



## 4C - HDHP \$7000/100%/\$7000 Summary of Benefits

Plan	4C - HDHP \$7000/100%/\$7000 In Network
Deductible Individual	\$7,000
Deductible Family	\$14,000
In-Network Coinsurance	0% coinsurance after deductible
Maximum Out-of-Pocket - Individual	\$7,000
Maximum Out-of-Pocket - Family	\$14,000
Network	Alliant
<b>Services</b>	
Emergency Room	0% coinsurance after deductible
Urgent Care	0% coinsurance after deductible
Inpatient Hospital	0% coinsurance after deductible
Inpatient Physician	0% coinsurance after deductible
Office Visit PCP	0% coinsurance after deductible
Office Visit Specialist	0% coinsurance after deductible
Office Visit Mental Health	0% coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	0% coinsurance after deductible
Speech Therapy	0% coinsurance after deductible
Occupational/Physical Therapy	0% coinsurance after deductible
Preventative/Screening/Immunization	No Charge
Lab Outpatient/Professional Services	0% coinsurance after deductible
X-Rays/Diagnostic Imaging	0% coinsurance after deductible
Skilled Nursing Facility	0% coinsurance after deductible
Outpatient Facility (Ambulatory)	0% coinsurance after deductible
Outpatient Surgery Physician/Surgical	0% coinsurance after deductible
Chiropractic	0% coinsurance after deductible In-Network Only. Limited to 20 Visits.
<b>Pharmacy</b>	
Generic	0% coinsurance after deductible
Preferred Brand	0% coinsurance after deductible
Non-Preferred Brand	0% coinsurance after deductible
Specialty	0% coinsurance after deductible
<b>Out-of-Network</b>	
Out-of-Network Coinsurance	40% coinsurance after deductible
Deductible Individual	\$14,000
Deductible Family	\$28,000