4C - HDHP $3500/60%/$5500 Plus
Summary of Benefits

Plan	4C - HDHP $3500/60%/$5500 Plus In Network
Deductible Individual	$3,500
Deductible Family	$7,000
In-Network Coinsurance	40% coinsurance after deductible
Maximum Out-of-Pocket - Individual	$5,500
Maximum Out-of-Pocket - Family	$11,000
Network	PHCS Wrap
Services	
Emergency Room	40% coinsurance after deductible
Urgent Care	40% coinsurance after deductible
Inpatient Hospital	40% coinsurance after deductible
Inpatient Physician	40% coinsurance after deductible
Office Visit PCP	40% coinsurance after deductible
Office Visit Specialist	40% coinsurance after deductible
Office Visit Mental Health	40% coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	40% coinsurance after deductible
Speech Therapy	40% coinsurance after deductible
Occupational/Physical Therapy	40% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Prof Svcs	40% coinsurance after deductible
X-Rays/Diagnostic Imaging	40% coinsurance after deductible
Skilled Nursing Facility	40% coinsurance after deductible
Outpatient Facility (Ambulatory)	40% coinsurance after deductible
Outpatient Surgery Physician/Surgical	40% coinsurance after deductible
Chiropractic	40% coinsurance after deductible. Limited to 20 Visits.
Pharmacy	
Generic	40% coinsurance after deductible
Preferred Brand	40% coinsurance after deductible
Non-Preferred Brand	40% coinsurance after deductible
Specialty	40% coinsurance after deductible

Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	$11,000
Deductible Family	$14,000