

NameNoticeDeductible Individual\$3,500Deductible Family\$7,000In-Network Coinsurance20% coinsurance after deductibleMaximum Out-of-Pocket - Individual\$5,500Maximum Out-of-Pocket - Family\$11,000NetworkPHCS WrapServices20% coinsurance after deductibleUrgent Care\$75Inpatient Hospital20% coinsurance after deductibleInpatient Hospital20% coinsurance after deductibleOffice Visit PCP\$25Office Visit Specialist\$50Office Visit Specialist\$50Office Visit Specialist\$20% coinsurance after deductibleSpeech Therapy20% coinsurance after deductibleOccupational/Physical Therapy20% coinsurance after deductiblePreventative/Screening/ImmunizationNo ChargeLab Outpatient/Prof SvcsNo ChargeX-Rays/Diagnostic Imaging20% coinsurance after deductibleSkilled Nursing Facility20% coinsurance after deductibleOutpatient Exercise\$25 In-Network Only. Limited to 20 Visits.Pharmacy\$35Pharmacy\$35Preferred Brand\$35Speciality535Speciality\$35Speciality\$35Speciality\$35Speciality\$35Speciality\$35Speciality\$35Shile Nursing Facility20% coinsurance after deductibleStile Nursing Facility20% coinsurance after deductibleStile Nursing Facility	Plan	4C - \$3500/80%/\$5500 Plus
Deductible Family\$7,000In-Network Coinsurance20% coinsurance after deductibleMaximum Out-of-Pocket - Individual\$5,500Maximum Out-of-Pocket - Family\$11,000NetworkPHCS WrapServices20% coinsurance after deductibleUrgent Care\$75Inpatient Hospital20% coinsurance after deductibleInpatient Hospital20% coinsurance after deductibleOffice Visit PCP\$25Office Visit Specialist\$50Office Visit Mental Health\$25Imaging (CT/PET Scans, MRIs)20% coinsurance after deductibleOutpatient/Physician20% coinsurance after deductibleOccupational/Physical Therapy20% coinsurance after deductibleDefice Visit Specialist\$50Office Visit Mental Health\$25Imaging (CT/PET Scans, MRIs)20% coinsurance after deductibleOccupational/Physical Therapy20% coinsurance after deductibleDutpatient/Prof SvcsNo ChargeLab Outpatient/Prof SvcsNo ChargeX-Rays/Diagnostic Imaging20% coinsurance after deductibleSkilled Nursing Facility20% coinsurance after deductibleOutpatient Facility (Ambulatory)20% coinsurance after deductibleOutpatient Surgery Physician/Surgical20% coinsurance after deductibleChiroractic\$28Pharmacy52Generic\$8Preferred Brand\$35Non-Preferred Brand\$75		
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Maximum Out-of-Pocket - Family\$11,000NetworkPHCS WrapServices20% coinsurance after deductibleUrgent Care\$75Inpatient Hospital20% coinsurance after deductibleInpatient Physician20% coinsurance after deductibleOffice Visit PCP\$25Office Visit Specialist\$50Office Visit Mental Health\$25Imaging (CT/PET Scans, MRIs)20% coinsurance after deductibleSpeech Therapy20% coinsurance after deductibleOccupational/Physical Therapy20% coinsurance after deductibleSkilled Nursing Facility20% coinsurance after deductibleSkilled Nursing Facility20% coinsurance after deductibleOutpatient Facility (Ambulatory)20% coinsurance after deductibleOutpatient Surgery Physician/Surgical20% coinsurance after deductibleOutpatient Surgery Physician/Surgical20% coinsurance after deductibleSkilled Nursing Facility20% coinsurance after deductibleOutpatient Facility (Ambulatory)20% coinsurance after deductibleOthrogenetic\$25 In-Network Only. Limited to 20 Visits.Pharmacy525In-Network Only. Limited to 20 Visits.Preferred Brand\$35535Non-Preferred Brand\$35	In-Network Coinsurance	20% coinsurance after deductible
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Inpatient Physician20% coinsurance after deductibleOffice Visit PCP\$25Office Visit Specialist\$50Office Visit Mental Health\$25Imaging (CT/PET Scans, MRIs)20% coinsurance after deductibleSpeech Therapy20% coinsurance after deductibleOccupational/Physical Therapy20% coinsurance after deductiblePreventative/Screening/ImmunizationNo ChargeLab Outpatient/Prof SvcsNo ChargeX-Rays/Diagnostic Imaging20% coinsurance after deductibleOutpatient Facility (Ambulatory)20% coinsurance after deductibleOutpatient Surgery Physician/Surgical20% coinsurance after deductibleChiropractic\$25Pharmacy\$8Preferred Brand\$35Non-Preferred Brand\$75	Urgent Care	\$75
Office Visit PCP\$25Office Visit Specialist\$50Office Visit Mental Health\$25Imaging (CT/PET Scans, MRIs)20% coinsurance after deductibleSpeech Therapy20% coinsurance after deductibleOccupational/Physical Therapy20% coinsurance after deductiblePreventative/Screening/ImmunizationNo ChargeLab Outpatient/Prof SvcsNo ChargeX-Rays/Diagnostic Imaging20% coinsurance after deductibleSkilled Nursing Facility20% coinsurance after deductibleOutpatient Facility (Ambulatory)20% coinsurance after deductibleOutpatient Surgery Physician/Surgical20% coinsurance after deductibleChiropractic\$25 In-Network Only. Limited to 20 Visits.Pharmacy\$8Preferred Brand\$35Non-Preferred Brand\$75	Inpatient Hospital	20% coinsurance after deductible
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Chiropractic\$25 In-Network Only. Limited to 20 Visits.PharmacyGeneric\$8Preferred Brand\$35Non-Preferred Brand\$75	Outpatient Facility (Ambulatory)	20% coinsurance after deductible
Pharmacy Seneric Generic \$8 Preferred Brand \$35 Non-Preferred Brand \$75	Outpatient Surgery Physician/Surgical	20% coinsurance after deductible
Generic\$8Preferred Brand\$35Non-Preferred Brand\$75	Chiropractic	\$25 In-Network Only. Limited to 20 Visits.
Preferred Brand\$35Non-Preferred Brand\$75	Pharmacy	
Non-Preferred Brand \$75	Generic	\$8
	Preferred Brand	\$35
Specialty 25% coinsurance*	Non-Preferred Brand	\$75
	Specialty	25% coinsurance*

Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$11,000
Deductible Family	\$22,000

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