



## 4C - \$4000/70%/\$7000 Plus Summary of Benefits

| Plan                                  | 4C - \$4000/70%/\$7000 Plus<br>In Network                                  |
|---------------------------------------|--|
| Deductible Individual                 | \$4,000  |
| Deductible Family                     | \$8,000  |
| In-Network Coinsurance                | 30% coinsurance after deductible   |
| Maximum Out-of-Pocket - Individual    | \$7,000  |
| Maximum Out-of-Pocket - Family        | \$14,000   |
| Network                               | PHCS Wrap  |
| <b>Services</b>                       |  |
| Emergency Room                        | 30% coinsurance after deductible   |
| Urgent Care                           | \$75   |
| Inpatient Hospital                    | 30% coinsurance after deductible   |
| Inpatient Physician                   | 30% coinsurance after deductible   |
| Office Visit PCP                      | \$50   |
| Office Visit Specialist               | \$75   |
| Office Visit Mental Health            | \$50   |
| Imaging (CT/PET Scans, MRIs)          | 30% coinsurance after deductible   |
| Speech Therapy                        | 30% coinsurance after deductible   |
| Occupational/Physical Therapy         | 30% coinsurance after deductible   |
| Preventative/Screening/Immunization   | No Charge  |
| Lab Outpatient/Professional Services  | No Charge  |
| X-Rays/Diagnostic Imaging             | 30% coinsurance after deductible   |
| Skilled Nursing Facility              | 30% coinsurance after deductible   |
| Outpatient Facility (Ambulatory)      | 30% coinsurance after deductible   |
| Outpatient Surgery Physician/Surgical | 30% coinsurance after deductible   |
| Chiropractic                          | 30% coinsurance after deductible<br>In-Network Only. Limited to 20 Visits. |
| <b>Pharmacy</b>                       |  |
| Generic                               | \$8  |
| Preferred Brand                       | 30% coinsurance  |
| Non-Preferred Brand                   | 30% coinsurance  |
| Specialty                             | 30% coinsurance  |
| <b>Out-of-Network</b>                 |  |
| Out-of-Network Coinsurance            | 40% coinsurance after deductible   |
| Deductible Individual                 | \$14,000   |
| Deductible Family                     | \$28,000   |