



**4C - \$4600/60%/\$8550 Plus
Summary of Benefits**

| Plan | 4C - \$4600/60%/\$8550 Plus In Network |
|---------------------------------------|---|
| Deductible Individual | \$4,600 |
| Deductible Family | \$9,200 |
| In-Network Coinsurance | 40% coinsurance after deductible |
| Maximum Out-of-Pocket - Individual | \$8,550 |
| Maximum Out-of-Pocket - Family | \$17,100 |
| Network | PHCS Wrap |
| Services | |
| Emergency Room | 40% coinsurance after deductible |
| Urgent Care | \$75 |
| Inpatient Hospital | 40% coinsurance after deductible |
| Inpatient Physician | 40% coinsurance after deductible |
| Office Visit PCP | \$30 (first 3 visits) then deductible and coinsurance |
| Office Visit Specialist | 40% coinsurance after deductible |
| Office Visit Mental Health | \$30 (first 3 visits) then deductible and coinsurance |
| 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 | \$30 In-Network Only. Limited to 20 Visits. |
| Pharmacy | |
| Generic | \$8 |
| Preferred Brand | \$35 |
| Non-Preferred Brand | \$75 |
| Specialty | 25% coinsurance† |

| Out-of-Network | |
|----------------------------|----------------------------------|
| Out-of-Network Coinsurance | 40% coinsurance after deductible |
| Deductible Individual | \$17,100 |
| Deductible Family | \$34,200 |

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