

| Plan                                  | 4C - HDHP \$4000/70%/\$7000                             |
|---------------------------------------|---|
|                                       | 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                               | Alliant   |
| Services                              |   |
| Emergency Room                        | 30% coinsurance after deductible                        |
| Urgent Care                           | 30% coinsurance after deductible                        |
| Inpatient Hospital                    | 30% coinsurance after deductible                        |
| Inpatient Physician                   | 30% coinsurance after deductible                        |
| Office Visit PCP                      | 30% coinsurance after deductible                        |
| Office Visit Specialist               | 30% coinsurance after deductible                        |
| Office Visit Mental Health            | 30% coinsurance after deductible                        |
| 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/Prof Svcs              | 30% coinsurance after deductible                        |
| 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. Limited to 20 Visits. |
| Pharmacy                              |   |
| Generic                               | 30% coinsurance after deductible                        |
| Preferred Brand                       | 30% coinsurance after deductible                        |
| Non-Preferred Brand                   | 30% coinsurance after deductible                        |
| Specialty                             | 30% coinsurance after deductible                        |

| Out-of-Network             |                                  |
|----------------------------|----------------------------------|
| Out-of-Network Coinsurance | 40% coinsurance after deductible |
| Deductible Individual      | \$14,000                         |
| Deductible Family          | \$16,000                         |

GA TN PY2025 4C SB DECEMBER 2024