



4C - \$3500/70%/\$8550 Plus Summary of Benefits

| Plan | 4C - \$3500/70%/\$8550 Plus In Network |
|---------------------------------------|--|
| Deductible Individual | \$3,500 |
| Deductible Family | \$7,000 |
| In-Network Coinsurance | 30% coinsurance after deductible |
| Maximum Out-of-Pocket - Individual | \$8,550 |
| Maximum Out-of-Pocket - Family | \$17,100 |
| Network | PHCS Wrap |
| Services | |
| Emergency Room | 30% coinsurance after deductible |
| Urgent Care | \$75 |
| Inpatient Hospital | 30% coinsurance after deductible |
| Inpatient Physician | 30% coinsurance after deductible |
| Office Visit PCP | \$40 |
| Office Visit Specialist | \$80 |
| Office Visit Mental Health | \$40 |
| Imaging (CT/PET Scans, MRIs) | 30% coinsurance after deductible |
| Speech Therapy | 30% coinsurance after deductible |
| Occupational/Physical Therapy | 30% coinsurance after deductible |
| Preventive/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 | \$40 In-Network Only. Limited to 20 Visits. |
| Pharmacy | |
| Generic | \$30 |
| Preferred Brand | \$55 |
| Non-Preferred Brand | \$100 |
| Specialty | 25% coinsurance* |
| Out-of-Network | |
| Out-of-Network Coinsurance | 40% coinsurance after deductible |
| Deductible Individual | \$20,000 |
| Deductible Family | \$40,000 |

*25% coinsurance up to \$400 maximum for any 1 (one) script.