

4C - HDHP \$5000/100%/\$5000 Plus Summary of Benefits

Deductible Individual \$5,000 Deductible Family \$10,000 In-Network Coinsurance 0% coinsurance after deductible Maximum Out-of-Pocket - Individual \$5,000 Maximum Out-of-Pocket - Family \$10,000 Network PHCS Wrap Services	Plan	4C - HDHP \$5000/100%/\$5000 Plus
Deductible Family \$10,000 In-Network Coinsurance 0% coinsurance after deductible Maximum Out-of-Pocket - Individual \$5,000 Maximum Out-of-Pocket - Family \$10,000 Network PHCS Wrap Services Emergency Room 0% coinsurance after deductible Urgent Care 0% coinsurance after deductible Inpatient Hospital 0% coinsurance after deductible Inpatient Physician 0% coinsurance after deductible Office Visit PCP 0% coinsurance after deductible Office Visit Specialist 0% coinsurance after deductible Imaging (CT/PET Scans, MRIs) 0% coinsurance after deductible Occupational/Physical Therapy 0% coinsurance after deductible Occupational/Physical Therapy 0% coinsurance after deductible Derventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs 0% coinsurance after deductible Skilled Nursing Facility 0% coinsurance after deductible Outpatient Eacility (Ambulatory) 0% coinsurance after deductible Outpatient Surgery Physician/Surgical 0% coinsurance after deductible Overoinsurance after deductible Ov		In Network
In-Network Coinsurance Maximum Out-of-Pocket - Individual \$5,000 Maximum Out-of-Pocket - Family \$10,000 Network PHCS Wrap Services Emergency Room Urgent Care Unpatient Hospital Ungent Care Unpatient Physician Office Visit Specialist Office Visit Specialist Office Visit Mental Health Urgent Carey Urgent Caney Office Visit Mental Health Office Visit Mental Health Office Visit Mental Heapty Urgent Carey Urgent Care Office Visit Mental Health Office Visi	Deductible Individual	\$5,000
Maximum Out-of-Pocket - Individual \$5,000 Maximum Out-of-Pocket - Family \$10,000 Network PHCS Wrap Services Emergency Room 0% coinsurance after deductible Urgent Care 0% coinsurance after deductible Inpatient Hospital 0% coinsurance after deductible Inpatient Physician 0% coinsurance after deductible Office Visit PCP 0% coinsurance after deductible Office Visit Specialist 0% coinsurance after deductible Imaging (CT/PET Scans, MRIs) 0% coinsurance after deductible Imaging (CT/PET Scans, MRIs) 0% coinsurance after deductible Occupational/Physical Therapy 0% coinsurance after deductible Date of the visit Specialist 0% coinsurance after deductible Speech Therapy 0% coinsurance after deductible Occupational/Physical Therapy 0% coinsurance after deductible Deventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs 0% coinsurance after deductible Skilled Nursing Facility 0% coinsurance after deductible Outpatient Facility (Ambulatory) 0% coinsurance after deductible Outpatient Surgery Physician/Surgical 0% coinsurance after deductible Chiropractic 0% coinsurance after deductible. Limited to 20 visits. Pharmacy Generic 0% coinsurance after deductible Onderered Brand 0% coinsurance after deductible	Deductible Family	\$10,000
Maximum Out-of-Pocket - Family \$10,000 Network PHCS Wrap Services Emergency Room O% coinsurance after deductible Urgent Care O% coinsurance after deductible Inpatient Hospital O% coinsurance after deductible Inpatient Physician O% coinsurance after deductible Office Visit PCP O% coinsurance after deductible Office Visit Specialist O% coinsurance after deductible Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Office Visit Mental Health O% coinsurance after deductible Office Visit Mental Health O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Dreventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Octioparctic Visits O% coinsurance after deductible Ow coinsurance after deductible	In-Network Coinsurance	0% coinsurance after deductible
Network PHCS Wrap Services Emergency Room O% coinsurance after deductible Urgent Care O% coinsurance after deductible Inpatient Hospital O% coinsurance after deductible Inpatient Physician O% coinsurance after deductible Office Visit PCP O% coinsurance after deductible Office Visit Specialist O% coinsurance after deductible Office Visit Mental Health O% coinsurance after deductible Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Derventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic O% coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic O% coinsurance after deductible On-Preferred Brand O% coinsurance after deductible On-Preferred Brand O% coinsurance after deductible	Maximum Out-of-Pocket - Individual	\$5,000
Services Emergency Room O% coinsurance after deductible Urgent Care O% coinsurance after deductible Inpatient Hospital O% coinsurance after deductible Inpatient Physician O% coinsurance after deductible Office Visit PCP O% coinsurance after deductible Office Visit Specialist Office Visit Specialist O% coinsurance after deductible Office Visit Mental Health O% coinsurance after deductible Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Dutpatient/Prof Svcs A-Rays/Diagnostic Imaging O% coinsurance after deductible Outpatient Facility (Ambulatory) Ow coinsurance after deductible Outpatient Surgery Physician/Surgical Ohy coinsurance after deductible Chiropractic Ohy coinsurance after deductible	Maximum Out-of-Pocket - Family	\$10,000
Emergency Room Urgent Care O% coinsurance after deductible Urgent Care O% coinsurance after deductible Inpatient Hospital O% coinsurance after deductible Inpatient Physician O% coinsurance after deductible Office Visit PCP O% coinsurance after deductible Office Visit Specialist O% coinsurance after deductible Office Visit Mental Health O% coinsurance after deductible Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs O% coinsurance after deductible X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility Ow coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical Ohy coinsurance after deductible Chiropractic O% coinsurance after deductible Chiropractic O% coinsurance after deductible Ow coinsurance after deductible	Network	PHCS Wrap
Urgent Care 0% coinsurance after deductible Inpatient Hospital 0% coinsurance after deductible Office Visit PCP 0% coinsurance after deductible Office Visit Specialist 0% coinsurance after deductible Office Visit Specialist 0% coinsurance after deductible Office Visit Mental Health 0% coinsurance after deductible Office Visit Mental Health 0% coinsurance after deductible Imaging (CT/PET Scans, MRIs) 0% coinsurance after deductible Occupational/Physical Therapy 0% coinsurance after deductible Occupational/Physical Description Office Occupational Off	Services	
Inpatient Hospital 0% coinsurance after deductible Inpatient Physician 0% coinsurance after deductible Office Visit PCP 0% coinsurance after deductible Office Visit Specialist 0% coinsurance after deductible Office Visit Mental Health 0% coinsurance after deductible Imaging (CT/PET Scans, MRIs) 0% coinsurance after deductible Speech Therapy 0% coinsurance after deductible Occupational/Physical Therapy 0% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs 0% coinsurance after deductible X-Rays/Diagnostic Imaging 0% coinsurance after deductible Skilled Nursing Facility 0% coinsurance after deductible Outpatient Facility (Ambulatory) 0% coinsurance after deductible Outpatient Surgery Physician/Surgical 0% coinsurance after deductible Chiropractic 0% coinsurance after deductible. Limited to 20 visits. Pharmacy Generic 0% coinsurance after deductible Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Emergency Room	0% coinsurance after deductible
Inpatient Physician O% coinsurance after deductible Office Visit PCP O% coinsurance after deductible Office Visit Specialist O% coinsurance after deductible Office Visit Mental Health O% coinsurance after deductible Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs O% coinsurance after deductible X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic O% coinsurance after deductible. Limited to 20 visits. Pharmacy Generic O% coinsurance after deductible Ook coinsurance after deductible	Urgent Care	0% coinsurance after deductible
Office Visit PCP Office Visit Specialist Office Visit Specialist Office Visit Mental Health Office Vis	Inpatient Hospital	0% coinsurance after deductible
Office Visit Specialist Office Visit Mental Health Office Visit Andrew Office Visit Mental Health Office Visit Andrew Office Visit And	Inpatient Physician	0% coinsurance after deductible
Office Visit Mental Health Imaging (CT/PET Scans, MRIs) O% coinsurance after deductible Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs O% coinsurance after deductible X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic O% coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic O% coinsurance after deductible	Office Visit PCP	0% coinsurance after deductible
Imaging (CT/PET Scans, MRIs) Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs O% coinsurance after deductible X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility Ow coinsurance after deductible Outpatient Facility (Ambulatory) Ow coinsurance after deductible Chiropractic O% coinsurance after deductible Ow coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic Ow coinsurance after deductible	Office Visit Specialist	0% coinsurance after deductible
Speech Therapy O% coinsurance after deductible Occupational/Physical Therapy O% coinsurance after deductible Preventative/Screening/Immunization No Charge Lab Outpatient/Prof Svcs O% coinsurance after deductible X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic O% coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic O% coinsurance after deductible Ow coinsurance after deductible	Office Visit Mental Health	0% coinsurance after deductible
Occupational/Physical Therapy Preventative/Screening/Immunization Lab Outpatient/Prof Svcs O% coinsurance after deductible X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical O% coinsurance after deductible Chiropractic O% coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic O% coinsurance after deductible	Imaging (CT/PET Scans, MRIs)	0% coinsurance after deductible
Preventative/Screening/Immunization Lab Outpatient/Prof Svcs No Charge X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility O% coinsurance after deductible Outpatient Facility (Ambulatory) O% coinsurance after deductible Outpatient Surgery Physician/Surgical Chiropractic O% coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic O% coinsurance after deductible	Speech Therapy	0% coinsurance after deductible
Lab Outpatient/Prof Svcs X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility Ow coinsurance after deductible Outpatient Facility (Ambulatory) Ow coinsurance after deductible Outpatient Surgery Physician/Surgical Ohiropractic Chiropractic Ow coinsurance after deductible Ow coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic Ow coinsurance after deductible	Occupational/Physical Therapy	0% coinsurance after deductible
X-Rays/Diagnostic Imaging O% coinsurance after deductible Skilled Nursing Facility Ow coinsurance after deductible Outpatient Facility (Ambulatory) Ow coinsurance after deductible Outpatient Surgery Physician/Surgical Oh coinsurance after deductible Chiropractic Ow coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic Ow coinsurance after deductible	Preventative/Screening/Immunization	No Charge
Skilled Nursing Facility Outpatient Facility (Ambulatory) Ow coinsurance after deductible Outpatient Surgery Physician/Surgical Ow coinsurance after deductible Chiropractic Ow coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic Ow coinsurance after deductible	Lab Outpatient/Prof Svcs	0% coinsurance after deductible
Outpatient Facility (Ambulatory) Outpatient Surgery Physician/Surgical Chiropractic O% coinsurance after deductible O% coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic O% coinsurance after deductible	X-Rays/Diagnostic Imaging	0% coinsurance after deductible
Outpatient Surgery Physician/Surgical Chiropractic O% coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic O% coinsurance after deductible O% coinsurance after deductible O% coinsurance after deductible O% coinsurance after deductible Non-Preferred Brand O% coinsurance after deductible O% coinsurance after deductible	Skilled Nursing Facility	0% coinsurance after deductible
Chiropractic 0% coinsurance after deductible. Limited to 20 Visits. Pharmacy Generic 0% coinsurance after deductible Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Outpatient Facility (Ambulatory)	0% coinsurance after deductible
Pharmacy Generic 0% coinsurance after deductible Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Outpatient Surgery Physician/Surgical	0% coinsurance after deductible
Generic 0% coinsurance after deductible Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Chiropractic	
Preferred Brand 0% coinsurance after deductible Non-Preferred Brand 0% coinsurance after deductible	Pharmacy	
Non-Preferred Brand 0% coinsurance after deductible	Generic	0% coinsurance after deductible
	Preferred Brand	0% coinsurance after deductible
Specialty 0% coinsurance after deductible	Non-Preferred Brand	0% coinsurance after deductible
	Specialty	0% coinsurance after deductible

Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$10,000
Deductible Family	\$20,000

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