

# Medical Plan (PPO)

The preferred provider organization (PPO) provides quality coverage and includes features that promote wholeness and well-being.

## HOW IT WORKS

When you need care, simply show your medical ID card at your healthcare provider or hospital admissions office. In some cases, you must get advance approval for the care. This is known as precertification. Visit [pensions.org/members](https://pensions.org/members) for a list of services that require precertification.

## COVERAGE FEATURES

In addition to hospital and medical/surgical benefits, coverage automatically includes all these features at no additional cost to you. Visit [pensions.org/members](https://pensions.org/members) for details.

- preventive care benefits
- behavioral health benefits
- prescription drug coverage
- telemedicine benefits through Teladoc
- Centers of Excellence
- vision exam benefit
- Livongo for Diabetes Program
- international medical care benefits
- Employee Assistance Program (EAP)
- Call to Health

## BENEFITS WHEN USING NETWORK PROVIDERS

You can save on your out-of-pocket costs for care by using providers who participate in the national Blue Cross Blue Shield (BlueCard PPO) network. To find network providers, visit [highmarkbcbs.com](https://highmarkbcbs.com) and select **Find a Doctor or Rx**, then click **Find a Doctor, Hospital or other Medical Provider**. Under Pick a plan, select **BCBS PPO**.

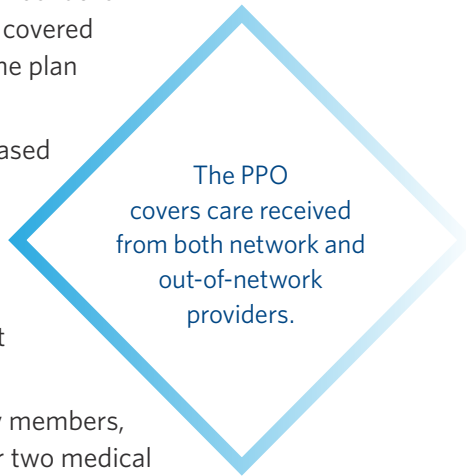
The prescription drug program is administered separately; for details, visit [pensions.org/members](https://pensions.org/members).

## DEDUCTIBLES, COPAYS, COINSURANCE, AND OUT-OF-POCKET MAXIMUM

To better understand the coverage provided under the PPO, it's important to know these terms.

**Deductible:** A specified annual dollar amount you must pay for covered medical services before the plan begins to pay benefits.

- PPO deductibles are based on a percentage of your effective salary, as shown on the PPO Deductibles and Medical Out-of-Pocket Maximums chart.
- If you enroll any family members, you are responsible for two medical deductibles, one for yourself and one for all your family members combined.
- You can reduce your deductibles by completing Call to Health, a well-being initiative that focuses on the four dimensions of wholeness: spiritual, health, financial, and vocational.



The PPO covers care received from both network and out-of-network providers.

**Copay:** A flat dollar amount that you pay upfront for certain services when using network providers.

- Except for preventive care, you pay a copay for each network office visit: \$25 for primary care and behavioral health visits, \$45 for visits to a specialist or an urgent care center, and \$10 when using Teladoc.
- Copays do not count toward the plan deductible or medical out-of-pocket maximum.
- There is a \$25 copay for the vision exam benefit.
- There are separate copay amounts for prescription drugs. See the Key Provisions chart on [pensions.org](https://pensions.org) for details.



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**Coinsurance (previously referred to as copayment):** The percentage of the cost for covered services that you pay *after* you pay the deductible:

- Your coinsurance for network services is 20 percent.
- Your coinsurance for out-of-network care is 40 percent (50 percent with no deductible for doctor's office visits).

**Medical out-of-pocket maximum:** The most you will pay out-of-pocket in the form of coinsurance in a given year. Once you reach the medical out-of-pocket maximum the plan pays 100 percent of eligible allowable costs for the rest of the year. *Office visit copays and deductibles do not count toward this maximum.*

- Like your deductibles, your medical out-of-pocket maximum is based on a percentage of your effective salary, as shown on the PPO Deductibles and Medical Out-of-Pocket Maximums chart.
- Unlike deductibles, only one medical out-of-pocket maximum applies per family.
- A separate out-of-pocket maximum applies for prescription drugs (see Key Provisions chart).

**Total maximum out-of-pocket:** The most you will pay in a year in the form of deductibles, copays, and coinsurance. If your covered out-of-pocket expenses reach the total maximum out-of-pocket amount, the plan will pay 100 percent of allowable costs for the rest of the year.

- Expenses that count toward the PPO total maximum out-of-pocket include your network deductibles, medical out-of-pocket maximum, prescription drug out-of-pocket maximum, office visit copays, coinsurance, and prescription drug copays.
- The 2021 PPO total maximum out-of-pocket amounts are \$5,000\* for an individual and \$10,000\* for a family.

\*decreased from \$7,900 (individual) and \$15,800 (family) in 2020

## LEARN MORE

For more information about medical coverage, visit [pensions.org/members](https://pensions.org/members) or log in to [highmarkbcbs.com](https://highmarkbcbs.com). If you have questions, call Highmark Blue Cross Blue Shield at 888-835-2959 or the Board at 800-773-7752 (800-PRESPLAN).



### Comprehensive

Coverage includes generous preventive care benefits, prescription drug benefits, medical, surgical, and behavioral healthcare, and more.



### Provider choice

Use any licensed healthcare provider for medically necessary care and treatment.



### Easy to use

Receive services from any network provider without a referral from your primary doctor.

*This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit [pensions.org](https://pensions.org) or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.*



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