

Medical Plan Highlights 2024/2025



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

Exclusive provider organization (EPO)

Provision	Benefit
Network deductible (standard)	\$2,000/member \$2,000/all other family members ¹
Network deductible (Call to Health)	\$1,500/member \$1,500/all other family members ¹
Spending account compatibility	Healthcare FSA
Medical coverage after deductible (coinsurance)	Member pays 20%
Out-of-network benefits	No
Preventive care²	Covered 100%
Teladoc	\$10 copay
Primary and behavioral office visit	\$40 copay
Specialist office visit	\$60 copay
Urgent care visit	\$60 copay
Basic diagnostic services (imaging, lab, X-rays, etc.)	\$65 copay
Advanced imaging (MRI, CAT, PET, etc.)	\$200 copay
Physical, speech, and occupational therapy	\$40 copay
Spinal manipulations	\$40 copay
Hearing aid (device, fitting, and repair) (plan maximum of \$2,500 every 3 years)	Member pays 20%, after deductible
Hospital inpatient and outpatient	Member pays 20%, after deductible
Emergency room	Member pays 20%, after deductible
Infertility treatment (3 attempts/lifetime maximum)	Member pays 20%, after deductible
ABA therapy	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

Provision	Benefit
Preventive prescription drugs generic retail (30/90)/mail (90)	\$6 / \$18 / \$15
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$30 / \$90 / \$75
Generic retail (30/90)/mail (90)	\$12 / \$36 / \$30
Formulary brand retail (30/90)	35% of cost; 30 days: \$35 min to \$150 max 90 days: \$105 min to \$450 max
Formulary brand mail (90)	35% of cost; \$85 min to \$375 max
Non-formulary brand retail (30/90)	Not covered
Non-formulary brand mail (90)	Not covered
Specialty drugs	Same percentages and min/max amounts as above for formulary brands; no max applies for certain nonessential specialty pharmacy drugs
ANNUAL MAXIMUMS	
Medical out-of-pocket maximum	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	\$5,000/member ³ \$10,000/family ³

Vision exam benefits

Provision	Benefit
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 Includes network deductible, office visit copays, coinsurance, and prescription drug copays except for certain nonessential specialty pharmacy drugs.