \$60 min to \$300 max | | 35% of cost; 30 days: \$35 min to \$150 max 90 days: \$105 min to \$450 max | |
| Formulary brand mail (90) | 30% of cost; \$50 min to \$250 max | | 35% of cost; \$85 min to \$375 max | |
| Non-formulary brand retail (30/90) | 50% of cost; 30 days: \$50 min to \$150 max 90 days: \$150 min to \$450 max | | Not covered | Not covered |
| Non-formulary brand mail (90) | 50% of cost; \$125 min to \$375 max | | Not covered | Not covered |
| Specialty drugs | Same as above for formulary and non-formulary brands; no max applies for certain nonessential specialty pharmacy drugs | | Same as above for formulary brands; no max applies for certain nonessential specialty pharmacy drugs | Same as above for formulary brands |
| ANNUAL MAXIMUMS | | | | |
| Medical out-of-pocket maximum | \$2,200/family ¹ | \$4,340/family ¹ | Part of the total maximum out-of-pocket | Part of the total maximum out-of-pocket |
| Prescription out-of-pocket maximum | \$3,000 ⁵ (member & family combined) | | Part of the total maximum out-of-pocket | Part of the total maximum out-of-pocket |
| Total maximum out-of-pocket | \$5,000/member ⁶ \$10,000/family ⁶ | | \$5,000/member ⁶ \$10,000/family ⁶ | \$5,000/member ⁶ \$10,000/family ⁶ |

Vision exam benefits

| | PPO | EPO | HDHP |
|--------------------|----------------------------|----------------------------|---|
| Vision exam | \$25 copay at VSP provider | \$25 copay at VSP provider | \$25 copay at VSP provider ⁷ |

References

- 1 See PPO Deductibles and Medical Out-of-Pocket Maximums at pensions.org/medical for specific amounts at all effective salary levels. The medical out-of-pocket maximum is the most a member will pay in a year in the form of coinsurance. It does not include copays, deductibles, or prescription drug costs.
- 2 Members with covered spouses and/or children are responsible for two medical deductibles, one for themselves and one for all other family members combined.
- 3 Members with covered spouses and/or children are responsible for the entire family deductible amount.
- 4 Coverage for preventive services exceeds ACA definition.
- 5 Any costs for non-formulary brand-name drugs and certain nonessential specialty pharmacy drugs do not count toward the prescription out-of-pocket maximum.
- 6 The total maximum out-of-pocket includes network deductibles and coinsurance; medical out-of-pocket maximum (PPO only); prescription drug out-of-pocket maximum (PPO only); copays (PPO and EPO); and prescription drug copays [certain nonessential specialty pharmacy drugs (PPO and EPO) and non-formulary brand drugs excluded].
- 7 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.