



**4C - HDHP \$6250/70%/\$6900
Summary of Benefits**

Plan	4C - HDHP \$6250/70%/\$6900 In Network
Deductible Individual	\$6,250
Deductible Family	\$12,500
In-Network Coinsurance	30% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$6,900
Maximum Out-of-Pocket - Family	\$13,800
Network	Alliant
Services	
Emergency Room	30% coinsurance after deductible
Urgent Care	30% coinsurance after deductible
Inpatient Hospital	30% coinsurance after deductible
Inpatient Physician	30% coinsurance after deductible
Office Visit PCP	30% coinsurance after deductible
Office Visit Specialist	30% coinsurance after deductible
Office Visit Mental Health	30% coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	30% coinsurance after deductible
Speech Therapy	30% coinsurance after deductible
Occupational/Physical Therapy	30% coinsurance after deductible
Preventative/Screening/Immunization	0% coinsurance; not subject to deductible
Lab Outpatient/Professional Services	30% coinsurance after deductible
X-Rays/Diagnostic Imaging	30% coinsurance after deductible
Skilled Nursing Facility	30% coinsurance after deductible
Outpatient Facility (Ambulatory)	30% coinsurance after deductible
Outpatient Surgery Physician/Surgical	30% coinsurance after deductible
Chiropractic	30% coinsurance after deductible In-Network Only. Limited to 20 Visits.
Pharmacy	
Generic	30% coinsurance after deductible
Preferred Brand	30% coinsurance after deductible
Non-Preferred Brand	30% coinsurance after deductible
Specialty	30% coinsurance after deductible
Out-of-Network	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$20,000
Deductible Family	\$40,000