

Medical Plan (HDHP)

The high deductible health plan (HDHP) 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 for a list of services that require precertification.

When you enroll in the HDHP, you may be eligible to set up and contribute to a tax-advantaged health savings account (HSA), and use those funds to help pay your deductible and other eligible medical expenses. Your employer may offer an HSA, or you may set one up on your own.

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 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 Plan (EAP)
- Call to Health

The HDHP covers care received from network providers; out-of-network care is not covered.

* You will be automatically enrolled in the vision exam benefit. The vision exam benefit is not considered part of the HDHP.

YOU MUST USE NETWORK PROVIDERS

Under the HDHP option, you must use providers in the national Blue Cross Blue Shield network. The HDHP does not cover care received from out-of-network providers except for emergency services. If you visit an out-of-network provider when you have access to a network provider, you are responsible for all costs.

To find network providers, visit highmarkbcbs.com and select **FIND A DOCTOR OR PHARMACY**, then click **Find a Doctor, Hospital or other Medical Provider**, and then click **Medical**. Under Network, select **BCBS PPO**.

The prescription drug program is administered separately; for details, visit pensions.org/members.

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

To better understand the coverage provided under the HDHP, 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. The HDHP has a much higher deductible than other plans.

- HDHP deductibles are flat amounts (\$3,000 if you elect Member-only coverage and \$6,000 if you cover any family members).
- If you enroll any family members, you are responsible for paying the entire family deductible before the plan pays benefits for care that is not preventive. There is no individual deductible amount that applies when one or more eligible family members are enrolled in the HDHP.
- 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.
- Under the HDHP, the deductible applies to all covered medical and prescription drug expenses — including doctor's office visits — *except for* preventive care (covered 100 percent at network providers) and certain preventive prescription drugs (covered with a flat-dollar copay).
- If you have an HSA, you can use funds in the HSA to help pay your deductible and other eligible medical expenses. Visit pensions.org/members to learn more.



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

- Under the HDHP, you pay a copay for certain preventive prescription drugs.
- The copay amount is based on whether the drug is generic or formulary brand. For more details, see the Prescription Drug Program overview.

Coinsurance: 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 is 30 percent for non-preventive formulary prescription drugs.
- The HDHP does not cover out-of-network care or non-formulary prescription drugs.

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 HDHP total maximum out-of-pocket include your network deductible, coinsurance, and preventive prescription drug copays.
- The 2022 HDHP total maximum out-of-pocket amounts are \$5,000 for an individual and \$10,000 for a family.
- Unlike the deductible, if any one covered family member's expenses reach the Member-only total maximum out-of-pocket before the family maximum is reached, the plan will pay 100 percent of covered expenses for that family member for the rest of the year.

LEARN MORE

For more information about medical coverage, visit pensions.org/members or log in to 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 preventive care benefits, prescription drug benefits, medical, surgical, and behavioral healthcare, and more.



Network provider choice

Use any network 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 or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.



THE BOARD OF PENSIONS
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