

4C - \$2500/80%/\$5000 Plus Chiro Summary of Benefits

Deductible Individual Deductible Family S5,000 In-Network Coinsurance 20% coinsurance after deductible Maximum Out-of-Pocket - Individual S5,000 Maximum Out-of-Pocket - Family S10,000 Metwork PHCS Wrap Services Emergency Room 20% coinsurance after deductible Urgent Care Inpatient Hospital Inpatient Physician Office Visit Specialist Office Visit Specialist Speech Therapy 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Occupational/Physical Therapy Deventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic S20 Preferred Brand No-Preferred Brand S45 No-Preferred Brand S45 No-Preferred Brand S45 No-Preferred Brand S45 Spood Sciousurance after deductible Occupational/Physician/Surgical On-Preferred Brand S45 No-Preferred Brand S45 No-Preferred Brand S45	Plan	4C - \$2500/80%/\$5000 Plus Chiro
Deductible Family \$5,000 In-Network Coinsurance 20% coinsurance after deductible Maximum Out-of-Pocket - Individual \$5,000 Maximum Out-of-Pocket - Family \$10,000 Network PHCS Wrap Services Emergency Room 20% coinsurance after deductible Urgent Care \$75 Inpatient Hospital 20% coinsurance after deductible Inpatient Physician 20% coinsurance after deductible Office Visit Specialist \$60 Office Visit Specialist \$50 Office Visit Mental Health \$30 Imaging (CT/PET Scans, MRIs) 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible No Charge X-Rays/Diagnostic Imaging 20% coinsurance after deductible Skilled Nursing Facility 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Surgery Physician/Surgical 20% coinsurance after deductible In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$45 Non-Preferred Brand \$45		In Network
In-Network Coinsurance Maximum Out-of-Pocket - Individual Maximum Out-of-Pocket - Family Services Emergency Room Urgent Care Inpatient Hospital Inpatient Physician Office Visit PCP Sorice Visit Mental Health Sopeech Therapy Cocupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Surgery Physician/Surgical Chiropractic Chiropractic Pharmacy Generic Preferred Brand Maximum Out-of-Pocket - Individual \$5,000 \$10,000 PMCS Wrap \$10,000 \$	Deductible Individual	\$2,500
Maximum Out-of-Pocket - Individual Maximum Out-of-Pocket - Family Services Emergency Room 20% coinsurance after deductible Urgent Care Inpatient Hospital Inpatient Physician Office Visit PCP Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational/Physical Therapy Preventative/Screening/immunization Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic Preferred Brand No-Preferred Brand Som 20% coinsurance after deductible \$50,000 20% coinsurance after deductible \$50,000 20% coinsurance after deductible Speech Therapy 20% coinsurance after deductible 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Doutpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Surgery Physician/Surgical In-Network and OON coverage with No Charge to member.	Deductible Family	\$5,000
Maximum Out-of-Pocket - Family \$10,000 Network PHCS Wrap Services Emergency Room 20% coinsurance after deductible Urgent Care \$75 Inpatient Hospital 20% coinsurance after deductible Inpatient Physician 20% coinsurance after deductible Office Visit PCP \$30 Office Visit Specialist \$60 Office Visit Mental Health \$30 Imaging (CT/PET Scans, MRIs) 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$45	In-Network Coinsurance	20% coinsurance after deductible
Network PHCS Wrap Services Emergency Room 20% coinsurance after deductible Urgent Care \$75 Inpatient Hospital 20% coinsurance after deductible Inpatient Physician 20% coinsurance after deductible Office Visit PCP \$30 Office Visit Specialist \$60 Office Visit Mental Health \$30 Imaging (CT/PET Scans, MRIs) 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 20% coinsurance after deductible Skilled Nursing Facility 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Surgery Physician/Surgical 20% coinsurance after deductible Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$45 Non-Preferred Brand \$70	Maximum Out-of-Pocket - Individual	\$5,000
Services Emergency Room 20% coinsurance after deductible Urgent Care Inpatient Hospital Inpatient Physician Office Visit PCP San Office Visit Specialist Specialist Spech Therapy Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic Preferred Brand 20% coinsurance after deductible 30% coinsurance after deductible 20% coinsurance after deductible 10-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand	Maximum Out-of-Pocket - Family	\$10,000
Emergency Room 20% coinsurance after deductible Urgent Care \$75 Inpatient Hospital 20% coinsurance after deductible Inpatient Physician 20% coinsurance after deductible Office Visit PCP \$30 Office Visit Specialist \$60 Office Visit Mental Health \$30 Imaging (CT/PET Scans, MRIs) 20% coinsurance after deductible Speech Therapy 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 20% coinsurance after deductible Skilled Nursing Facility 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Surgery Physician/Surgical 20% coinsurance after deductible Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$70	Network	PHCS Wrap
Urgent Care \$75 Inpatient Hospital 20% coinsurance after deductible Inpatient Physician 20% coinsurance after deductible Office Visit PCP \$30 Office Visit Specialist \$60 Office Visit Mental Health \$30 Imaging (CT/PET Scans, MRIs) 20% coinsurance after deductible Speech Therapy 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 20% coinsurance after deductible Skilled Nursing Facility 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Surgery Physician/Surgical 20% coinsurance after deductible Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$45 Non-Preferred Brand \$70	Services	
Inpatient Hospital Inpatient Hospital Inpatient Physician 20% coinsurance after deductible Office Visit PCP \$30 Office Visit Specialist \$60 Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$70	Emergency Room	20% coinsurance after deductible
Inpatient Physician 20% coinsurance after deductible Office Visit PCP \$30 Office Visit Specialist \$60 Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy 20% coinsurance after deductible Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$30 \$3	Urgent Care	\$75
Office Visit PCP Office Visit Specialist Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Preferred Brand No Preferred Brand \$40 \$30 20% coinsurance after deductible 1n-Network and OON coverage with No Charge to member. \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$2	Inpatient Hospital	20% coinsurance after deductible
Office Visit Specialist Office Visit Mental Health Imaging (CT/PET Scans, MRIs) Speech Therapy 20% coinsurance after deductible Occupational/Physical Therapy 20% coinsurance after deductible Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 20% coinsurance after deductible Skilled Nursing Facility 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand	Inpatient Physician	20% coinsurance after deductible
Office Visit Mental Health Imaging (CT/PET Scans, MRIs) 20% coinsurance after deductible 20% coinsu	Office Visit PCP	\$30
Imaging (CT/PET Scans, MRIs) 20% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 20% coinsurance after deductible Skilled Nursing Facility 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic Preferred Brand \$45 Non-Preferred Brand \$70	Office Visit Specialist	\$60
Speech Therapy 20% coinsurance after deductible 20% coinsurance after deductible Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging 20% coinsurance after deductible Skilled Nursing Facility 20% coinsurance after deductible Outpatient Facility (Ambulatory) 20% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$70	Office Visit Mental Health	\$30
Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic Preferred Brand Non-Preferred Brand \$45 Non-Preferred Brand \$70	Imaging (CT/PET Scans, MRIs)	20% coinsurance after deductible
Preventative/Screening/Immunization Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic Preferred Brand No Charge No Charge 20% coinsurance after deductible 20% coinsurance after deductible In-Network and OON coverage with No Charge to member. \$20\$ \$20\$ \$20\$ \$20\$ \$20\$ \$20\$ \$20\$ \$20\$ \$20\$ \$20\$ \$30\$ \$45\$ Non-Preferred Brand \$45\$	Speech Therapy	20% coinsurance after deductible
Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic Preferred Brand No Charge 20% coinsurance after deductible 20% coinsurance after deductible 10% coinsurance after deductible 20% coinsurance after deductible 10% coinsurance after deductible 10% coinsurance after deductible 20% coinsurance after deductible 10% coinsurance after deductible 20% coinsurance after deductibl	Occupational/Physical Therapy	20% coinsurance after deductible
X-Rays/Diagnostic Imaging 20% coinsurance after deductible In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$70	Preventative/Screening/Immunization	No Charge
Skilled Nursing Facility Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic Pharmacy Generic Preferred Brand Non-Preferred Brand 20% coinsurance after deductible 20% coinsurance after deductible In-Network and OON coverage with No Charge to member. \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$2	Lab Outpatient/Prof Svcs	No Charge
Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic Preferred Brand Non-Preferred Brand \$70	X-Rays/Diagnostic Imaging	20% coinsurance after deductible
Outpatient Surgery Physician/Surgical Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic Preferred Brand \$45 Non-Preferred Brand \$70	Skilled Nursing Facility	20% coinsurance after deductible
Chiropractic In-Network and OON coverage with No Charge to member. Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$70	Outpatient Facility (Ambulatory)	20% coinsurance after deductible
Pharmacy Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$70	Outpatient Surgery Physician/Surgical	20% coinsurance after deductible
Generic \$20 Preferred Brand \$45 Non-Preferred Brand \$70	Chiropractic	
Preferred Brand \$45 Non-Preferred Brand \$70	Pharmacy	
Non-Preferred Brand \$70	Generic	\$20
· · · · · · · · · · · · · · · · · · ·	Preferred Brand	\$45
Specialty 25% coinsurance*	Non-Preferred Brand	\$70
	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.

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