

2025/2026 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 care ⁴	Covered 100%		Covered 100%	Covered 100%
Teladoc	\$10 copay		\$10 copay	Member pays 100% up to deductible amount; after deductible, member pays 20% ⁵
Primary office visit	\$25 copay		\$40 copay	
Behavioral health office visit	\$25 copay ⁵		\$25 copay ⁵	
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	
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	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 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 coinsurance 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 ⁶ (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 ⁷ \$10,000/family ⁷		\$5,000/member ⁷ \$10,000/family ⁷	\$5,000/member ⁷ \$10,000/family ⁷

Vision exam benefits

	PPO	EPO	HDHP
Vision exam	\$25 copay at VSP provider	\$25 copay at VSP provider	\$25 copay at VSP provider ⁸

References

- 1 See PPO Deductibles and Medical Coinsurance Out-of-Pocket Maximums at pensions.org/medical for specific amounts at all effective salary levels. The medical coinsurance 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 Up to six therapy sessions per year with a Spring Health provider covered 100% (no copay, deductible, or coinsurance).
- 6 Any costs for non-formulary brand-name drugs and certain nonessential specialty pharmacy drugs do not count toward the prescription out-of-pocket maximum.
- 7 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].
- 8 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.