4C - $4500/80%/$8550 Plus
Summary of Benefits

Plan	4C - $4500/80%/$8550 Plus In Network
Deductible Individual	$4,500
Deductible Family	$9,000
In-Network Coinsurance	20% coinsurance after deductible
Maximum Out-of-Pocket - Individual	$8,550
Maximum Out-of-Pocket - Family	$17,100
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	$40
Office Visit Specialist	$80
Office Visit Mental Health	$40
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	$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.