



## 4C - \$5000/60%/\$8000 Plus Summary of Benefits

Plan	4C - \$5000/60%/\$8000 Plus In Network
Deductible Individual	\$5,000
Deductible Family	\$10,000
In-Network Coinsurance	40% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$8,000
Maximum Out-of-Pocket - Family	\$16,000
Network	PHCS Wrap
<b>Services</b>	
Emergency Room	40% coinsurance after deductible
Urgent Care	\$75
Inpatient Hospital	40% coinsurance after deductible
Inpatient Physician	40% coinsurance after deductible
Office Visit PCP	\$30 (first 3 visits) then deductible and coinsurance
Office Visit Specialist	40% coinsurance after deductible
Office Visit Mental Health	\$30 (first 3 visits) then deductible and coinsurance
Imaging (CT/PET Scans, MRIs)	40% coinsurance after deductible
Speech Therapy	40% coinsurance after deductible
Occupational/Physical Therapy	40% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	No Charge
X-Rays/Diagnostic Imaging	40% coinsurance after deductible
Skilled Nursing Facility	40% coinsurance after deductible
Outpatient Facility (Ambulatory)	40% coinsurance after deductible
Outpatient Surgery Physician/Surgical	40% coinsurance after deductible
Chiropractic	40% coinsurance after deductible In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	40% coinsurance after deductible
Preferred Brand	40% coinsurance after deductible
Non-Preferred Brand	40% coinsurance after deductible
Specialty	40% coinsurance after deductible
<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$16,000
Deductible Family	\$32,000